

People's Republic of Bangladesh

**Data Collection Survey on
the Sector of Social Security
in Bangladesh**

Final Report

August 2024

Japan International Cooperation Agency (JICA)

QUNIE CORPORATION

IC Net Limited

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Exchange Rate

1 US Dollars (USD) = 156.944 Japanese Yen (JPY)

1 EURO = 169.79 JPY

1 Bangladesh Taka (BDT) = 1.34883 JPY

(Based on JICA official Rate in June 2024)

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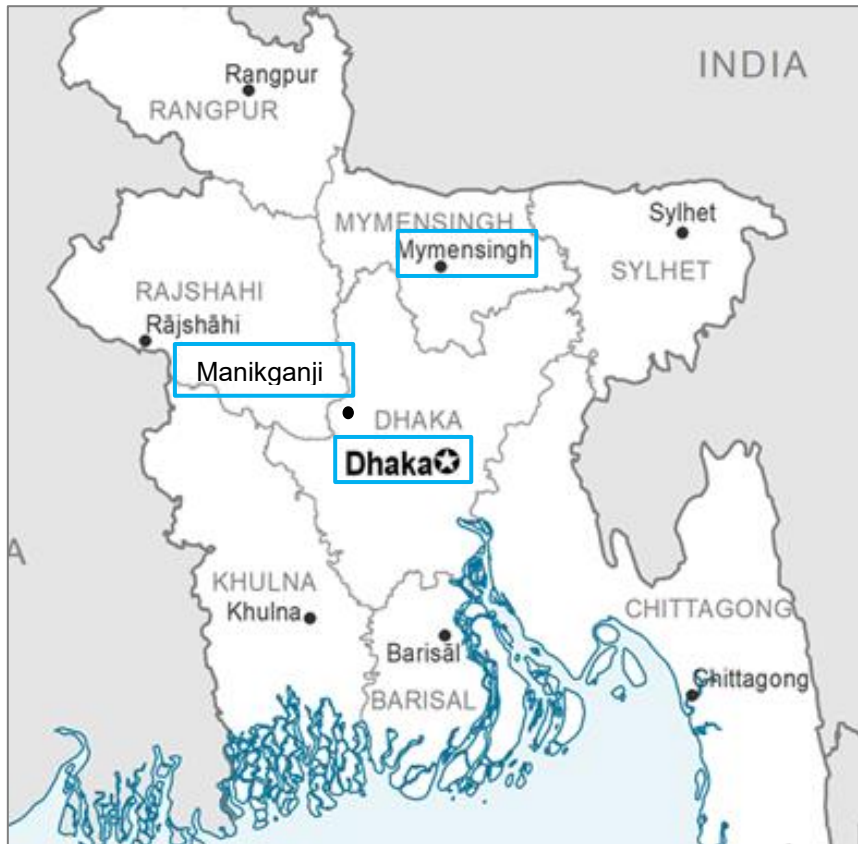
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Location map of the target country

【Bangladesh】



Source : This map is developed based on UN map

【Disclaimer】

This map is only for illustrative purposes and does not imply any opinion of JICA on the legal status of any country or territory, the border line of any country or territory or its demarcation, or the geographic names.

Abbreviations

Abbreviations	Official English Name
8FYP	8th Five-Year Plan
ADB	Asian Development Bank
ANC	Antenatal Care
APA	Annual Performance Agreement
ASA	Association for Social Advancement
ASD	Autism Spectrum Disorder
BCC	Bangladesh Computer Council
BDT	Bangladesh Taka
BLWF	Bangladesh Labour Welfare Foundation
BPL	Below Poverty Line
BRAC	Bangladesh rural advancement committee
BSAF	Bangladesh Shishu Adhikar Forum
CAD	Child Affairs Desk
CEO	Chief Executive Officer
CIDA	Canadian International Development Agency
CMC	Central Management Committee
COVID-19	Coronavirus Infectious Disease, emerged in 2019
CPRD	Committee on the Rights of Persons with Disabilities
CSPB	Child Sensitive Social Protection in Bangladesh
CWB	Child Welfare Board
DC	Deputy Commissioner
DFAT	Department of Foreign Affairs and Trade
DIFE	Department of Inspection for Factories and Establishments
DIS	Disability Information System
DMS	Document Management System
DSS	Department of Social Services
EIS	Employment Injuries Scheme
EU	European Union
GBV	Gender Based Violence
GED	General Economics Division
G2P	Government-to-Person
GDP	Gross Domestic Product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HEU	Health Economic Unit
HHCAB	Home Health Care Association of Bangladesh
HIES	Household Income and Expenditure Survey
HNPSP	Health Nutrition and Population Sector Program
ICLS	International Conference of Labour Statisticians
ICT	Information and Communication Technology
ILO	International Labour Organization
IPD	Inpatient Department
KOICA	Korea International Cooperation Agency
LDC	Least Developed Country
LWC	Labour Welfare Centre
MDGs	Millennium Development Goals
MHVS	Maternal Health Voucher Scheme
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MNCOC	Maternal and Newborn Continuum of Care
MNH	Maternal and Neonatal Health
MoDMR	Ministry of Disaster Management and Relief
MoE	Ministry of Education

Abbreviations	Official English Name
MoHFW	Ministry of Health and Family Welfare
MoLE	Ministry of Labour and Employment
MoLGRD	Ministry of Local Government, Rural Development and Co-operatives
MoLWA	Ministry of Liberation War Affairs
MoPME	Ministry of Primary and Mass Education
MoST	Management of Social Transformations
MoSW	Ministry of Social Welfare
MoWCA	Ministry of Women and Children Affairs
M&E	Monitoring and Evaluation
NDD	Neuro Developmental Disability
NDDF	National Disability Development Foundation
NDDPT	Neuro Developmental Disability Protection Trust
NEET	Not in Education, Employment or Training
NFOWD	National Forum of Organizations Working with the Disabled
NGOAB	NGO Affairs Bureau
NHD	National Household Database
NSDA	National Skills Development Authority
NSDP	National Survey on Persons with Disabilities
NSIS	National Social Insurance Scheme
NSSS	National Social Security Strategy
NPA	National Pension Authority
OAA	Old Age Allowance
OOPE	Out-of-pocket health expenditure:
OPD	Outpatient Department
PEDP4	Fourth Primary Education Development Program
PSOSK	Protibondhi Seba "O" Sahajjo Kendra
RBS	Results-Based Finance
RDRS	Rangpur Dinajpur Rural Service
RIC	Resource Integration Centre
RMG	Readymade Garments
RSS	Rural Social Services
RTC	Reginal Training Centre
SIDA	Swedish International Development Cooperation Agency
SOP	Standard Operational Procedure
SSO	Social Service Office
SSPS	Social Protection Policy Support
SSC	Secondary School Certificate
SSK	Shasthyo Surokhsha Karmasuchi
SSP	Social Security Program
TVET	Technical and Vocational Education and Training
UHC	Universal Health Coverage
UHC	Upazila Health Complex:
UNCPRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNO	Upazila Nirbahi Officer
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UPS	Universal Pension Scheme
USAID	U.S. Agency for International Development
USS	Urban Social Service
USSO	Upazila Social Service Office
USSO	Upazila Social Service Officer

Abbreviations	Official English Name
VAWG	Violence against Women and Children
WFP	World Food Programme
WHO	World Health Organization

Photos



The Social Services Office, Savar Upazila, Dhaka District.
The office is shared with other government agencies.



The children's home (girls' dormitory) in Dhaka.
The facility has a capacity for 175 children and currently accommodates 130



The Social Services Office, Sadar Upazila, Mymensingh District



A children's home unit



National IT competition for young people with disabilities
organized by the ICT Division



The workshop at the Ministry of Social Welfare
(The Secretary is on the left)



The workshop at the Ministry of Labour and Employment



The Workshop at National Pension Authority

1. The Summary of the Research

1.1. The Background and the Objectives of the research

The GNI per capita in the People's Republic of Bangladesh (hereafter referred to as Bangladesh) more than tripled from USD 890 in 2011 to USD 2,860 in 2023 on the back of robust economic growth¹, achieved the Least Developed Country (LDC) graduation criteria in 2018. The country is scheduled to officially graduate from LDC status in 2026 if socio-economic growth continues to progress steadily. On the other hand, more than 10% of the population still lives below the international poverty line² and there are delays in the development of public social security systems due to inadequate public expenditure on health and social security against a background of low tax revenues or other factors, and insufficient access to social security systems, which is one of the factors preventing further socio-economic development in the country. Economic impacts from the COVID-19 pandemic, inflation due to the Ukrainian crisis and other causes have also caused significant damage to the livelihoods of the needy and poor.

In this context, the country is expected to experience a demographic dividend period lasting for about 40 years from around 2015, and there is a need to strengthen public support for the poor, the disabled, vulnerable women and children in particular, in order to develop a safety net while the country benefits from the demographic dividend³. The Government of Bangladesh has embarked on medium- and long-term measures to build a welfare-based society that protects the lives of the needy and poor. In 2015, the National Social Security Strategy (NSSS), which sets out a long-term vision for building a comprehensive and responsive social security system, and the NSSS Action Plan 2016-2020 (Phase I) and NSSS Action Plan 2021-2026 (Phase II) have been developed and implemented. In addition, a long-term plan, Perspective Plan of Bangladesh 2021-2041 announced in 2020, and the Eighth Five Year Plan July 2020- June 2025 (8FYP) also includes poverty reduction and the enhancement of social security as one of the prioritized strategies. Under these medium- and long-term plans, more than 100 social security programs (e.g. old-age pensions, benefits for the disabled, work accident insurance, maternity benefits, etc.) are being implemented in the country across more than 25 ministries. However, the gap between the needs of society and available coverage is widening, as each program is small and fragmented and the coverage and benefits provided are inadequate.

In light of this background, circumstances and challenges, this research aims to conduct a review and analysis of the country's latest policies and institutional reforms in the social security sector, challenges and support needs, and the status of support by other donors, and to consider JICA's medium- and long-term support proposals, particularly from the perspective of social security for the socially vulnerable groups.

1.2. Overview of the Research

The research has been implemented as follows.

- Research Period: 16 February, 2024 to 15 August, 2024

¹ World Bank Data, Least Developed Country, last accessed on 19 July 2024

² World Bank Poverty and Inequality Platform, <https://pip.worldbank.org/country-profiles/BGD>, last accessed on 4 July 2024

³ JICA (2023), JICA Country Analysis Paper in Bangladesh, P.21

- Field Research

1st Field Research: 23 February, 2024 to 15 March, 2024

2nd Field Research: 1 May, 2024 to 14 May, 2024

3rd Field Research: 31 May, 2024 to 9 June, 2024

- Target Areas: Bangladesh

While the focus of the research was in Dhaka city, field research was also conducted in Savar Upazila of Dhaka District, Sadar Upazila of Manikganj District and Sadar Upazila of Mymensingh District. Savar Upazila of Dhaka District and Sadar Upazila of Manikganj District were recommended by the Ministry of Social Welfare, and Sadar Upazila of Mymensingh District was selected as an accessible location in an area where the coverage of social security programs is insufficient in relation to poverty rates⁴.

- Methodologies: Literature review, Online interviews and field research

1.3. Research Team and the Process

For this research, a research team was formed by the four consultants listed in Table 1-1 to carry out the practice.

Table 1-1: The composition of the Research Team

	Tasks	Name	Organization
1	Head of the mission / Social Security System1 / Socio-Economic Development	TAKAGI Akira	QUNIE Corporation
2	Deputy Head of the Mission / Social Security System2 / Support for Socially Vulnerable People	ENOMOTO Yuko	IC Net Limited
3	Social Welfare Services 1/ Gender Mainstreaming	MIURA Masako	QUNIE Corporation
4	Social Welfare Services 2 / Support for the Poor and Needy	SATO Naoe	IC Net Limited

The research was carried out according to the process described in Table 1-2.

Table 1-2: Research Process

Research Period	Research details
First round of domestic work (Feb 2024)	<ul style="list-style-type: none"> ➤ Developing a research plan ➤ Literature review of latest situation and issues related to the social security sector
1st field research (Feb - Mar 2024)	<ul style="list-style-type: none"> ➤ Developing a field research plan ➤ Information collection and analysis through interviews with local government officials, international organizations, donors, NGOs, etc.
2nd round of domestic work (Mar - May 2024)	<ul style="list-style-type: none"> ➤ Compilation of results of the first field research ➤ Review and analysis of the existing situation and challenges in the social security sector ➤ Consideration of proposals for JICA assistance
Second field survey (May 2024)	<ul style="list-style-type: none"> ➤ Collection of additional information on the present situation and challenges in the social security sector
Third field survey (May - Jun 2024)	<ul style="list-style-type: none"> ➤ Discussions and feedback with local government officials on the proposed JICA assistance based on the results of the domestic work and the two field research rounds.
Third round of domestic work (Jun – Aug 2024)	<ul style="list-style-type: none"> ➤ Compilation of findings ➤ Finalization of recommendations and JICA assistance proposals ➤ Drafting of the final report

⁴ World Bank (2021), Bangladesh Social Protection Public Expenditure Review., Figure 3-7

1.4. The Summary of results of the research

This report provides a comprehensive analysis of the existing situation and challenges in the social security sector in Bangladesh and makes recommendations on the future direction of JICA's cooperation. The main contents and conclusions of the chapters are summarized below.

- **2nd Chapter: Overview of the Social Security Sector in Bangladesh**

This chapter provides an overview of the development history of Bangladesh's social security system, related development strategies and plans, performance indicators and challenges.

The social security system in Bangladesh has developed in stages, beginning with the emergency response in the 1970s, followed by the introduction of microcredit in the 1980s and the adoption of the life cycle approach in the 1990s, until the formulation of NSSS in 2015. Although a number of social security programs are now being implemented by a significant number of ministries, the social security sector in Bangladesh still faces a lot of challenges. Key challenges include program fragmentation and duplication, lack of coverage of the urban poor and the informal sector, targeting and beneficiary selection issues, and inadequate management information systems. Problems with the size and distribution of social security expenditure and inefficiencies in budget execution have also been identified. There is an urgent need to address these challenges and build a more effective and comprehensive social security system.

- **3rd Chapter: Current Status and Issues related to Public Health Insurance and Health Protection Systems**

This chapter analyses the current situation and challenges of the public health insurance and healthcare coverage system in Bangladesh.

The main measures discussed are the Health Protection Program (Shasthyo Surokhsha Karmasuchi: SSK) and the Maternal Health Voucher Scheme (MHVS). SSK is a health insurance scheme for the poor that has shown some effectiveness in reducing medical cost co-payment. The MHVS scheme targets poor pregnant women and contributes to improving the uptake of antenatal care services. However, both schemes face challenges such as problems with the selection process for the target population, limited coverage and quality of services. In the future, there is a need to expand the target population and increase utilization, improve the quality of services, and secure and deploy health care workers to rural areas.

- **4th Chapter: Current Status and Issues related to Services for the Poor and Needy**

This chapter provides an overview of the social service infrastructure and implementation system for the poor and needy in Bangladesh.

Led by the Ministry of Social Welfare, Social Service Offices (SSOs) have been established across the country to provide a wide range of social services. While the wide variety of services has the advantage of providing users with many options, the system is implemented on the basis of the "application principle" in identifying users and the "allocation-based service system" in determining service providers and users, which means that many residents are unaware of information on services, the procedures are difficult and protection cannot be exercised. In the future, it is necessary to develop

a healthy social life model with a focus on the life cycle, introduce tailor-made support measures, assign and increase the number of specialists and strengthen the human resources development system. Strategies and models for the future of social services also need to be developed.

- 5th Chapter: Current Status and Issues related to Measures for an Ageing Society

This chapter analyses the current situation of ageing in Bangladesh and the social security and welfare system for older persons.

The ageing rate in Bangladesh has been increasing rapidly, with the proportion of the population aged 60 and over forecast to rise from 9.3% in 2022 to over 14% by 2036. The Universal Pension Scheme (UPS) and Old Age Allowance (OAA), introduced in 2023, are the main income security measures. However, welfare services for older persons are extremely limited and there is only one government-operated residential facility in Dhaka. Going forward, there is an urgent need to strengthen the operational structure and expand coverage of UPS, improve OAA and expand welfare services for older persons.

- 6th Chapter: Current Status and Issues related to Expansion of Welfare Services for Persons with Disabilities and Promotion of Employment

This chapter analyses the situation of persons with disabilities, relevant legislation, support services and challenges in Bangladesh.

In Bangladesh, although legislation such as The Rights and Protection of Persons with Disabilities Act has been enacted, actual service provision is limited. The social security program focuses on disability allowances, and there is a lack of budget and personnel for other services. Employment support is also inadequate, with approximately 66% of persons with disabilities aged 15-64 being out of work. The main challenges include an absolute shortage of services for persons with disabilities, lack of government vision and capacity, lack of cooperation with various stakeholders and lack of understanding of the actual situation of persons with disabilities. In the future, it will be necessary to establish a comprehensive support system, train professionals, strengthen employment support and improve accessibility.

- 7th Chapter: Current Status and Issues related to Child Welfare Support Systems

This chapter provides an overview of the current situation, legal system, support services and challenges related to child welfare in Bangladesh.

Many children in Bangladesh are in difficult situations, including child marriage, child labor and street children. Although the Government is developing an institutional framework, including by amending the Children Act and formulating a national social security strategy, the service delivery system is not adequate. The main challenges include a lack of inter-ministerial coordination, a shortage of professional human resources, inadequate monitoring systems for services and weak support systems at the local level. In the future, inter-agency cooperation needs to be strengthened, professional personnel trained, community-based support systems established and monitoring and evaluation systems improved.

- 8th Chapter: Current Status and issues related to the Protection of Workers' Rights

This chapter analyses the legislation, policies, current situation and challenges related to the protection of workers' rights in Bangladesh.

Bangladesh has a legal framework for the protection of workers' rights, mainly through the Labour Act 2006, but some regulations need improvement and the implementation of laws and policies is not sufficient. In addition, 85% of workers are engaged in work in the informal sector and do not have adequate legal protection. Various initiatives have been implemented, including inspections of establishments by government agencies, rulings by labour courts and vocational training, but a number of challenges have been identified, including strengthening the capacity and staffing of government agency officials, organising and implementing systematic vocational training in line with the needs of the labour market and job seekers, and increasing support for unemployed persons. In the future, capacity building on the protection of workers' rights and strengthening access to the labour market for jobseekers and unemployed persons will be necessary.

- 9th Chapter: Recommendations on future directions of JICA assistance

This chapter provides an analysis and specific recommendations on the direction of future JICA assistance in the social security sector in Bangladesh.

Based on the results of this research, two priority areas of assistance were identified: measures for an ageing society and expansion of welfare services and employment promotion for people with disabilities. The selection process comprehensively considered the development needs of Bangladesh, the advantages of Japanese assistance and the expected development impact. The identified areas are those that are urgent issues in social security systems in Bangladesh and in which Japanese experience and technology can be effectively utilized.

In the area of measures for ageing society, the proposed assistance focuses on strengthening the operational framework of UPS and expanding welfare services for older persons. These supports aim to address the rapid ageing of the population in Bangladesh and improve income security and quality of life for older persons.

In terms of disability and development, the project proposes to establish an employment support system, strengthen the capacity of professionals, transfer technology for welfare equipment and improve the accessibility of one-stop service centers. These supports aim to promote the social participation of persons with disabilities and support their independence, and are expected to contribute to improving the effectiveness of the welfare policy for persons with disabilities in Bangladesh.

Through these assistance, it aims to contribute to the establishment of a comprehensive social security system in Bangladesh and to improving the living standards of the vulnerable groups.

2. Overview of the Social Security Sector in Bangladesh

This section describes the development history of Bangladesh's social security system, its current status and challenges, and related development strategies and plans.

2.1. Development History of the Social Security System

As shown in Figure 2-1, Bangladesh's social security system has developed in stages, starting with emergency responses after independence, moving through the introduction of microcredit in the 1980s and the adoption of the lifecycle approach in the 1990s, leading up to the formulation of the National Social Security Strategy (NSSS) in 2015.



Figure 2-1: Development History of Bangladesh's Social Security System

Source: prepared by the research team

The following examines the development history of Bangladesh's social security system by era. This development process is closely related to the country's socio-economic changes, demonstrating how social security systems have evolved to address the challenges of each era.

- **1970s: Beginning of War and Disaster Response**
 - Bangladesh experienced major social and economic destruction following the 1971 War of Independence. During this period, social security was mainly provided in the form of disaster relief and emergency food aid⁵.
 - Social security at that time was primarily dependent on international aid and limited to emergency responses⁶.
- **1980s: Introduction of Microcredit and Income-Generating Activities**
 - In the 1980s, NGOs in Bangladesh introduced economic self-reliance support programs for the poor through microcredit and income-generating activities. This is symbolized by the establishment of Grameen Bank. The government also attempted a microfinance-like approach through the Rural Development Cooperative Bank, but it was not as extensive as NGO efforts

⁵ World Bank, 2021, p.31

⁶ Ibid

and primarily played a supportive and regulatory role. As a government poverty reduction measure, microfinance and income-generating activities remained complementary⁷.

- According to the World Bank (2021), these programs expanded the concept of social security from mere welfare to a comprehensive approach including economic self-reliance support, but still fell short of building a systematic social security system⁸.
- 1990s: Introduction of the Lifecycle Approach
 - In the 1990s, there was a demand for a transition from approaches developed in response to food crises and floods to a more comprehensive system. Within this context, the need for social protection programs addressing various risks throughout an individual's lifetime was recognized, leading to the introduction of the lifecycle approach⁹.
 - During this period, programs in areas such as education, health, and old-age security began to be introduced. In 1998, allowance programs for older persons, disabled, and widows were initiated¹⁰.
- 2000s onwards: Formulation and Adoption of NSSS
 - Entering the 2000s, the need for systematization and integration of social protection systems was recognized, aiming at poverty reduction, human development improvement, and inequality mitigation. With support from donor countries and international organizations, evaluation and improvement of existing programs were required. Furthermore, based on international best practices and the global trend recognizing social protection as essential for poverty reduction and economic growth, the formulation of NSSS was initiated¹¹.
 - In 2015, the Government of Bangladesh officially adopted the NSSS. This strategy aims to systematize and integrate social protection, with the objective of strengthening support for the ultra-poor and vulnerable groups¹².
 - Under the NSSS, Phase I and Phase II action plans were developed. These plans aim to expand

⁷ Khandker, S. R. (1998). *Fighting poverty with microcredit: experience in Bangladesh*. Oxford University Press, p1-2
World Bank. (2021). Chapter 1: Social Protection in Bangladesh: Context, Policy and Overall Spending. In *Bangladesh Social Protection Public Expenditure Review*, p31

Sharmin, S. (2022). Impact of Social Safety Net Program: A Case Study of Kadirpur Union of Shibchar Upazila, Madaripur District. *Bangladesh Journal of Public Administration (BJPA)* Vol. 30 Special Issue, p72

⁸ World Bank. (2021). Chapter 1: Social Protection in Bangladesh: Context, Policy and Overall Spending. In *Bangladesh Social Protection Public Expenditure Review*, p31

Sharmin, S. (2022). Impact of Social Safety Net Program: A Case Study of Kadirpur Union of Shibchar Upazila, Madaripur District. *Bangladesh Journal of Public Administration (BJPA)* Vol. 30 Special Issue, p72

⁹ Khuda, B. E. (2011). Social safety net programmes in Bangladesh: A review. *Bangladesh Development Studies*, p.87-88
World Bank. (2021). Chapter 1: Social Protection in Bangladesh: Context, Policy and Overall Spending. In *Bangladesh Social Protection Public Expenditure Review*, p31

Sharmin, S. (2022). Impact of Social Safety Net Program: A Case Study of Kadirpur Union of Shibchar Upazila, Madaripur District. *Bangladesh Journal of Public Administration (BJPA)* Vol. 30 Special Issue, p72

¹⁰ World Bank. (2021). Chapter 1: Social Protection in Bangladesh: Context, Policy and Overall Spending. In *Bangladesh Social Protection Public Expenditure Review*, p31

Sharmin, S. (2022). Impact of Social Safety Net Program: A Case Study of Kadirpur Union of Shibchar Upazila, Madaripur District. *Bangladesh Journal of Public Administration (BJPA)* Vol. 30 Special Issue, p72

¹¹ General Economics Division (GED), Bangladesh Planning Commission. (2015). *National Social Security Strategy (NSSS) of Bangladesh*, p.1

Ahmed, S. (2021). *Current State of the Social Protection System in Bangladesh*. Policy Insights, Policy Research Institute of Bangladesh, pp.2

¹² General Economics Division (GED), Bangladesh Planning Commission. (2015). *National Social Security Strategy (NSSS) of Bangladesh*, pp.1-2.

the coverage and improve the quality of social protection, with a focus on supporting vulnerable groups such as children, women, older persons, and persons with disabilities.

Bangladesh's social protection system has evolved through innovation and experimentation, from emergency responses following independence in the 1970s, through the introduction of microcredit in the 1980s and the adoption of the lifecycle approach in the 1990s, to the formulation and adoption of NSSS in the 2000s. Currently, the expansion and efficiency of social security are being promoted in line with the policies outlined in the NSSS.

2.2. Development Strategies and Plans Related to the Social Security Sector

Bangladesh's social security system has evolved under multiple development strategies and plans. These strategies and plans play a crucial role in strengthening the country's social protection system and promoting poverty reduction and social inclusion. The following explains the purposes and outlines of the major development strategies and plans formulated by the Government of Bangladesh.

2.2.1. 8th Five Year Plan (2020-2025)

2.2.1.1 Overview and Objectives

The 8th Five Year Plan (2020-2025) (8FYP) is a medium-term national development strategy formulated by the Government of Bangladesh, aiming at economic growth, poverty reduction, job creation, and social inclusion. This plan seeks to realize a society where all citizens can benefit from economic development while strengthening the economic foundation, providing a basic framework for integrating Bangladesh's economic development and social progress. The main pillars of the plan include poverty reduction, job creation, social inclusion, and infrastructure improvement.

2.2.1.2 Overview related to the Social Security System

The 8FYP emphasizes the implementation of the NSSS and aims to strengthen the social security system, with goals to reduce the poverty rate to below 20% and the extreme poverty rate to below 10%.

To achieve these goals, the expansion of various programs is planned, including rural development programs, urban poverty reduction initiatives, and microfinance programs. Particular emphasis is placed on strengthening the social security system, with a focus on enhancing it through the implementation of the NSSS. The following are excerpts from the social security-related content:

- Overall Social Security System
 - The integration of existing social security programs and the introduction of new programs are expected to expand social security coverage, benefiting more people.
 - The plan aims to promote efficient allocation and use of social security resources and improve program operational efficiency.
- Poverty Reduction and Support for Vulnerable Groups
 - Poverty Rate Reduction: The goal is to reduce the poverty rate to below 20% and the extreme poverty rate to below 10%.
 - Support for Vulnerable Groups: The plan calls for strengthened support for vulnerable groups such as children, female, older persons, and persons with disabilities. This includes improving child nutrition, educational support, women's empowerment, and expansion of allowances for

older persons and persons with disabilities.

- Job Creation
 - The plan aims to create employment opportunities, targeting the creation of approximately 15 million new jobs during the plan period. Many of these are expected to be through social security-related programs.
- Medical Security and Health Promotion
 - Efforts to ensure all citizens have access to basic health services are emphasized.

2.2.2. National Social Security Strategy (NSSS)

The Government of Bangladesh adopted the NSSS in 2015. The NSSS outlines the following basic concepts, components, and approaches for Bangladesh's social security sector:

The NSSS sets a long-term vision for social security: " Build an inclusive Social Security System for all deserving Bangladeshis that effectively tackles and prevents poverty and inequality and contributes to broader human development, employment and economic growth."

The NSSS expands the concept of social security from the traditional narrow safety net to comprehensive social security that includes employment policies and social insurance. The NSSS stipulates that the social security sector primarily consists of the following elements:

- Social allowances
- Food security and disaster assistance
- Social insurance
- Labor and livelihood support
- Human development and social empowerment

Furthermore, the NSSS adopts a lifecycle approach, aiming to provide programs that address risks faced at each stage of the lifecycle (pregnancy & early childhood, school age, youth, working age, old age).

Based on these fundamental concepts, components, and approaches, the NSSS aims to build a more comprehensive and effective social security system through the restructuring of existing social security programs and the introduction of new programs.

The NSSS is a comprehensive guideline that indicates the direction of reform for Bangladesh's overall social security system from this comprehensive perspective, and a strategic document presenting a long-term vision. Each ministry is expected to plan and implement specific policies and measures based on this strategy. The following explains the main content and features of the NSSS.

2.2.2.1 Background and Objectives of the NSSS

Bangladesh's social security system has faced many challenges over the years. The government has steadily increased budget allocations for social security, with the social security budget increasing about 2.6 times from about 138.5 billion BDT in FY2008 to about 359.8 billion BDT in FY2015-16 (Table 2-1). However, despite the budget increase, many challenges remained in terms of the efficiency and effectiveness of the system.

Table 2-1 Trends in Social Security Budget¹³ (BDT in Crore)

FY	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
BDT	13,845	16,706	20,894	21,975	23,752	26,654	30,631	35,975
FY	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
BDT	40,856	48,528	64,405	81,865	95,573	111,467	117,634	126,272

Source: prepared by the research team from NSSS Action Plan II Progress report, Table 1A

Prior to the adoption of the NSSS, Bangladesh had various social security programs, but they lacked effective coordination and efficient management. The main issues included inefficiency of social security programs, fragmentation, and insufficient coverage. As of 2015, Bangladesh had 145 social security programs managed by 23 ministries and agencies with little coordination. Moreover, while 25% of the social security budget was allocated to civil service pensions, the remaining 75% of resources were dispersed among the other 144 programs, resulting in very limited average benefits to recipients of each program¹⁴.

Additionally, there were problems with targeting social security programs. According to the 2010 Household Income and Expenditure Survey (HIES), only 35% of the poor received government social security benefits, whereas 40% of beneficiaries were non-poor. Furthermore, high administrative costs and corruption issues were noted, significantly undermining the poverty reduction effect of social security expenditures¹⁵.

Against this backdrop, the Government of Bangladesh adopted the National Social Security Strategy (NSSS) in June 2015.

2.2.2.2 Main Objectives of the NSSS

The main objective of the NSSS is to deliver more effective support to the poor and vulnerable through a radical reform of the social security system. Specifically, it sets out five goals:

- **Integration and Efficiency of Social Security Programs:** The NSSS provides a framework for integrating and efficiently operating Bangladesh's social security system. This aims to streamline overlapping programs and ensure efficient use of resources.
- **Introduction of Lifecycle Approach:** The NSSS proposes to provide social security programs according to life stages (early childhood, childhood, youth, working age, old age) to address various risks people face throughout their lives. It suggests reorganizing and integrating existing social security programs to establish five core programs based on the lifecycle (child benefit, disability benefit, old age benefit, primary and secondary school stipends, and programs for working-age people).
- **Expansion of Support for the Poor and Vulnerable:** Through the implementation of the NSSS, support for the poor will be strengthened, aiming to reduce poverty rates. In particular, it aims to

¹³ Although the table includes budget trends after the formulation of the NSSS, it is included as reference information. It is considered useful to show the trend of budget expansion after adoption to understand the challenges at the time of NSSS adoption.

¹⁴ General Economics Division (GED) et al (2015). National Social Security Strategy (NSSS) of Bangladesh, p71

¹⁵ Ibid, p.1

Ahmed, S. (2021). Current State of the Social Protection System in Bangladesh. Policy Insights, Policy Research Institute of Bangladesh, pp.2

expand support for the most vulnerable groups (children, women, older persons, persons with disabilities). It also aims to ensure that all citizens, including socially disadvantaged people such as the urban and rural poor and ethnic minorities, benefit from social security.

- **Strengthening of Social Insurance System:** The NSSS aims to provide economic stability through social security and improve the quality of life for citizens. This will strengthen resilience to economic shocks and risks.
- **Enhancement of Social Security Management and Operational Capacity:** The NSSS aims to improve the management and operational capacity of the social security system to provide more effective and efficient support.

Through these objectives, the NSSS aims to reduce poverty and social inequality and build a social security system that provides comprehensive support to all citizens.

2.2.2.3 Key Features and Strategies of the NSSS

The key features and strategies of the NSSS are as follows:

Firstly, the NSSS introduced a lifecycle approach. This provides social security programs that address risks and challenges at each stage of life, including pregnancy and childbirth, infancy, childhood, school age, youth, working age, and old age. Specifically, programs are prepared according to life stages, such as cash benefits and school meals for children, health and nutrition support, vocational training and employment support for working-age individuals, and pensions for older persons.

Secondly, along with the expansion of public pension, the strengthening of social insurance systems such as pension schemes and unemployment insurance was planned. In particular, the introduction of the National Social Insurance Scheme (NSIS) for private sector workers was planned in the NSSS. This concept of NSIS evolved into the Universal Pension Scheme (UPS), which expanded its coverage and is detailed in 5.3.1.2 "Universal Pension Scheme (UPS)".

Thirdly, the integration and efficiency of social assistance programs were promoted. Traditionally in Bangladesh, numerous social assistance programs were operated by multiple ministries. The NSSS aims to integrate similar programs into five core lifecycle programs and achieve more efficient and effective program management through improved targeting and digitalization.

Fourthly, expansion of support for the poor and vulnerable groups was planned. The NSSS identifies the reduction of extreme poverty as the top priority and explicitly states the provision of extensive support to the poor and vulnerable groups. Specifically, it includes the expansion of cash benefits for children from poor households and strengthening of income security for older persons and persons with disabilities.

As described above, the NSSS is a strategy for comprehensive reform of Bangladesh's social security system, including the introduction of the lifecycle approach, strengthening of social insurance, efficiency of social assistance, and expansion of support for the poor.

2.2.2.4 NSSS Implementation Structure and Action Plan

To ensure steady implementation of the NSSS, the Government of Bangladesh has established a cross-

ministerial implementation structure and developed action plans.

The roles and responsibilities of relevant agencies in the implementation of the NSSS are as follows:

Table 2-2: Key Agencies and Their Roles in NSSS Implementation

Name of Agency	Roles
Cabinet Division	Oversee the implementation of the NSSS Coordinates between relevant ministries and agencies Presides over the Central Management Committee (CMC)
Central Management Committee: CMC	Established under the Cabinet Chaired by Cabinet Secretary Monitors the implementation of the NSSS Propose course corrections as necessary
General Economics Division, Ministry of Planning	Responsible for monitoring and evaluation of the NSSS Support social security-related policy development Prepare annual reports on NSSS implementation progress
Finance Division, Ministry of Finance	Centrally manage NSSS-related budgets Responsible for social security budget allocation and monitoring
Implementation Monitoring and Evaluation Division, Ministry of Planning	Responsible for monitoring and evaluation of individual programs
Social security-related ministries ¹⁶ , e.g. Ministry of Social Welfare	Implement each program Conduct program-specific monitoring and evaluation
Local Government Institutions	Cooperate in the selection and monitoring of beneficiaries Assist in program implementation

Source: prepared by the research team

Under this implementation structure, the Government of Bangladesh has developed the NSSS Action Plans. The action plans specify targets, deadlines, and responsible agencies for each reform item outlined in the NSSS.

2.2.3. NSSS Action Plan

The Government of Bangladesh formulated the NSSS in 2015 and implemented the first phase action plan (2016-2021) based on this strategy. Here, we outline the overview, implementation structure, and key initiatives of the NSSS Second Phase Action Plan.

2.2.3.1 Overview of the NSSS Second Phase Action Plan

1) Implementation Progress of the NSSS First Phase Action Plan

Reviewing the implementation status of the NSSS First Phase Action Plan, it was confirmed that many reform agendas were achieved, including an increase in the number of beneficiaries of major programs such as OAA, disability allowance, and widow allowance, an increase in the overall social security budget, and governance reforms such as the introduction of remittance systems and grievance redress systems. However, some activities, such as the National Social Insurance Scheme and child benefits, showed delays in progress. Considering the impact of the COVID-19 pandemic, the overall implementation status is evaluated as generally satisfactory.

¹⁶ Others include the Ministry of Women and Children Affairs, Ministry of Primary and Mass Education, Ministry of Education, Ministry of Disaster Management and Relief, Ministry of Labour and Employment, Ministry of Health and Family Welfare Ministry of Disaster Management and Relief, Ministry of Labour and Employment and Ministry of Health and Family Welfare

2) Key Features of the NSSS Second Phase Action Plan

The central feature of the NSSS Second Phase Action Plan is the introduction and expansion of social security programs based on the lifecycle approach. Emphasis is also placed on strengthening the social insurance system and expanding support for socially vulnerable groups. Specifically, the plan includes expanding benefits corresponding to each life stage from pregnancy and childbirth to old age.

Furthermore, new initiatives are presented to address the fragmentation and duplication of programs that were challenges in the first phase. This includes integration into five core programs based on the lifecycle approach. Improvements in beneficiary selection through database utilization, full introduction of digital payment systems, and strengthening of inter-ministerial coordination mechanisms are also planned. Through these reforms, the plan aims to improve the efficiency of the social security system and eliminate duplication. Additionally, efforts towards the introduction of NSIS are also an important element of this plan.

2.2.3.2 Implementation Structure of the NSSS Second Phase Action Plan

1) Roles and Responsibilities of Relevant Agencies

The implementation structure has been strengthened in the NSSS Second Phase Action Plan to address the lack of inter-ministerial coordination and collaboration identified as a challenge in the first phase. Clear roles and responsibilities have been assigned to each relevant agency, with the newly established Cabinet Division Social Security Bureau functioning as the overall coordinator. Under this new structure, key relevant ministries such as the Ministry of Social Welfare, Ministry of Food, and Ministry of Disaster Management and Relief will promote initiatives in thematic clusters. Additionally, the General Economics Division (GED) of the Ministry of Planning is responsible for monitoring and evaluation of the NSSS, while the Ministry of Finance will centrally manage NSSS-related budgets.

2) Monitoring and Evaluation of the Action Plan

To properly manage the progress of the action plan, a results-oriented monitoring and evaluation system has been established, led by the GED. In addition to evaluations based on Annual Performance Agreements (APA), the overall progress of the NSSS Action Plan will be managed using unique indicators. A mechanism has been established where evaluation results are regularly reported to relevant ministerial meetings, with feedback for improvements provided as necessary.

3) Challenges and Key Initiatives for Implementing the NSSS Second Phase Action Plan

The NSSS Second Phase Action Plan outlines several key initiatives to further strengthen and make Bangladesh's social security system more comprehensive:

- Responding to the Impact of COVID-19: The NSSS provides a flexible framework to respond to unexpected shocks such as pandemics, strengthening the ability to respond to sudden events with wide-ranging impacts (covariate shocks). It strengthens support for the increased poor due to the pandemic and rapidly implement emergency support such as cash benefits for those affected by lockdowns.
- Promoting Gender Equality and Social Inclusion: Expand cash benefits for vulnerable women

and strengthen initiatives to promote women's social participation, such as expanding childcare services. Also, increase benefit levels for persons with disabilities, aiming to realize a more inclusive society.

- **Strengthening Nutrition Improvement Efforts:** Introduce child benefits to support nutrition improvement for children from poor families. Expand school meal programs to simultaneously promote education and nutrition improvement. Also, strengthen support focused on early life nutrition improvement, such as cash benefits for pregnant and nursing mothers.
- **Strengthening Social Insurance Systems:** Aim to build the National Social Insurance Scheme (NSIS) for formal sector workers. Strengthen protection for workers against economic shocks through consideration of unemployment insurance, and advance system development to ensure all citizens can receive appropriate health services through expansion of health insurance.
- **Utilization of Digital Technology:** Develop a beneficiary database to prevent duplicate benefits and achieve appropriate targeting. Introduce a digital payment system to enable prompt and reliable payment of benefits. Also, build an online monitoring system to grasp the implementation status of programs in real-time and enable rapid improvements.

2.3. Performance Indicators of the Social Security System

Based on the development history of Bangladesh's social security system and related development strategies and plans discussed in the previous section, this chapter examines indicators to evaluate the outcomes of these efforts. Specifically, we will address indicators related to changes in poverty rates, reduction of income inequality, improvement in health status, employment rates and labor market participation, and social inclusion, showing their trends.

These indicators are important measures reflecting the impact of social security policies and development strategies that Bangladesh has implemented over many years. However, it should be noted that changes in these indicators are influenced not only by the effects of the social security system but also by various factors such as economic growth, other policies, and international factors. Therefore, the trends in the indicators shown below should be viewed as an aspect of Bangladesh's overall socio-economic development rather than direct outcomes of the social security system. This section presents the trends of each indicator with this point in mind.

2.3.1. Trends in Poverty Rates

The trend in poverty rates in Bangladesh shows significant improvement over the past 20 years (see Table 2-2). From 2000 to 2022, the proportion of the population below the upper poverty line nationwide decreased from 48.9% to 18.7%, suggesting that poverty reduction efforts may have achieved some success. Comparing urban and rural areas¹⁷, although rural poverty rates consistently tend to be higher, both areas show a declining trend in poverty rates. The poverty rate below the lower poverty line has

¹⁷ In HIES 2022, regions are broadly categorized into rural and urban areas. Urban areas are further classified into City Corporations, Municipalities, and Other Urban Areas. While City Corporations and Municipalities are clearly defined administrative divisions, the specific definition criteria for Other Urban Areas are not explicitly stated. Additionally, while some criteria for determining the boundary between urban and rural areas (such as population size and density) are indicated, not all are clearly shown. Each administrative division (Division) is divided into rural and urban areas, but clear criteria for the classification of Other Urban Areas, in particular, are not provided.

also decreased similarly, suggesting that extreme poverty situations are also improving.

Table 2-3: Poverty rates
(national, by urban and rural areas, below the upper poverty line and below the lower poverty line)

		2000	2005	2010	2016	2022
below the upper poverty line (%)	national	48.9	40.0	31.5	24.3	18.7
	urban	35.2	28.4	21.3	18.9	14.7
	rural	52.3	43.8	35.2	26.4	20.5
below the lower poverty line (%)	national	34.3	25.1	17.6	12.6	5.6
	urban	13.7	14.6	7.7	7.6	3.8
	rural	39.5	28.6	21.1	14.9	6.5

Source: prepared by the research team from HIES 2022, Table 6.3

The trend in poverty rates in Bangladesh also shows improvement when analyzed by household head characteristics (see Table 2-3). From 2016 to 2022, poverty rates decreased for most characteristic groups. By gender of household head, the poverty rate for males decreased from 24.8% to 19.1%, while for females it decreased from 19.9% to 14.1%. By education level, the poverty rate for household heads with no education decreased from 29.8% to 26.6%, while for those with 10 or more years of education (Secondary School Certificate (SSC) and above), it remained almost unchanged from 6.6% to 6.7%. By occupation, the poverty rate for those in agriculture, forestry, and fisheries significantly decreased from 32.0% to 22.1%. In contrast, the poverty rate for those in manufacturing and transportation remained almost unchanged from 22.8% to 22.9%. These data suggest that poverty reduction efforts have reached various strata of society, but differences in poverty rates based on education level and occupation still persist.

Table 2-4: Comparison of poverty rates by head of household characteristics
(2016 and 2022, using upper poverty line)

characteristics	Poverty rate, 2016 (%)	Poverty rate, 2022 (%)
Gender		
Male	24.8	19.1
Female	19.9	14.1
Educational level		
No education	29.8	26.6
Completed class 1-4	25.1	24.1
Completed class 5-9	16.5	17.7
Completed class SSC+ (10+)	6.6	6.7
Occupation		
Agriculture, Forestry & Fisheries	32.0	22.1
Service Workers	26.6	22.9
Production, Transport and Related Workers	22.8	22.9
Professional, Technical and Related Works	16.2	14.9

Source: prepared by the research team from HIES 2022, Table 6.8, Table 6.9, Table 6.10

2.3.2. Reduction of Income Inequality

The trend in income inequality in Bangladesh is measured using the Gini coefficient and income share by quintiles (see Table 2-5). From 2016 to 2022, the national-level Gini coefficient slightly increased from 0.482 to 0.499, suggesting a slight widening of income inequality during this period. Notably, it

increased significantly in urban areas from 0.498 to 0.539, while slightly decreasing in rural areas from 0.454 to 0.446.

Looking at income shares by quintiles, this widening inequality becomes clearer. The income share of the bottom 20% decreased from 5.45% to 4.17%, while the share of the top 20% increased from 50.70% to 54.55%. Particularly, the income share of the top 5% expanded from 27.89% to 30.04%, indicating an increasing concentration of income among high-income groups. These data suggest that with Bangladesh's economic development, income inequality issues may be becoming more apparent, especially in urban areas.

Table 2-5: Indicators of income inequality (2016 vs. 2022)

Indicators	HIES 2016	HIES 2022
Gini coefficient: National	0.482	0.499
Gini coefficient: Rural	0.454	0.446
Gini coefficient: Urban	0.498	0.539
Income share of bottom 20% (%)	5.45	4.17
Income share of top 20% (%)	50.70	54.55
Income share of top 5% (%)	27.89	30.04

Source: prepared by the research team from HIES 2022, Table 4.2

The average monthly income of households and individuals in Bangladesh shows a significant increase from 2005 to 2022 (Table 2-5). The monthly household income increased approximately 4.5 times from 7,203 Bangladesh Taka (BDT) in 2005 to 32,422 BDT in 2022 on a national average. The income gap between urban and rural areas consistently exists, with urban household income (45,757 BDT) being about 1.75 times that of rural areas (26,163 BDT) as of 2022. Growth was particularly remarkable from 2016 to 2022, with income almost doubling during this period alone. Per capita monthly income shows a similar trend, increasing about 5.1 times from 1,485 BDT in 2005 to 7,614 BDT in 2022 on a national average. While this sustained income increase reflects Bangladesh's economic growth, it also suggests that the disparity between urban and rural areas has persisted over the long term.

Table 2-6: Trends in Average Monthly Income of Households and Individuals (Unit: BDT)

Item	2005	2010	2016	2022
Monthly income per household				
National	7,203	11,479	15,988	32,422
Rural	6,095	9,648	13,398	26,163
Urban	10,463	16,475	22,600	45,757
Monthly income per person				
National	1,485	2,553	3,940	7,614
Rural	1,246	2,130	3,261	6,091
Urban	2,217	3,740	5,752	10,951

Source: prepared by the research team from HIES 2022, Table 4.1

2.3.3. Improvement in Health Status

The stunting rate¹⁸ among children under 5 in Bangladesh has shown steady improvement from 2000 to 2022. The stunting rate, which was 54.7% in 2000, decreased to 26.4% in 2022, recording an average

¹⁸ The proportion of children under 5 whose height is more than two standard deviations below the median height-for-age of the WHO Child Growth Standards. Children up to 2 years old are measured lying down, while those older are measured standing.

annual growth rate of about -3.42%. However, the fact that more than one in four children still experienced stunting in 2022 suggests that it remains a significant public health challenge.

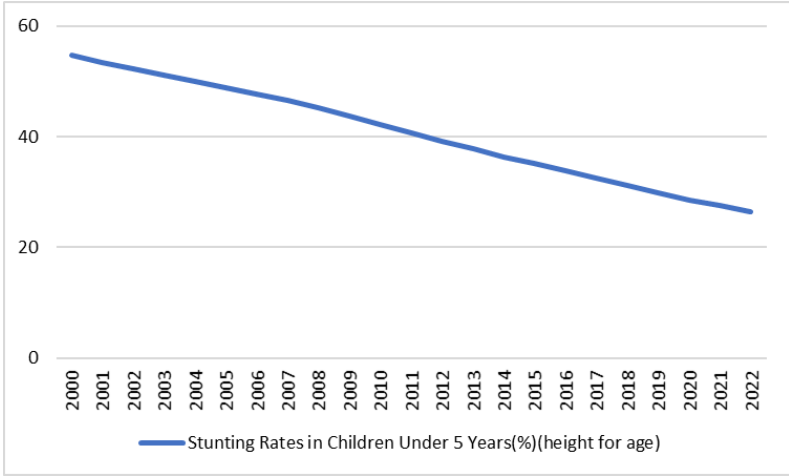


Figure 2-2: Trends in Stunting Rates in Children under Five Years of Age

Source: prepared by the research team from World Bank. (2024). Prevalence of stunting, height for age (modeled estimate, % of children under 5) - Bangladesh

Next, looking at the maternal mortality ratio, an important indicator of maternal and child health, it shows significant improvement from 2000 to 2020 (Figure 2-3). The mortality rate, which was 441 per 100,000 live births in 2000, decreased to 123 in 2020, recording a reduction of about 72%. Particularly since 2010, the pace of improvement has accelerated, with a decrease of about 59% in the 10 years from 2010 to 2020 alone. This rapid improvement is thought to reflect improved access to and quality of maternal and child health services, as well as overall improvement in socioeconomic conditions. However, it still remains high compared to many developed countries, suggesting room for further improvement.

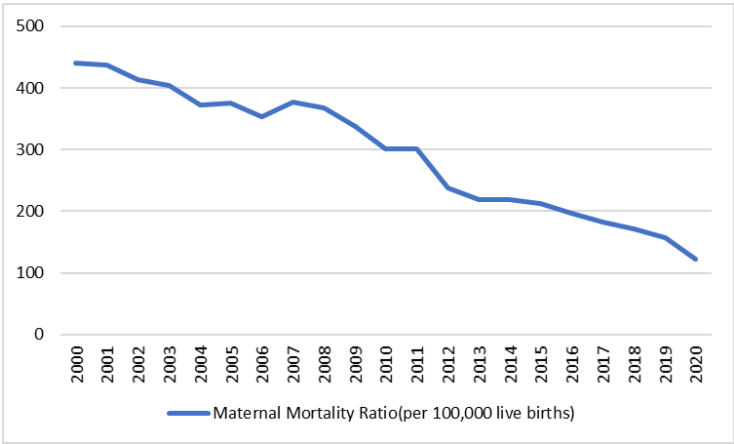


Figure 2-3: Trends in Maternal Mortality Ratio (per 100,000 live births)

Source: prepared by the research team from World Bank. (2024). Maternal Mortality Ratio (modeled estimate, per 100,000 live births) - Bangladesh

Bangladesh has shown remarkable improvement in infant mortality rate and under-five mortality rate from 2000 to 2022. The infant mortality rate decreased by approximately 61.7%, from 63 per 1,000 live

births in 2000 to 24.1 in 2022. Similarly, the under-five mortality rate decreased by about 66.5%, from 86 to 28.8 per 1,000 live births during the same period. Both indicators recorded an average annual improvement rate of over 4.5%, with the pace of improvement accelerating particularly after 2010. This rapid improvement may reflect enhancements in maternal and child health services and improvements in socioeconomic conditions. However, the fact that more than 20 infants per 1,000 live births still die before reaching one year of age as of 2022 suggests that significant public health challenges remain. The consistent improvement trend in both indicators implies the impact of Bangladesh's ongoing maternal and child health policies. Nevertheless, it is necessary to consider that there is still room for improvement when compared to international standards.

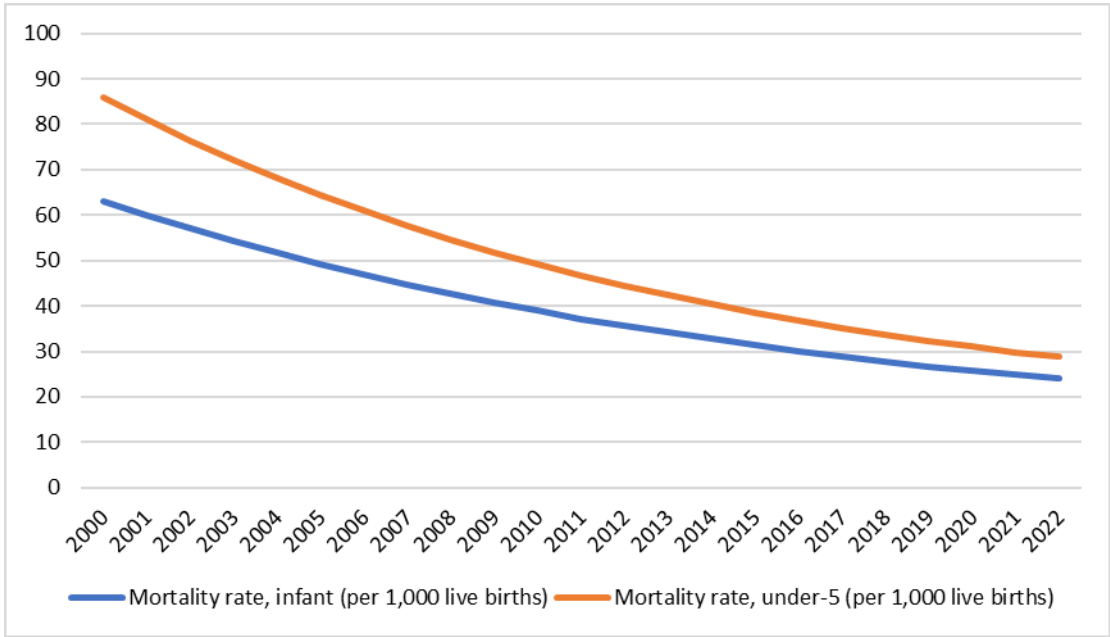


Figure 2-4: Infant mortality rate (under 1 year), under-five mortality rate (per 1,000 live births)

Source: prepared by the research team from World Bank. (2024). Infant mortality rate, under-five mortality rate (per 100,000 live births) - Bangladesh

Finally, one factor underpinning the improvement in these indicators - changes in access to healthcare services - is examined. HIES data on access to health services, particularly the use of government medical facilities, partially shows the change in medical access in Bangladesh from 2010 to 2022. At the national level, the percentage of patients using government medical facilities increased from 9.28% in 2010 to 12.89% in 2016, but decreased to 9.05% in 2022. This trend is observed in both rural and urban areas, with rural areas rising from 8.52% to 12.33% before decreasing to 8.95%, and urban areas rising from 12.53% to 14.69% before decreasing to 9.31%.

These data suggest that access to government health services improved from 2010 to 2016, but reversed from 2016 to 2022. Multiple factors could be behind this change, including the development of the private medical sector, changes in the quality of health services, or the impact of the COVID-19 pandemic. Also, while the gap between rural and urban areas still exists, it is observed to be narrowing.

It should be noted that this analysis does not directly compare the utilization rates of private medical facilities, as the data collection methods and classifications differ by year, making accurate year-on-year

comparison difficult.

Table 2-7: Access to health services indicator (%)

Indicator	2010	2016	2022
Patients treated in government health facilities	9.28	12.89	9.05
Government health facility utilization (Rural) *	8.52	12.33	8.95
Government health facility utilization (Urban)*	12.53	14.69	9.31

* Figures for rural and urban areas show the utilization of government health facilities in each area
Source: prepared by the research team from HIES 2010, 2016 Table 39; HIES 2022, Table 8.4

2.3.4. Employment Rate and Labor Market Participation

Bangladesh's labor market is one of the important indicators reflecting the effectiveness of the social security system. Here we provide an overview of key trends. For detailed analysis, please refer to Chapter 8 " Current Status and issues Related to the Protection of Workers' Rights ".

- Trends in Labor Force and Labor Force Participation Rate:
 - The labor force has shown a significant increase over the past 10 years¹⁹.
 - The male labor force participation rate in 2022 is 80.0%²⁰.
 - The female labor force participation rate increased from 33.5% in 2013 to 42.8% in 2022²¹.
- Status of the Informal Sector²²:
 - About 85% of all workers are engaged in the informal sector²³.
 - Rural areas (88.2%) show a higher percentage than urban areas (74.8%)²⁴.

These indicators show both quantitative (labor force participation rate) and qualitative (formal / informal employment) aspects of Bangladesh's labor market. There is a notable gender gap in labor force participation rates, with the low participation rate of women being particularly prominent. However, the significant increase in women's labor force participation rate over the past 10 years may reflect changes in socio-economic conditions.

On the other hand, in terms of the quality of employment as indicated by the formal/informal ratio, the informal sector is overwhelmingly dominant. The high rates of informal employment among women and rural workers suggest that the current social security system may not be adequately reaching these groups.

2.3.5. Social Inclusion

The situation of young people (15-29 years old) who are Not in Education, Employment or Training (NEET) in Bangladesh shows significant differences by age group, gender, and region (Table 2-8). Overall, 22.0% of the young population aged 15-29 are in NEET status. By gender, the NEET rate for females (27.1%) is significantly higher than for males (16.2%). By age group, the NEET rate is highest for 15-19 year-olds (27.3%) and tends to decrease slightly with age. By region, the NEET rate in urban areas (37.2%) is significantly higher than in rural areas (15.2%), with a particularly high rate of 56.3%

¹⁹ Chapter 8, Table 7-8

²⁰ Chapter 8, Table 7-10

²¹ Chapter 8, Table 7-10

²² For definition of 'informal sector', see Chapter 8.8.2.2 Employment in the informal sector

²³ Chapter 8, Table 7-9

²⁴ Chapter 8, Table 7-11

for urban females.

Looking at the overall distribution of NEETs, females account for 65.5% of the total, about twice that of males (34.5%). By age group, 25-29 year-olds have the highest percentage at 29.6%, followed by 20-24 year-olds (28.1%) and 15-19 year-olds (24.4%). Also, NEETs in urban areas account for 52.4% of the total, slightly higher than rural areas (47.6%).

Table 2-8: NEETs aged 15-29, by age group, sex and region (%)

Age group	Rural			Urban			National		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
NEET as % of population aged 15-29 (%)									
15-19	27.1	22.4	24.8	24.8	41.1	33.2	26.4	28.1	27.3
20-24	12.9	9.3	11	9.7	56.4	35.7	12	24.6	18.8
25-29	9	9.2	9.1	7.9	69.9	42.7	8.6	28.6	19.8
Total	17	13.5	15.2	14.4	56.3	37.2	16.2	27.1	22
Percentage distribution of NEETs overall (%)									
15-19	15	12	27	5.5	9.8	15.4	20.6	21.8	42.4
20-24	6.2	5	11.3	2	14.8	16.8	8.2	19.8	28.1
25-29	4.1	5.3	9.3	1.6	18.6	20.2	5.7	23.8	29.6
Total	25.3	22.3	47.6	9.2	43.2	52.4	34.5	65.5	100

Source: prepared by the research team from BBS. (2022). Labour Force Survey 2022. Dhaka: Bangladesh Bureau of Statistics, Table 9.6.1

The coverage of Social Security Programs (SSP) in Bangladesh²⁵ has expanded significantly from 2010 to 2022 (Table 2-9). According to 2022 data, 37.6% of households nationwide receive benefits from SSPs, showing a notable increase from 24.6% in 2010. On a beneficiary basis, 50.0% of the national population benefited from SSPs in 2022, a substantial rise from 28.7% in 2016. Regionally, rural areas consistently show a higher SSP coverage rate than urban areas. In 2022, 44.0% of rural households (59.1% of the population) received SSP benefits, compared to 23.9% of urban households (30.7% of the population). However, urban areas also saw a significant expansion in coverage from 9.4% in 2010 to 23.9% in 2022.

Caution is needed in interpreting these data. The SSP data collection systems differed in 2010, 2016, and 2022, making strict year-on-year comparisons difficult. Despite these limitations, the data suggest a steady expansion of SSPs in Bangladesh, particularly in rural areas. However, the gap between urban and rural areas remains significant, potentially becoming a policy issue in the future.

Table 2-9: Percentage of households and beneficiaries receiving benefits from social security programs, by region ²⁶

Item	2010	2016	2022
Household			
National	24.6	27.8	37.6
Rural	30.1	34.5	44.0
Urban	9.4	10.6	23.9
Beneficiary			
National	24.6	28.7	50.0

²⁵ SSPs here include various programs such as cash transfers, food assistance, public works programs, and scholarships, but this data does not distinguish these individually, instead indicating whether any SSP is being received.

²⁶ The data collection systems for the SSP in 2022, 2016, and 2010 differ. In 2010, only the households receiving SSP were considered, without taking the beneficiaries into account. In contrast, both households and beneficiaries were considered in 2022 and 2016. Therefore, the number of beneficiaries was higher than the number of households. Consequently, the data from these three surveys are not strictly comparable. (HIES 2022)

Item	2010	2016	2022
Rural	30.1	35.7	59.1
Urban	9.4	10.9	30.7

Source: prepared by the research team from HIES 2022, Table 10.1

2.4. Challenges and Implications for Improvement of the Social Security System

Bangladesh's social security system has gradually developed over the past few decades but still faces many challenges. This section analyzes these challenges from three perspectives: institutional design and operation, finance and resource allocation, and implementation structure. Furthermore, we examine lessons learned from successful cases in other countries through international comparisons, explore their applicability to Bangladesh, and consider recommendations from international organizations. This multifaceted approach provides comprehensive suggestions for improving Bangladesh's social security system.

2.4.1. Challenges in Institutional Design and Operation

- Program Fragmentation and Duplication

One of the main challenges of Bangladesh's social security system is the fragmentation and duplication of programs. According to World Bank analysis, as of FY2019-20, there were 125 social security programs managed by 23 ministries²⁷. This situation causes the following problems:

- Inefficiency: The existence of numerous small-scale programs increases administrative costs and hinders efficient use of resources.
- Difficulty in Coordination: With many ministries involved, coordination between programs becomes difficult. This can lead to duplicated support or gaps in support.
- Beneficiary Confusion: The existence of numerous programs makes it difficult for potential beneficiaries to understand which programs they should apply for.
- Complexity in Monitoring: The existence of numerous programs makes it difficult to evaluate overall effectiveness.

The midterm review of the NSSS acknowledges this problem, and the NSSS Phase 2 Action Plan aims to integrate and streamline programs. However, progress has been slow, with barriers such as inter-ministerial territorial consciousness and unclear responsibility sharing after integration²⁸. The progress report of the NSSS Phase 2 Action Plan also points out that inter-ministerial coordination remains a challenge²⁹.

- Insufficient Coverage (Especially for Urban Poor and Informal Sector)

Another significant challenge is the insufficient coverage of the social security system. Support is particularly lacking for the urban poor and those working in the informal sector.

- Lack of Coverage for Urban Poor: According to World Bank analysis, many social security programs are concentrated in rural areas, with insufficient coverage for the urban poor. Access to social security for urban households remains at about 1/3 of that in rural areas³⁰. This

²⁷ World Bank (2021), Bangladesh Social Protection Public Expenditure Review., P.78

²⁸ General Economics Division (GED) et al (2020). Midterm Implementation Review of National Social Security Strategy Ch3, p.47

²⁹ Cabinet Division (2023) NSSS Action Plan II (2021-26) Progress Report, p.105

³⁰ World Bank (2021), Bangladesh Social Protection Public Expenditure Review., P.32

problem is becoming more serious amid rapid urbanization.

- Exclusion of the Informal Sector: According to International Labour Organization (ILO) analysis, the majority of Bangladesh's workforce is employed in the informal sector, and many of these workers are excluded from the social security system. Access to contributory social insurance schemes is particularly difficult³¹.
- Low Coverage Rate: According to ILO data, Bangladesh's social security coverage rate³² is 28.4%, significantly lower than the Asia-Pacific region average (44.1%)³³. In particular, the number of recipients of non-contributory social assistance remains low.

The NSSS midterm review acknowledges these challenges, and points out the need to strengthen approaches to the urban poor and informal sector workers. However, implementing specific measures remains a challenge³⁴.

- Implementation Status and Challenges of the Lifecycle Approach

The Government of Bangladesh, in the NSSS adopted in 2015, declared the lifecycle approach as central to its social security system. This approach aims to build a comprehensive social security system that addresses risks faced at each stage of life (childhood, school age, working age, old age).

- Implementation Status

According to the NSSS midterm review, the restructuring of programs based on the lifecycle approach has partially progressed. For example, expansion of cash transfer programs for children, school meal programs, and extension of allowances for older persons have been implemented³⁵.

- Challenges

- Delay in Program Integration: The integration of programs for each life stage is not progressing as planned. In particular, the integration of programs for working-age individuals is delayed³⁶.

Coverage Gaps: Significant gaps in coverage still exist throughout the lifecycle. Especially, the development of social insurance systems for the working-age population is insufficient³⁷.

2.4.2. Challenges in Finance and Resource Allocation

- Scale and Distribution of Social Security Expenditure

Bangladesh faces challenges in both the scale and distribution of social security expenditure.

- Expenditure Scale

According to ILO data, Bangladesh's social security expenditure remains at 0.7% of GDP, significantly lower than the Asia-Pacific region average of 7.5%³⁸. World Bank analysis also

³¹ ILO (2021). World Social Protection Report 2020–22: Social protection at the crossroads – in pursuit of a better future, P.16

³² This indicates the proportion of specific social security beneficiaries and contributors to the total population. Specifically, it refers to the proportion of the population receiving cash benefits (excluding medical benefits and sickness benefits) under at least one social security function (contributory or non-contributory), or actively contributing to at least one social security scheme.

³³ Ibid, Table A4.2

³⁴ GED et al (2020). NSSS Midterm Implementation Review of National Social Security Strategy Ch6, p.86

³⁵ Ibid Ch3, p.49-50

³⁶ Ibid Ch3, p.51

³⁷ World Bank (2021), Bangladesh Social Protection Public Expenditure Review, P.35

³⁸ ILO (2021), World Social Protection Report 2020–22 Regional companion report for Asia and the Pacific, P.17

points out that Bangladesh's social security expenditure is low compared to neighboring countries³⁹.

➤ Expenditure Distribution

- Age Group Imbalance: According to World Bank (2021) analysis of social security budget allocation by lifecycle⁴⁰, the majority of social security expenditure is concentrated on programs for older persons, with relatively less allocation to programs for children and working-age individuals⁴¹.
- Imbalance Between Programs: The budget is concentrated on a few large-scale programs, with insufficient budgets for many small-scale programs. In particular, civil service pensions account for a large proportion of the social security budget⁴².
- Regional Disparities: There are significant disparities in social security expenditure between urban and rural areas, with relatively less spending on the urban poor⁴³.

To address these challenges, the NSSS aims to gradually increase social security expenditure as a proportion of Gross Domestic Product (GDP), but many challenges remain in securing funding sources and reviewing budget allocations⁴⁴.

● Inefficiency in Budget Execution

Inefficiency in budget execution in Bangladesh's social security system is notable in the following points:

- Insufficient Tax Revenue: Bangladesh's tax revenue is low at about 10% of GDP, constraining the expansion of social security expenditure⁴⁵.
 - Underdevelopment of Contributory Systems: Due to the limited formal sector, income from contributory social insurance systems is low⁴⁶.
- Need for Diversification of Funding Sources: UNDP analysis points out the need for diversification of funding sources, including strengthened taxation on the wealthy, measures against tax evasion, and utilization of international support⁴⁷.

2.4.3. Challenges in Implementation Structure

● Issues in Targeting and Beneficiary Selection

The following issues exist in targeting and beneficiary selection in Bangladesh's social security system:

- Mis-targeting: World Bank analysis indicates that many programs show inclusion errors (non-poor receiving benefits) and exclusion errors (poor being excluded). These problems are attributed to multiple factors. Firstly, many programs lack objective indicators and data, giving excessive discretionary power to those selecting targets. Complex and difficult-to-verify

³⁹ World Bank (2021), Bangladesh Social Protection Public Expenditure Review P.40

⁴⁰ The lifecycle classification of social security programs by World Bank (2021) differs from that of the Bangladesh government.

⁴¹ Ibid, xvii

⁴² Ibid, 2021, P.43

⁴³ GED et al (2020). NSSS Midterm Implementation Review of National Social Security Strategy Ch6, P.89

⁴⁴ Ibid Ch6, P.90

⁴⁵ World Bank (2021), Bangladesh Social Protection Public Expenditure Review, P.45

⁴⁶ ILO (2021), World Social Protection Report 2020–22 Regional companion report for Asia and the Pacific., P.31

⁴⁷ UNDP (2022). Inequality and social security in the Asia-Pacific region, P.41-44

eligibility criteria are used, hindering accurate beneficiary selection. Implementation structures at the local level are weak, with resource and capacity constraints. Furthermore, there's a lack of process transparency, information asymmetry, and sometimes potential for corruption. Additionally, the absence of effective grievance redress mechanisms and a unified database makes it difficult to correct mis-targeting. These factors result in a situation where about 65% of the poor are excluded from major social security programs, while about 35% of the non-poor benefit from these programs⁴⁸.

- Lack of a Unified Beneficiary Database: Each program manages its own beneficiary list, creating a situation prone to duplicate benefits and oversight of eligible individuals⁴⁹.
- Insufficient Implementation Capacity at Local Level: Local administration staff do not receive sufficient training or resources for appropriate targeting and beneficiary selection⁵⁰.
- Political Influence: Some programs are reportedly influenced by local influential figures or politicians in beneficiary selection⁵¹.
- Inadequate Response to Dynamic Changes in Poverty: The current targeting system does not adequately respond to dynamic changes in poverty status. In particular, it fails to appropriately capture temporary poor due to sudden economic shocks or disasters⁵².

To address these issues, the NSSS proposes the construction of a National Household Database (NHD). While a survey of about 35 million households nationwide has been completed, the operation of the database is delayed, and its implementation is behind schedule⁵³.

- Deficiencies in Management Information System

Deficiencies in the Management Information System (MIS) of Bangladesh's social security system are notable in the following points:

- Lack of Integrated MIS: Each ministry implementing social security programs operates its own MIS, making it difficult to share data and conduct integrated analysis with programs of other ministries⁵⁴.
- Data Quality and Reliability: There are challenges in the quality and reliability of data in existing MIS, making it difficult to manage accurate beneficiary information and prevent duplicate benefits⁵⁵.
- Real-time Information Updates: Many MIS lack real-time information update functions, preventing quick responses to changes in beneficiaries' situations⁵⁶.
- Limited Access at Local Level: Local administrative agencies have limited ability to access and utilize MIS data⁵⁷.

- Lack of Monitoring and Evaluation

⁴⁸ World Bank (2021), Bangladesh Social Protection Public Expenditure Review

⁴⁹ GED et al (2020). NSSS Midterm Implementation Review of National Social Security Strategy Ch6, P.93

⁵⁰ World Bank (2021), Bangladesh Social Protection Public Expenditure Review, 2021, P.51

⁵¹ GED et al (2020). NSSS Midterm Implementation Review of National Social Security Strategy Ch6, P.94

⁵² World Bank (2021), Bangladesh Social Protection Public Expenditure Review, P.52

⁵³ GED et al (2020). NSSS Midterm Implementation Review of National Social Security Strategy xxviii

⁵⁴ World Bank (2021), Bangladesh Social Protection Public Expenditure Review, P.110

⁵⁵ GED et al (2020). NSSS Midterm Implementation Review of National Social Security Strategy Ch6, P.96

⁵⁶ World Bank (2021), Bangladesh Social Protection Public Expenditure Review, P.111

⁵⁷ GED et al (2020). NSSS Midterm Implementation Review of National Social Security Strategy Ch6, P.97

The Monitoring and Evaluation (M&E) system for social security programs faces the following challenges:

- **Lack of Systematic M&E Framework:** Many ministries implementing social security programs have not established a systematic M&E framework including clear outcome indicators and evaluation criteria for individual programs. While GED has prepared an overall framework for M&E at the central level, its application at the program level is insufficient⁵⁸.
- **Insufficient Data Collection:** There is a lack of regular and comprehensive data collection to measure program effectiveness⁵⁹.
- **Underutilization of Evaluation Results:** Results of conducted M&E are not sufficiently utilized for program improvement and policy-making⁶⁰.
- **Capacity Constraints:** There is a shortage of expertise and personnel to effectively conduct M&E. The Implementation Monitoring and Evaluation Division of the Ministry of Planning, responsible for program evaluation, conducts about 1,500 M&Es annually for programs other than social security programs, leading to a shortage of personnel capable of handling M&E for social security programs. Additionally, ministries implementing social security programs lack M&E capacity⁶¹.

2.4.4. International Comparison and Implications for Improvement

- **Lessons Learned from Successful Cases in Other Countries**

The main lessons Bangladesh can learn from successful cases in other countries are as follows:

- **Effect of Universal Social Security Systems:** In Georgia, the introduction of universal old-age pensions and disability allowances resulted in a 16.7% reduction in the Gini coefficient of inequality through social security⁶². This case demonstrates the effectiveness of universal systems in reducing inequality.
- **Impact of High-level Benefits:** Nepal introduced a universal pension for those aged 70 and over, providing the highest level of benefits in South Asia at 32% of GDP per capita. As a result, the effect of the old-age pension on reducing the Gini coefficient has reached 2.8%⁶³.
- **Addressing the Informal Sector:** Pension systems in China, Japan, and Mongolia, and health protection systems in Indonesia, the Philippines, and Vietnam have successfully expanded coverage to the informal sector by adopting hybrid approaches integrating social insurance and tax-based funding⁶⁴.
- **Utilization of Management Information Systems:** The Pantawid Pamilyang Pilipino Program in the Philippines utilizes an integrated beneficiary database and robust MIS to improve targeting accuracy and achieve efficient program operation⁶⁵.

These cases suggest that in improving its social security system, Bangladesh should consider universal approaches, optimize benefit levels, strengthen responses to the informal sector, and build

⁵⁸ World Bank (2021), Bangladesh Social Protection Public Expenditure Review, P.112

⁵⁹ GED et al (2020). NSSS Midterm Implementation Review of National Social Security Strategy Ch6, P.98

⁶⁰ World Bank (2021), Bangladesh Social Protection Public Expenditure Review, P.113

⁶¹ GED et al (2020). NSSS Midterm Implementation Review of National Social Security Strategy xxix-xxxiii

⁶² UNDP (2022). Inequality and social security in the Asia-Pacific region, P.29

⁶³ Ibid, P.30

⁶⁴ ILO (2021), World Social Protection Report 2020–22: Regional companion report for Asia and the Pacific P.31-32

⁶⁵ World Bank (2021), Bangladesh Social Protection Public Expenditure Review, P.115

effective MIS.

- Consideration of Applicability to Bangladesh

When applying successful cases from other countries to the Bangladesh context, the following points need to be considered:

- Universal Social Security System: Given Bangladesh's fiscal constraints such as insufficient tax revenue and low levels of social security expenditure, immediate introduction of a fully universal system may be difficult. However, according to UNDP simulations, investing just 1% of GDP could potentially reduce the Gini coefficient by 4.9-7%, with an estimated 6.0% reduction possible in Bangladesh's case⁶⁶. A phased approach to universalization, for example starting with specific age groups or regions, may be worth considering.
- Optimization of Benefit Levels: UNDP (2022) analyzes that higher benefit levels tend to have a greater poverty reduction effect. Gradually increasing the current benefit levels in Bangladesh (old-age allowance is about 4% of GDP) could potentially enhance poverty reduction effects⁶⁷.
- Optimization of Benefit Levels: UNDP (2022) analyzes that higher benefit levels tend to have a greater poverty reduction effect. Gradually increasing the current benefit levels in Bangladesh (the budget for old-age allowance is about 4% of GDP) could potentially enhance poverty reduction effects.
- Hybrid Approach: Considering Bangladesh's high informality, an approach combining social insurance and tax-based funding might be effective. Many countries in the Asia-Pacific region have high proportions of informal sectors in the labor market similar to Bangladesh, where traditional social insurance systems struggled to cover the majority of workers. However, these countries succeeded in covering a wider population through hybrid approaches. Even in countries with limited public spending on social security, combining social insurance contributions and tax-based funding helped alleviate fiscal constraints⁶⁸.
- Strengthening MIS: By advancing the construction of an integrated beneficiary database and introducing a robust MIS, referencing cases such as the Philippines, it may be possible to enhance program efficiency and effectiveness⁶⁹.

- Recommendations from International Organizations

International organizations have made the following recommendations for improving Bangladesh's social security system:

- World Bank⁷⁰
 - Advance program integration and rationalization to reduce administrative costs
 - Improve targeting accuracy to reduce inclusion and exclusion errors
 - Build an integrated MIS to promote data-based policy-making

⁶⁶ UNDP (2022). Inequality and social security in the Asia-Pacific region, P.44

⁶⁷ Ibid, P.30

⁶⁸ ILO (2021), World Social Protection Report 2020–22: Regional companion report for Asia and the Pacific, P.31-32

⁶⁹ World Bank (2021), Bangladesh Social Protection Public Expenditure Review,, P.115

⁷⁰ Ibid, P.120-122

- ILO⁷¹
 - Position social security at the core of the economic and social development model
 - Adopt a hybrid approach integrating social insurance and tax-based funding as a response to the informal sector
 - Strengthen coordination between social security systems and tax authorities to explore new methods for expanding coverage
- UNDP⁷²
 - Consider transitioning to a universal lifecycle-based social security system
 - Examine measures to secure funding for social security expansion, such as strengthening taxation on the wealthy, capital income taxation, and prevention of tax evasion and avoidance
 - Position social security as an "investment" in growth and stability rather than a "cost"
- These recommendations suggest a comprehensive approach to address the diverse challenges faced by Bangladesh's social security system. By integrating these international perspectives with considerations of applicability to Bangladesh's specific situation, it becomes possible to build a more effective and sustainable social security system.

2.5. Implementation Status of Development Partners and Donors in the Social Security Sector

In this section, Table 2-10 and a summary of the development partners and donors developing programs in the social security sector in Bangladesh by sector are described below.

Table 2-10: Programs of Donors in the Social Security Sector

Social Security Governance	Social Insurance	Poor / Needy	Older adults	Persons with Disabilities	Workers	Children
UNDP EU World Bank ADB (Government of UK)	ADB KOICA		World Bank UN Women	ILO ADB WHO	ILO EU GIZ Government of Netherland World Bank UN Women	UNICEF WFP EU World Bank

Source: prepared by the research Team based on the interviews

- Social Security in General: Funded by the Australian Department of Foreign Affairs and Trade (DFAT), UNDP has been implementing a program to strengthen social security (Social Security Policy Support (SSPS)) since before 2015. The European Union (EU) has also implemented a program of social security programs (EUR130M) to address the impact of COVID-19, covering various sectors, including children. In addition, the World Bank is providing support for the Social Protection Registry (household survey). The United Kingdom provided support for setting up a remittance system (Government to People: G2P) for the provision of social security program benefits, but as of March 2024, no support is being provided.

⁷¹ ILO (2021), World Social Protection Report 2020–22: Regional companion report for Asia and the Pacific, P.31-32

⁷² UNDP (2022). Inequality and social security in the Asia-Pacific region, P.39-44

- Social Insurance: ADB is implementing a loan program (Social Resilience Program) conditioned on improving social security. Following Phase 1⁷³ (improvement of MIS, strengthening coverage by introducing mobile remittances, and strengthening health services in urban areas), which was implemented from 2021 to 2023, Phase 2 started in 2024⁷⁴. The main components will be the expansion of widow's allowance to include transgender and vulnerable women, doubling of funding for SME loan schemes for women entrepreneurs, strengthening of the accident insurance mechanism with a focus on the garment sector, and the establishment of a tripartite committee of government, management, and workers under the Ministry of Labor and Employment. In the area of pensions, there are plans to initiate support for the National Pension Authority (NPA), but this has not been finalized at the time of this research. In addition, the Korea International Cooperation Agency (KOICA) is currently providing training for NPA staff in Korea and Malaysia in 2023 and 2024.
- Services for the poor and needy: no donor activity specific to this area has been identified.
- Older adults: Support for digitization and streamlining of remittance systems, including Old Age Allowance (OAA). The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) is launching a new program on care economies with the ILO.
- Persons with Disabilities: ILO supports programs in Technical and Vocational Education and Training (TVET) to assist persons with disabilities in finding employment. In the past, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) has provided employment assistance. Asian Development Bank (ADB) is providing technical assistance to South Asia, including Bangladesh, in the form of assistive technology support, which supports the use of technology to devise equipment to improve activities and activities in situations of physical operational disadvantages or barriers due to disabilities. In addition, World Health Organization (WHO) is the major donor partner for the program in the area of mental health.
- Workers: ILO as lead donor supports job creation, skills development, and the establishment of universal and comprehensive social security schemes such as employment insurance, unemployment insurance, and others. GIZ and the Netherland focus on the Employment Injuries Scheme (EIS), digitalization, and social insurance.
- Children: In the area of child welfare, the United Nations Children's Fund (UNICEF) is implementing various programs. The program for the maternal and child allowance is supported by UNICEF together with relevant ministries and WFP. A Multiple Indicator Cluster Survey (MICS) will be conducted in 2024-2025 with the Bangladesh Bureau of Statistics to collect comprehensive data on children. Training of social workers in charge of children is underway with the EU.

⁷³ ADB (2023). Completion Report, Strengthening Social Resilience Program (Subprograms 1 and 2)

⁷⁴ ADB website <https://www.adb.org/news/adb-expands-support-social-resilience-program-bangladesh>, last accessed on 21 July 2024 <https://www.adb.org/news/adb-expands-support-social-resilience-program-bangladesh>

3. Current Status and Issues related to Public Health Insurance and Health Protection Systems

3.1. Laws, Policies, and Strategies related to Public Health Insurance and Health Protection Systems

3.1.1. Overview of Relevant Laws

The main laws related to health care systems in Bangladesh are shown in Table 3-1.

Table 3-1: Laws related to Health Care Systems in Bangladesh

Name	Content
The Public Health (Emergency Provisions) Ordinance	Enacted in 1944 Provides legal framework for addressing public health emergencies
The Prevention of Malaria (Special Provisions) Ordinance	Enacted in 1978 Specifies special measures for malaria prevention
The Epidemic Diseases Act	Enacted in 1897 Stipulates measures to prevent outbreak and spread of infectious diseases
The Vaccination Act	Enacted in 1880 Establishes regulations for vaccination
The Essential Services (Second) Ordinance	Enacted in 1958 (as amended in 1972) Act to ensure provision of essential services (including healthcare)
The Pharmacy Ordinance	Enacted in 1976 Regulations on qualifications and practices of pharmacists
The Drugs Act	Enacted in 1940 Act regulating manufacture, sale, and distribution of drugs Promulgated in 1982 The Drugs (Control) Ordinance: Supplementary provisions complementing the Drugs Act
The Mental Health Act	Enacted in 2018 Act on mental health service provision and rights protection of mental health patients

Source: prepared by the research team

While these laws regulate important aspects of the healthcare system, some laws, such as Epidemic Diseases Act of 1897 and the Vaccination Act of 1880, have not been revised for an extended period. This may result in a lack of legal framework to address modern public health needs and risks. Furthermore, there is a lack of legislation to establish comprehensive public health insurance and health protection systems. The enactment of a Health Protection Act to develop a health insurance system has been proposed, with the first draft created in 2014, but it has not yet been passed into law⁷⁵.

3.1.2. Overview of National Health Insurance and Health Protection Policies

The Government of Bangladesh has formulated various health insurance and health protection policies aimed at protecting and promoting the health of its citizens. The key policies and strategies are as follows:

1) National Health Policy 2011

This policy sets goals such as providing basic health services to all citizens, especially the poor and vulnerable groups, and improving access to quality health services⁷⁶.

⁷⁵ JICA, 2022, Data collection survey on health sector in Bangladesh : final report, P.69

⁷⁶ Ministry of Health and Family Welfare (2011), National Health Policy 2011, P.7-15

2) Health Care Financing Strategy 2012-2032

This 20-year strategy was formulated in response to the National Health Policy. It aims to reduce the out-of-pocket health expenditure of citizens to 32% by 2032 through the introduction of tax-based public health protection systems, non-contributory health protection schemes for the poor, and utilization of private health insurance⁷⁷.

3) National Social Security Strategy, NSSS

This comprehensive strategy aims to reform and strengthen the overall social security system. It positions health protection as one of its key pillars, advocating for the expansion of public health insurance systems and strengthening of medical assistance programs⁷⁸.

4) 4th Health Nutrition and Population Sector Program: 4th HNPSP (2017-2022)

This is a medium-term implementation plan for the health sector based on a 5-year plan. It includes specific measures to promote the introduction and expansion of health protection systems as outlined in the Health Care Financing Strategy.

The 4th HNPSP comprises multiple Operational Plans (OPs), among which the Health Economics and Financing (HEF) OP and the Maternal, Neonatal, Child and Adolescent Health (MNC&AH) OP are particularly relevant to the introduction and expansion of health protection systems.

The HEF OP aims to ensure the sustainability of health financing, efficient use of funds, and increase funding for the health sector. Within this OP, the Shasthyo Surokhsha Karmasuchi (SSK), or Health Protection Program, occupies a crucial position as a social health protection scheme for the poor.

The MNC&AH OP focuses on strengthening maternal and child health services, providing emergency obstetric care, and increasing facility-based deliveries. As part of this effort, the Maternal Health Voucher Scheme (MHVS) is being implemented as a demand-side financing program.

Both SSK and MHVS are positioned within their respective OPs as key initiatives aimed at improving healthcare access and providing economic protection, particularly for the poor and vulnerable populations. Through these efforts, Bangladesh aims to enhance health equity and achieve UHC.

Through these policies and strategies, Bangladesh is developing guidelines at various levels to strengthen its public health insurance and health protection systems. However, the actual system establishment still requires time due to delays such as the enactment of the Health Protection Act.

3.1.3. Overview of the Healthcare Financing Strategy 2012-2032

3.1.3.1 Background of the Strategy

At the time of formulating this strategy (2012), Bangladesh had a high out-of-pocket health

⁷⁷ Ministry of Health and Family Welfare (2012), Health Care Financing Strategy 2012-2032, P.11-18

⁷⁸ General Economics Division, Planning Commission (2015), National Social Security Strategy (NSSS) of Bangladesh, P.39-41

expenditure rate of 64%, and many citizens were unable to receive necessary health services⁷⁹. To address this issue, the government positioned the reform and strengthening of health protection systems as an important policy agenda and formulated this strategy.

3.1.3.2 Objectives of the Strategy

The strategy has the following three objectives:

- Provision of equitable health services to all citizens
- Improvement of the quality of health services
- Ensuring the sustainability of health protection systems

3.1.3.3 Key Pillars of the Strategy

- 1) Expansion and strengthening of health protection systems
Expanding the coverage of public health insurance systems, strengthening medical assistance programs, and utilizing private health insurance
- 2) Improvement of healthcare service delivery systems
Developing and strengthening public medical institutions, enhancing collaboration with private medical institutions, and strengthening primary healthcare
- 3) Improvement of healthcare quality
Enhancing the capacity of healthcare workers, introducing accreditation systems for medical institutions, and strengthening medical safety measures
- 4) Ensuring sustainability of health protection systems
Optimizing medical expenses, efficient system operation, and securing stable financial resources

3.1.3.4 Implementation Structure of the Strategy

The Ministry of Health plays a central role in implementing this strategy. The Ministry is expected to concretize and implement the strategy in collaboration with relevant ministries, local governments, medical institutions, and civil society organizations. This strategy is positioned as a long-term guideline for the development of Bangladesh's health protection system, and its steady implementation is expected to protect and promote the health of citizens and improve access to health services.

3.1.3.5 Strategic Positioning of SSK and MHVS

In this strategy, SSK and MHVS are positioned as important measures to achieve strategic goals.

SSK is positioned as a core element of the social health protection system in the strategy. The strategy explicitly mentions SSK as part of "designing and implementing social health protection systems," with plans to initially implement it for the Below Poverty Line (BPL) population and gradually expand the target group. On the other hand, MHVS is mentioned as a results-based financing approach. MHVS is cited as an example of expanding/strengthening Results-Based Finance (RBF) under "strengthening public health service financing and provision," and is considered to contribute to promoting access to specific services such as maternal health services as a demand-side financing scheme.

⁷⁹ As of 2021, the out-of-pocket health expenditure accounts for 73% of total health expenditure (WHO Global Health Expenditure database (who.int/nha/database), accessed on July 24, 2024).

SSK and MHVS are positioned as concrete measures to achieve strategic goals. These systems are considered to contribute to the realization of strategic objectives, particularly "improving equity and enhancing medical access for the poor and socially vulnerable," and are recognized as important steps towards achieving Universal Health Coverage.

3.2. Main Measures and Current Status of Public Health Insurance and Health Protection Systems

The Government of Bangladesh is implementing various public health insurance and health protection systems aimed at protecting citizens' health and improving access to health services. This chapter analyzes the overview and current status of two particularly important measures: Shasthyo Surokhsha Karmasuchi (SSK) and Maternal Health Voucher Scheme (MHVS).

The reasons for selecting these as key measures are as follows:

- **Government Priority Measures:** The Ministry of Health recognizes SSK and MHVS as the most important measures among related programs in the social security system⁸⁰. This view is also supported by Dr. Syed Abdul Hamid of the Institute of Health Economics, University of Dhaka⁸¹.
- **Scale and Importance of Target Population:** SSK targets the poor in general, while MHVS targets poor pregnant women, contributing to improving medical access for vulnerable groups.

Policy Priority: These are recognized as major health protection schemes in the 8th Five Year Plan (8FYP), with further expansion planned. These measures are positioned as important initiatives towards achieving Universal Health Coverage (UHC), and are expected to contribute particularly to improving medical access for vulnerable groups and reducing out-of-pocket medical expenses.

3.2.1. Shasthyo Surokhsha Karmasuchi (SSK)

3.2.1.1 Overview of SSK

1) Project Objective

SSK is a government-led health protection system aimed at providing access to high-quality essential health services for people below the poverty line (BPL) and reducing their out-of-pocket medical expenses⁸².

2) Target Population

Households meeting at least two of the following three criteria are classified as BPL households⁸³:

- The head of the household is a day laborer
- The household does not own land other than their dwelling
- The household has no stable source of income

3) Services Provided

SSK primarily covers inpatient treatment and provides medical care for 78 disease groups or health conditions. Enrollees can receive health services at designated public hospitals (Upazila Health

⁸⁰ Based on interviews with the Health Economics Unit of the Ministry of Health and Family Welfare

⁸¹ Based on interviews with Dr. Syed Abdul Hamid of the Institute of Health Economics, University of Dhaka.

⁸² Hasan MZ et al (2024), The effectiveness of a government-sponsored health protection scheme in reducing financial risks for the below-poverty-line population in Bangladesh. Health Policy and Planning, Introduction

⁸³ Ibid

Complex: UHC) ⁸⁴.

4) Funding Source

SSK is a non-contributory system, mainly funded by the government's general budget revenue. The government pays an annual premium of 1,000 BDT per household, providing financial protection of up to 50,000 BDT per household annually⁸⁵. However, due to budget constraints, public funds are only allocated to the operation of target district hospitals, while medication costs and outpatient expenses are covered by premiums and out-of-pocket payments. Currently, over 60% of the total SSK-related expenses are out-of-pocket⁸⁶.

3.2.1.2 Implementation Status, Achievements, and Challenges

1) Implementation Areas and Utilization Status

SSK was launched as a pilot project in March 2016 in three upazilas of Tangail District. In these upazilas, services are provided to insured households through UHCs, with Tangail District Hospital acting as a referral facility⁸⁷. According to interviews with the Health Economic Unit (HEU) of the Ministry of Health and Family Welfare, as of 2024, the SSK program is being implemented in seven districts, and expansion to urban areas has begun. Further expansion to six more districts is planned⁸⁸.

Regarding utilization, a survey by Hasan et al. (2024) found that about 16% of insured households in the intervention areas experienced inpatient treatment in the past 12 months, with about one-third of them using SSK services⁸⁹.

According to a HEU interview, the program's scale has significantly expanded, now covering about 1.5 million poor people. SSK primarily covers inpatient services (IPD), while outpatient services (OPD) are currently not covered⁹⁰. However, there are some limitations in service provision due to a shortage of doctors, especially specialists, and delays in claims processing and payment may be affecting service delivery⁹¹.

2) Effects and Achievements

According to a survey by Chowdhury et al. (2021), about 31% of all households in the target areas were included in the SSK BPL household list, but only about 58% of these actually met the BPL criteria. About 82% of households identified as BPL possessed an SSK card⁹².

Regarding utilization, about 16% of insured households in the intervention areas experienced inpatient treatment in the past 12 months, with about one-third of them using SSK services⁹³.

⁸⁴ Ibid

⁸⁵ Ibid, Service delivery and financing' section

⁸⁶ JICA (2022). Data collection survey on health sector in Bangladesh : final report

⁸⁷ Ibid, 'Shasthyo Surokhsha Karmasuchi' section

⁸⁸ Based on interviews with the Health Economics Unit of the Ministry of Health and Family Welfare

⁸⁹ Hasan MZ et al (2024), The effectiveness of a government-sponsored health protection scheme in reducing financial risks for the below-poverty-line population in Bangladesh. Health Policy and Planning

⁹⁰ Based on interviews with the Health Economics Unit of the Ministry of Health and Family Welfare

⁹¹ Ibid

⁹² Chowdhury, A. H. et al. (2023). Does maternal health voucher scheme have association with distance inequality in maternal and newborn care utilization? Evidence from rural Bangladesh., 'Proportion of BPL Households and Current BPL Status' section

⁹³ Hasan MZ et al (2024), The effectiveness of a government-sponsored health protection scheme in reducing financial risks for the below-poverty-line population in Bangladesh. Health Policy and Planning, 'Results' section

SSK showed significant effects in reducing out-of-pocket health expenditure (OOPE), incidence of catastrophic health expenditure, and impoverishment among enrolled households⁹⁴. The reduction rates (%) mentioned below indicate relative reductions compared to the reference areas, rather than percentage point differences (absolute differences).

- OOPE Reduction: OOPE in intervention areas was 33% lower than in comparison areas, and 92% lower for households using SSK benefits.
- Decrease in Catastrophic Health Expenditure: In intervention areas, the proportion of households spending more than 10% of total expenditure on healthcare was 46% lower than in comparison areas. The proportion spending more than 40% of non-food expenditure on healthcare was also 42% lower.
- Reduction in Impoverishment: The impoverishment rate in intervention areas was 30% lower than in comparison areas.

These results indicate that SSK plays a crucial role in reducing the financial burden related to healthcare utilization for enrolled households.

3) Challenges

- Issues with BPL Identification and Registration Process: The survey found that 18 out of 90 selected villages had no SSK BPL population, and 42-46% of surveyed households in intervention areas did not actually meet BPL selection criteria. This suggests that the BPL household identification process may not be properly implemented. Political and local power structures may be affecting the accuracy of SSK BPL lists⁹⁵.
- Low Utilization Rate: It was revealed that only about one-third of SSK-enrolled households utilized SSK benefits. Main reasons included lack of understanding about card usage, absence of services for specific diseases, and distrust in SSK services⁹⁶.
- Limited Benefit Coverage: The SSK system covers medical expenses for 78 disease groups, which may not adequately meet the medical needs of the BPL population. This limited coverage was identified as a potential cause of low utilization rates⁹⁷.
- Financial Sustainability: SSK is currently operated as a non-contributory system, but securing funding sources will be a challenge to address increased costs associated with future expansion. Delays in processing bills and reimbursing funds have been reported, which could affect the financial sustainability of the system⁹⁸.
- Preparedness of Medical Facilities: Several issues were pointed out regarding the preparedness of SSK facilities, including shortages of personnel and equipment, and infection control problems.

⁹⁴ Ibid, 'Results' section

⁹⁵ Hasan MZ et al (2024), The effectiveness of a government-sponsored health protection scheme in reducing financial risks for the below-poverty-line population in Bangladesh. Health Policy and Planning, 'Discussion' section
Chowdhury, A. H. et al. (2023). Does maternal health voucher scheme have association with distance inequality in maternal and newborn care utilization? Evidence from rural Bangladesh, 'Summary of Findings' section

⁹⁶ Ibid

⁹⁷ Hasan MZ et al (2024), The effectiveness of a government-sponsored health protection scheme in reducing financial risks for the below-poverty-line population in Bangladesh. Health Policy and Planning, 'Discussion' section
Chowdhury, A. H. et al. (2023). Does maternal health voucher scheme have association with distance inequality in maternal and newborn care utilization? Evidence from rural Bangladesh, 'Summary of Findings' section

⁹⁸ Ibid

The shortage of specialist doctors (consultants) was particularly notable⁹⁹.

- Adherence to Treatment Protocols: The overall adherence rate to treatment protocols was 70%, with no improvement observed over time. Adherence rates for diagnostic tests and advice were below 50%. Documentation issues (e.g., lack of test reports, discharge documents) were also observed¹⁰⁰.
- Impact on Non-Enrollees: As the SSK system primarily uses public hospitals as healthcare providers, there is potential for negative impacts on non-enrolled patients. Particularly, if regular supplies of medicines and tests are prioritized for SSK-enrolled patients, this could affect service access for non-enrolled patients¹⁰¹.

4) Challenges: Government Perspective

The following is a summary of the challenges recognized by HEU, based on an interview survey:

- Healthcare Access and Financial Protection: In Bangladesh, at least one in six people cannot access medical facilities due to economic reasons, which is a serious situation. Out-of-pocket expenses account for 68.5% of total medical costs, with many households spending more than 10% of their total income on healthcare. This increases the risk of catastrophic health expenditure and leads to impoverishment. While there is theoretically a free healthcare system, in practice, many services require out-of-pocket payments, with particularly high economic burdens on patients for advanced treatments and surgeries.
- SSK Program Design and Implementation: Proper identification of beneficiaries is a major challenge in the effective implementation of the program. Political issues and fraudulent applications make it difficult to ensure services are provided to those truly in need. Efforts are being made to develop a unified medical package (SSK treatment protocol) and design cost-effective intervention methods, but continuous improvement and proper implementation of these are required. Furthermore, there is a goal to transition from a supply-driven to a demand-driven system, with the challenge of establishing an appropriate reward system for high-quality service provision.
- Challenges in Healthcare Delivery System: Securing and retaining doctors, especially specialists, in rural areas is extremely difficult. This creates serious regional disparities and hinders the equitable provision of high-quality health services. There are also challenges in the preparedness of medical facilities, with shortages of necessary medical equipment and consumables, and delays in infrastructure development (such as securing dedicated SSK pharmacy spaces) hampering the effective implementation of the program.
- Operational Challenges: In the operation of the SSK program, delays in claims processing and payment are major issues. This is mainly due to the lack of an online system, making efficient management difficult. The transition from paper-based records to digitalization is also in progress, but the development of a comprehensive IT system/software (such as an online claims review and payment system) is urgently needed. These system improvements are essential for enhancing the

⁹⁹ Chowdhury, A. H. et al. (2023). Does maternal health voucher scheme have association with distance inequality in maternal and newborn care utilization? Evidence from rural Bangladesh, 'Findings from the Facility Assessment' section

¹⁰⁰ Ibid, 'Findings from the Treatment Protocol Review' section

¹⁰¹ Hasan MZ et al (2024), The effectiveness of a government-sponsored health protection scheme in reducing financial risks for the below-poverty-line population in Bangladesh. Health Policy and Planning, 'Limitations of the study' section

transparency and efficiency of the program.

- **Program Expansion and Sustainability:** Currently, SSK covers about 1.5 million people in 7 districts, with plans for gradual expansion towards nationwide coverage. Expansion to urban areas has also begun, with pilot implementations in Khannapur City and Gazipur City. As part of this expansion plan, the Ministry of Health is considering establishing a National Health Security Office. According to HEU, the establishment of this office has been proposed as part of the Ministry of Health's strategy and is currently in the research phase. The expansion plan also involves classifying the population into three segments: the poor, informal sector, and formal sector, designing appropriate protection schemes for each. This aims to establish a comprehensive system design and policy framework suited to Bangladesh's socioeconomic situation. Additionally, there are plans to separate healthcare service providers and purchasers, and to develop online systems for improved efficiency and transparency. However, expanding these programs requires substantial funding, and while currently financed from the development budget, securing long-term funding sources is a major challenge. Establishing a sustainable funding mechanism is essential for the future success of the program.
- **Quality Control and Impact Measurement:** Improving and standardizing the quality of services provided is essential for the success of the SSK program. While efforts are being made to improve service quality, establishing a consistent quality control system remains a challenge. A mechanism for continuous and comprehensive impact measurement is necessary to accurately evaluate the program's impact.

Other Challenges: Fostering public understanding and trust in SSK is one of the important challenges faced by the Bangladesh government. According to HEU, initially, the concept of health protection schemes like SSK was new to many citizens, and understanding of the system was low. In the words of concerned parties, they had to "start from minus." HEU claims that there has been some progress over time. Currently, people are beginning to understand the importance and necessity of SSK, and perceptions have shifted to a "neutral stance." HEU suggests this progress is the result of awareness activities and accumulated experience, but details of specific initiatives and numerical data are not presented. Additionally, moving away from dependence on traditional healthcare providers remains a challenge.

3.2.2. Maternal Health Voucher Scheme (MHVS)

3.2.2.1 Overview of MHVS

MHVS is a demand-side financing mechanism introduced by the Bangladesh government in 2007. This scheme provides vouchers to eligible pregnant women, allowing them to receive specific maternal and child health services free of charge. Its main objective is to improve access to and utilization of maternal and neonatal health services for poor pregnant women in rural areas. Eligible women are permanent residents of the intervention areas who do not own land (less than 6,534 square feet) and whose household average monthly income is less than 3,100 BDT¹⁰².

¹⁰² Chowdhury, A. H. et al. (2023). Does maternal health voucher scheme have association with distance inequality in maternal and newborn care utilization? Evidence from rural Bangladesh., 'Background' section

Services available through MHVS vouchers include:

- Three antenatal care (ANC) visits
- Facility-based delivery or home delivery by qualified providers
- One postnatal care (PNC) visit
- Management of maternal complications (including cesarean section if necessary)
- Free medications
- Transportation allowance (fixed amount of 100 BDT per facility visit)
- Cash incentives for facility-based delivery or home delivery by qualified providers

Vouchers can be used at public hospitals (Upazila Health Complexes, which are major public health facilities at the sub-district level) and designated private and non-governmental facilities¹⁰³.

3.2.2.2 Implementation Status, Achievements, and Challenges

1) Implementation Areas and Utilization Status

MHVS was initially piloted in 21 sub-districts and is operating in 57 out of 492 sub-districts nationwide in 2022¹⁰⁴. To evaluate the effectiveness of MHVS, Chowdhury et al. (2023) conducted a survey in four sub-districts. In these four surveyed sub-districts, 19% of eligible women were MHVS beneficiaries¹⁰⁵.

2) Effects and Achievements

MHVS has increased the utilization of antenatal care, skilled birth attendance, and postnatal care services. Notably, it has reduced the disparity in access to Maternal and Neonatal Health (MNH) services due to socioeconomic status differences¹⁰⁶. This means that the utilization rate of MNH services among low-income women has approached that of high-income women.

MHVS has also been noted to contribute to improving the quality of ANC. In a study by Mia et al. (2021), the quality of ANC was evaluated using an indicator called the "ANC completeness index." This index quantifies the implementation status of necessary health check items such as blood pressure measurement and various tests on a scale from 0 to 400.

The survey results showed that the average score for voucher recipients was 185.2 ± 101.0 , while for non-recipients it was 139.6 ± 93.3 , with this difference being statistically significant ($p < 0.001$). Furthermore, the score for voucher recipients in the poorest group (159.6 ± 82.1) was higher than that of relatively wealthy non-recipients (141.9 ± 96.3)¹⁰⁷. These results suggest that MHVS is improving the overall quality of ANC and having a particularly significant effect on low-income pregnant women. In other words, MHVS may be making a substantial contribution to improving the quality of ANC for socioeconomically disadvantaged women.

Furthermore, it has been suggested that the MHVS has indirectly contributed to the improvement of

¹⁰³ JICA, 2022, Data collection survey on health sector in Bangladesh : final report p.69

¹⁰⁴ 5th Health, Population, and Nutrition Sector Program

¹⁰⁵ Chowdhury, A. H. et al. (2023). Does maternal health voucher scheme have association with distance inequality in maternal and newborn care utilization? Evidence from rural Bangladesh, 'Results' section

¹⁰⁶ Ibid, 'Background' section

¹⁰⁷ Mia, M. N. et al (2021). The Bangladesh Maternal Health Voucher Scheme: impact on completeness of antenatal care provision. Journal of Biosocial Science, 53(6), 795-802, 'Results' section

children's vaccination rates. According to a survey by Sultana et al. (2023), 93% of children whose mothers were enrolled in MHVS were fully immunized, compared to 84% for children of non-enrolled mothers. The study suggests that this difference in immunization rates may be a secondary effect of MHVS¹⁰⁸. In other words, while MHVS directly targets maternal care, it may also have positive effects on children's health. This effect might be due to mothers having more opportunities to receive information and education about child immunization through regular visits to medical facilities via MHVS.

Research by Chowdhury et al. (2023) suggests that MHVS potentially reduces inequalities in MNH service utilization related to distance from health facilities. The results show that among voucher beneficiaries, no significant difference was observed in the utilization of Maternal and Newborn Continuum of Care (MNCoc)¹⁰⁹ regardless of distance from health facilities. Specifically, there was no major difference in MNCoc utilization rates between beneficiaries living within 5km of health facilities and those living more than 5km away. In contrast, among non-beneficiaries, differences in service utilization rates were observed based on distance from health facilities. Women who were non-beneficiaries living far from health facilities tended to have lower service utilization rates compared to non-beneficiaries living nearby. This result suggests that MHVS may overcome geographical barriers and improve access to MNH services for women living in remote areas¹¹⁰.

3) Challenges

● Low Beneficiary Rate

The study by Chowdhury et al. (2023) revealed a relatively low beneficiary rate of 19% in the surveyed areas¹¹¹. The authors point out the following factors for this low beneficiary rate¹¹²:

- Strict eligibility criteria: The eligibility criteria for MHVS are set stringently.
- Lack of awareness: Some eligible individuals may not be aware of MHVS's existence¹¹³.
- Administrative challenges: Administrative issues in the voucher distribution process (irregular distribution, delays, shortage of stock in some areas) may result in eligible women not receiving vouchers in a timely manner.

● Optimization of Service Utilization Rates

Despite the positive impact of MHVS, the service utilization rates among beneficiaries have not reached optimal levels. According to the study by Chowdhury et al. (2023), the MNCoc utilization rate among voucher beneficiaries remains at 38%. Looking at individual maternal and child health services, the utilization rate for 4 or more ANC visits was 45.6%, the facility delivery rate was 53.8%, and the PNC utilization rate within 2 days after delivery was 63.8%. The authors point out the following factors for these relatively low utilization rates¹¹⁴:

¹⁰⁸ Sultana, N. et al. (2023). Is the maternal health voucher scheme associated with increasing routine immunization coverage? Experience from Bangladesh. *Frontiers in Public Health*, 11, 963162, 'Results' section, 'Discussion' section

¹⁰⁹ Chowdhury, A. H. et al. (2023). Does maternal health voucher scheme have association with distance inequality in maternal and newborn care utilization? Evidence from rural Bangladesh, 'Abstract' section, 'Results' section

¹¹⁰ Ibid, 'Results' section

¹¹¹ Ibid, 'Results' section

¹¹² Ibid, 'Results' section, 'Discussion' section

¹¹³ Ibid, 'Discussion' section

¹¹⁴ Ibid, 'Results' section, 'Discussion' section

- Transportation cost issues: The current transportation allowance is insufficient to cover actual costs.
 - Difficulty in accessing medical facilities: Geographical barriers exist, especially for women living in remote areas.
 - Program awareness: Some eligible individuals may not be aware of MHVS's existence.
- Adequacy of Transportation Allowance

According to the study by Chowdhury et al. (2023), MHVS provides a fixed transportation allowance of 100 BDT per visit to medical facilities. However, it was revealed that this amount is often insufficient to cover actual costs. Patients spend an average of about four times this amount on transportation, which is a concern especially for women living in remote areas. To address this issue, it is proposed to adjust the transportation allowance amount based on distance and regional characteristics¹¹⁵.
 - Incorrect Targeting

Studies by Chowdhury et al. (2023) and Mia et al. (2021) point out that despite MHVS targeting low-income groups, a significant number of people with high socioeconomic status are included among the beneficiaries. Specifically:

 - Among voucher recipients, there were households with assets or income exceeding the eligibility criteria.
 - This incorrect targeting may result in some of the poorest, who should be receiving support, being excluded from the system.

To address this issue, they suggest the need for improving the beneficiary selection process and implementing more stringent monitoring¹¹⁶.
 - Challenges from a Gender Perspective

The following gender-related challenges have been identified in relation to MHVS:

 - Lack of Male Participation

In the study by Mia et al. (2021), one of the 13 elements evaluating ANC quality was "whether husbands were encouraged to participate in ANC." The survey results showed that the implementation rate for this item was low compared to other items, with only 29.4% for voucher recipients and 30.5% for non-recipients. This suggests that male involvement in pregnancy and childbirth remains limited¹¹⁷.
 - Geographical Access Challenges

The study by Chowdhury et al. (2023) shows that distance from health facilities affects the utilization of MNH services. Particularly among non-voucher recipients, women living more than 5km away from health facilities were reported to have significantly lower utilization rates

¹¹⁵ Chowdhury, A. H. et al. (2023). Does maternal health voucher scheme have association with distance inequality in maternal and newborn care utilization? Evidence from rural Bangladesh, 'Results' section, 'Discussion' section

¹¹⁶ Chowdhury, A. H. et al. (2023). Does maternal health voucher scheme have association with distance inequality in maternal and newborn care utilization? Evidence from rural Bangladesh, 'Discussion' section

Mia, M. N. et al (2021). The Bangladesh Maternal Health Voucher Scheme: impact on completeness of antenatal care provision. *Journal of Biosocial Science*, 53(6), 795-802., 'Discussion' section

¹¹⁷ Mia, M. N. et al (2021). The Bangladesh Maternal Health Voucher Scheme: impact on completeness of antenatal care provision. *Journal of Biosocial Science*, 53(6), 795-802, 'Results' section, Table 1

of MNH services compared to those living within 5km¹¹⁸.

This challenge may be related to the cultural background in Bangladesh, where there tends to be restrictions on women's mobility.

➤ **Transportation Cost Burden**

The study by Chowdhury et al. (2023) points out that the MHVS transportation allowance (100 BDT per visit) is insufficient to cover actual costs. Patients spend an average of about four times the incentive value, which is a significant burden, especially for women living in remote areas¹¹⁹.

In cases where women lack economic decision-making power, this financial burden may become a factor hindering service utilization.

3.3. Measures and Initiatives Expected to be Necessary in the Future

Based on the current status and challenges of public health insurance and health protection systems in Bangladesh, the following measures and initiatives are considered necessary for future implementation:

1) **Expansion of SSK Target Population and Improvement of Utilization Rate**

To address the low target population rate and low actual utilization rate of SSK, the following initiatives are being considered:

- Improvement of beneficiary selection process: Review the current strict eligibility criteria and adjust to allow more poor people to enroll.
- Awareness-raising activities: Conduct more active publicity campaigns in target areas about SSK's existence and how to use it.
- Streamlining the voucher distribution process: Resolve administrative issues to ensure eligible individuals receive vouchers in a timely manner.

2) **Improvement and Expansion of MHVS and Strengthening Coordination with Related Programs**

To address issues such as low beneficiary and utilization rates, transportation cost problems, quality of care, and overlap with other ministries' programs, and to maximize the program's effectiveness, the following initiatives are being considered:

- Review of transportation allowance: Revise transportation incentives to provide higher reimbursement for remote areas. Introduce a variable transportation allowance based on distance and regional characteristics.
- Measures to increase service utilization rates: Investigate the causes of low MNCoc utilization rates and implement countermeasures. Implement specific measures to increase utilization rates for ANC, facility-based deliveries, and PNC.
- Conduct qualitative research: Investigate how low-income rural populations choose and utilize maternal and child health care. Analyze in detail the reasons for low care utilization rates. Compare and examine the experiences of beneficiary and non-beneficiary women in accessing maternal and

¹¹⁸ Chowdhury, A. H. et al. (2023). Does maternal health voucher scheme have association with distance inequality in maternal and newborn care utilization? Evidence from rural Bangladesh, 'Results' section, Table 2

¹¹⁹ Chowdhury, A. H. et al. (2023). Does maternal health voucher scheme have association with distance inequality in maternal and newborn care utilization? Evidence from rural Bangladesh, 'Discussion' section

child health care.

- Expansion of MHVS: Consider expanding MHVS to areas where geographical or distance-related inequalities are major issues.
- Improvement of care quality: Implement improvements focused on care quality through both demand-side and supply-side initiatives.
- Strengthening coordination and efficiency between MHVS and Ministry of Women and Children Affairs programs: Consider an integrated approach considering the overlap between both programs:
 - Comprehensively review the service content of both programs and redesign them to complement each other.
 - Redesign economic support, including transportation cost support, comprehensively.
 - In the long term, consider integrating both programs to build a more efficient and effective maternal and child health support system.
 - Promotion of male participation: Introduce programs to encourage husbands' participation in ANC and increase male involvement in pregnancy and childbirth.

3) Securing Healthcare Workers and Their Deployment to Rural Areas

To address the serious shortage of doctors, especially specialists, in rural areas, the following initiatives are being considered:

- Strengthening incentives for rural service: Promote rural service for doctors through preferential treatment in salaries and career development support.
- Introduction of telemedicine systems: Develop telemedicine systems utilizing Information and Communication Technology (ICT) to enable appropriate diagnosis and treatment even in areas lacking specialists.

4) Improving Operational Efficiency and Data Management

To address issues such as delays in claims processing and payment in SSK operations, and data management for effective policy-making, the following initiatives are being considered:

- Development of online systems: Promote online claims review and payment systems to expedite processing and improve transparency.
- Development of comprehensive ICT systems: Build ICT systems that can centrally manage everything from medical service provision to payment.
- Strengthening data analysis capabilities: Enhance capabilities to effectively analyze collected data and utilize it for policy-making.

Through these initiatives, it is expected that Bangladesh will address the challenges in its public health insurance and health protection systems and develop an environment where more citizens can access high-quality health services.

4. Current Status and Issues related to Services for the Poor and Needy

With reference to the overall framework of the social security system described in Chapter 2: Overview of the social security sector in Bangladesh, this chapter provides an overview of the infrastructure and implementation arrangements for social security and welfare services in Bangladesh.

These form the basis for services for the poor and needy and provide a common foundation for services for specific groups (e.g. older persons, the disabled and children), which are dealt with in subsequent chapters. The aim here is to understand the current situation and challenges of the overall social services framework, with a particular focus on poverty reduction in general and support for the needy in particular. The following chapters then focus on specific groups (e.g. older persons, people with disabilities, children, etc.) and detail specific support measures for each group and their implementation systems.

Social welfare involves the support of particularly vulnerable groups within social security and encompasses theoretical frameworks and policies. Social services, on the other hand, refer to the specific activities and services provided to realize these welfare policies. This chapter describes social welfare and social services and aims to provide a better understanding of their evolution, characteristics and implementation systems in Bangladesh.

4.1. Characteristics of Social Services

In Bangladesh, a total of 115 social security programs were being implemented by 28 ministries as of January 2024. Figure 4-1 illustrates the social protection national budget and the number of programs¹²⁰.

Around 2008, there were 57 social security programs, but the number of types has increased to 115 by 2024. In parallel, the social security budget is increasing. For example, in 2024 the amount to BDT1,262.72 billion (approximately 1,691.49 billion yen)¹²¹ is allocated, which is approximately ten times higher than the 2008 budget of BDT 138.45 billion (approximately 185.46 billion yen). The 2024 budget was also approximately 7.4 per cent higher than the previous year's 2023 allocation of BDT 1,113.576 billion (approximately 1,521.406 billion yen).

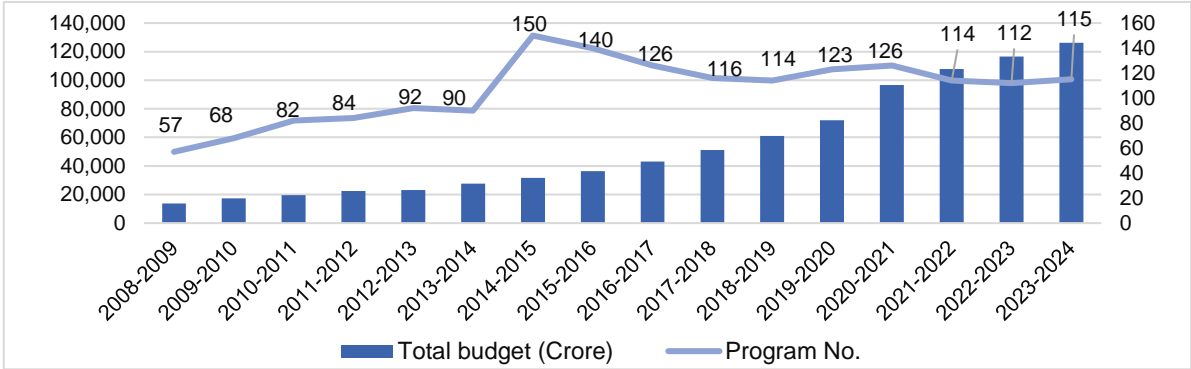


Figure 4-1: Social Security National Budget and Number of Programs

Source: prepared by the research team from Bangladesh SSPS M&E Dashboard

¹²⁰ Social Security Policy Support (SSPS) Programme, M&E dashboard (<https://mne.socialprotection.gov.bd/>), last accessed on 03 June 2024

¹²¹ 1 Crore=10,000,000 BDT (Japanese Yen calculated at Xe/July 19, 2024: 1 JPY = 0.746554 BDT).

However, in terms of GDP, the FY2023-24 allocation is 2.52% of GDP, failing to meet the NSSS target of 3% of GDP. For example, about 22% of the FY2024 Social Security allocation is earmarked for pensions for 8,000 government employees, and another BDT 112.17 billion is earmarked for interest on the National Saving Certificate, so that 60% of the budget will be used for non-poor people¹²². The World Bank's 2019 estimates are also being criticized by some. In addition, according to the World Bank's 2019 estimates, only about one-third of the poor are covered by the safety net¹²³.

The ministries that mainly implement social security programs are the Ministry of Social Welfare (26 programs), the Ministry of Women and Children (15 programs), the Ministry of Finance (10 programs), the Ministry of Disaster Management and Relief (13 programs), the Ministry of Local Government (7 programs), and the Ministry of Liberation War (6 programs).

Each program is classified into five clusters based on the NSSS settings: (1) Social Allowance, (2) Food Security and Disaster Assistance, (3) Labour / Livelihood Interventions, (4) Social Insurance, and (5) Human Development and Social Empowerment.

In addition, the following life cycle categories are also included: (1) Pregnancy and Childhood, (2) School Aged Children, (3) Working Age and Youth, (4) Old Age, and (5) Covariate Shocks as the shocks that cause damage to health and livelihoods due to armed conflict, financial crises, food price fluctuations, droughts, floods, and other disasters.

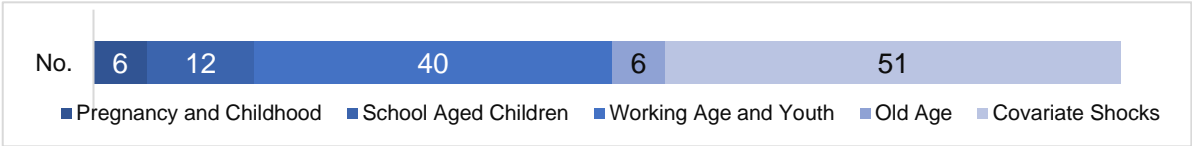


Figure 4-2: Breakdown of Number of Programs by Cluster (2023-24)

Source: prepared by the research team from Bangladesh SSPS M&E Dashboard

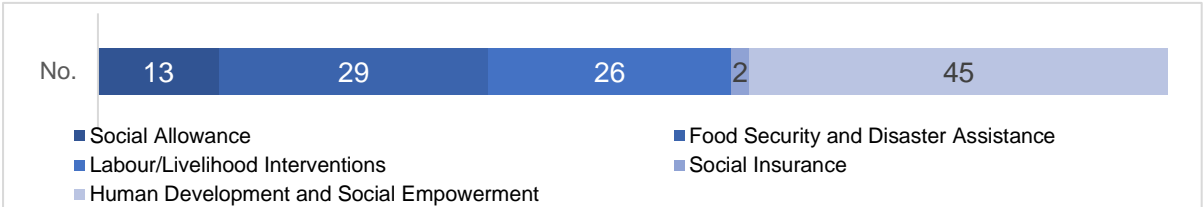


Figure 4-3: Breakdown of Number of Programs by Life Cycle (2023-24)

Source: prepared by the research team from Bangladesh SSPS M&E Dashboard

Figure 4-2 and Figure 4-3 compare the number of social security programs by cluster and by life cycle. As shown in Figure 4-2, by cluster, the largest number of programs in the human development and social empowerment framework is 45, while the smallest number of programs in the social insurance sector is 2. Also, as shown in Figure 4-3, by life cycle, the largest number of programs on responding to disasters shocks was 51, followed by 40 programs in the area of working age and youth. On the other hand, the number of programs related to pregnancy/childrearing and old age are small as 6 programs each.

¹²² The Daily Star Bangladesh (Monday, June 3, 2024): <https://www.thedailystar.net/special-events/national-budget-2023-24/news/safety-net-budget-fy-2023-24-spending-just-101pc-gdp-not-252pc-3336841>, Retrieved June 3, 2024
¹²³ Dr Khondaker Golam Moazzem and Mr ASM Shamim Alam Shibly (2023), “CPD-Christian Aid Study on Estimating Gap of the Social Safety Net Programmes in Bangladesh”, PowerPoint PDF document slide 8.

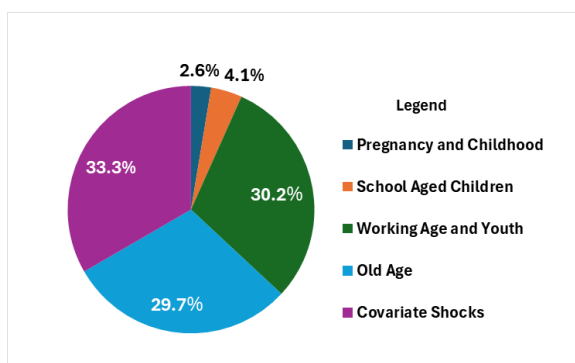


Figure 4-4: Percentage of Social Security Budget by Life Cycle (2023-24)

Source: Compiled by research team from Bangladesh SSPS M&E Dashboard

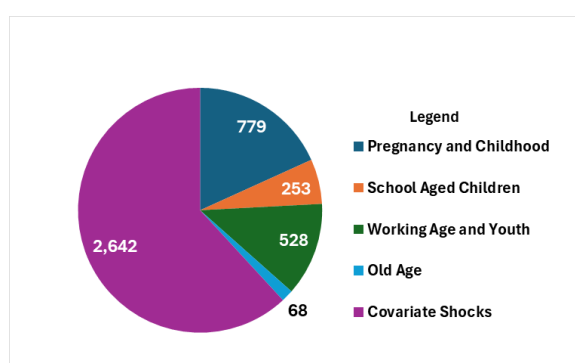


Figure 4-5: Number of Beneficiaries by Life Cycle (2023-24) (Unit: Lakh¹²⁴)

Source: Compiled by research team from Bangladesh SSPS M&E Dashboard

Figure 4-4 shows the percentage of the social security budget by life cycle classification. The largest share (33.3%) was for covariate shock related expenditures, followed by working age and youth (30.2%). As mentioned earlier, there were only six programs for old age, but the budget allocation for the old age program represents 29.7% of the total budget. The pregnancy and childhood and the school age and youth had smaller social security budget allocations, as 2.6% and 4.1¹²⁵. As shown in Figure 4-5, the number of beneficiaries by life cycle shows that the largest number of beneficiaries are those affected by covariate shocks, totaling 264.2 million person, followed by 77.9 million person in pregnancy and childhood, and 52.8 million in working age and youth. The number of beneficiaries in old age, which accounts for 29.7% of the total budget, is small at 6.9 million.

The next section provides an overview of what services are provided as social security programs. Table 4-1 shows the main services by program, based on information from the NSSS dashboard.

Table 4-1: Classification by Program Contents and its Main Services

No.	Classification by Program Content	No	Main Service Contents
1	Cash Transfer (Various Allowances)	21	Provide living allowances for older persons, widows, disability, veterans, single mothers, nursing home residents, needy students, etc.
2	Food Security and Employment Generation Programs	3	Scholarships for students at the secondary, upper secondary, and madrasah education levels; scholarships for students in technical education institutions; grants for schools for the disabled, etc.
3	Stipend Programs	8	Financial assistance for patients with cancer, kidney, cirrhosis, etc.; special grants for teachers and students in educational institutions; agricultural grants, etc.
4	Cash/Transfer of Materials (Special Programs)	11	Support for vulnerable women, food assistance for vulnerable groups, employment assistance, support for job creation for the poor, etc.
5	Credit Support Programs	2	Microcredit for women self-employed, interest-free loan support for rural social services (RSS) and peri-urban areas.
6	Assistance for Special Communities	9	Welfare Fund for Women, Children and Burned and Disabled; Support for Neurodevelopmentally Disabled; Special Support Fund for Women Development and Women Entrepreneurs, etc.

¹²⁴ 1 Lakh=100,000

¹²⁵ The budget breakdown by life cycle is as follows: Pregnancy and Childhood (33.17 billion BDT), School Aged Children (51.55 billion BDT), Working Age and Youth (381.37 billion BDT), Old Age (375.65 billion BDT), Covariate Shocks (375.6 billion BDT), and Covariate Shocks (420.98 billion BDT).

No.	Classification by Program Content	No	Main Service Contents
7	Various Funds and Programs	9	Climate Change Fund; skills training for women; rehabilitation of the homeless and creation of alternative employment; funds to address economic and natural disasters.
8	Development Part: Ongoing Development Projects/Programs	38	Student scholarships at the primary education level, housing supply project (Ashrayan-2), rural infrastructure projects, maternal, newborn, child and adolescent health/national nutrition services, poverty reduction among marginalized populations and employment security for the very poor in the northern region, etc.
9	New Development Project	14	Interest subsidies for small and medium-sized enterprises (including cottage industries), interest subsidies on savings certificates (social security portion), support for resource development and fishery and agricultural technology programs, emergency assistance in water supply and sanitation activities at the county level.

Source: Developed by the research team

The largest budget allocation among the nine program categories is for cash allowances (BDT 446.64 billion), followed by special grants (BDT 226.77 billion), new development projects (BDT 175.62 billion), and cash and material allowances (BDT 168.14 billion). Further programs by budget include pensions for retired civil servants and their families¹²⁶, agricultural subsidies, interest subsidies on savings certificates (social security portion), funds to cope with economic and natural shocks, interest subsidies for small businesses due to the Corona pandemic, support for retired and honorably discharged military personnel, old age allowances, allowances for economically bankrupt and allowances for persons with disabilities, the Food Friendly Program, and student scholarships at the primary education level (Figure 4-6).

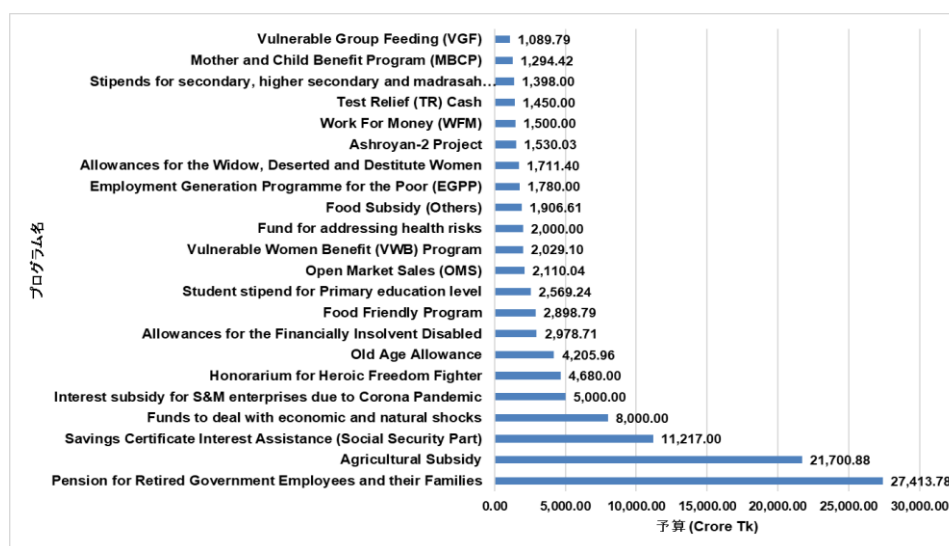


Figure 4-6: Budget by Major Programs (2023-24)

Source: prepared by the research team from Bangladesh SSPS M&E Dashboard

¹²⁶ In the social security budget, the program with the largest budget allocation is pensions for retired civil servants and their families, but this is the role of the government as an employer and differs in quality from social security as income redistribution to the vulnerable groups. On the other hand, according to the Bangladesh SSPS M&E Dashboard, these pension amounts are included as data in the social security budget, so they are also included in this report. Note should be taken when discussing issues of social security eligibility and targeting.

4.2. Implementation System of Social Services

4.2.1. Ministry of Social Welfare (MoSW)

In Bangladesh, the Ministry of Social Welfare (MoSW) is the main agency responsible for social security and welfare services. The Ministry is the service agency that implements social security programs such as old-age allowance, widow's allowance, disability allowance, grants and assistance to victims of industrial accidents, etc. The Ministry also provides assistance to the unemployed, the landless, and orphans. The Ministry also implements assistance programs in accordance with Article 15 of the Constitution of Bangladesh for the welfare of both rural and urban populations of the country, including the unemployed, the landless, orphans, the needy, the homeless, the mentally and physically disabled, and at-risk children.

All programs are related to the achievement of the Sustainable Development Goals (SDGs), Management of Social Transformations (MoST) program, Vision 2021 and the goals of the Sixth Five Year Plan. The Ministry's mission and vision include the following states that it “provides social protection, empowerment, and development for the poor, vulnerable, and disabled to achieve a better life”, and the Ministry takes a developmental approach rather than a philanthropic one¹²⁷. As shown in Figure 4-7, MoSW has six departmental agencies (including contracted agencies). According to data from the ministry, 10,505 staff are employed¹²⁸.

4.2.2. Department of Social Services (DSS) of MoSW¹²⁹

In 1981, the Directorate of Social Services (DSS) was created and is now known as the Department of Social Services (DSS). The Department's activities were initially city-based and service-oriented. Later, the Department's activities were expanded to the grassroots level nationwide. The Department of Social Welfare under MoSW has been working to strengthen the social safety net with comprehensive and multi-faceted programs for the welfare and development of the destitute, abandoned family members, orphans, autistic patients, handicapped and backward people.

After the 1947 partition, the state capital of Dhaka experienced various social problems, including slum issues. To solve these problems, social services at hospitals were initiated in 1955 by the Urban Community Development Authority and the Social Welfare Council of Dhaka. Going back in time, the Directorate of Social Welfare was established under the Bengali Nomads Act of 1943, the Orphan and Widows Home Act of 1944, and the State Orphanage (Government Children's Family). Subsequently, due to the extensive expansion of social service activities, the Directorate was upgraded to a permanent

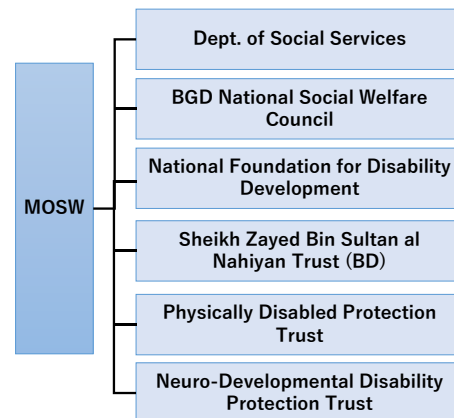


Figure 4-7: Organizational Chart of MoSW

Source: prepared by the research team

¹²⁷ Ministry of Social Welfare, MoSW (<https://msw.gov.bd/site/page/8f12105d-8107-4543-b501-d30253bf20c6/Ministry-of-Social-Welfare>)

¹²⁸ Human Resources of MoSW and Attached Departments (<https://msw.gov.bd/site/page/7f639993-bfc8-4d80-a563-3c7304420fe5/Human-Resource>), Retrieved on June 3, 2024.

¹²⁹ Bangladesh National Portal, Union Social Service Office (Southhamsadi Union) <https://southhamsadiup.lakshmipur.gov.bd/en/site/page/O1Bk-ইউনিয়ন-সমাজসেবা-অফিস>, last accessed on 3 June 2024

public organization of the government in 1986 and recognized as the Department of Social Services (DSS). This Department is an organization that plays an important role in the implementation of the government's social security assistance under Article 15(d) of the Constitution of the People's Republic of Bangladesh. The Department implements old age allowance, widow/widower abandoned by husband needy women allowance, disabled needy persons allowance, education allowance for disabled students, freedom fighters honor allowance, natural disaster and crisis management programs, etc.

DSS is responsible for the development and implementation of a significant number of laws and policies, including the Offender Probation Ordinance of 1980, the Registration and Management Ordinance of 1981, the Vagrancy and Homelessness (Rehabilitation) Act of 2013, the Disability Rights and Protection Act of 2013, and also the Special Benefits for Women Convicted in Prison Act. The DSS is also responsible for the development and implementation of a significant number of laws and policies.

4.2.3. Relevant Regulations and Guidelines for Social Services

MoSW also has regulations in place for administrative services. In addition, implementation guidelines necessary for service provision are being developed.

- Regulations and Rules¹³⁰
 - The Voluntary Social Welfare Organizational (Registration and Control) Rules (1962)
 - The Probation of Offenders Rule (1971)
 - The Public Procurement Rules (2008)
 - Rules of Business (2009)
 - Recruitment Rules for Gazetted Officers and Non-Gazetted Employees of the Department of Social Services (2013)
 - Vagrants and Homeless Person's (Rehabilitation) Rules (2013)
 - Neuro-Developmental Disabilities Protection Trust Rules (2015)
 - The Rights and Protection of Persons with Disability Rules (2015)

- Implementation guidelines, etc.¹³¹
 - Implementation Guidelines for the Program to Improve the Quality of Life of Tea Workers (2013)
 - Implementation Guidelines for the Education Stipend Program for Disabled Students (2013)
 - Implementation Guidelines for the Allowance Program for Insolvent Persons with Disabilities (2013)
 - Implementation Guidelines for the Allowance Program for Widows, Divorced, and Destitute Women (2013)
 - Implementation Guidelines for the Old Age Allowance Program (2013)
 - Policy for Allocation and Distribution of Capitation Grants in Private Orphanages (2015)
 - Service Profiles at Districts and Municipal level offices (SOP) (2015)
 - Management Policy for the Vocational Training and Rehabilitation Center, Rangunia,

¹³⁰ Rules Regarding MoSW, MoSW (<https://msw.gov.bd/site/page/09cc637c-3f18-4289-bd4c-cca07f6b3275/Rules>)

¹³¹ Implementation manual, MoSW, DSS (<https://dss.gov.bd/site/page/8688cbce-58e5-403a-8dc3-3797d5d1ee40/->)

Chittagong for Orphans and Destitute Children (Publication year unknown)

- Implementation Guidelines for the Financial Assistance Program for Patients with Cancer, Kidney, Liver Cirrhosis, Stroke Paralysis, Congenital Heart Disease, and Thalassemia (Revised 2019)
- Policy for the Use of Data on Persons with Disabilities (2021)
- Child Protection Case Management Standard Operating Procedure/SOP (2023)
- Guidelines for Beneficiary Selection Based on Poverty Index (2024)

4.2.4. Social Service Delivery System

MoSW has DSS as the agency with administrative jurisdiction over social services; as of January 2023, DSS had 11,068 people assigned to it, including part-time physicians¹³².

The DSS is responsible for monitoring and supervising service delivery, beginning with the preparation of social service norms and guidelines, budget planning, and project planning. As shown in Table 4-2, Social Service Offices (SSOs) have been established throughout the country along the administrative divisions of Bangladesh¹³³ under the supervision of the DSS. These SSOs are responsible for implementing social welfare programs and providing services.

Table 4-2: Number of Social Service Offices per Administrative Division

No.	Name of Division	Divisional SSO	District SSO	Upazila SSO
1	Barisal Division	1	6	42
2	Chittagong Division	1	12	100
3	Dhaka Division	1	17	123
4	Khulna Division	1	10	59
5	Rajshahi Division	1	8	67
6	Rangpur Division	1	8	58
7	Sylhet Division	1	4	62
8	Mymensingh Division	1	1	0
TOTAL		8	66	487

Source: prepared by research team based on MoSW website (May 2024)

Figure 4-8 shows a conceptual diagram of the social service supply system by MoSW. The closest organization to the residents in local self-government is the Union Council. A Union consists of several villages and is governed by a council consisting of a chairman and council members elected from each ward in the Union. In the case of a Union, a Union Desk is deployed, and a staff member or social worker assigned to the Upazila Social Service Office (USSO), which is located at the next level of the Union, is in charge of each Union and provides information to users. At the county level, there are 487 USSOs nationwide.

The USSOs are offices that provide social services designated by DSS in addition to overseeing procedures related to living allowances applied for from union desks. The upper level of the Upazila is the District, and there are 66 District SSOs nationwide. These county SSOs are grouped into eight divisions, which are the administrative regions of the country.

¹³² Manpower & Organizational Structure, MoSW (<https://dss.gov.bd/site/page/225ad316-1c5c-4738-9bab-2ebc963e9030/->)

¹³³ Administrative divisions of Bangladesh: Bangladesh is composed of 8 Divisions, 64 Districts (District Council/Zila), and 492 Counties (Sub-District/Upazila/Thana). There are 4,554 Unions under the county. Urban areas are made up of large cities (City Corporation) and municipalities (Municipality/Pourashava).

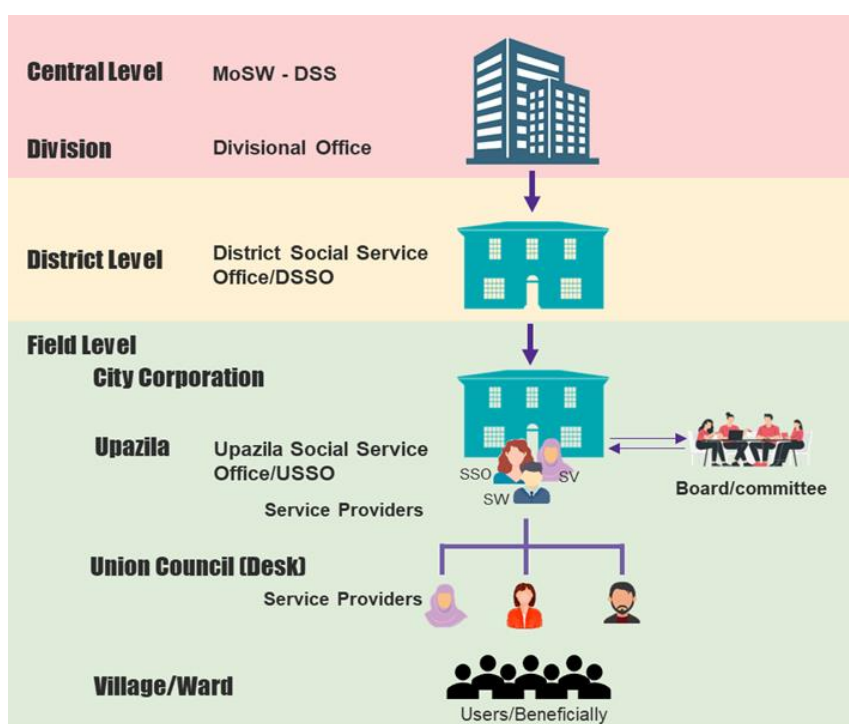


Figure 4-8: Social Service Supply System by the Ministry of Social Welfare (conceptual diagram)

Source: prepared by the research team

The USSO is the nucleus in providing social services to residents. Figure 4-9 shows the organizational chart of USSOs, which is headed by a social service worker and staffed by nine others, for a total of 10 employees¹³⁴. However, some USSOs are currently staffed with 15 to 18 personnel, including staff working at the union desk. On the other hand, some USSOs are short of specialists because they receive 50 to 300 users per month. According to the World Bank report, While the Ministry of Liberation War Affairs (MoLWA) and the Ministry of Disaster Management and Relief (MoDMR) allocate more than 90% of their financial resources to the central level, MoSW allocates 50% of its financial resources to the local government level¹³⁵, and the USSOs and Union Desk have an important role in realizing social security at the community level as implementing organizations.

Let us take a brief look at the current status of the USSO and the challenges it faces. According to

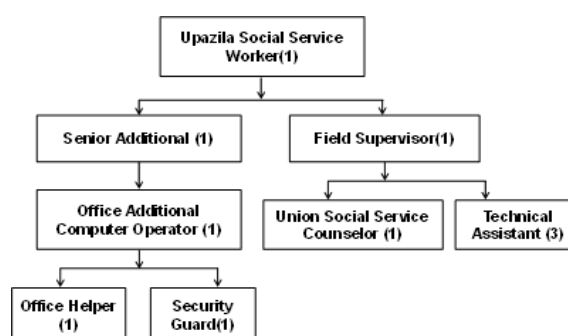


Figure 4-9: Organization Chart of USSO (example)

Source: District & Upazila Level Offices, Service Profile, P. 20, excerpt from DSS, MoSW

¹³⁴ The number of staff is determined by District & Upazila Level Offices, Service Profile, pg20, DSS MoSW. However, the number of staff may vary due to budgetary constraints.

¹³⁵ World Bank (2021), Bangladesh Social Protection Public Expenditure Review

interviews with the DSS of MoSW¹³⁶, the repair (or new construction) of aging buildings at the District level social service offices are supposed to complete by FY2023, and the government will work on renovation or new construction of USSOs in the future. The infrastructural and physical environment of all USSOs is not giving appropriate condition for staff, and conversion to facilities that are more accessible to residents is a major challenge.

Table 4-3 shows the service delivery status and challenges of USSOs in a SWOT analysis conducted by the staff of the USSO in Sadar Upazila, Manikganj District. As “Strengths”, USSOs are directly related to the livelihood of the residents, such as the provision of benefits and microcredit to the poor. On the other hand, as “Weaknesses”, the lack of office environment and professional staff were cited. As for “threats”, the report identifies challenges related to political pressure in implementing diverse programs and the involvement of local influential people in the provision of allowances.

Table 4-3: Status of USSO Service Provision and Issues as found in SWOT Analysis (example)

Strength		Weakness	
1)	Provides various benefit services in the name of social security.	1)	Lack of sufficient posts and professionals for the expanding program.
2)	Provides interest-free microcredit to the poor.	2)	Insufficient space in the office
3)	Offers various social welfare programs.	3)	Lack of vehicles for staff use
4)	Provides services to the disabled to help them build their livelihood.	4)	Lack of equipment such as copiers and fax machines.
5)	Plays a coordinating role with regard to loans and other payments.	5)	Lack of furniture in the office.
6)	The office has 2 computers, 1 laptop, 3 printers, and 1 scanner.	6)	Lack of program-specific expenses for program implementation.
		7)	Lack of support for administrative tasks.
Opportunity		Threat	
1)	Implementation of complex service activities for the poor and vulnerable groups.	1)	Political pressure in the implementation of diverse programs
2)	Complete identification of the number of persons with disabilities through a survey of persons with disabilities.	2)	Insufficient supply of services in the social security and welfare sectors.
		3)	Excessive involvement of local influential (public) actors in the allowance services.
		4)	Insufficient deployment of IT specialists.

Source: Excerpts from data provided by USSO Sadar, Manikganj District (obtained during survey team visit, March 2024)

Also, the Table 4-4 summarizes the challenges faced by USSOs that were identified through interviews during the survey team's visit to the regional USSOs.

Table 4-4: Challenges Facing by Upazila Social Service Offices (USSOs) (examples)

Dhaka District / Saver USSO	
1)	Improvement of methods for poverty reduction programs The office has stored verification data on Rural Social Services (RSS) program interest-free microcredit beneficiaries, which can be effectively used to introduce schemes that promote savings (e.g., if selected beneficiaries save 10 BDT, 100 BDT contribution (Explore the possibility of a savings scheme whereby beneficiaries receive an incentive).
2)	Capacity building of staff (especially with regard to allowances and microcredit schemes). The office does not provide consultancy services to microcredit beneficiaries. There is a need to train staff in the ability to provide consultancy on the effective and beneficial use of credit so that beneficiaries can be self-reliant in the future.
3)	Train staff to provide mental health assistance to applicants.

¹³⁶ Based on a June 4, 2024, interview with an officer from the Department of Development and Planning, DSS, Ministry of Social Welfare.

Applicants who come to the office are often very distressed and in need of some level of mental health support, but because staff are not properly trained, they are currently unable to provide mental health care support services. This issue relates to improving emotional intelligence and soft skills.
Manikganj District / Sadar USSO
<ol style="list-style-type: none"> 1) Need for technical training. Social Service Officers do not have the technical expertise in database software management, therefore ICT-based training is needed. 2) Need to upgrade existing software. 3) The current management information software is very weak and needs to be upgraded. 4) Lack of specialized IT training for office staff and insufficient knowledge of the electronic application and disbursement mechanism for allowance applications, making it impossible to deal with an urgent crisis such as hacking. 5) Need for training on building emotional intelligence (Building emotional intelligence) Specialized training is needed, as many do not know how to properly treat users with disabilities.
Mymensingh District/Sadar USSO
<ol style="list-style-type: none"> 1) Lack of IT specialists to handle software and database entry. Also, the need for training for workers on the use of Microsoft Excel. 2) In the case of personnel with IT skills, application entry work is concentrated and, in most cases, overworked. 3) There is a noticeable lack of materials and equipment (laptops) and vehicles necessary for the work. Often it has become necessary to use personal resources 4) There are 11 union desks under the umbrella of the USSO, but only 8 social workers work at the union level, making staffing inadequate.

Source: prepared by the survey team based on the results of interviews,

USSO social welfare officers serve in several offices concurrently, and Union Social Workers and Supervisors are responsible for so many programs that quality-oriented service delivery is not always possible. Although DSS allocates significant financial resources to the local administrative level, the number of staff at the local office level is inadequate. For example, 20% of social worker positions in rural areas are vacant, and 47% of work time is spent on microfinance administration and fund collection, which does not allow for adequate consultation services that should be provided¹³⁷. USSOs in Table 4-4 also cited needs related to mental health care for users and how to deal with people with disabilities, making it a challenge to strengthen the service delivery system with an emphasis on quality.

Problems have also been encountered in the use of the service. According to information obtained by the survey team during its visit to the USSO, the newly introduced allowance payment by electronic funds transfer has been causing problems, such as users who cannot read or are unfamiliar with keywords, etc., having their allowances deducted from their accounts or being subjected to phishing scams. Regarding the internet operation, USSO staff also expressed a desire to improve their skills, and providing users with assistance and awareness about the operation has also been a challenge.

USSO provides loan assistance to the poor, which is one of its key services. According to the Report on the Effectiveness of the Rural Social Services (RSS, Small Loan Program for Rural Residents) Program implemented in 2018¹³⁸, the total annual income of households with 50,000 BDT or less as Category A, households with total annual income between 50,000 and 60,000 BDT as Category B, and households with total annual income over 60,000 BDT as Category C were loaned. It was reported that of those who took the RSS loan, 4.34% of A-income earners moved from Category A to B and 8.41% of B-income earners moved from Category B to C. This result proves that RSS loans have helped to

¹³⁷ The World Bank (2021) Bangladesh Social Protection Public Expenditure Review, P.96

¹³⁸ An Evaluation of Rural Social Service Program of the Government of Bangladesh (2018), Bangladesh Institute of Development Studies (BIDS).

improve the status of a certain number of families. At the same time, however, it is also reported that 87.24% of participants who were traditionally in the A category remained unchanged from A to A, while in the case of 32.61% of beneficiaries who were in the B category, their income dropped from the B category to the A category. It is hoped that more effective programs in the poor will be implemented in the future, including taking measures through research on the effectiveness and impact of loan assistance¹³⁹.

4.2.5. Types of Social Services

Table 4-5 lists the social services provided throughout the country under the management of the DSS. A total of 42 types of services exists, and there are differences in the services provided among the levels: central, metropolitan, district, and country. It also shows that the DSS, which is under the jurisdiction of MoSW, is directly providing social services.

Table 4-5: List of Services Provided by MoSW (DSS)

No.	Name of the Service	Level of Service:
1	Rural Social Service Program	Upazila
2	Rural Mother Care Program	Upazila
3	Disability identification survey, type, and degree of disability identification and certificate provision	Upazila/Municipality/City Corporation
4	Rehabilitation for acid attack survivors and people with disability	Upazila
5	Housing/shelter facilities	Upazila
6	Medical social facilities	Upazila/Municipality/City Corporation
7	Old age allowance Scheme	Upazila/Municipality/City Corporation
8	Needy disabled persons allowance scheme	Upazila/Municipality/City Corporation
9	Stipend for disabled students	Upazila/Municipality/City Corporation
10	Widow, needy and abandoned women's allowance scheme	Upazila/Municipality/City Corporation
11	Standard of living development of the Dalit, Transgender and Bede community	Upazila/Municipality/City Corporation
12	Standard of living development of the Hijra community Scheme	Upazila/Municipality/City Corporation
13	Financial support to the patients of Cancer, Kidney diseases and Liver cirrhosis	Upazila/Municipality/City Corporation
14	Standard of living development of the tea workers	Selected Upazila and Zila
15	Honorary freedom fighter allowance	Upazila
16	Government (Shishu Poribar) Orphanage, training, and rehabilitation for orphans	Zila
17	Chotomoni Nibash, orphan infant's childcare	DSS
18	Training and rehabilitation facilities for needy orphans	Zila/DSS
19	Safety facilities for endangered children	Selected Zila
20	Integrated education for children with visual impairment	Zila
21	Education for children with speaking and hearing disability	DSS
22	Scholarship based training, workplace, and rehabilitation for people with physical disability	DSS
23	Rehabilitation and training for orphans with disability	DSS
24	Development and rehabilitation for children involved with or exposed to unlawful activities	DSS

¹³⁹ For example, it is pointed out that when considering the effects of microfinance, five points need to be taken into account: 1) the effect of solidarity and responsibility on the repayment rate, 2) the poverty reduction effect of microfinance, 3) the diffusion of services to the poor, 4) dropout, and 5) the possibility of a repayment plan with high repayment frequency. Shoji, M. (2009), "A review of MFIs: the introduction of new repayment system", Seijo University Economic Papers No. 186, p. 121.

No.	Name of the Service	Level of Service:
25	Training and rehabilitation for Bhoboghure people (people with no fixed home)	DSS
26	Probation and aftercare services	Upazila/Zila
27	Training and rehabilitation of socially disabled women (sex workers)	Zila
28	Safety shelter for Women and girls (Safe home)	Zila
29	Registration and monitoring of voluntary organizations	Zila/Upazila/City
30	Grants to registered private orphanages	Zila/Upazila/Office/MoSW
31	Donation to registered organizations through the Social Welfare Council	Zila/Upazila
32	Production and distribution of artificial body parts (prosthesis)	DSS
33	Daycare services for children	Zila
34	City social service	Municipality / City Corporation
35	Skills development training	Municipality / City Corporation
36	Education for people with speaking and hearing disability	DSS
37	Education for people with visual impairment program	DSS
38	Rehabilitation for people with mental illness	DSS
39	Scholarship based training, employment generation and rehabilitation for people with physical disability	DSS
40	Rehabilitation and training for people with visual impairment	DSS
41	Printing and supply of braille books to educational institutions for the visually impaired students	DSS
42	Production and distribution of plastic products and fresh water from Moitri Shilpo (Physically disabled Protection Trust)	MoSW

Source: prepared by the research team from District & Upazila Level Offices, Service Profile, pg25-26, DSS MoSW

The main loan programs and allowance support implemented as a social service through DSS are as follows.

1) Rural Social Services (RSS)

A loan program introduced in 1974 for the rural poor following the USS model by a government that recognized the importance of assisting the rural poor. The target groups of the program are children, youth, women, landless families, and other disadvantaged groups. Union social workers/technical trainers will conduct household surveys in villages selected by the County Project Implementation Committee. The officers will form work teams based on the family members classified into groups A to B and train them to apply for the loan. Loan applications are then submitted to the SSO and reviewed by the Upazila Project Implementation Committee (UPIC), a body formed by the city and social security program officials to determine whether a loan will be granted or denied. The UPIC is an organization formed by the Upazila and/or Municipality for social security program officials to make decisions on whether or not to provide loans to women's groups. Loans specifically for women's groups are also provided.

2) Urban Social Service (USS)

A loan program designed to provide assistance to the urban poor. The Urban Social Service Action Implementation Committee conducts family surveys in selected areas through municipal social workers and registered volunteer organizations. Based on the survey, workgroups consisting of

Group A and Group B families are formed. After the necessary training, an application form is prepared for the group seeking the loan, and once approved by the Project Implementation Committee, the loan will be initiated.

3) Allowance for older persons

Support for living allowances for the aged in accordance with the Old Age Allowance Implementation Policy (2013). Individuals with an average annual income of BDT 10,000 or less and who are 65 years of age or older for men and 62 years of age or older for women apply to the officer in charge of the county social services office. Applications are reviewed by the Union Commission and then sent to the County Commission for final approval. The local corporation commission reviews the list and issues an allowance payment book. The recipient opens a bank account for a fee of BDT 10. The allowance will be transferred from the joint account of the local SSO to the recipient's bank account.

4) Allowance for person with disability

Assistance under the Implementation Policy on Allowances for Indebted Persons with Disabilities (2013); persons with disabilities registered by the DSS, with an average annual income of BDT 36,000 or less and at least 6 years of age may apply. In accordance with the policy guidelines, applications are reviewed and verified by the Union Commission. Recipients pay a fee of BDT 10 to open a bank account in their name. The allowance is transferred to the recipient's bank account from the joint account of the SSO.

5) Allowances for widows and poor women

Assistance under the Allowance Implementation Policy for Widows and Poor Women (2013). Widows and poor women who are at least 18 years old and whose average annual income is less than BDT 12,000 may apply to the local social services officer using the prescribed form. Applications are verified and reviewed by the Union Committee. Recipients pay a fee of 10 BDT to open a bank account in their name. The allowance is transferred to the recipient's bank account from the joint account of the local SSO.

6) Honorarium Allowance for Freedom Fighters

Assistance in accordance with the Guidelines for Reward Allowance for Retired Soldiers (2013). Eligible for this allowance are those who have served in the Armed Forces with a certificate issued by the Ministry of Liberation War, or listed in the Official Gazette, or with a certificate signed by the Honorable Prime Minister, or on the final list of the Mukti Barta (Red Book). Those receiving benefits from the Warrior Welfare Trust and family members of martyred freedom fighters are not eligible. An application form is completed by the social services officer and sent to the county commission. The recipient is then notified as soon as the payment ledger is prepared, and a bank account is opened in the recipient's name. The allowance is transferred from the central account to the beneficiary's account.

4.2.6. Progress of Beneficiaries

Figure 4-10 shows the number of MoSW beneficiaries and the budget for the period from 2023 to January 2024, estimated as 24.8 million beneficiaries. The budget allocated for the same period is

approximately 147.912 billion Japanese yen (BDT 110.530 billion)¹⁴⁰.

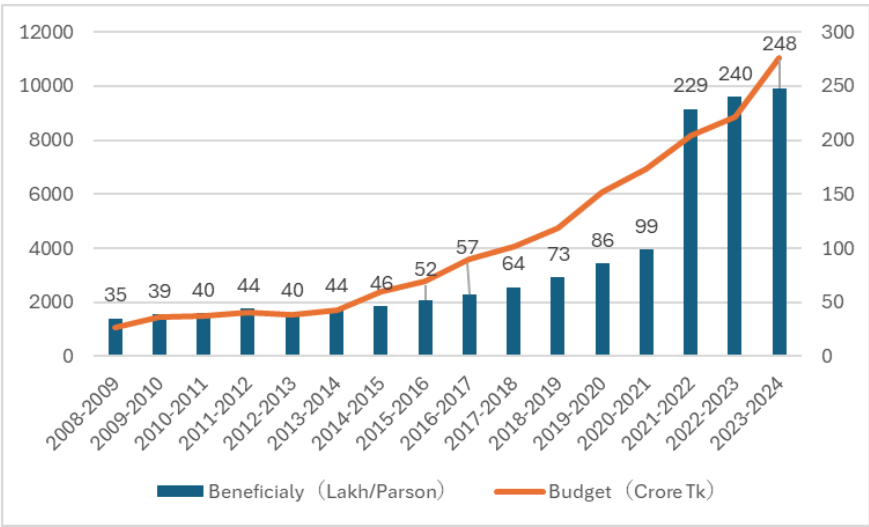


Figure 4-10: Number of Beneficiaries and Budget in MoSW

Source: prepared by the research team from Bangladesh SSPS M&E Dashboard

Figure 4-11 shows the number of beneficiaries, categorized by life cycle. The largest number of beneficiaries are those related to covariate shocks, and their number has been increasing since around 2021, when the COVID-19 pandemic occurred. The next largest number of beneficiaries are those in old age. The number of beneficiaries in school aged children and working age and youth are not large, although it has increased since around 2016. It is understood that, apart from beneficiaries related to covariate shock, most of the services of MoSW are focused on assisting residents in old age.

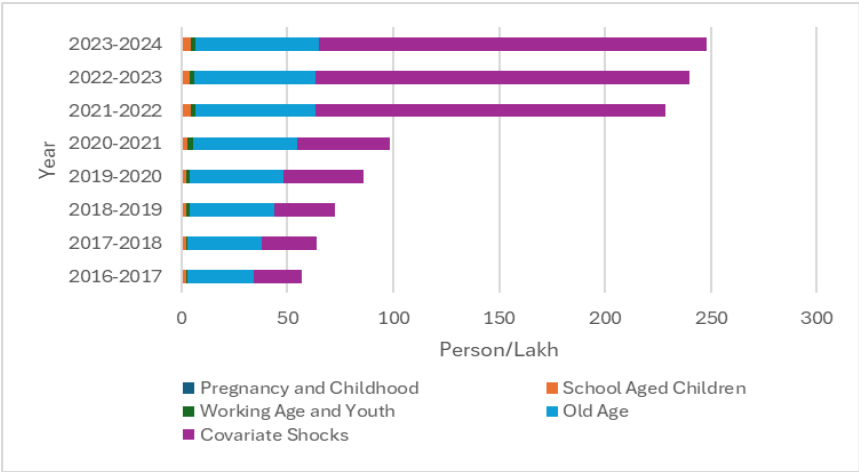


Figure 4-11: Number of Beneficiaries by Life Cycle Classification

Source: prepared by the research team from Bangladesh SSPS M&E Dashboard

4.2.7. Human Resource Development

Under the umbrella of MoSW, the National Academy of Social Services has been established as a human resource development institution. The Academy functioned as a “Child Welfare Center” in cooperation with UNICEF when it was first established in 1963. Later, in 1967, it became the “Social

¹⁴⁰ Calculated in Japanese Yen at Xc/July 19, 2024: 1 JPY = 0.746554 BDT.

Welfare Mutual Training Center,” and between 1980 and 1981, then it was elevated to the “National Academy of Social Services¹⁴¹. Currently, the academy employs a total of 22 staff, has two training rooms, a library, and a cafeteria, and can accommodate 40 trainees at a time. Training is provided to 800 to 900 staff members annually.

Upon joining MoSW employees hired by the Ministry (10th level employees and employees of the Office of Social Services) receive 40 days of training in addition to a 10-day briefing. In addition, employees at the 9th grade and above receive two months of intensive training. In addition, the Academy also offers specialized training and has registered outside instructors. Specialized training is often subject-specific or project-based and usually lasts from 5 to 10 days. The annual training plan is approved annually by the Module Approval Committee. The committee consists of (1) academy principals, (2) department heads, (3) administrative officers, (4) DSS financiers, and (5) experts from universities and other organizations in the country¹⁴².

MoSW has also established Regional Training Centers (RTCs). In 2023, a total of 89 courses will be offered through these six RTCs, including courses related to administrative tasks such as the use of computer applications, office management, and financial regulations, as well as specialized subjects such as psychosocial protection of children, etc., for a total of 2,578 local officials (1,798 men and 780 women). A total of 2,578 local officials (1,798 men and 780 women) were trained.

The challenges facing the academies are the lack of staff, trainee space, and accommodations. In addition, public officials employed by MoSW and the DSS are not necessarily those who have studied social welfare or sociology at universities or other institutions, making it necessary to strengthen continuing education after employment.

4.2.8. ICT Initiatives

According to the annual report of MoSW (2022-23), the Ministry is expanding ICT technology. For example, an online application software called “Disability Information System” has been developed to properly store information on disabled persons diagnosed by doctors and to plan for their comprehensive development based on the stored information. In addition, a web-based MIS has been implemented to facilitate the procedure of the various allowance programs carried out by the DSS. Currently, all district administrative operations, including the Social Services Bureau headquarters, are conducted through electronic filing, and plans are underway to bring all county and other offices under the e-filing network. In addition, the DSS has introduced a Document Management System (DMS) and is working toward the digitization of its operations for counties and districts. In addition, to ensure transparency and efficiency in financial management activities, the evaluation of budget requirements of regional offices and budget estimates and projections for the next three years at the field level are being made through the “Financial Management System (fms.dss.gov.bd)”¹⁴³. Also, as the public service, the Children's Consultancy Phone Line (1098) was introduced in 2016 and received 2,026,000 calls as of 2023.

¹⁴¹ History of NASS, <https://nass.gov.bd/site/page/14a1512f-2054-48e2-ae4d-c2df5318bd87/History-&-Functions> (Retrieved : June 9, 2024)

¹⁴² June 4, 2024, based on an interview with the academy principal.

¹⁴³ Annual Report of MoSW (2022-23)68pp.

Efforts to support people with disabilities have been active, including the development of messaging applications and communication tools for the speech impaired. To improve the quality of life of children and people with disabilities, including autism, projects were undertaken to provide a range of services, including therapy and education, under network connectivity. In addition, projects such as “Development and implementation of electronic services for treatment, education, and management systems for people with Autism Spectrum Disorder (ASD)” are underway, led by the Neurodevelopmental Disabilities Protection Trust, starting in 2022¹⁴⁴. Table 4-6 lists ICT initiatives by the Ministry.

Table 4-6: Examples of ICT Initiatives in MoSW

No.	Examples of new ICT implementation	Implementing Ministries / Organizations
1	Use of mobile apps to facilitate disability identification and information access for people with disabilities	MoSW · DSS
2	Digitalization of registration and monitoring system for volunteer social welfare organizations	MoSW · DSS
3	Monitoring follow-up of probationers and digitalization of correctional management	MoSW · DSS
4	Implement a digital registration and reporting system	MoSW · DSS
5	Management of equipment for people with disabilities	MoSW · National Development Foundation for Persons with Disabilities
6	Creation of electronic catalogues (e-catalogues) to facilitate the selection of services	MoSW · Maitri Shilpa
7	Introduction of an online program by the Al-Nahyan Trust to accept orphans	MoSW · Al Nahyan Trust

Source: translated by the research team translation (provisional translation) based on the Annual Report of MoSW (2022-23)

4.3. Registration of NGOs and Their Roles

According to Bangladeshi law, the term “volunteer work” is defined as “any activity undertaken or performed by an individual or organization on his own free will to provide agricultural, relief, missionary, educational, cultural, vocational or social activities. This includes social, welfare, and development services, and any activity that the government may, from time to time, deem voluntary. In addition to food and cash transfers, social welfare services to vulnerable households are provided by local government agencies and NGOs in the country,

For example, Grameen Bank, Bangladesh rural advancement committee (BRAC), Association for Social Advancement (ASA), and Proshikha, NGOs such as Rangpur Dinajpur Rural Service (RDRS) provide microfinance, small unsecured loans to the poor. The integrated social development approach that links this with programs in health, agriculture, poultry and livestock farming, human rights education, environment, women's empowerment, non-formal education, etc., has been successful¹⁴⁵.

Currently, some 26,000 domestic and foreign NGOs are registered with the NGO Affairs Bureau

¹⁴⁴ Annual Report of MoSW (2022-23) 112pp.
¹⁴⁵ 1) Country Portrait Bangladesh: Social policy, Social work and Social Economy, https://www.socialnet.de/en/international/Bangladesh#toc_2_2, 2) Naseer JAMADAR, “BRAC’s Innovative Approach to Social Development in Bangladesh” Kanazawa Seiryō University Review, Vol. 49, No. 2, 2016. (Retrieved : June 8, 2024).

(NGOAB) of the Prime Minister's Office¹⁴⁶.

The NGOAB serves as the point of contact for registration. In addition, in accordance with The Voluntary Social Welfare Agencies (Registration and Control) Ordinance, 1962, activities related to children, youth, women, families, disabled persons, family planning, recreation, civic activities, prisoners, young offenders, homeless persons, persons with health problems, and social work may be registered through the DSS. The registration can also be done through the DSS for activities related to the following areas: children, youth, women, family, disabled, family planning, recreation, civic activities, prisoners, young offenders, homeless, persons with health problems, and social work¹⁴⁷. According to information from the MoSW, the Ministry has 2,505 national and international NGOs on its registration list. Of these, 2,249 are Bangladeshi NGOs and 256 are international NGOs. On the other hand, most of the listed NGOs are past their registration validity period, and only 637 NGOs are still within their registration period and still allowed to operate as of 2024.

On the other hand, NGO activities in the country are progressive and serve as an important social resource in the region, and NGO reporting and auditing methods are clear: NGOs are accountable to the NGOAB for their use of funds and the results of their activities. For this reason, they submit audited financial statements to the NGOAB every year. In addition, any new projects must be approved by the NGOAB. In addition, the NGO must obtain approval from the NGOAB annually for the use of funds for each project. At times, NGOs must obtain approval from the relevant ministries and are obligated to report regularly on the progress of their projects.

All NGOs with local branches report their activities to local authorities such as the Deputy Commissioner (DC) office and the County Commissioner (Upazila Nirbahi Officer: UNO). NGOs also submit an annual report to the NGOAB once a year. In addition, NGOs shall attend monthly NGO coordination meetings presided over by the DC and submit a progress report on their activities. In addition, all NGOs shall be audited once a year by an auditing firm registered with the NGOAB and submit a report to the NGOAB¹⁴⁸.

4.4. Summary of Social Service Delivery

In Bangladesh, laws and guidelines governing social services are already in place, and a menu of support services has been developed and implemented for urban and rural residents, women and children, people with disabilities, marginalized people¹⁴⁹, the poor in terms of occupation and economic activities, and the homeless. The implementation of these services is carried out by the government including the local government. In the implementation of services, offices (or contact points) have been set up at the

¹⁴⁶ Overview of NGOs and Civil Society, Bangladesh <https://www.adb.org/sites/default/files/publication/28964/csb-ban.pdf>

¹⁴⁷ In Bangladesh, those registrations are possible at the NGO Affairs Bureau (NGOAB), Microcredit Regulatory Authority (MRA), Department of Social Services (DSS) of MoSW, Department of Women's Affairs (DWA) of MWCA, Bangladesh Registrar of Joint Stock Companies and Firms under the Ministry of Commerce. NGO and Charity Registration Process in Bangladesh 2024, <https://www.counselslaw.com/ngo-and-charity-registration-process-in-bangladesh/>, (Retrieved : June 8, 2024).

¹⁴⁸ Primary Requirements and Documents Checklist for Forming an NGO, <https://www.fmassociatesbd.com/insights/primary-requirements-and-documents-checklist-for-forming-an-ngo> (Retrieved: June 8, 2024).

¹⁴⁹ The term "marginalized people" refers to those covered under the "Standard of living development of the Dalit, Transgender and Bede community" and "Standard of living development of the Hijra community Scheme" programs of the Ministry of Social Welfare, DSS, as well as the "Standard of living development of the tea workers" support in the tea industry, where many Dalits work.

District, Upazila and Union levels as the necessary organizational structure for service provision has been established¹⁵⁰. On the other hand, the UN Human Rights Committee (2023)¹⁵¹ has identified the following groups in need of human rights protection in Bangladesh, including social security rights: in addition to women, children, older persons, and persons with disabilities, indigenous and ethnic minorities, LGBTQ+, migrants (especially women) from Bangladesh working abroad, refugees, stateless persons are listed in the report. In particular, concern has been expressed that Rohingya refugee children, children with disabilities, and children living in remote areas have been excluded from the social security system due to lack of birth registration and statelessness, and further expansion of service recipients related to social security is a challenge at the policy level, including accession to international treaties.

While these challenges exist, the social service system in Bangladesh has some noteworthy features.

The wide variety of social services is a strength of social services in Bangladesh, as it has many advantages for users, such as the ability to choose from a menu of necessary assistance. On the other hand, social services are implemented based on the “application-based system” in terms of identifying users, and the “allocation-based service system” in terms of determining service providers and users. In Bangladesh, there is no restriction on voluntary offers from users themselves or their families, and anyone can receive services if they apply. On the other hand, considering the situation of the poor in Bangladesh, 1) many residents are unaware of information on services, 2) procedures seems difficult to handle, 3) some people are unable to exercise protection or have difficulty exercising it, and 4) the content and financial framework of support such as allowances and loans are predetermined by the government, such as the system of “measures” is adopted, whereby social service providers examine users to determine whether they meet the conditions for using services, and then decide whether or not they can use the services according to the results of the examination.

In Bangladesh, as society undergoes changes such as economic growth and urbanization, the welfare issues faced by individuals and families are diversifying, and it is necessary to reconsider the nature of social services on a 10- to 20-year basis in the future. Based on the state of today's social services, the following are the issues that need to be addressed in the future.

- Developing strategies and models for the future of social welfare services (devising a healthy social life model that emphasizes the life cycle and a welfare model in which individuals, families, and communities work together to address welfare issues).
- Introduction of tailor-made support measures, such as developing a response based on the challenges users face and the needs they require.
- Empowerment on the part of users through awareness-raising activities to enable them to choose services.
- Development of a menu of support for the poor who have the potential to lead independent lives

¹⁵⁰ UN Human Rights Council (2023), National report submitted pursuant to Human Rights Council resolutions 5/1 and 16/21* Bangladesh, P.17

¹⁵¹ UN Human Rights Council (2023), Bangladesh Compilation of information prepared by the Office of the United Nations High Commissioner for Human Rights, P.8-11

(e.g., graduation approach support and support for self-reliance for the needy, including household budget management guidance and employment support).

- Efforts to strengthen cooperation with employment support.
- Ensuring transparency in user decisions
- Strengthening counseling services for users
- Improvement of facility infrastructure and equipment (making the Social Service Office's facility environment more accessible for users to visit, strengthening its function as a one-stop service center).
- Strengthening community welfare efforts (welfare planning and practice using local social resources to solve local problems).
- Strengthening welfare financial planning by the local government based on local needs (preparation of and relationship with local welfare plans)
- Strengthening of partnerships with NGOs and other agencies (expansion of services).
- Allocating necessary staff and experts and increasing the number of professionals involved in services (job coaches, psychologists, social workers, public health nurses, etc.).
- Strengthen human resource development system (establish a system of continuous training for officers)

5. Current Status and Issues related to Measures for an Ageing Society

5.1. Current Status Regarding Ageing Society

Basic indicators on ageing in Bangladesh are presented here, covering demographic, health, economic and social aspects. These indicators provide the basis for a comprehensive assessment of the progress of ageing.

5.1.1. Demographic Indicators

Bangladesh's older adult population is growing rapidly (Figure 5-1). Bangladesh defines older persons as those aged 60 years and above, and the older persons population aged 60 years and above has increased from approximately 3.5 million in 1971 to 15.34 million in 2022, a nearly 4.4-fold increase. Similarly, the population of people aged 65 and over, which is widely used internationally, has increased by a fivefold increase, from approximately 2.1 million in 1971 to 10.39 million in 2022. This upward trend is expected to continue and by 2050 the population aged 60 and over is projected to reach approximately 40.22 million and 29.18 million, respectively. This rapid increase in older persons population is expected to have a significant impact on the social security system, health services and long-term care services.

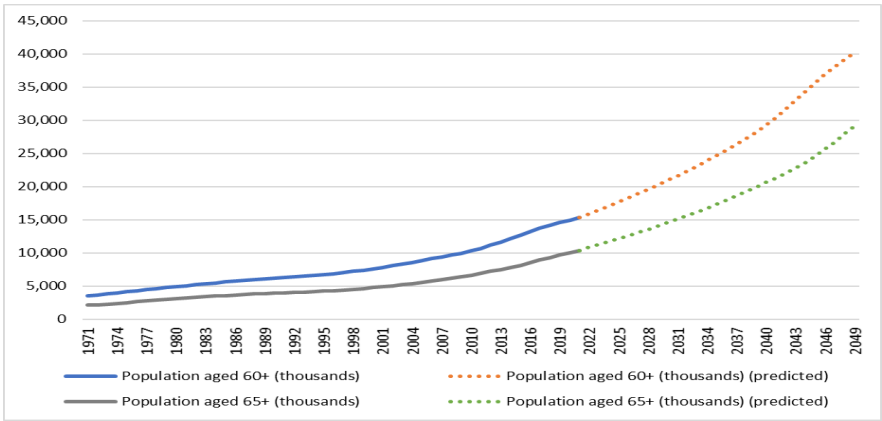
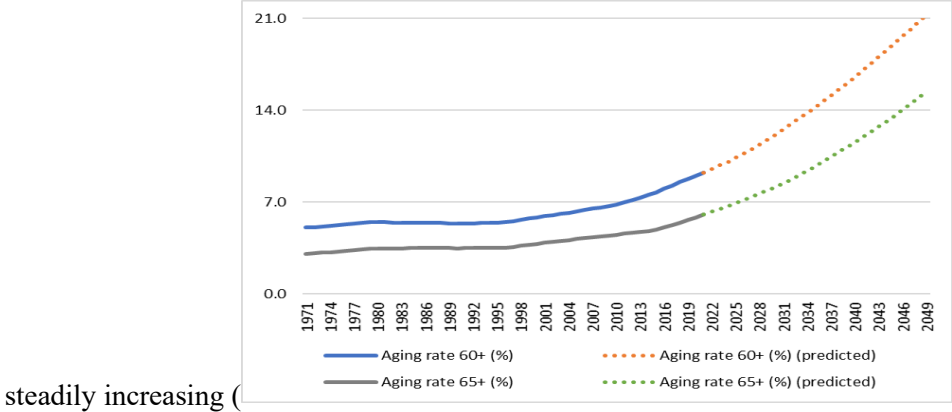


Figure 5-1: Trends in the Number of Older Persons

Source: prepared by the research team from United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects 2022. <https://population.un.org/wpp/> (last accessed on 3 July 2024)

In line with this increase in the older persons population, Bangladesh's ageing rate has also been



steadily increasing (Figure 5-2), with the proportion of the population aged 60 years and over rising from 5.1% in 1971 to 9.3% in 2022, while the proportion of the population aged 65 years and over also increased from 3.1%

to 6.0% over the same period. Bangladesh's ageing population is projected to accelerate further: in terms of the proportion of the population aged 65 and over, Bangladesh is projected to exceed 7%, which is considered an ageing society by international standards, around 2027. Furthermore, the rate is projected to exceed 14% by around 2048, which means that the period between an ageing society and an aged society is expected to be approximately 21 years.

Meanwhile, the proportion of Bangladesh's population aged 60 years and above, based on the definition of older adult, has already reached 9.3% in 2022 and is projected to exceed 14% around 2036. This rapid ageing of the population will require action in areas such as social security systems, health services and senior care services.

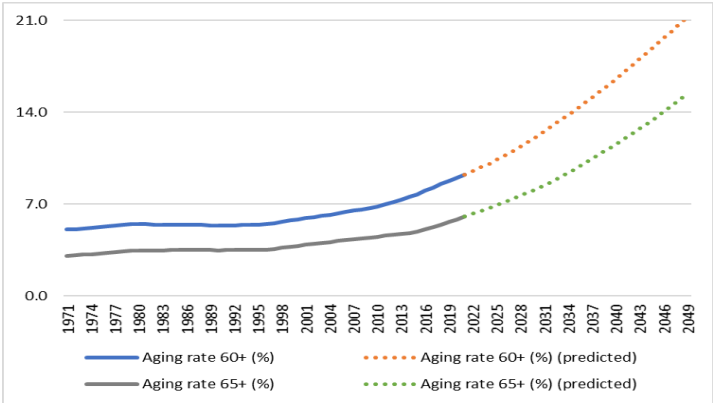


Figure 5-2: Trends in the Ageing Population Rate

Source: prepared by the research team from United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects 2022. <https://population.un.org/wpp/> (last accessed on 3 July 2024)

The old-age dependency ratio¹⁵² in Bangladesh has been on the rise with the ageing of the population (see Figure 5-3), with the ratio for those aged 60 and over increasing from 10.3% in 1971 to 14.3% in 2022; the ratio for those aged 65 and over increased from 6.0% to 8.9% over the same period.

A closer look at the trend of the old-age dependency ratio shows that it was relatively stable from the 1970s to the 1990s, but has tended to increase rapidly since the 2000s, especially from the 2010s: the old-age dependency ratio for those aged 60 and over increased from 10.1% in 2000 to 11.1% in 2010, and has been rising at an accelerating rate, reaching 13.6% in 2020.

Future projections indicate a further sharp rise in the old-age dependency ratio: the old-age dependency ratio for those aged 60 and over is projected to reach 18.2% in 2030, 25.3% in 2040 and 35.0% in 2050. This means that the old-age dependency ratio will more than double between 2022 and 2050. For reference, the old-age dependency ratio for those aged 65 and over is also projected to rise to 23.1% by 2050.

¹⁵² The old-age dependency ratio is an indicator of the ratio of the population aged 65 and older to the population aged 15 to 64, which is usually considered the working age. This indicator is used to assess the economic burden of supporting older persons. A higher old-age dependency ratio means a higher proportion of older persons relative to the working-age population and an increased burden on the social security system and health care services. In line with the situation in Bangladesh, this report presents this indicator along with the ratio of the population aged 60 and over to the population aged 15 to 59.

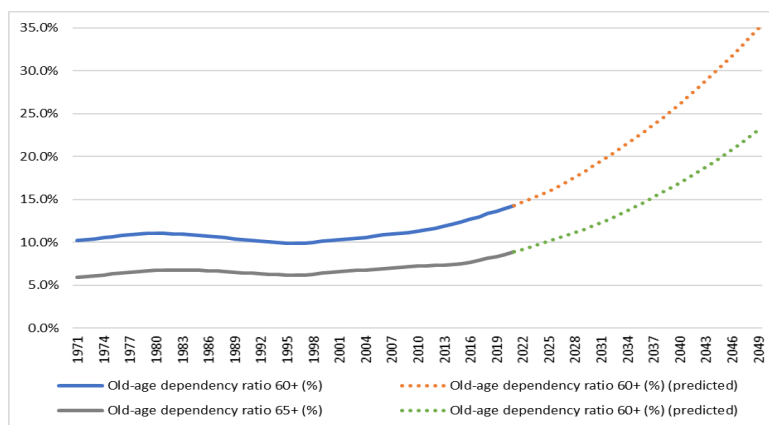


Figure 5-3: Trends in the Old-Age Dependency Ratio

Source: prepared by the research team from United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects 2022. <https://population.un.org/wpp/> (last accessed on 3 July 2024)

These data on ageing and old-age dependency ratios indicate that Bangladesh is facing population ageing. Over the next 30 years, the proportion of older persons population is projected to increase significantly, and the old-age dependency ratio is expected to rise sharply accordingly. This demographic change could have a significant impact on various sectors, including the social security system, health and care services and the labor market.

5.1.2. Health Indicators

Life expectancy (at birth) in Bangladesh has shown a remarkable improvement over the past two decades (see Table 5-1): between 2000 and 2021, the life expectancy of the total population increased by 7.5 years, from 65.6 to 73.1 years. These improvements are observed for both sexes, but are more pronounced for females. Male life expectancy increased by 7.5 years from 64.1 years in 2000 to 71.6 years in 2021. In contrast, females' life expectancy increased by 7.2 years over the same period, from 67.4 to 74.6 years. Throughout the entire period, women's life expectancy has exceeded that of males, with a gap of 3.0 years as of 2021.

There is a slight decline between 2019 and 2021, possibly due to the possible impact of the COVID-19 pandemic.

Table 5-1: Trends in Life Expectancy (at birth)

	2000	2010	2015	2019	2021
Male	64.1	68.6	72.5	73.0	71.6
Female	67.4	72.2	74.8	75.6	74.6
Total	65.6	70.3	73.6	74.3	73.1

Source: prepared by the research team from World Health Organization. (2024). WHO Data Portal. Retrieved from <https://data.who.int/> (last accessed on 3 July 2024)

Similar to life expectancy, healthy life expectancy (at birth) in this country has also shown a marked improvement over the past two decades (see Table 5-2): between 2000 and 2021, healthy life expectancy in the total population increased by 6.1 years, from 57.0 to 63.1 years. This improvement is seen for both sexes, with males showing a slightly greater improvement. As with life expectancy, there is a slight decline between 2019 and 2021. This temporary decline suggests the impact of health crises such as the COVID-19 pandemic on people's healthy lives.

Table 5-2: Trends in Healthy Life Expectancy (at birth)

	2000	2010	2015	2019	2021
Male	56.6	60.8	63.8	64.2	63.1
Female	57.6	61.7	63.7	64.4	63.0
Total	57.0	61.2	63.8	64.3	63.1

Source: prepared by the research team from World Health Organization. (2024). WHO Data Portal. Retrieved from <https://data.who.int/> (last accessed on 3 July 2024)

5.1.3. Economic Indicators

- Labor participation rate

The labor participation rate of older persons (aged 65 and over) in Bangladesh has shown a downward trend between 1991 and 2022: from 43.3% in 1991, the overall labor participation rate decreased to 29.1% in 2022. These trends are observed for both males and females, but gender differences exist in the extent and characteristics of these trends. The labor participation rate for males fell from 68.6% in 1991 to 50.3% in 2022, a significant decrease of about 18 percentage points. In contrast, the female labor participation rate fell from 13.1% in 1991 to 9.9% in 2022, a decline of only about 3 percentage points. Throughout the entire period, the labor participation rate of males was more than four times greater than that of females, and this significant gender gap has been consistently maintained. It should be noted that in Bangladesh, older persons are generally defined as those aged 60 and above, however, as data on labor participation rates for older persons (aged 60 and above) were not available, labor participation rates for those aged 65 and above are presented here; as data for older persons aged 60-64 were not included, the labor participation rate for the entire older adult population in Bangladesh (60 years and over) labor participation rate is considered to be higher than this data.

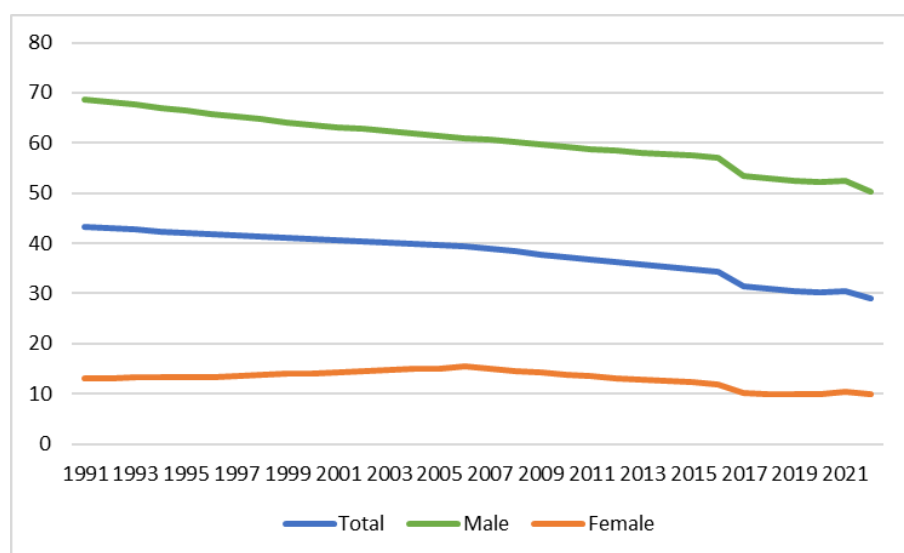


Figure 5-4: Trends in the Labor Participation Rate of Older Persons (65 years and over)

Source: prepared by the research team from ILO. (2023). ILOSTATS Database. <https://ilostat.ilo.org/data/>

The poverty rate by age of household head in Bangladesh shows an overall improving trend between 2016 and 2022 (see Figure 5-4): for households headed by a head aged 60 years and above, the poverty rate at the upper poverty line decreased from 20.6% to 17.5% and at the lower poverty line from 11.1 to 4.8%. These trends are similar to the overall poverty rate improvement trend, suggesting that the economic situation of

older adult households is also steadily improving.

However, 17.5% of households headed by a head of household aged 60 or older still live in poverty, indicating that further efforts are needed to ensure the economic security of older persons. It should be noted, however, that this data is based solely on the age of the household head and does not directly reflect the economic situation of individual older persons.

Table 5-3: Comparison of Poverty Rates by Age of Head of Household (2016 and 2022)

	Poverty rate in 2016 (%)	Poverty rate in 2022 (%)
the upper poverty line		
Total	24.3	18.7
60+	20.6	17.5
the lower poverty line		
Total	12.9	5.6
60+	11.1	4.8

Source : prepared by the research team from HIES 2022, Table 6.7

5.1.4. Social Indicators

Since adequate national scale data on the social situation of older persons in Bangladesh could not be identified in this study, the results of a specific sample survey¹⁵³ are presented as an alternative (see Table 5-4). The aforementioned survey was conducted among a total of 518 men and women aged 60 years and above, selected from two districts of Bangladesh (Dhaka and Rangpur districts). The survey was conducted between May and July 2019, with respondents selected from rural and urban areas.

The results of this sample survey are presented below with regard to family interaction, social participation, housing status, home ownership status and the proportion of active older adults. These indicators are important for understanding the quality of life and the degree of social inclusion of older persons, as they reflect their social connections, living environment and activity. However, it should be noted that there are limitations to the interpretation of these data. First, these data are based on a sample survey and may not accurately reflect national trends. Another important limitation is that the data do not come from reliable databases of international organizations, such as those used in other sections of this report, nor do they track changes over time. Regular implementation of more comprehensive and representative surveys is important for the development and implementation of policies for older persons.

Table 5-4: Social Situation of Older Persons

Item	Summary
family interaction	92.1% of older persons responded that they interact with family members. This indicates the importance of the family in Bangladeshi society and that older persons maintain links with their families.
social participation	34.4% of older persons reported that they participate in group activities etc. This indicates that more than one in three older adults are involved in some form of social activity, but also suggests that opportunities for social participation are still limited.
housing status	21.6% of older persons responded that they live alone. This indicates that approximately one in five older adults live alone, which may reflect changes in family structure associated with the development of the nuclear family and urbanization.
home ownership status	91.9% of older persons stated that they live in a house that they own. This high rate of house ownership may reflect the cultural background of Bangladesh and the importance of real estate as an asset.

¹⁵³ Haque, M.A., & Afrin, S. (2022). Construction of the active aging index in Bangladesh: challenges and opportunities. *Heliyon*, 8(10), e10922.

the proportion of active older adults	The survey results show that 62.7% of older persons were classified as moderately active and 3.9% as highly active. In total, this means that 66.6% of older persons are moderately or more active.
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Source: Haque, M.A., & Afrin, S. (2022). Construction of the active aging index in Bangladesh: challenges and opportunities

The findings provide important insights into the social situation of older persons in Bangladesh. While strong family ties and high home ownership rates are positive aspects, they also suggest challenges that need to be addressed, such as opportunities for social participation and support for older persons living alone. The relatively high proportion of active older adults also indicates the potential for social participation and health promotion among older persons.

5.1.5. Others

Here we provide supplementary information from interviews with the Resource Integration Centre (RIC), an NGO involved in assisting older persons (see Table 5-5). The RIC, through its activities and surveys, has analyzed the situation and challenges faced by older persons. Their analysis covers various aspects including health and medical issues, social and institutional challenges, and gender disparities. This information reflects realities on the ground that cannot be captured by official statistics or extensive surveys, and is helpful in understanding the challenges older persons face in Bangladesh from a more multifaceted perspective. It should be noted, however, that this is information from a single NGO and is not necessarily representative of the overall situation.

Table 5-5: Situation of Older Persons

Item	Summary
Health and medical challenges	<ul style="list-style-type: none"> Public healthcare system decentralized but overcrowded and underfunded. Necessary medicines are often not available at public and local health centers. Two aspects of the system force many older adults to rely on expensive private health services, and private health services are expensive and unaffordable for many older adults. Access to health services is limited in rural areas due to poverty and lack of facilities. Access to hospitals for older persons becomes particularly poor during natural disasters.
Social and institutional challenges	<ul style="list-style-type: none"> Reduced family support and lack of government support services increase the number of vulnerable older adults. Older persons increasingly isolated due to reduced support from government, family and community Older persons in urban areas are more isolated and receive less support from government, family and community. There is no universal social security system and many older adults do not receive adequate protection. The amount of cash transfers and allowances is extremely limited. Community-based and government services are not well developed, while family support is declining. There is no legal system regulating care services, and anyone can provide services. There are weak mechanisms to regulate behavior, even if service providers are not good at dealing with older persons.
Gender inequalities	<ul style="list-style-type: none"> Older females tend to get a smaller share than males in the distribution of their parents' property. Older females are less literate and have lower levels of education than males. Many older females are housewives and are financially dependent on their husbands or sons. Older women have less or no access to public resources. In cash transfer programs, for example, older adult females may be exploited in various ways or deceived by mobile service providers.

Item	Summary
	<ul style="list-style-type: none"> Older females are at a disadvantage in the use of digital devices, as they are unable to keep up with technological advances. They also have higher rates of disability. On the other hand, their life expectancy is longer than that of males. South Asia is characterized by very low rates of remarriage among older females. This results in a high number of widowed older females who do not have access to support.

Source: prepared by the research team from RIC interviews

RIC points out that comprehensive information on older persons is lacking in Bangladesh. Even for RIC, which carries out a wide range of activities besides supporting older persons, it is difficult to obtain detailed information on older persons and emphasizes the urgent need to carry out a comprehensive survey.

RIC further points out that RIC is one of the NGOs that has the opportunity to engage in dialogue with the Ministry of Social Welfare, and that the implementation of a comprehensive survey and discussions with the government based on its findings could have a significant impact on improving the welfare policies and systems for older persons in Bangladesh. This view is noteworthy as it suggests a direction for future efforts to improve the welfare of older persons.

5.2. Overview of Laws, Policies and Systems Relating to the Welfare of Older Persons

5.2.1. Laws

In Bangladesh, there are laws pertaining to the ageing population, such as the protection of the rights of older persons, support obligations and pension schemes.

Table 5-6: Laws Relating to Older Persons

Name	Content
The Parents Maintenance Act, 2013	Promulgated in 2013 Ensures social security for older persons and stipulates the obligation of children to look after their parents
Universal Pension Management Act 2023	Promulgated in 2023 Provides for the inclusion of all segments of the population in a sustainable pension system, with the aim of <ul style="list-style-type: none"> Provides for four pension schemes: ‘Probash’ for non-resident Bangladeshis, ‘Progati’ for private employees, ‘Surokkha’ for the self-employed and ‘Samata’ for low-income self-employed. It provides for the establishment of a ‘National Pension Authority’ as the governing body of the pension schemes.

Source: prepared by the research team

The following are some of the major international standards for the welfare of older persons:

- United Nations Principles for Older Persons, 1991
- Madrid International Plan of Action on Ageing (MIPAA), 2002
- ILO Social Security (Minimum Standards) Convention, 1952 (No. 102)
- WHO Active Ageing: A Policy Framework, 2002

These international standards call for the protection of the rights of older persons, the establishment of a comprehensive social security system, the promotion of health and social participation, and the creation of an environment friendly to older persons. Here, the current situation regarding the legal system in Bangladesh from the perspective of these international standards is summarized.

The Parents Maintenance Act, 2013 aligns with some of the UN Principles by legally guaranteeing care for older persons while respecting traditional family values. The Universal Pension Management Act, 2023 conforms to ILO standards by accommodating diverse work patterns and income levels. This can be regarded as a progressive initiative for a developing country.

Thus, while Bangladesh's current legislation focuses on support obligations and pensions for older persons, it lacks the comprehensive approach required by international standards. Specifically, the following points can be mentioned.

- Limited rights guarantees: there is no basic law that comprehensively guarantees the rights of older persons and insufficient guarantees of independence, participation, self-fulfillment and dignity as set out in the UN Principles.
- Insufficient response to health and welfare: there is no legislation dedicated to the WHO policy framework and MIPAA's emphasis on improving the health and welfare of older persons.
- Lack of environmental arrangements: there is no legal framework in place for the development of an environment that is conducive to older persons, as required by MIPAA.

5.2.2. Policies and Institutions

In view of the ageing of the population, the Government of Bangladesh has formulated various policies to guarantee the livelihoods of older persons and promote their participation in society, etc. In 2013, it formulated the National Policy on Older Persons 2013, which sets out basic policies to protect the rights of older persons and support their independence. In 2015, the NSSS was also launched as a reform guideline for the social security system in general and referred to the expansion of income security for older persons. This section outlines these policies and the challenges to their realization.

5.2.2.1 National Policy on Older Persons 2013

The policy is a comprehensive ageing policy guideline aimed at improving the quality of life and ensuring the dignity of older persons in Bangladesh. The policy sets out the basic direction of measures relating to health, care, social participation and income security for older persons.

Specifically, priority areas include the expansion of health services for older persons, the promotion of barrier-free housing, the promotion of participation in social activities by older persons and the expansion of social security systems. Improving access to education and information and promoting intergenerational exchanges are also important focal points. In addition, for the purposes of this policy, people aged 60 and over are defined as older adults.

5.2.2.2 National Social Security Strategy (NSSS)

The NSSS, developed in 2015, is a comprehensive set of guidelines setting out the direction for reform of the social security system in general. The NSSS sets out the following current perceptions and directions for reform with regard to income security for older persons.

- Situation analysis
 - The poverty rate of older persons is high and the need for income security is high.
 - The existing social security system has limited coverage of older persons and the quality of

services is inadequate.

- With the ageing of the population, strengthening social security for older persons is an urgent issue.
- Direction of reform
 - Expansion of tax-financed Older Persons Allowance (OAA)
 - Expansion of the number of eligible beneficiaries and increase in the scale of benefits
 - Introduction of a universal minimum income guarantee for older persons aged 75 and over
 - Phased development of contributory pension schemes
 - Introduction of voluntary pension insurance for informal sector workers
 - In the future, a multi-tier pension system combining public and private pensions (e.g. corporate pensions) is to be established

The NSSS advocates a multifaceted approach to address the issue of poverty among older persons by combining non-contributory social benefits and contributory pensions. Challenges include securing financial resources and coordination with existing systems.

5.3. Current Status and Challenges of Social Security Schemes for Older Persons

In social security systems for older persons, income security and services play complementary roles and are essential for improving the quality of life of older persons. Income security provides financial security, while services provide health and livelihood support. Together, these two elements ensure sustainable livelihoods. This section organizes social security and welfare systems for older persons into income security and services, and provides an overview of the current status and challenges of the respective systems and initiatives for income security and services.

5.3.1. Income Security System

Income security schemes for older persons in Bangladesh can be divided into two main categories: pension schemes and social allowances. There are two pension schemes: the Civil Service Pension Scheme (CSPS) and the Universal Pension Scheme (UPS), which started in August 2023, and social benefits such as OAA.

Formerly, public pension schemes only existed for civil servants, with coverage of less than 5% of the working population and 1% of older persons population¹⁵⁴. However, with the enactment of the Universal Pension Management Act in 2023, a universal pension scheme, UPS, was introduced to cover all citizens, including informal sector workers and the self-employed UPS is a funded scheme consisting of four schemes - Probash, Progoti, Surokkha, Samata and guarantees pension benefits for life from the age of 60¹⁵⁵.

5.3.1.1 Civil Service Pensions Scheme (CSPS)

- 1) Overview of the Civil Service Pension Scheme
 - History and legal basis of the scheme

¹⁵⁴ Mamun, M. Z., & Hossain, M. Z. (2022). The Bangladesh Pension System. In H. Lee et al. (eds.), *International Comparison of Pension Systems*, p.317

¹⁵⁵ Universal Pension Management Act, 2023, Article 14

The foundation of the current Civil Service Pension Scheme in Bangladesh was laid by the Civil Service Retirement Act 1974¹⁵⁶. The current operation of the scheme is based on a notification¹⁵⁷ issued by the Ministry of Finance in 2009¹⁵⁸.

- Eligibility and beneficiary qualifications

The civil service pension scheme covers national civil servants in general employment in the various ministries and agencies of the central government¹⁵⁹. In principle, eligibility for pension entitlement is based on at least 25 years of service and at least 59 years of age at the time of retirement¹⁶⁰.

- Benefits and levels

Public service pension benefits are based on years of service and final salary at the time of retirement and are paid at a fixed rate¹⁶¹. After the pension benefits start, the pension is paid for life, and after the death of the employee, a part of the pension is paid to the surviving family members (in principle, the spouse)¹⁶².

- Financial resources and management system

Public service pensions are funded from tax revenue. Budgetary measures are taken by the ministries and the amount to be paid is determined by taking into account the number of expected retirees and the rate of price increases. Pension financing is basically included in the government's current budget¹⁶³.

Pension benefit administration is mainly handled by three parties: line ministries, the Accounts Office, which is an agency of the Office of the Controller General of Accounts, and the Sonali Bank, the state-owned bank that makes pension payments. However, the division of roles between the various agencies is unclear and the business process is complicated. To streamline the process, it has been proposed to establish a specialized body under the Ministry of Finance to centrally manage pension benefits¹⁶⁴.

2) Status of implementation and achievements of the Civil Service Pension Scheme

- Role of civil service pensions and livelihood security for older persons as a whole

The number of civil service pensioners in Bangladesh has been increasing year by year: from about 400,000 in 1997-98 to about 800,000 in 2022-23. The population aged 60 and above in 2023 was 15,930,000 and civil service pensions only covered 5% of the total older adults population.

¹⁵⁶ Mamun, M. Z., & Hossain, M. Z. (2022). The Bangladesh Pension System. In H. Lee et al. (eds.), *International Comparison of Pension Systems*, pp.324-325

¹⁵⁷ Further Simplification of Pension Rules & Procedures in respect of Sanction and Payment of Pension to Civil Employees of Government

¹⁵⁸ World Bank. (2018). *Bangladesh: Improving the Administration of Civil Service Pensions*, p.2

¹⁵⁹ However, defence personnel are subject to a separate pension scheme.

¹⁶⁰ However, entitlement may also be granted to those who retire after less than 25 years due to injury or illness in the public service, abolition of a post, etc., Mamun, M. Z., & Hossain, M. Z. (2022). *The Bangladesh Pension System*. In H. Lee et al. (eds.), *International Comparison of Pension Systems*, Table 4

¹⁶¹ For example, 90% of pre-retirement salary after 25 years of service, 72% after 20 years of service and 36% after 10 years of service.

¹⁶² Other payments include a lump-sum gratuity upon retirement and an allowance for unused annual leave before retirement (Leave Preparatory to Retirement), etc. Mamun, M. Z., & Hossain, M. Z. (2022). *The Bangladesh Pension System*. In H. Lee et al. (eds.), *International Comparison of Pension Systems*, p331-332

¹⁶³ World Bank. (2018). *Bangladesh: Improving the Administration of Civil Service Pensions*, p.3

¹⁶⁴ World Bank. (2018). *Bangladesh: Improving the Administration of Civil Service Pensions*, pp.4-5

Pension expenditure has also increased rapidly, with civil service pension expenditure reaching BDT 274.1 billion in 2022-23, which represents about 23.3% of the total social security budget (BDT 1,176.3 billion) for the same year, or about 0.5% of GDP in 2022¹⁶⁵. This proportion indicates that public service pensions occupy a significant place in the social security budget.

The increase in the number of pensioners is largely due to the increase in life expectancy and the number of civil servants. Life expectancy in Bangladesh has increased significantly from 43 years at the time of independence in 1971 to 72.8 years in 2021. The number of civil servants has also doubled since the early 1990s to approximately 850,000 as of 2015¹⁶⁶. Further increases in pensioners and pension expenditure are expected in the future due to the further ageing of the population.

Meanwhile, the overall situation of older persons in Bangladesh remains severe. The poverty rate among older persons is higher than the overall population average at 24.3%, and 55% of older persons aged 60 years and above are considered vulnerable¹⁶⁷. This situation indicates the need for comprehensive income security for older persons as a whole.

In this context, civil service pensions play an important role in income security for retired civil servants. Fixed life pensions support the basic livelihood of retired civil servants as a continuous and stable cash benefit. In addition, it also functions as a comprehensive retirement guarantee, including medical and housing subsidies¹⁶⁸. Survivor pensions support the livelihoods of the remaining family members after the death of the spouse. The design of benefits according to length of service also acts as an incentive for long-term service.

On the other hand, the benefit levels of OAA are significantly lower than those of public service pensions. This disparity indicates an imbalance in income security among older persons. Although civil service pensions provide important income security for retired civil servants, it can be said that they play only a limited role in terms of livelihood security for older persons as a whole.

- Sustainability of the scheme and increasing financial burden

The civil service pension scheme in Bangladesh is designed to cover benefit costs from tax revenue. However, the ageing of the population and the increase in the number of beneficiaries has led to a sharp increase in pension-related expenditure, raising concerns about the financial sustainability of the scheme. Pension expenditure grew by an average of 23.75% per year between 2010-2015 and is expected to increase by an average of 33.42% per year between 2016-17 and 2025-26¹⁶⁹.

It has been pointed out that the current defined benefit pension¹⁷⁰.

5.3.1.2 Universal Pension Scheme (UPS)

- 1) Overview of universal pension scheme

- History and legal basis of the scheme

The Government of Bangladesh has decided to introduce a universal pension scheme (UPS) for all

¹⁶⁵ Finance Division, Social Security Programs: Fiscal Year 2023-24

¹⁶⁶ World Bank. (2018). Bangladesh: Improving the Administration of Civil Service Pensions, p.2

¹⁶⁷ Mamun, M. Z., & Hossain, M. Z. (2022). The Bangladesh Pension System. In H. Lee et al. (eds.), International Comparison of Pension Systems

¹⁶⁸ Ibid

¹⁶⁹ Ibid, P.342-343

¹⁷⁰ Ibid, P.343

citizens with the aim of strengthening income security for older persons and reducing the risk of poverty in old age. The UPS will fundamentally reform the pension system, which was previously limited to civil servants and some private sector employees, to provide all citizens, including self-employed and informal sector workers, with basic It aims to guarantee basic livelihoods in old age to all citizens, including self-employed and atypical workers.

The legal basis for the UPS is the Universal Pension Management Act, 2023, enacted in January 2023, and the implementing regulations, Universal Pension Scheme Rules, 2023, enacted in March 2023. These laws and regulations set out the basic framework of the UPS, including who is eligible for UPS, premium rates, benefit details and implementation arrangements, and place provisions to ensure the sustainability of the scheme. An overview of each of these laws and regulations is provided below.

➤ Overview of Universal Pension Management Act, 2023

The Universal Pension Management Act, 2023 is a law that sets out the objectives and basic principles of the introduction of UPS, the management structure, the type and content of pension schemes and the financial formula.

The Act defines the objective of introducing UPS as ‘inclusion of all segments of the population in a sustainable pension structure’ and establishes the NPA as the managing body. Four pension schemes are prescribed: ‘Probash’ for non-resident Bangladeshis, ‘Progoti’ for private employees, ‘Surokkha’ for the self-employed and ‘Samata’ for low-income self-employed.

Eligible members are Bangladeshi citizens aged 18-50, who are entitled to a pension for life from the age of 60. Premium rates are set for each scheme, with the government subsidizing part of the premiums in the Samata for low-income earners. Entitlement to pension benefits is conditional on a minimum of 10 years of contributions, and the amount of the pension for life after entitlement begins depends on the length of contributions and the level of contributions. In order to ensure the soundness of the system, regulations are also placed on the rules for the management and operation of pension funds, the development of record-keeping systems, information disclosure and grievance redress mechanisms. Coordination provisions with other social security schemes are also in place, with the intention that the UPS will function as the core system of public pensions.

➤ Overview of Universal Pension Scheme Rules, 2023

The "Universal Pension Scheme Rules, 2023," which set forth the UPS's implementing bylaws, prescribes in detail the methods and procedures for administering the four pension schemes.

The Rules set forth the procedures for joining and withdrawing from each scheme, how premiums are to be paid, the requirements for receiving benefits, and the treatment of survivor pensions. Premiums can be paid monthly, quarterly, or annually, and can be paid in foreign currency from outside Bangladesh; in the event of death before the age of 60, an amount equivalent to the premiums will be refunded to the survivors, but withdrawal after the start of benefits is not envisaged.

In addition, in order to encourage low-income enrollees to join the Samata scheme, the process

of certifying eligibility for the scheme and the level and method of premium subsidies have been stipulated. In order to establish a nationwide implementation system, it is envisaged that private institutions such as banks will also take on some of the pension administration.

- Eligibility and enrolment requirements

UPS is open to all Bangladeshi citizens between the ages of 18 and 50; citizens over the age of 50 can join on a voluntary basis, with a minimum enrolment period of 10 years to start receiving benefits.

Civil servants and public sector employees are also envisaged to switch to UPS in the future, except for existing members at the time the law comes into force. In other words, current members of the CSPS system will not be affected and will remain within the CSPS system, and only those newly recruited as civil servants will switch to UPS. However, the timing of mandatory coverage and transition rules are to be discussed in the future.

Self-employed persons, farmers and informal sector workers are widely included in UPS coverage. However, if they have limited capacity to pay premiums, they are envisaged to join the Samata scheme and a mechanism is in place for the government to subsidize part of the premiums.

- Premium rates and benefit levels

- Overview of the four pension schemes

The UPS consists of four different schemes, each with different eligibility and contribution rates.

Table 5-7 summarizes the overview of each scheme.

Table 5-7: Overview of the four pension schemes in UPS

Name	Eligible persons	Monthly premium (BDT)	Special notes
Probash	Bangladeshi nationals abroad	5,000-10,000 (3 levels)	-
Progoti	Privately employed	2,000-5,000 (3 levels)	Employee and employer each pay half
Surokkha	Self-employed	1,000-5,000 (4 levels)	-
Samata	Low-income earner	1,000	Enrollees contribute BDT 500 and the government contributes BDT 500

The specific contribution rates for each scheme, and the monthly pension amounts depending on the contribution period, are set out in an Appendix (Schedule) to the Universal Pension Scheme Rules. The benefit levels are clearly stated from a minimum contribution period of 10 years to a maximum of 42 years, and are designed to encourage long-term contributions. For example, under the Progoti scheme, a monthly contribution of BDT 5,000 for 40 years would result in a monthly pension of BDT 146,001 and a monthly contribution of BDT 62,330 for 30 years. Under the Samata scheme, a monthly pension of BDT 29,200 per month, including government subsidies, is payable if the pensioner contributes BDT 500 per month towards the member's contribution for 40 years.

- Overview of the newly established Prattay scheme

In March 2024, a new pension scheme, Prattay, was created under the UPS framework; Prattay is a scheme for newly employed employees in the autonomous public sector, such as public

enterprises and utilities, and new hires after 1 July 2024 are in principle obliged to join Prattay is compulsory for all new hires from 1 July 2024 onwards.

The Prattay contribution rate is 10% of the employee's basic salary (up to a maximum of BDT 5,000 per month), split equally between the employee and the employer. The level of benefits according to the contribution period is similar to other schemes and is set at a level that allows employees to receive a pension of approximately 70% of their pre-retirement wages after 40 years of contributions.

With the introduction of Prattay, public sector employees, in addition to civil servants, are now covered by UPS pension cover. Alongside the Progoti scheme, which covers private sector employees, the fact that many formal sector employees are now covered by UPS has increased the universality of the scheme. However, incumbent public sector employees are allowed to remain in their existing company pension schemes as a transitional measure, and a full transition to UPS is expected to take more time.

- Financial resources and management structure

The governing body of the UPS is the NPA, a newly established body under the Universal Pension Management Act, 2023. The NPA is positioned as an independent statutory body with broad powers over the planning, implementation, supervision and fund management of the pension scheme.

The NPA Board consists of an Executive Director and four Directors, with the Executive Director acting as Chief Executive Officer (CEO). Important matters such as pension scheme design changes, fund administration and management, maintenance of record-keeping systems, information disclosure and grievance redress are discussed and approved by the Pension Management Board, which is set up within the NPA.

The NPA's activities are funded by contributions from the Government, the NPA's own investment income and fees and charges levied under the Act. Pension funds are managed in accordance with the fund management guidelines set by the NPA, while ensuring both safety and profitability.

The NPA will maintain a centralised system for the management of pension records and centrally manage the membership, contribution and benefit records of each pension scheme. The collection of contributions and payment of pensions will be made through a network of banks and post office branches designated by the NPA.

As described above, the NPA is the core institution for UPS in Bangladesh, performing a wide range of functions from scheme design to implementation, fund management and record keeping. The role and responsibilities of the NPAs are very significant in terms of governance of the pension scheme, financial sustainability and ensuring quality of services.

- 2) Initiatives to introduce universal pension scheme

- Government policy on scheme design

- Relationship with the NSSS

The NSSS had proposed the establishment of a contribution-based universal pension scheme as an income security measure for older persons, alongside the expansion of the OAA through

tax funding.

The UPS is positioned as a concrete implementation of these NSSS recommendations. It aims to realise the ‘inclusive social security system’ set out by the NSSS by transforming the pension system, which was limited to civil servants and some private sector employees, into one that is open to all citizens.

➤ Role of relevant ministries and agencies

Various government agencies are involved in the design and implementation of the UPS system. A central role is played by the Finance Division, which is the lead agency for UPS: the enactment of the Universal Pension Management Act, 2023, and other important matters such as determining government policy on UPS and supervising NPAs are the responsibility of the Finance Division of the Ministry of Finance.

As the governing body of the UPS, the NPA is responsible for the planning of the system, management and operation of the fund, record-keeping, public relations and other practical matters NPA activities are carried out under the supervision of the Finance Division of the Ministry of Finance, while maintaining its independence. The NPA has a Pension Management Board, consisting of representatives from relevant ministries, experts and labor and management organizations, which is involved in major policy decisions.

● Roadmap and challenges for implementation

➤ Establishment of the implementation system

There is an urgent need to strengthen the NPA structure for the nationwide implementation of UPS. There is a plan to increase the number of NPAs to 57 after formal approval of the organizational structure¹⁷¹, however, as of May 2024, the NPA staffing is provisional (10 seconded to the Ministry of Finance and 3 contracted staff)¹⁷².

Challenges also remain in the service delivery structure: as of May 2024, the local structure of NPAs was not yet in place, and a national structure needs to be established. Currently, the Union Digital Centre¹⁷³ is assisting with subscription registration, however, it is essential to strengthen the network to include these partner organizations¹⁷⁴.

With the introduction of the UPS, NPAs have taken on the responsibility of managing the pension fund. However, NPAs lack technical knowledge and experience in pension fund management, making capacity strengthening in this area a challenge. Effective management of pension funds is a key element directly linked to the long-term sustainability of the scheme and therefore requires urgent action NPAs have recognized this challenge themselves and have identified the need for technical support on fund management.

➤ Initiatives to promote UPS and its establishment

UPS was launched in August 2023, however, as of March 2024, there were only about 24,000

¹⁷¹ Following approval by the Ministry of Finance and the Cabinet, the organizational structure will be formalized with the final approval of the Prime Minister.

¹⁷² Interviews with NPA

¹⁷³ Facilities for the provision of digital services at the local level in Bangladesh.

¹⁷⁴ Interviews with NPA

enrolments and total contributions of about BDT 350 million. NPA recognizes that ‘this pension scheme is a new concept and it will take time for the public to understand it’¹⁷⁵.

- Public relations and awareness-raising activities

NPA now recognizes that there needs to be a way to communicate the concept of the new scheme to people at the grassroots level, and that communication specialists are important¹⁷⁶.

- Encouraging enrolment of low-income and informal workers

Premium subsidies in the Samata scheme are one of the leading measures to encourage enrolment of low-income people. Under the scheme, the government contributes an amount equal to the amount contributed by the enrollee, while the Surokkha scheme offers more flexible payment methods to suit working patterns, such as a flexible monthly premium payment deadline¹⁷⁷.

- Fostering public understanding and confidence in the system

The NPA is required to publish information on the state of pension finances, the management of contribution records and the management of the fund on a regular and easily understandable basis.

- Ensuring financial sustainability

- Estimation of required financial resources and measures to secure them

Premium subsidies for the Samata scheme and some of the administrative costs associated with collection practices need to be financed by tax resources. Various options are being considered, including the expansion of income tax, the use of VAT and excise taxes, and the introduction of a pension purpose tax¹⁷⁸.

- Long-term demographic consequences

Bangladesh is experiencing a rapid ageing of its population, with the proportion of people aged 60 years and above expected to exceed 14% by around 2036. This rapid ageing may have serious implications for the sustainability of pension financing through an increased burden on the working-age population. Establishing a sustainable pension system will be a key challenge in the welfare of older persons in Bangladesh.

- Establishment of IT system

The NPA currently provides services through an IT platform, but due to the lack of capacity of the Agency, the Treasury Department of the Ministry of Finance is running the IT part of the Agency, and the Agency needs its own IT staff¹⁷⁹.

5.3.1.3 Old Age Allowance (OAA)

1) Overview of OAA

- Background and objectives of the introduction of OAA

The Government of Bangladesh introduced OAA in 1998. Until then, Bangladesh only had a

¹⁷⁵ Ibid

¹⁷⁶ Ibid

¹⁷⁷ Universal Pension Scheme Rules, 2023, p.11

¹⁷⁸ Parvez, S. (2019). Universal Pension Scheme: An option for Bangladesh? The Financial Express

¹⁷⁹ Interviews with NPA

pension scheme for civil servants, and the majority of older adults had to rely on their children and relatives for support. However, with economic development and urbanisation, such traditional intra-family support has weakened. OAA was initiated in response to the growing need to support older persons in poverty¹⁸⁰.

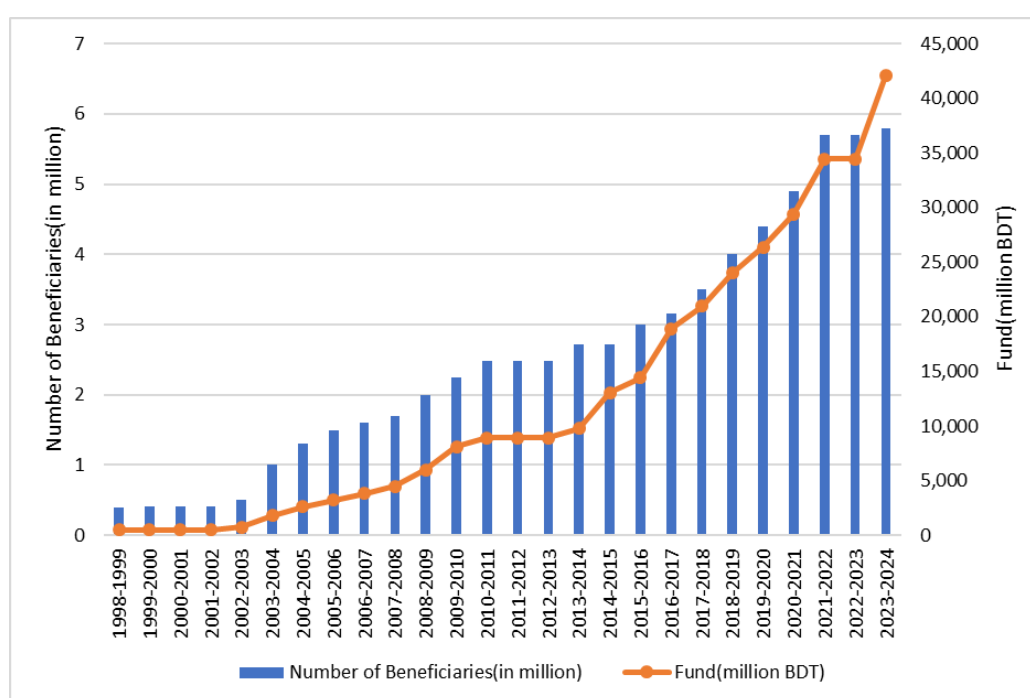
The OAA has four main objectives¹⁸¹.

- Socio-economic development and social security for older persons in poverty
 - Improving the status of older persons within the family and in society
 - Improving the mental health of older persons through cash transfers
 - Improved nutritional status and health care of older persons
- Eligibility for OAA, benefit levels and budget

The OAA is targeted at poor people aged 62 and above for women and 65 and above for men with an annual income of less than BDT 10,000. In practice, however, recipients are selected by local committees, taking into account their asset situation and other factors¹⁸².

The monthly benefit level was 100 BDT in FY1997-98 when it was first introduced, but has since been raised in stages to 600 BDT in FY2023-24¹⁸³.

The number of beneficiaries and the budgeted amount have expanded significantly since the start of the OAA: in FY1997-98, the number of beneficiaries was 400 000 and the budgeted amount was 125 million BDT, but by FY2023-24 the number of beneficiaries had increased to 5.8 million and the budgeted amount to 42,059.6 million BDT¹⁸⁴.



¹⁸⁰ World Bank. (2019). Program Brief: Old Age Allowance, p.2

¹⁸¹ DSS, OAA, <https://dss.gov.bd/site/page/7314930b-3f4b-4f90-9605-886c36ff423a/Old-Age-Allowance>, viewed 24 Jun 2024

¹⁸² World Bank. (2019). Program Brief: Old Age Allowance, p.4

¹⁸³ Ibid, p.2

¹⁸⁴ Ibid

Figure 5-5: Number of OAA Beneficiaries and Budgeted Amount

Source: prepared by the research team from DSS website

- Implementation structure of the OAA

The implementing agency for OAA is the DSS under the Ministry of Social Welfare.

The selection process of beneficiaries is as follows (see Table 5-8).

Table 5-8: The Selection Process of Beneficiaries

Step	Content
Step 1. Application	Applications are submitted to Upazila Social Service Officers (USSO) (rural areas) and District Social Service Officers (DSSOs) (urban areas) on the prescribed forms
Step 2 Listing of applicants	The USSOs and DSSOs prepare a list of potential beneficiaries by region (ward ¹⁸⁵) and submit it to the Union Committee and Municipal Committee in the rural and urban areas respectively.
Step 3 Approval of union committee (rural) and municipal committee (urban)	The Union Committee (rural) and Municipal Committee (urban) select potential beneficiaries and send three different lists to the Upazila Committee/District Committee 1. a list of applicants by region (ward) 2. a list of selected potential beneficiaries 3. a waiting list of potential beneficiaries
Step 4 Approval of Upazila committees (rural) / District committees (urban)	The upazila committee (rural) and district committee (urban) finalize the list of potential beneficiaries in rural areas and the waiting list of potential beneficiaries and seek approval from the local Member of Parliament.

Source: prepared by the research team from World Bank. (2019). Program Brief: Old Age Allowance, Figure 3

2) Achievements and challenges of OAA

While OAA has achieved some outcomes in livelihood security for older persons in Bangladesh, it also faces some challenges.

- Main achievements of OAA

- Expansion of beneficiaries: the number of beneficiaries reached about 5.8 million in FY2023-24, covering about 33% of the relevant age population, a significant increase from 400,000 in FY1997-98¹⁸⁶.
- Improved income security and health status: the OAA contributes to reducing the economic vulnerability and improving the health status of older persons¹⁸⁷.
- Improved social status and decision-making participation: approximately 69% of OAA recipients reported that their position within the family and society has improved. The proportion of older persons who can be involved in decisions on important matters in the family increased from 2% to 30%¹⁸⁸.

- Main challenges for OAA

However, there are some key challenges for OAA

- Issues with the target beneficiary selection process:

¹⁸⁵ Smallest administrative unit in Bangladesh

¹⁸⁶ DSS, Old Age Allowance, <https://dss.gov.bd/site/page/7314930b-3f4b-4f90-9605-886c36ff423a/Old-Age-Allowance>, accessed 3 Jul 2024, World Bank. (2019). Program Brief: Old Age Allowance

¹⁸⁷ Khondker, B. H., Knox-Vydmanov, C., & Vilela, A. (2014). Old Age Social Protection Options for Bangladesh, Barikdar, A., Ahmed, T., & Lasker, S.P. (2016). The Situation of the Elderly in Bangladesh

¹⁸⁸ Mahmud, M.S., & Habibullah (2020). The Satisfaction Level of the Beneficiaries of Social Safety Net Programmes (SSNPs) in Bangladesh: A Practical Observation at Field Level, Ara, E., & Tanni, T. J. (2019). Improvement in Quality of Life of Elderly through Old Age Allowance Program in Bangladesh: A Study on Moulvibazar Pourashava.

- Ambiguity and arbitrary operation of selection criteria: there are provisions based on age and income level, but these are not rigorously checked and there is potential for fraud¹⁸⁹.
 - Opaqueness of the selection process: there are indications that nepotism with union chairpersons and councilors influences the selection of beneficiaries¹⁹⁰.
 - Differences in selection criteria between urban and rural areas: it is difficult to identify poor older adults in urban areas, for example, due to limited access to public records¹⁹¹.
 - Duplicate enrolment in multiple social security schemes: the absence of a unified database has led to problems such as duplicate entitlements to public service pensions and OAA¹⁹².
- b) Institutional design issues :
- Inadequate benefit levels: 600 BDT per month in 2023-24 is insufficient to cover the basic needs and health maintenance costs of older persons¹⁹³.
 - Limited coverage: only about 30% of potential beneficiaries are covered, especially the poor older adults in urban areas¹⁹⁴.
 - Lack of coordination with other social security systems: there is a lack of coordination with other necessary systems, such as public health insurance and long-term care services¹⁹⁵.
- c) Gender-related issues
- Disparities in access to information: while older persons in general face difficulties in accessing information, older women are particularly disadvantaged. While general information can be obtained from public institutions, specific information, such as the application process, is mainly obtained from relatives and neighbors. This makes it particularly difficult for older women with weak family and community ties to obtain the necessary information¹⁹⁶.
 - Digital disparities in payment methods: mainstreaming bank account transfers is a challenge for older persons in general, however, it has a particularly pronounced impact on older women. Older women, who generally have less access to and ability to use digital technologies, are forced to rely on male family members to manage their financial resources and are at high risk of losing their independence¹⁹⁷.
 - Barriers to accessing the appeals system: although public appeals mechanisms exist, they are difficult to access for older persons in general. In particular, older women often do not

¹⁸⁹ World Bank. (2019). Program Brief: Old Age Allowance, p.5

¹⁹⁰ Ara, E., & Tanni, T. J. (2019). Improvement in Quality of Life of Elderly through Old Age Allowance Program in Bangladesh, p.25

¹⁹¹ Barikdar, A., Ahmed, T., & Lasker, S.P. (2016). The Situation of the Elderly in Bangladesh., p.34

¹⁹² World Bank. (2019). Program Brief: Old Age Allowance, p.5

¹⁹³ Hossain, S. & Alam, M. (2024). Assessing Health Care Perception and Needs of the Older Adults in Bangladesh, p.13

¹⁹⁴ World Bank. (2019). Program Brief: Old Age Allowance, p.3

¹⁹⁵ Ara, E., & Tanni, T. J. (2019). Improvement in Quality of Life of Elderly through Old Age Allowance Program in Bangladesh, p.28

¹⁹⁶ HelpAge International. (2024). Gender Equality Report, p.24

¹⁹⁷ HelpAge International. (2024). Gender Equality Report, p.24

make effective use of these systems due to their social status and education level. As a result, older women may be missing opportunities to assert their rights¹⁹⁸.

5.3.2. Social Services for Older Persons

The system for social security and welfare services for older persons is limited.

5.3.2.1 Government initiatives

As of May 2024, the only facility for older persons under the jurisdiction of the Government of Bangladesh is located in Dhaka. A summary of this facility is provided in Table 5-9, which shows that it is the only facility under the jurisdiction of the Government of Bangladesh for older persons; it is run by an NGO, has 36 private rooms and is used by older adults in their 60s to 80s. For a monthly fee of BDT 7,000-20,000, care services are provided by caregivers, as well as health services from the attached hospital and free physiotherapy. The decision to accept or reject a resident is mainly based on availability, with little screening based on financial status.

Table 5-9: Overview of Residential Aged Care Facility under Government Jurisdiction

Item	Overview
Service	Residential type In addition to care provided by caregivers, regular check-ups and care by medical professionals are provided by the hospital attached to the home.
Caregiver	If a resident is bedridden or otherwise requires extensive care, a caregiver is employed (for a period of time) and deployed as required. In such cases, referrals are made via a private agency. After employment, internal training is provided for three months. Caregiver case study: male. salary BDT 20,000/month, has experience as a caregiver in other hospitals.
Operation	The Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM), an NGO, provides the service. The land and buildings are provided by the Bangladesh Government, but the center is funded by user fees from users, income from the attached medical facility and a government subsidy.
Acceptance criteria for users	Applicants apply to the Ministry of Social Affairs. There is almost no screening based on economic status, etc., and acceptance depends on whether there is space available at the time of application.
Usage fees	There is a range depending on the financial situation of the user and the room they use, which as of March 2024 ranges from 7,000 to 20,000 BDT/month. This fee does not cover the costs of providing the service and requires income from other projects and subsidies from the government, as described in the 'Operation' section.
Capacity	36 rooms (one room per person) Demand is high, but demand cannot be met due to insufficient supply.
Users	Gender: slightly more women than men, but almost 50-50 Age: 60-80s, with the largest number in their 70s Other: some bedridden users, but most do not need assistance in their daily lives.
User case studies	Male, late 65s, admitted in 2020. How he was admitted: he found out about the facility because his workplace before he moved in was near this facility. About the service: the quality of the food provided is poor and unsatisfactory, but he is satisfied with the free physiotherapy service he receives.
	Male, early 70s, admitted in 2017. Admission history: he has his own land and property, but his family and relatives live abroad, so he was admitted to this facility.
	Male, in his 90s, admitted in 2016. Circumstances of admission: unknown. Other: he fell and broke his bones in the facility about a year ago, which led to him becoming bedridden and requiring care afterwards.

¹⁹⁸ Ibid

Source: prepared by the research team from the interviews with DSS, BAAIGM

According to the Ministry of Social Welfare, a total of eight ‘Shanti Nibash’ facilities for older persons (residential), one in each Division, have already been built and are expected to be operational by the end of 2024. In the future, it is also contemplated to build and operate one in each district. The facilities are outlined in Table 5-10 and will be operated directly by the Ministry of Social Welfare, each facility will accommodate 25 older adults, aged 60 years and over and without family support. In addition to 24-hour care services provided by caregivers, rehabilitation and medical support will be offered. Selection of tenants will be carried out by a joint committee of the district level, but a manual for the selection process has not yet been completed.

Table 5-10: Overview of Government-Jurisdictional Residential Aged Care Facilities (plan)

Item	Overview
Sevice	Residential type 24-hour care by caregivers Rehabilitation Primary health care
Capacity	Each facility will accommodate 25 older adults Each facility will have three floors (expandable to five floors on demand)
Eligibility	Aged 60 years and over People without family support Selection by joint district committee (manual on selection process is in preparation)
Operation	Directly managed by the Ministry of Social Welfare Operational costs are fully covered by the government
Usage fees	None
Staff	24 staff at each facility (8 of whom are caregivers) Caregivers work 8-hour shifts (2 x 3 shifts + 2 spare) 16 management staff at each facility
Caregiver	Regularly employed as government employees Details of recruitment criteria unknown, but no qualification requirements
Challenges	Need for vehicles (e.g. ambulances) to each facility Need for assistive devices for disabled older adults Need for training of caregivers Very high demand for senior facilities

Source: prepared by the research team from the interview with DSS

As previously mentioned, Bangladesh does not have a registration or other system for senior care services, and the Government does not know what service providers are available in the country. This study conducted, albeit to a limited extent, a survey of the private sector and NGOs, a summary of which is presented below.

5.3.2.2 Private sector initiatives

As an example of a private home-based care service provider, an overview of Healthy Home is presented in Table 5-11. The company provides home-based care services specializing in senior care, with services ranging from daily living support to specialized care. Overall, demand for services is increasing, but the need for nursing care is particularly high. These private services meet the needs of people who opt for home-based care due to the nuclear family or for economic reasons. On the other hand, they face several challenges, such as insufficient supply of caregivers, the need for practical training, caregiver misconduct and sexual harassment against female caregivers.

Table 5-11: Overview of Private Home-Based Care Service Provider

Item	Overview
Service	Provides home care services and specializes in senior care Home care services such as daily living support, dietary assistance and medication management Care for Parkinson's disease and dementia patients Rehabilitation of stroke patients
Staff	40-45 caregivers (30 men and 10-15 women) Monthly salary of BDT 20,000-30,000 15 physiotherapists
Caregiver	TVET program graduates and others employed
Users	Number of users: 55-60 User status: People who need assistance with activities of daily living (e.g. bathing, toileting, walking assistance) Older adults who feel lonely People who need post-operative care, people with cognitive problems (Parkinson's disease patients, dementia patients, Alzheimer's disease patients, patients who need rehabilitation after stroke) Family situation: Older adults who lack care from their families due to the nuclear family structure. People whose families are unable to devote sufficient time to their care due to work or other commitments Background to service use: People who choose to receive care at home because it is financially difficult for them to stay in hospital for long periods of time
Usage fees	Caregivers: from BDT 80 /hour Physiotherapists: BDT 1,000-2,000 /session Nurses: BDT 150-200 /hour
Challenges	Demand for nursing (non-medical care) is growing, but the supply of caregivers is insufficient in relation to demand. Need for practical training beyond theoretical courses Problem of caregiver misconduct (theft, abuse) Sexual harassment against female caregivers

Source: prepared by the research team from the interview with Healthy Home

1) Overview of the Home Health Care Association of Bangladesh (HHCAB)

As Healthy Home is a member of the Home Health Care Association of Bangladesh (HHCAB), an industry association, we also interviewed the association; according to Healthy Home, HHCAB has applied to the Ministry of Commerce as an industry association, but is currently awaiting formal approval.

- HHCAB membership composition

As of May 2024, 64 organisations belonged to the HHCAB. Home care services are required to register as a manpower supply company, and all affiliated organisations are registered as manpower supply companies. There are also many unregistered organisations in the industry, but the HHCAB does not accept such unregistered organisations as members from the perspective of aiming for quality associations.

- Recognition of issues and objectives of the HHCAB

The HHCAB has identified several issues with regard to the current system.

- There is no system or regulation on quality of services and protection of users' and service providers' rights in caregiver misconduct, sexual harassment against women caregivers, etc.

- Government registration of HHCAB-affiliated organisations as a general manpower industry, rather than as a senior care or healthcare-related industry, and therefore not under the jurisdiction of relevant ministries such as the Ministry of Social Welfare or the Ministry of Health.

To address these challenges, the HHCAB aims to improve the quality of the industry as a whole and develop appropriate regulations. To this end, it actively seeks dialogue with relevant ministries.

The HHCAB's efforts are expected to play an important role in the healthy development of the home care industry in Bangladesh. In particular, the establishment of an appropriate regulatory framework and the improvement of the overall quality of the industry are likely to lead to improved safety and satisfaction of service users. The HHCAB is seeking dialogue with government agencies, which are also expected to respond.

2) Facility-based services (private sector)

Although various stakeholders were interviewed, none of the facility-based services in Bangladesh could be identified in this research.

5.3.2.3 NGO initiatives

There are approximately 2,500 registered NGOs in Bangladesh¹⁹⁹. The types of NGOs working with older persons include international NGOs (e.g. HelpAge International, Age International, Oxfam) and local NGOs (Bangladesh Association for the Aged and Institute of Geriatric Medicine: BAAIGM, Resource Integration Centre: RIC, Elderly Development Initiative, etc.).

Thus, a large number of NGOs are registered in Bangladesh and their fields of work are diverse. However, it is difficult to clearly categorize NGOs that specialize in activities for older persons. This is because many NGOs work in more than one field, of which support for older persons is often part of. In this context, this survey visited an NGO recommended by the Ministry of Social Welfare to investigate its activities. Below, we introduce the initiatives of this NGO and give an overview of the actual situation of NGO activities in Bangladesh in support of older persons and the situation in which they are placed.

3) Overview of RIC's activities

RIC is a Bangladeshi NGO established in 1981, with a microcredit program and a wide range of activities including food security, health and nutrition, education support and assistance to older persons, etc. As of June 2023, RIC had approximately 3,500 staff, 17 zones and 84 areas across the country. It operates through an extensive network of 422 branches (see Table 5-12).

Table 5-12: Overview of RIC

Item	Overview
Main activities	Microcredit programs, food security and livelihoods support, health and nutrition programs, education support, support for older persons, climate change action, humanitarian assistance
Staff	Total 3,494 (full-time: 2,778; project-based: 716) (as of June 2023)
Organizational structure	Central level: human resource development, operational and program, finance, internal audit, training, monitoring and evaluation units, etc.

¹⁹⁹ NGO Affairs Bureau

Item	Overview
	Field level: three-tier management structure (zones, areas and branches) for microcredit operations: 17 zones, 84 areas and 422 branches.
Budget (income)	2022-23 Revenue. Microcredit project income: BDT 2,814,507,148 (approx. 84.1% of total income) Project grants: BDT 421,641,329 (approx. 12.6% of total income) Total income: BDT 3,344,823,210

Source: prepared by the survey team from the interview with RIC

In supporting older persons, RIC has adopted an inclusive approach and has implemented a diverse range of programs, as shown in Table 5-13.

Table 5-13: Overview of RIC Support Activities for Older Persons

<ul style="list-style-type: none"> ● Comprehensive senior welfare programs ● Community support and organizing: support for setting up and running older persons' associations; setting up centers for older persons; leadership development training ● Financial support: provision of microcredit; provision of allowances to vulnerable older adults ● Health and medical support: eye care, physiotherapy provision, mobile healthcare services ● Nutritional support programs ● Material assistance: provision of wheelchairs, provision of winter clothing ● Social participation and cultural activities support: cultural programs, intergenerational exchange programs, skills transfer programs ● Rights advocacy and awareness-raising: various campaigns

Source: prepared by the resaerch team from the interview with RIC

5.3.2.4 Challenges related to Welfare Services for Older Persons

The following key challenges exist in the welfare services for older persons in Bangladesh.

- 1) Absolute lack of services and lack of government vision: there is a significant lack of services for older persons. In addition, tenancy decision-making processes that do not take into account economic circumstances may limit access to older persons in economically and socially vulnerable situations, which is a way of operating that poses challenges from an equity perspective. This is due to the lack of a clear vision for the welfare of older persons by the Government.
- 2) Absence of institutional framework and lack of regulation: there is no comprehensive legal framework for senior care services and no registration system for service providers. As a result, the Government has no grasp of the actual situation of service provision, making it difficult to control quality and protect users' rights. This lack of regulation has led to reports of problems such as care-giver misconduct and sexual harassment of female care-givers in private home-based care services, but there are insufficient mechanisms to deal with these issues.
- 3) Human resource development and quality assurance: there are challenges in ensuring the training structure and quality of caregivers. The Ministry of Social Welfare does not have a comprehensive strategy for caregiver training and there is insufficient collaboration with existing TVET caregiver training organizations. Private home-based care services report an inadequate supply of caregivers and a lack of practical training. These problems have a direct impact on the quality of care for older persons.

- 4) Lack of information and difficulties in policy-making: comprehensive statistical data and research findings on older persons are lacking. For example, basic information on the living conditions, health status and service needs of older persons has not been adequately collected and analysed. This makes evidence-based policymaking difficult.
- 5) Lack of cooperation with NGOs: the actual status of activities of NGOs supporting older persons is not fully understood and an effective cooperation system with the government has not been established; there is a lack of a mechanism to reflect the knowledge and experience of NGOs in policy; the government has not established a system to ensure that the knowledge and experience of NGOs is reflected in policy; the government has not established a system to ensure that the knowledge and experience of NGOs is reflected in policy.

5.4. Measures and Initiatives Expected to be Necessary in the Future

Based on the current situation and challenges in addressing ageing society in Bangladesh, the measures and initiatives that are expected to need to be implemented in the future are presented in the following categories: income security schemes and welfare services for older persons.

1) Income Security Scheme for Older Persons

The Government of Bangladesh has taken an important step towards strengthening income security for older persons by introducing UPS in 2023. However, the following initiatives are needed to increase the effectiveness of the UPS and ensure the stability and dignity of the lives of older persons.

First, it is essential to strengthen the operational structure of the UPS and ensure its governance. The Government of Bangladesh is expected to expand the staffing structure of the NPA as planned. It is also necessary to urgently put in place an implementation system for enrolment management, premium collection and pension benefits through the development of structures and IT infrastructure in the rural areas. In addition, the long-term outlook for pension finances must be regularly assessed and published, and information must be thoroughly disclosed to members to ensure transparency and accountability in the management of the scheme.

Secondly, it is important to establish an effective management system for pension funds, as it recognizes as its own challenge the NPA's lack of technical knowledge and experience in pension fund management. Stable and efficient fund management is directly linked to the long-term sustainability of the scheme, so there is an urgent need to strengthen capacity in this area.

Third, there is a need to promote the expansion of UPS coverage. In particular, efforts to promote the enrolment of informal sector workers and low-income groups are essential. It is necessary to increase understanding and trust in the system through the development of easy-to-understand public information and awareness-raising activities.

Addressing these challenges promptly and effectively is critical to the success and sustainability of the UPS, and ultimately to the livelihood security of older persons in Bangladesh.

OAA also needs to be improved in parallel with the development of UPS. It is necessary to establish a mechanism to ensure that older persons who truly need support are provided with the income security they need, by making the process of selecting those eligible for OAA more transparent, raising benefit

levels and coordinating with other social security schemes.

2) Welfare services for older persons

With the ageing of the population, there is a growing need for welfare services for older persons in Bangladesh. However, the public service delivery system is extremely fragile due to government budgetary constraints and lack of human resources. Furthermore, as noted by the aforementioned RIC, there is a lack of comprehensive information on older persons and a lack of basic data for effective policy formulation. The following issues need to be addressed in order to build an effective senior welfare system in this context.

First, it is essential to collect and analyses basic data to accurately assess the situation and needs of older persons. Currently, there is a lack of comprehensive information on older persons, making evidence-based policy-making difficult; as the RIC points out, there is an urgent need to conduct comprehensive surveys and clarify the actual living conditions, welfare needs and socio-economic status of older persons.

Second, it is important to understand the actual situation of non-government service providers and to establish a system of cooperation with various actors. In addition to the government, a variety of actors, including private operators and NGOs, are involved in service provision, but the overall picture has not been grasped. Clarifying the roles of these actors and establishing an effective coordination system is key to ensuring the quality and quantity of services within limited resources.

Third, the government needs to improve its understanding of and capacity for the welfare services of older persons and strengthen its service delivery system. While the government itself needs to fulfil its role as a service provider, it also needs to take on the function of coordinating the whole process as diverse actors are involved. To this end, it is first essential to improve the knowledge and capacity of government officials in relation to the welfare of older persons. Then, as suggested by the RIC, dialogue should be held with relevant stakeholders based on the results of a comprehensive survey, the roles of each entity should be clarified, and an effective service delivery system should be established.

Fourth, it is essential to establish an appropriate regulatory environment, including setting standards to ensure the quality of services and developing a system for registration and supervision of service providers. Institutional design is needed to ensure the quality of services while promoting the entry of diverse actors.

Fifth, issues relating to understanding the ageing of society, social participation of older persons, rights protection and gender perspectives have been identified. It is important to accurately assess the reality and severity of these challenges. In the situation survey of older persons, particular attention should be paid to the social environment surrounding older persons, the state of social participation, the actual situation of abuse and rights violations, and in particular the specific challenges faced by older women (e.g. property rights, educational opportunities, economic independence, access to administrative services, discrimination and abuse). A detailed understanding of these aspects will provide the basis for future awareness-raising activities, promotion of intergenerational exchanges, development of rights protection systems and gender-sensitive policy-making.

Addressing these issues in a phased and comprehensive manner will enable the effective establishment and operation of a welfare system for older persons in Bangladesh. To this end, it is important to take the approach of starting with an understanding of the current situation and then considering specific measures through dialogue with relevant stakeholders. In particular, in the first task of understanding the situation of older persons, a comprehensive survey that takes into account all of the above-mentioned perspectives will form the basis for future policy formulation and implementation.

6. Current status and issues related to expansion of welfare services for persons with disabilities and promotion of employment

6.1. Data and overview of persons with disabilities (PWDs)

6.1.1. Data on the number of PWDs

According to statistics from the Disability Information System (DIS) of the Ministry of Social Welfare, the lead agency for the disability sector, there are approximately 3.35 million people with disabilities in Bangladesh²⁰⁰. These statistics are based on the definitions in the Disability Rights Protection Act of 2013.²⁰¹ The law states that “long term or permanent physical, psychological, intellectual, developmental or sensory impairment of a person and the interaction of the perceptual and environmental barriers that hinders their smooth and effective participation in the society on an equal basis with others”. The law divides disabilities into the following 12 categories²⁰².

Table 6-1: Disability Classifications in Bangladesh

No.	Categories	No.	Categories
1	Autism or autism spectrum disorder	7	Hearing disability / impairment
2	Physical disability	8	Deaf blindness
3	Mental illness leading to disability	9	Cerebral palsy
4	Visual disability	10	Down syndrome
5	Speech disability	11	Multiple disability
6	Intellectual disability	12	Other disability

Source: prepared by the research team based on the Bangladesh Disability Rights Protection Act.

The total number of people in the DIS as of June 2024 was 3,355,789, and the distribution of people by type is shown in Figure 6-1²⁰³. Physical disability was the most common type of disability (51%), followed by visual disability (14%), intellectual disability (7%), and multiple disabilities (7%). The data by gender shows that the percentages of males and females are almost the same. People of the third gender are followed by physical disabilities (48%) and then by other types (22%)²⁰⁴.

²⁰⁰ DIS, with the support of the Ministry of Health and Family Welfare and the Jatiyo Protibondhi Unnayan Foundation (National Foundation for the Development of Disabled Persons), has been conducting a national disability survey and compiling a database since 2013. The data is used to issue disability cards and provide disability benefits. The numbers above are the number of people registered as of June 12. The number is updated daily and can be found on the website. (www.dis.gov.bd).

²⁰¹ Bengali Website <https://wwwex.ilo.org/dyn/natlex2/natlex2/files/download/95795/BGD95795%20Ban.pdf>
See the booklet prepared by the Asia Pacific Center on Disability (APCD) for an overview of the law in English. (<https://wwwex.ilo.org/dyn/natlex2/natlex2/files/download/95795/BGD95795%20Booklet.pdf>)

²⁰² In Japan, the Basic Law for Persons with Disabilities classifies persons with disabilities into three major categories: physical disability, intellectual disability, and mental disability (definitions have been revised as a result of amendments). The estimated number of persons with disabilities in each category is 4.36 million for physical disabilities, 1.094 million for intellectual disabilities, and 6.148 million for mental disabilities. (Reference: Cabinet Office White Paper on Persons with Disabilities 2023) <https://www8.cao.go.jp/shougai/whitepaper/r05hakusho/zenbun/pdf/ref.pdf>, last accessed on 13 June 2024

²⁰³ DIS, www.dis.gov.bd, 12 June 2024

²⁰⁴ The 2022 census shows a male population of about 84.1 million and a female population of about 85.6 million, with more females, while the number of men with disabilities is about 3 million and 1.3 million fewer women with disabilities. It is assumed that there is a challenge in ascertaining the number of women in the statistics.

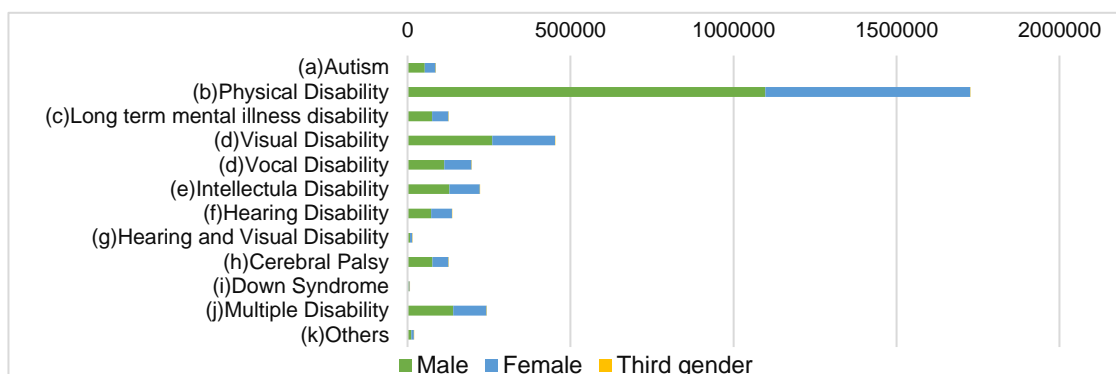


Figure 6-1: Distribution of Number of People by Disability Type

Source: prepared by the research team based on DIS data

On the other hand, the population and housing census conducted by the Bangladesh Bureau of Statistics in 2022 estimates that the percentage of PWDs in the country is 1.09% of the total population (170 million), of which 1.24% are men and 0.94% are women, which is lower than the number indicated in the above DIS²⁰⁵. The National Bureau of Statistics, with the support of UNICEF, will conduct a National Survey on Persons with Disabilities (NSDP) in 2021²⁰⁶, which will report that 2.80% of the total population has some form of disability, which is higher than the DIS figure. The breakdown is 3.28% for males, 2.32% for females, 2.89% for rural areas, and 2.45% for urban areas. By age, 0.83% of children aged 0-4, 2.24% of adults aged 18-49, and 9.83% of the population aged 65 and older report having a disability, with the highest percentage of PWDs in the older age group. The Eighth Five-Year Plan also expresses concern about the trend that children with disabilities are the most vulnerable, while at the same time the proportion of older adults with disabilities is further increasing as Bangladesh's population ages²⁰⁷. The NSDP report attempts to fill the data gap on disability statistics by conducting a large national sample survey of 36,000 households to collect data on key characteristics of disability, considering the six functions of the UN Washington Group²⁰⁸ and the ten goals of the Incheon Strategy²⁰⁹. The survey also takes a different approach to understanding the situation than the definition in the Disability Rights Protection Act, as 7.07% of the total Bangladeshi population indicated that they have functional limitations in at least one of the areas based on the Washington Group Disability Statistics Module²¹⁰.

6.1.2. Date related to Life cycle

Based on the data from the above report on people with disabilities in Bangladesh, this section provides an overview of PWDs and their challenges from the perspective of education, employment, support from the government social safety net, and barriers to social life throughout the life cycle.

²⁰⁵ Report on Socio-Economic and Demographic Survey 2023, BBS (2024)

http://nsds.bbs.gov.bd/storage/files/1/SEDS_2023_Report.pdf, 12 June 2024

²⁰⁶ Report on National Survey on Persons with Disabilities (NSPD), BBS (2022) P.39

²⁰⁷ The Eighth Five-Year Plan, GED (2020) P.769

²⁰⁸ The WG-SS asks whether a person has functional limitations in "vision," "hearing," "mobility," "cognition," "self-care," and "communication" using a short set of six questions, with the goal of obtaining internationally comparable basic information on disability as statistics.

²⁰⁹ The "Incheon Strategy," an action plan for the "Third Asian and Pacific Decade of Disabled Persons" co-proposed by Japan, sets 10 goals related to measures for persons with disabilities, including "reducing poverty and improving labor and employment prospects" and "encouraging participation in political processes and policy making," 27 targets to be achieved within a given period, and 62 indicators to check progress.

²¹⁰ Ibid, P.146

6.1.2.1 Education

The enrollment rate in Bangladesh is 78.2% for primary education, 64.1% for secondary education, and 20.2% for higher education²¹¹. On the other hand, 54.74% of persons with disabilities aged 3 years and older have no access to formal education²¹². In particular, about 70% of children with autism, intellectual disabilities, and deaf-blindness do not have access to education. the percentage (%) of persons with disabilities aged 5 to 24 who received public education in 2021 is shown in Table 6-2. The NSDP report states that the main reasons for those who cannot attend school or have dropped out of school are: no special needs schools in the area (47.73%), family reluctance to attend school (28.07%), economic constraints or poverty (26.80%), and lack of accessible infrastructure for school (13.31%)²¹³. When the research team interviewed NGOs that support school attendance for children with disabilities, they also stated that the school dropout rate is very high due to a lack of accessibility, insufficient awareness of disabilities throughout the community, economic difficulties in schools and parents themselves, and the children's own lack of hope²¹⁴.

Table 6-2: Percentage of PWDs aged 5-24 with formal education in 2021 (%)

Grade	Sum	Male	Female
Primary Education (Grade 1-5)	53.02	53.15	52.84
Secondary Education (Grade 6-12)	37.47	38.09	36.65
Higher Education (Above Grade 12)	9.51	8.76	10.52

Source: prepared by the research team based on NSDP data

6.1.2.2 Employment Status and Support for Employment

66.22% of PWDs between the ages of 15 and 64 are unemployed. Of those employed, 47.59% of men and 12.80% of women are employed by gender, although the percentage of women is very low (Table 6-3). The UN Committee on the Rights of Persons with Disabilities (CRPD) Recommendation states that discriminatory family situations and social practices against women with disabilities, especially those with intellectual and psychosocial disabilities and women with leprosy, need to be eliminated. At the same time, it calls for mainstreaming the rights of women and girls with disabilities²¹⁵.

The percentage of employed PWDs was higher in rural areas than in urban areas (35.55% vs. 25.95%)²¹⁶. The majority of PWDs are self-employed (54.42%), followed by those whose employers are family-owned businesses (18.14%), private organizations (16.37%), and others (7.27%). It should be noted that the percentage of PWDs who received training in employment assistance to PWDs is very limited (2.26% of the total), of which 35.61% received training in computer skills, followed by work in the field of ready-made clothing (15.24%) and handicrafts production (12.361%). Although there is no data on employment by disability type, it was pointed out in interviews with organizations of PWDs that the government's employment support efforts are often targeted at people with physical disabilities, and

²¹¹ Survey on Children’s Education in Bangladesh 2021, BSS(2023) P.xiii

²¹² NSDP 2021,BBS (2022), P.63

²¹³ Ibid, P.63

²¹⁴ Protibondhi Community Centre, See interview memo dated May 13 2024.

²¹⁵ CRPD (2021), P.3

²¹⁶ NSDP 2021, BSS(2022),P.74 It should be noted that Mymeishin, where the survey team visited, has the highest employment rate of PWDs compared to other regions at 41.17%. The reason for the high percentage of employment in rural areas was not specified, but according to an NGO implementing livelihood projects for PWDs in rural areas, they provide assistance in providing cattle and planting seeds, and PWDs are mainly engaged in agriculture.

that there is a lack of employment support for people with intellectual disabilities and other neurodevelopmental disabilities²¹⁷.

Table 6-3: Percentage of PWDs Aged 15-64 by Employment status (%)

Category	Employment Status	
	Employed	Unemployed
Sum	53.15	66.22
Male	47.59	52.41
Female	12.80	87.20
Urban	25.95	74.05
Rural	35.55	64.45

Source: prepared by the research team based on NSDP data

6.1.2.3 Receipt of Disability Allowance

90% of PWDs registered in the DIS receive disability benefits²¹⁸. In the interviews conducted by the research team, both the Ministry of Social Welfare and NGOs indicated that the coverage of DIS registrants in terms of allowance payments is over 90%. 47.42% of both registered and unregistered persons with disabilities have so far received some form of social protection allowance under the government's social safety net program²¹⁹. It can also be seen that overall access to benefits is higher in urban areas than in rural areas. However, the percentage of persons receiving benefits other than disability allowances is low, and more than 50% of PWDs who have not yet registered for disability IDs remain in a situation where they are not receiving benefits.

Table 6-4: Percentage of Disabled Persons by Type of Allowance (%)

Categories	Types of social safety net benefits for PWDs									
	Disability allowance	Stipend	Freedom fighter allowances	Old-age allowances	Widow allowances	Maternity allowance	Food assistance	Test Relief for work	Other allowances	None
Total	33.87	1.09	0.35	8.06	2.02	0.03	4.78	1.38	1.06	52.58
Male	35.47	1.09	0.41	7.03	0.04	0.00	5.25	1.51	1.12	53.26
Female	31.61	1.08	0.27	9.50	4.81	0.06	4.12	1.19	0.98	51.62
Urban	35.02	1.17	0.36	8.33	2.32	0.03	5.11	1.57	1.16	50.61
Rural	29.04	0.74	0.31	6.90	0.73	0.00	3.42	0.55	0.66	50.89

Source: prepared by the research team based on NSDP data

6.1.2.4 Discrimination and prejudice against PWDs

The NSDP report asked households of PWDs and their families whether they had ever felt discriminated against. Overall, 47% of households reported that they had been discriminated against or harassed, but nearly 60% of those with mental, intellectual or multiple disabilities responded more frequently than those with other types of disabilities (30% to 40%)²²⁰. In addition, there were no significant differences by household income status in terms of perceived discrimination. Regarding the question of which object the person with disabilities themselves feel discriminated from, neighbors

²¹⁷ See interview memo with Society for the Welfare of the Intellectually Disabled (SWID) on 7 May 2024

²¹⁸ The disability allowance is 850 TK per month after 2022 (Ministry of Social Welfare website). The process for receiving the allowance is described in 6.3.1 of the main text. <https://dss.gov.bd/site/page/a8c37128-200f-4cfe-9836-1d1ac7737e91/http://www.dss.gov.bd/site/page/a8c37128-200f-4cfe-9836-1d1ac7737e91/%E0%A6%85%E0%A6%B8%E0%A6%9A%E0%A7%8D%E0%A6%9B%E0%A6%B2-%E0%A6%AA%E0%A7%8D%E0%A6%B0%E0%A6%A4%E0%A6%BF%E0%A6%AC%E0%A6%A8%E0%A7%8D%E0%A6%A7%E0%A7%80-%E0%A6%AD%E0%A6%BE%E0%A6%A4%E0%A6%BE>, last accessed on 19 June 2024

²¹⁹ NSPD 2021, BBS (2022), P.106

²²⁰ Ibid, P.120-121

accounted for the largest number of respondents (Figure 6-2).

This is followed by feelings of discrimination and prejudice in their relationships with relatives, family members, friends, and other close contacts in the community. Women are more likely to feel discriminated against by family and relatives in situations of limited social participation, and the CRPD recommendations also note that women and children with disabilities face repeated discrimination and exclusion in the community, making it difficult for them to participate in the community.²²¹

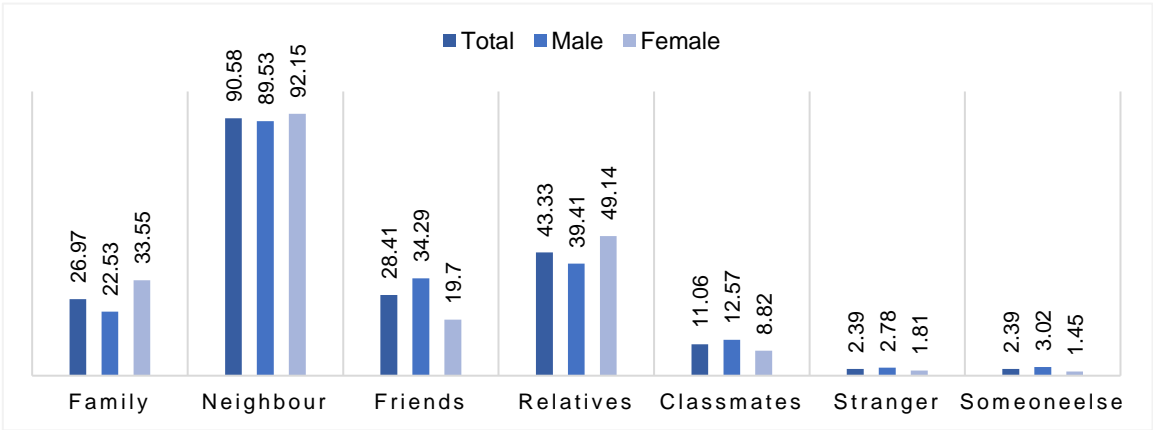


Figure 6-2: Percentage of PWDs who Felt Discriminated against by Any Subject / Organization in the Last 12 Months (%)

Source: prepared by the research team based on NSDP data

6.2. Overview of major laws, policies (strategies) and systems related to PWDs

6.2.1. Disability-related laws

After independence, Bangladesh has developed various laws in the field of PWDs, beginning with the Constitution of the People's Republic of Bangladesh in 1972²²². The Constitution of Bangladesh states that Bangladesh “shall establish equal rights, human dignity, fundamental human rights and social equality for all its citizens. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) was signed on May 9, 2007, and ratified on November 30, 2007. Subsequently, the Disability Rights Protection Act was enacted in 2013 and the Regulation on the Disability Rights Protection Act was formulated in 2015. The Neuro-developmental Disability Trust Act was enacted in 2013, and the implementing regulations for the Act were enacted in 2015; with the 2014 constitutional amendment, consideration for persons with disabilities and prohibition of discrimination were added.

In addition, with the operationalization of the DIS in 2013, the government enacted the Disability Data Access Policy 2021 to make DIS information available to various public and private agencies, the public, and PWDs. As the latest step, the National Disability Development Foundation Bill was passed by the National Assembly in October 2023. The purpose of this bill is to bring the National Disability Development Foundation (NDDF), which was established under the Social Registration Act of 1860, under the current legal framework by incorporating it into an existing organization under the Ministry of Social Welfare. Regarding the disability sector, the NDDF is to take the lead in conducting home

²²¹ CRPD (2021), P.9

²²² MoSW Website <https://msw.portal.gov.bd/site/page/811e90c0-4439-4ad2-9b90-dd0d7c8a66ee>

studies, providing grants and loans, and offering employment opportunities in an effective manner.

The following section describes laws related to PWDs, including laws on education, labor, accessibility, and disaster prevention, based on JICA's 2021 Country Disability Information Survey²²³. In Bangladesh, there are references to and descriptions of PWDs in various laws across sectors, indicating that legislation has been developed.

- Education Laws
 - National Education Act (Bill 3) (National Education Act 21) 2016: A bill that includes an inclusive education perspective but has not been enacted.
 - Compulsory Primary Education Act, 1990: Does not explicitly mention disability, but states that segregated education will be considered if it is considered a special circumstance.
- Labour-related legislation
 - Labor Act, 2006: states that the rights of PWDs in relation to employment are guaranteed.
- Human Rights, Social Security and Social Welfare Laws
 - Children Act, 1974, amended 2013: states that disabled children are included as disadvantaged children.
 - Voluntary Social Welfare Agencies (Registration & Control) Ordinance, 1961: Registration and control of NGOs and volunteers working in social welfare and other fields.
- Accessibility Laws
 - National Building Code, 2017: describes the concept of universal design
- Laws related to disaster prevention
 - Standing Orders on Disaster 2728, 2010, 2019²²⁴ : describes specific activities from disaster preparedness to dealing with PWDs during and after disasters.

6.2.2. Disability-related policies (strategies), programs, and budget allocations

6.2.2.1 National Policy and Strategy

Ministry of Social Welfare and other ministries have defined an action plan based on the Eighth Five-Year Plan (2020-2025)²²⁵. Currently, In the area of persons with disabilities, the plan states that "persons with disabilities must be included in the development process, and the government will promote and protect their rights and facilitate their full participation in social, political and cultural life" and presents the following strategies to be addressed over the next five years²²⁶.

²²³ JICA's 2021 Country Disability Information Survey Bangladesh, JICA (2021) P.8-11

²²⁴ SOD 2019, and MoDRR (2020) includes a description of inclusive disaster reduction along with specific initiatives, which is in line with the Sendai Framework for Disaster Reduction.
https://modmr.portal.gov.bd/sites/default/files/files/modmr.portal.gov.bd/policies/7a9f5844_76c0_46f6_9d8a_5e176d2510b9/SOD%202019%20_English_FINAL.pdf, 13 June 2024

²²⁵ In addition, the Sixth Five-Year Plan (2011-2015) aims to remove legal barriers and create an environment that can improve the welfare of PWDs, and the Disability Rights Protection Act in 2013, was enacted. The law prohibits discrimination against PWDs by educational institutions, companies, and other organizations. The Seventh Five-Year Plan (2016-2020) was an outcome of the development of the National Policy for Persons with Disabilities (2012-2020), with the implementation of these regulations and the development of a supportive environment for PWDs as a social inclusion strategy.

²²⁶ The Eighth Five-Year Plan, GED(2020) P.778-779

- The National Coordinating Committee on the Rights of Persons with Disabilities will be strengthened to monitor and coordinate the activities of various ministries/departments in implementing the Disability Rights Protection Act of 2013.
- The government will seek to expand disability benefits. A mechanism will be established to identify children with disabilities (not only those with physical disabilities, but also those with severe autism and intellectual disabilities).
- Ensure that the current disability benefits administered by the Ministry of Social Welfare can be routinely transferred to all citizens who are severely disabled, poor and vulnerable.
- The Ministry of Social Welfare will review disability benefits to ensure access to vocational training and small businesses for PWDs and to eliminate discrimination in the labor market.
- Cooperation between the government, NGOs and the private sector in the education of children with disabilities will be promoted and teacher training will be improved.
- In the health sector, strengthen early detection of disability symptoms and provide rehabilitation, implement nutrition programs for pregnant women, strengthen professionals dealing with disability issues, and implement welfare tools and equipment services in regional centers.
- Improve physical accessibility and access to information and communication for all PWDs.
- Promote the participation of PWDs in society. Specialized support services, assistive devices and job modifications may be necessary, but more important is the recognition of the right to decent work.

The NSSS and its Action Plan formulated in 2015 and the NSSS midterm review issued in 2020 also indicate the direction, status, and challenges of the disability sector policies currently emphasized by the Government of Bangladesh²²⁷. In particular, the expansion of allowances for PWDs, the expansion of support for children with disabilities, and the strengthening of employment support are the pillars of the policy (Table 6-5). As disability allowances represent a large proportion of the measures in the social security strategy, including the budget and the number of beneficiaries, understanding the situation of PWDs and improving assessments have been identified as bottlenecks. In addition, efforts to mainstream persons with disabilities and to improve accessibility in various policies have been assessed as lagging behind.²²⁸

Table 6-5: NSSS Disability Policy Goals, Current Status and issues

Goals of NSSS	Status	Issues
Expansion of disability benefits	The number of beneficiaries has more than doubled since 2015, with a budget of 24.2 billion TK in 2023. The establishment of the DIS system has facilitated the clarification of benefit eligibility.	It is estimated that nearly 400,000 to 500,000 people still do not have access to services.
Strengthening Support for Children with Disabilities	The selection criteria for the payment of allowances to children with disabilities are still based on the income of the household.	There is an inadequate system for monitoring the development of each disabled child from a long-term perspective based on the life cycle.

²²⁷ Midterm Implementation Review of the National Social Security Strategy, Cabinet Division and GDE (2020), P95-110

²²⁸ Cabinet Division and GDE (2020), P15

Goals of NSSS	Status	Issues
Improved support for people with severe disabilities of working age	It was estimated that 1.6 million people would be severely disabled in 2020, but benefits have not been extended.	The manual for the certification of disability, including the criteria for determining the degree of disability, is not sufficiently developed.
Promoting employment support	Several skill-building programs have been established for people with physical and neurodevelopmental disabilities.	There is a lack of integrated programs for vocational training, support for businesses in employing people with disabilities, and prohibition of discrimination in the labor market.

Source: prepared by the research team based on NSSS/Action Plan

6.2.2.2 Social security programs and budget allocation

Under these policies, the amount of disability benefits in the disability sector has been increasing over the years, and the number of beneficiaries has been increasing accordingly (Figures 6-3 and 6-4). In addition, the budget for disability-related programs in the 2023-2024 national budget for social security programs is about 36 billion TK, or 0.47 percent of the total budget. And while the program allocates a budget specifically for the poor in the form of disability allowances, disability benefits account for 7% of the total social safety net budget (cash transfers).

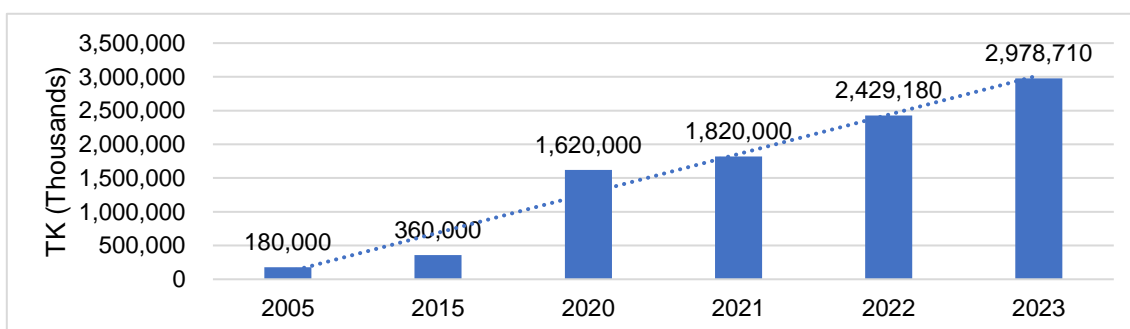


Figure 6-3: Annual Budget Trends for Disability Benefits among Social Security Programs

Source: prepared by the research team based on data from MoF

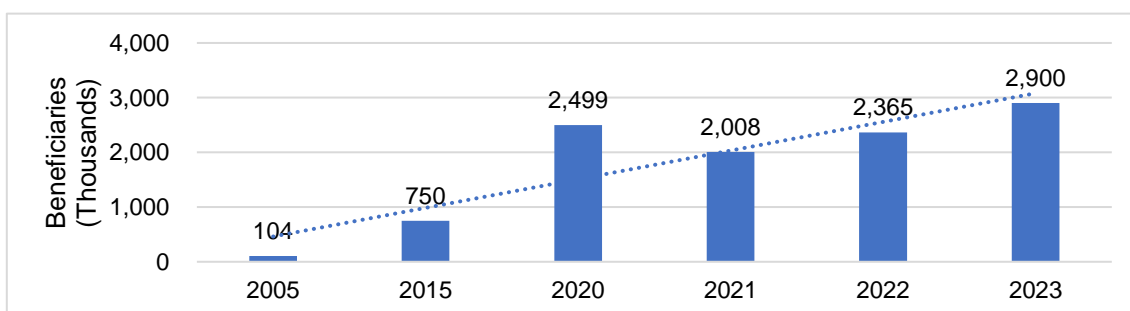


Figure 6-4: Trends in the Number of Beneficiaries of Disability Benefits among Social Security Programs

Source: prepared by the research team based on data from MoF

Specifically, the government has allocated budgets for the following six projects under the Social Safety

Net Program²²⁹. (a) allowances for persons with disabilities in financial need (monthly cash transfers); (b) scholarships for students with disabilities; (c) grants for schools for persons with disabilities; (d) funds for the Neurodevelopmental Disabilities Development Trust; (e) one-stop service centers for persons with disabilities; and (f) development projects (establishment of the National Autism and Neurodevelopment Academy, construction of a sports complex for persons with disabilities) (Figure 6-5). (f) development projects, especially the construction of a sports complex, followed by (b) scholarships. With such a budget allocation, it is assumed that the budget will be limited in implementing the goals set out in the NSSS, and the final report of the CRPD (2022) indicated that the budget allocation for disability mainstreaming should be reconsidered²³⁰. On the other hand, the disability allowance, which accounts for 80% of the budget, has also been called for an increase, as persons with disabilities have expressed that the amount is too low for their daily lives.

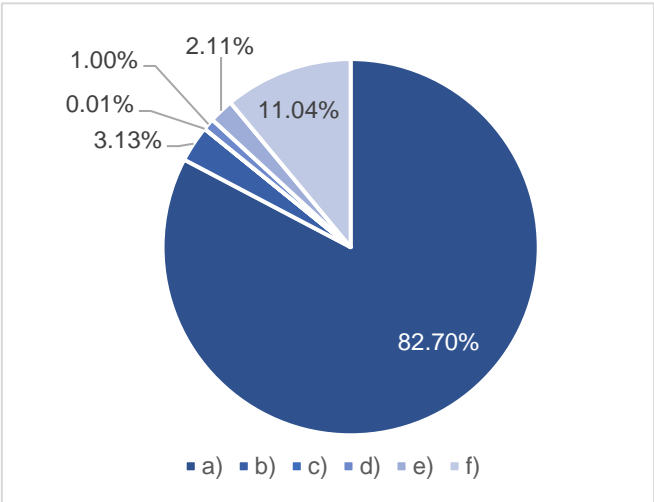


Figure 6-5: Percentage of the Budget Allocated to the Disability Sector in the Social Security Programs
 Source: prepared by the research team based on data from MoF

6.2.3. Government agencies in the sector of PWDs

The following is a list of the main government organizations involved in the laws and measures in the sector of persons with disabilities described in the previous section. First, the Ministry of Social Welfare is responsible for coordinating relevant agencies across ministries and implementing measures in accordance with the Disability Rights Protection Act 2013. In addition, this law established five committees on the rights and protection of PWDs at the central and local levels, with the participation of other relevant ministries and organizations and a cross-sectoral approach.

- 1) National Coordination Committee: chaired by the Minister of Social Welfare, responsible for coordinating all disability-related efforts of the Government of Bangladesh. The committee advises the government on harmonizing national laws with the UNCRPD. The committee consists of 28 representatives from other ministries and organizations of PWDs.
- 2) National Executive Committee: chaired by the Undersecretary of the Ministry of Social Welfare, it

²²⁹ Social Security Programs FY2023-2024, Ministry of Finance (2023)
https://mof.portal.gov.bd/sites/default/files/files/mof.portal.gov.bd/page/a8e415d0_c5f2_4d5a_8c7c_bcd8beb88140/Social%20Security%20Programs_English_2023-24.pdf

²³⁰ CRPD (2021),P4,10-15

implements the decisions adopted by the National Coordination Committee.

- 3) District Committees: coordinate and monitor the activities of the upazila and city level committees in accordance with the decisions of the National Coordination Committee and the National Executive Committee.
- 4) Upazila Committees: coordinate and monitors the program at the upazila level.
- 5) City Committee: chaired by the head of the City Corporation, this committee monitors the government programs related to disability in the region.

As government agencies under the Ministry of Social Welfare, three organizations are responsible for major operations in the disability sector: the NDDF, the Neuro Developmental Disability Protection Trust (NDDPT), and the DSS. The DSS is one of the departments within the Ministry of Social Welfare responsible for the provision of disability allowances and educational grants. The roles and services of these organizations are described again in Section 6.3.1.

6.3. Current status and the problems of the social services for PWDs

6.3.1. Services provided by government agencies

6.3.1.1 Services provided by the National Disability Development Foundation (NDDF)

The NDDF, also known as the Jatiyo Protibondhi Unnayan Foundation ²³¹, was established in 1999 and its activities/services and the issues presented in the survey are shown in Table 6-6²³².

Table 6-6: List of Services and Issues in NDDF

Category	Activities/Services (2022-2023)	Issues ²³³
(1) Improving the quality of life for PWDs	<ul style="list-style-type: none"> • Therapy provided at 211 one-stop service centers (Protibondhi Seba "O" Sahajjo Kendra: PSOSK) across the country. • Therapy provided through mobile therapy vans in remote areas (40 vans nationwide) • Distribution of free welfare equipment (60,340 units per year) • Provided counseling at Autism Resource Centers (free of charge) • Supervision of PSOSK and mobile therapy van services • Foster home for children with disabilities for children without relatives (20 children per year) • Providing accommodation (20 rooms each for men and women) for people with disabilities working in Dhaka (30 people per year) • Organize job fairs for PWDs (2016-2021). (Cancelled due to COVID-19) • Providing small loans/livelihood grants (None in 2023) 	<ul style="list-style-type: none"> • Improving access to PSOSK: Users can receive various services at PSOSK, but the number of PSOSK is insufficient. It has been decided to install them in all Upazila (422 locations) in the future, but accessibility for users needs to be further considered. • Lack of human resources to maintain and manage welfare equipment after free distribution. • Insufficient support for employment support for PWDs
(2) Providing special education and financial incentives to children with disabilities	<ul style="list-style-type: none"> • Provision of special education to children with disabilities (11,000 children) • Special School activities for Children with Autism (12 schools nationwide, 160 children) • Providing financial incentives to visually impaired meritorious students (100 students) 	<ul style="list-style-type: none"> • There are 74 special schools in Bangladesh and NGOs like BPA, SWID, etc. are running them with NDDF funds but the number of schools and teachers is still insufficient.

²³¹ The Jatiyo Protibondhi Unnayan Foundation is the same organization as the NDDF and is sometimes referred to as the Foundation in government documents.

²³² NDDF(2023), NDDF Annual Report 2022-2023

²³³ Based on interviews at the Ministry of Social Welfare, NDDF, PSOSK, NGOs, etc.

Category	Activities/Services (2022-2023)	Issues ²³³
	<ul style="list-style-type: none"> • Providing financial incentives to speech and hearing-impaired meritorious students (35 students) • Monitoring the activities of disability schools 	
(3) Project formulation and implementation	<ul style="list-style-type: none"> • Infrastructural implementation of sports complex construction project for PWDs • Construction of Goleja Khatun School for the intellectually disabled (to be approved in June 2024) • Establish a computer lab and implement a training program for people with disabilities (plan to be approved in June 2024) 	
(4) Institutional capacity building	<ul style="list-style-type: none"> • Skills development training for NDDF staff (9 times per year) • Skills development training for staff, including PSOSK clerical staff (national and international) (9 times per year) • Recruitment of new NDDF staff, recruitment of new PSOSK staff (end of June 2024) • Workshops on Protection of Rights of Persons with Disabilities Act 2013 (4 times per year) 	<ul style="list-style-type: none"> • Insufficient number of training courses for staff and professionals • Insufficient staffing: of the 211 PSOSK sites nationwide, only 10-12 have occupational therapists (OTs) and 7-8 have speech-language pathologists. • Materials must be updated

Source: prepared by the research team based on NDDF Annual Report 2022-2023

6.3.1.2 Neuro Developmental Disability Protection Trust (NDDPT)

NDDPT was established in 2014 by the Neurodevelopmental Disabilities Protection Trust Act of 2013 to improve the quality of life for people with autism, Down syndrome, intellectual disabilities and cerebral palsy and their caregivers. The activities/services provided by NDDPT and the issues identified in the survey are listed in Table 6-7²³⁴.

Table 6-7: List of Services and Issues in NDDPT

Category	Activities/Services (2022-2023)	Issues ²³⁵
(1) Improving the standard of life and rehabilitation of people with neuro-developmental disabilities	<ul style="list-style-type: none"> • Provides one-stop medical information and education workshops (200 participants per year) • Provides financial assistance for medical support (2,000 recipients per year) • Registration of voluntary organizations interested in NDDPT initiatives • Provided health insurance to reduce health risks for people with neurodevelopmental disabilities (504 recipients) • Providing residential rehabilitation for children/adults with characteristics of autism and neurodevelopmental disabilities (NDD) (Bogoda and Brahmanbaria Districts) • Organizing meetings/workshops with stakeholders to finalize special curriculum • Publication of newsletter to promote NDDPT activities and provide information to various stakeholders 	<ul style="list-style-type: none"> • Need to further improve health care for people with NDD • Need to strengthen cooperation with medical care • Few opportunities for employment support and no place to support independence and livelihood after the death of a parent • Insufficient funds to purchase welfare/medical equipment
(2) Institutional capacity building	<ul style="list-style-type: none"> • Capacity building training for NDDPT staff (45 hours per year) • Recruitment of new NDDPT staff (end of June 2024) • Implementation of the project "Autism and Neuro Developmental Disability (NDD) Service Centers" (14 centers across the country providing 17 different therapies for people with autism and NDD) 	<ul style="list-style-type: none"> • Insufficient training for staff and professionals • Almost no opportunities to support independence and livelihood.

²³⁴ NDDPT (2023), NDDPT Annual Report 2022-2023

²³⁵ Based on interviews with the Ministry of Social Welfare, NDDPT, NGOs, etc.

Category	Activities/Services (2022-2023)	Issues ²³⁵
	<ul style="list-style-type: none"> Draft development project document to establish residential support facilities in 8 Districts (end of June 2024) 	
(3) Implementation of training programs	<ul style="list-style-type: none"> Provide training for children/parents/caregivers with NDD (360 participants per year) Train special education schoolteachers (300 participants per year) Provide orientation courses/workshops for children/parents/guardians with NDD (200 participants per year) Orientation courses/workshops for special education teachers (200 participants per year) Training for caregivers of children/adults with NDD (to be conducted) 	<ul style="list-style-type: none"> Insufficient resource persons for trainers Insufficient updating of training content, including psychosocial support

Source: prepared by the research team based on NDDPT Annual Report 2022-2023

6.3.1.3 Department of Social Service (DSS)

The main operations in the disability sector are the provision of disability allowances and schooling subsidies, and the operation of a nationwide disability detection survey and DIS. Other operations include the operation of an institution for mentally handicapped children in Chittagong (established in 1978) and a vocational training and employment rehabilitation center for the physically handicapped in Tongi (established in 1978). These rehabilitation centers are mainly for the visually impaired.

In the provision of disability allowances, the first step is the issuance of a disability ID; in 2013, in collaboration with the Directorate General of Health Services of the Ministry of Health and Family Welfare, the type and level of disability is detected by a designated doctor and consultant. The information of persons with disabilities is then stored in a database along with the issuance of IDs. The PSOSK in each region is the contact point for ID registration, and the USSO is the contact point for allowance disbursement.

6.3.1.4 Service usage flow

In order to receive services from the above-mentioned government agencies, users are required to visit a PSOSK located in the District or Upazila (Figure 6-6). PSOSK's services are verified by a physiotherapist at the center to the people with disabilities, and the registration of a disability ID is based on a mandatory visit to a government medical institution, which is then reported to the Ministry of Social Welfare by the person himself/herself. The government policy is to improve services for PWDs and aims to increase the number of PSOSKs with one-stop service functions to 422 locations. On the other hand, organizations of PWDs and NGOs have raised the following issues: accessibility is an issue for users and PWDs are reluctant to go for consultations; PWDs with medical needs find it difficult to use the service due to lack of coordination with local hospitals and clinics; services for adult neurodevelopmental disorders are inadequate; and there is insufficient awareness of the services among the persons concerned, related institutions and the community²³⁶.

²³⁶ See the meeting minutes

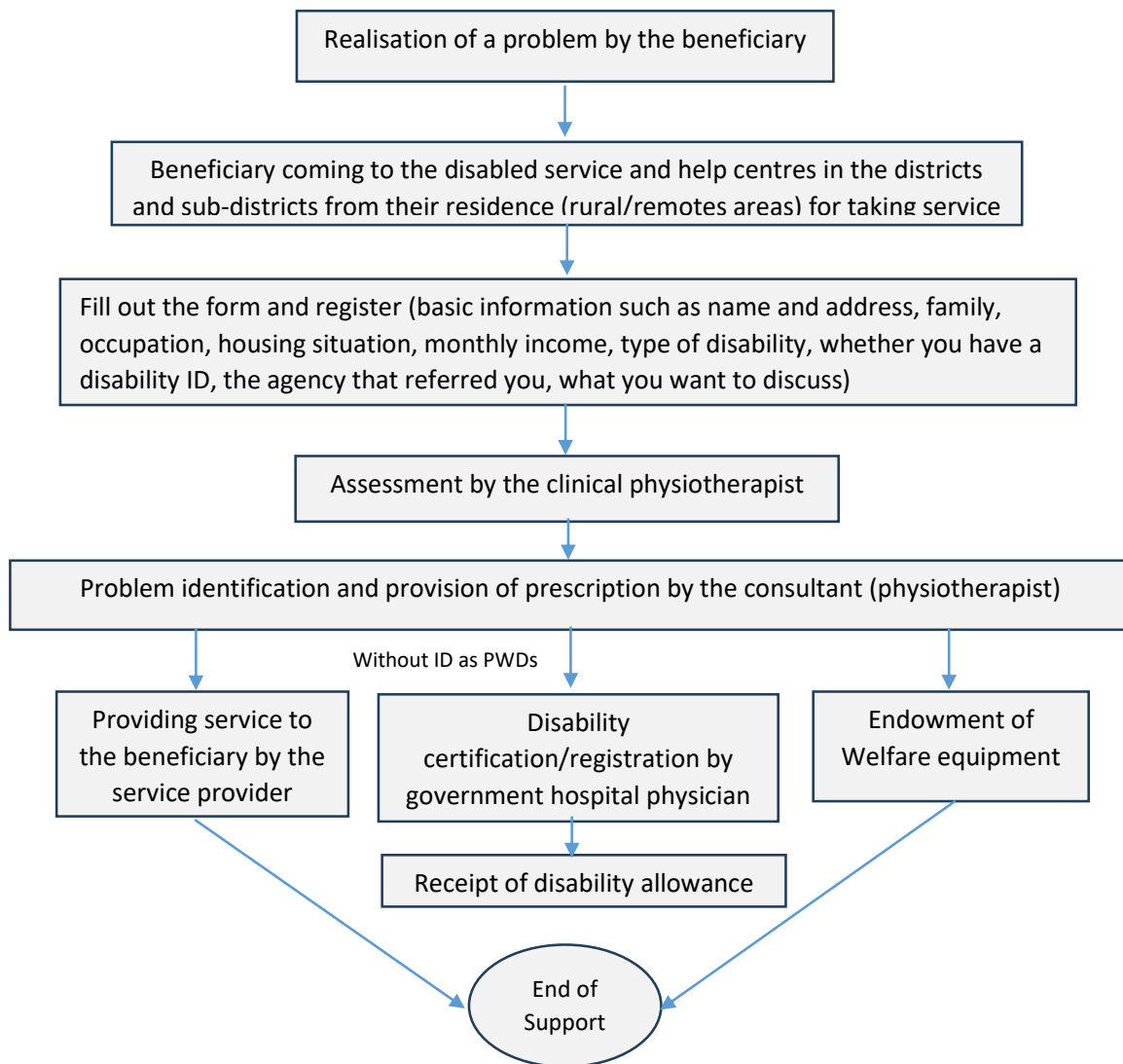


Figure 6-6: Service Usage Flow

Source: prepared by the research team based on NDDF Annual Report 2022-2023²³⁷

6.3.1.5 Interagency Initiatives or Cooperation

The Ministry of Social Welfare takes the lead in formulating policies and providing services in the area of disability, but the Bangladesh government has a policy of mainstreaming disability and other ministries are also involved in this area. This section describes the activities and services provided by ministries other than the Ministry of Social Welfare or in collaboration with other ministries in the areas of health, education, employment, disaster prevention and accessibility.

1) Disability and health care services

The first collaboration with the Ministry of Health and Family Welfare is in disability certification and the operation of the DIS. There is also the Medical Social Services Program, which began with the assignment of medical social workers to national hospitals at the initiative of the MoSW DSS; it began in 1961 and currently has hospital social service offices in 533 national and private

²³⁷ NDDF Annual Report 2022-2023, NDDF(2023)

hospitals²³⁸. PWDs are included in the program's services and can ask about disability benefits and other services when they visit a hospital. During our visit to the USSO in Shodor District, Mymensingh Province, it was reported that a Hospital Social Services Office has been established in the Mymensingh Medical College and that they are working together.

While disability certification is carried out by government-designated medical institutions, guidelines for primary health care certification have been developed by the Ministry of Health and Family Welfare (MOHFW)²³⁹. For mental health, the Ministry of Health and Family Welfare, together with WHO, is leading the development of the Strategy and Work Plan for Community-Based Activities in Mental Health 2006-2015²⁴⁰. The Mental Health Act was enacted in 2018 and the National Mental Health Strategic Plan 2020-2030 was developed in 2020²⁴¹. This strategic plan describes the implementation of service provision and capacity building of professionals in mental health, including neurodevelopmental disorders, in collaboration with the Ministry of Social Welfare, including the budget. In addition, the government participated in the WHO's Mental Health Special Initiative and opened mental health centers in 19 locations in March 2024.

2) Disability and education

As shown in Table 6-6 above, the Ministry of Social Welfare is the lead agency for special schools. On the other hand, the Ministry of Primary and Mass Education aims to promote the inclusion of persons with disabilities at the primary level, and the Ministry of Education at the secondary and tertiary levels. The legal system in the education sector is well developed in accordance with the Convention on the Rights of the Child and UNCRPD. Due to the limited number of special schools, more children with disabilities are enrolled in regular classes than in special schools, and more support is needed in regular classes. The 2018 Fourth Primary Education Development Program (PEDP4)²⁴² also states that children with special educational needs and disabilities should have access to primary education in regular primary schools. On the other hand, there are various challenges in implementing inclusive education, such as formulating a curriculum tailored to the level of disability of children with disabilities, training teachers, providing universally designed school facilities and welfare equipment, and outreach to children with disabilities²⁴³. UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO) are implementing Disability Inclusive Education in Bangladesh. UNESCO is implementing a program from 2022 to 2025 to promote inclusive education by supporting policy and planning, curriculum and textbook development, and teacher training. In addition, the U.S. Agency for International Development (USAID) has implemented the READ (Reading Enhancement for Advancing Development)

²³⁸ MoSW dss.pirgonj.rangpur.gov.bd/en/site/page/হাসপাতাল-সমাজসেবা-কার্যক্রম, 20 June 2024

²³⁹ MoHFW (2019), Guideline for Medical Doctors and Primary health care workforce [https://old.dghs.gov.bd/images/docs/Other_Publication/2018-19-](https://old.dghs.gov.bd/images/docs/Other_Publication/2018-19-Defining_Disability_A_Guideline_for_Medical_doctors_and_Primary_Health_Care_Workforce.pdf)

[Defining_Disability_A_Guideline_for_Medical_doctors_and_Primary_Health_Care_Workforce.pdf](https://old.dghs.gov.bd/images/docs/Other_Publication/2018-19-Defining_Disability_A_Guideline_for_Medical_doctors_and_Primary_Health_Care_Workforce.pdf)

²⁴⁰ WHO(2006) <https://extranet.who.int/mindbank/item/3763>, last accessed on 20 June 2024.

²⁴¹ MoHFW (2020)

https://dghs.portal.gov.bd/sites/default/files/files/dghs.portal.gov.bd/notices/e27171cb_a80b_42d4_99ad_40095adef31b/2022-08-16-08-42-af8622e2c4936593dd45601b84f4920f.pdf, last accessed on 20 June 2024.

²⁴² PEDP4, Department of primary education (2018).P5, SKM_36719082914560 (portal.gov.bd), last accessed on 20 June 2024.

²⁴³ Majid Turmusani(2024) <https://dcidj.uog.edu.et/index.php/up-j-dcbrid/article/view/481>

Program (2015-2018) and the SHIKHON (Strengthening Household Ability to Respond to Development Opportunities) Program (2015-2022), which worked with NGOs to reduce poverty and implement inclusive education, including for children with disabilities. Currently, under the Shobai Miley Shikhi Project (2022-2027), USAID is supporting primary education and inclusion of people with disabilities by improving accessibility for all students. The Shobai Miley Shikhi project (2022-2027) is actively involved in improving infrastructure, training teachers, and providing special-needs materials to all students, including learners with disabilities, in order to improve accessibility²⁴⁴.

3) Disability and employment support

Employment support for PWDs is provided not only by the Ministry of Social Welfare, but also by other government agencies. First, the National Skills Development Authority (NSDA), with support from the ILO and the EU, is implementing a technical upgrading program in TVET and developing a National Technical Development Plan 2020²⁴⁵. The plan includes: 1) implementing a disability inclusion strategy; 2) improving training facilities for trainees with disabilities; 3) training institution staff to communicate with trainees with disabilities; 4) encouraging private sector employers to make special provisions for PWDs in their employment; 5) developing a curriculum adapted to the skills and occupations of PWDs; and 6) providing reasonable accommodation. 6) providing reasonable accommodation; and 7) providing guidance on vocational training and job placement opportunities. In addition, the ILO and Canada supported a program²⁴⁶ to promote the establishment of a 5% quota for PWDs in general vocational training institutions in the public and private sectors (49 polytechnic centers and 38 technical training centers) under the responsibility of the Technical Education Committee of the Ministry of Education, but this program has now been transferred to a separate gender mainstreaming project. The program is now being transferred to another gender mainstreaming project.

The Bangladesh Computer Council (BCC), Information and Communication Technology (ICT) Division of the Ministry of Telecommunications and Information Technology (MICT), has also contracted with a NGO of PWDs to organize job fairs for youth with disabilities and to operate a job portal website, Emporia (<https://emporia.bcc.gov.bd/>)²⁴⁷. The software is designed to be easy for PWDs to use and offers 40 online training courses. In addition, 130 employers (e.g. call centers) have registered on the platform. Already, 70 persons with disabilities have found jobs through the platform, and a visually impaired woman in a rural area has found a job through ICT and is living an independent life at home²⁴⁸.

Since 2012, the Ministry of Human Resources has established a 10% quota for the employment of persons with disabilities for civil servants at position levels 1 to 4, both orphans and persons with

²⁴⁴ Review of disability inclusive education in USAID Asia education, USAID(2022) https://pdf.usaid.gov/pdf_docs/PA00ZRM2.pdf

²⁴⁵ National Skills Development Policy 2020, NSDA(2020) 2020-12-21-14-24-8c85b4482cf8516df94dd6471eaf30a4.pdf (portal.gov.bd)

²⁴⁶ ILO(2017) <https://www.ilo.org/publications/disability-inclusion-bangladesh-skills-system>, last accessed on 20 June 2024.

²⁴⁷ CSID <https://www.csid-bd.com/p/our-work>, last accessed on 20 June 2024.

²⁴⁸ Based on Interviews by survey team

disabilities, and a 1% quota for the executive level. In the private sector, on the other hand, no quota system has been introduced. In response to this situation, the Bangladesh Employers' Association, in cooperation with the ILO, has prepared a leaflet to promote employment of persons with disabilities, and the Keya Group, a garment and cosmetics company, has employed 800 persons with disabilities²⁴⁹.

4) Disability and Accessibility Improvements

As indicated in 6.2.1, although laws and guidelines have been developed to protect the rights of persons with disabilities and universal design, the final recommendations of the CRPD include the following points regarding accessibility. (a) There are no specific strategies to further promote accessibility guidelines for public facilities, physical accessibility, information and communication technologies and systems, public and private websites, and facilities and services open or provided to the general public; (b) These accessibility standards lack inclusive participation of representatives of persons with disabilities in their design, implementation and monitoring²⁵⁰. The government has indicated that it is promoting the installation of ramps for persons with disabilities in the National Museum, Parliament, National Stadium, Dhaka University and many other private buildings. However, physical accessibility has not improved and remains a major barrier for persons with disabilities to access services²⁵¹.

Recently, the accessibility of information and communication technology has been improved. The Digital Service and Web Designing Guideline for Inclusive Accessibility 2022 has been developed by the Information and Communication Technology (ICT) Division of the Ministry of Communication and Information Technology (MCIT)²⁵². In addition, the Cabinet Office and the ICT Division of MCIT, in collaboration with UNDP, launched an organization called a2i in 2023 under the agenda of Smart Bangladesh 2041²⁵³. One of its activities is to ensure accessibility for PWDs through ICT. In addition, ADB has launched a program to introduce assistive technologies to improve accessibility in the South Asia region, and Bangladesh is included as a target country.

5) Disability and disaster prevention

The disaster management sector is led by the Ministry of Disaster Management and Relief, and the National Disaster Management Plan 2021-2025²⁵⁴ states that current national disaster management systems and mechanisms need to be implemented in an inclusive manner, as PWDs, especially women and children, are often overlooked. For example, disaster management committees at the local level are responsible for identifying persons at high risk of facing natural disasters because of their disabilities, disseminating warnings and safety messages, and evacuating at-risk groups to ensure their safety. In addition to evacuation, it has recently been pointed out that disasters are

²⁴⁹ Bangladesh Employer Federation & ILO wcms_345682.pdf (ilo.org), 2024 年 6 月 20 日 閲覧

²⁵⁰ CRPD (2021)

²⁵¹ JICA's Dhaka Urban Transport Improvement Project in Bangladesh (Grant Aid) adopts accessible and universal design to integrate people with disabilities.

²⁵² ICT Division (2022) Digital-Service-and-Web-Designing-Guideline-for-Inclusive-Accessibility-2022-অনুসরণের (ictd.gov.bd), 20 June 2024

²⁵³ A2i <https://a2i.gov.bd/>, 20 June 2024

²⁵⁴ MoDMR (2020) NPDM2021-25 DraftVer5_23032020.pdf (portal.gov.bd), 20 June 2024

increasing due to climate change, and that it is important for risk management that PWDs themselves participate in disaster management planning, etc²⁵⁵. The Ministry of Social Welfare is supposed to play a role in the above disaster management plan by implementing safety net programs and promoting mainstreaming of disability in disaster management.

6) Disability and sports

The Ministry of Social Welfare is currently building a sports complex for PWDs with football, cricket, swimming and other sports facilities; the CRPD recommendations also highlight the importance of cultural and sports activities²⁵⁶. The Ministry of Youth and Sports also provides sports training to 600 children with disabilities annually, especially those with autism and neurodevelopmental disorders²⁵⁷. In addition, the Bangladesh Special Olympics, under the Ministry of Youth and Sports, sends Bangladeshi athletes to international competitions every year, and it is said that the number of medals won by Bangladeshi athletes is more than that of the Olympics.

6.3.2. Services provided by NGOs

NGOAB registers NGOs operating in Bangladesh. 2623 organizations are registered as of May 2024²⁵⁸. Of these, DSS manages the registration of NGOs in the disability sector, with 63 organizations registered²⁵⁹. The National Forum of Organizations Working with the Disabled (NFOWD), a network of organizations of people with disabilities, and other NGOs have traditionally played a major role in the field of people with disabilities. This section summarizes the services for PWDs and the issues currently facing PWDs as reported by each organization based on interviews with the three organizations and support groups shown in

Table 6-8: Activities of NGOs Interviewed

Centre for Services and Information on Disability (CSID)	
Organization overview	An organization of people with disabilities founded in 1997. The president, Mr. Alam, who himself has a lower limb disability due to polio, has an office in Dhaka. Currently, the organization has 87 staff members, some of whom work for the organization. It has nearly 9,000 members, mostly parents of children with disabilities. Website : Centre for Services and Information on Disability (CSID) - Centre for Services and Information on Disability (CSID) (csid-bd.com)
Main activities	<ul style="list-style-type: none"> • Improved information accessibility, employment support in the ICT sector (EMPORIA), job coach support • Community-based rehabilitation support • Protection and awareness raising for children and women against GBV in 35 Districts • Capacity building training on supporting for children with disabilities for social workers in the Ministry of Women and Children and the Ministry of Social Welfare • Advocacy and dissemination of research papers (available online) Mr. Alam is a member of International Disability Alliance (IDA) and Asia Pacific Disability Forum (APDF), and has participated in many international conferences and meetings.
Society for the Welfare of the Intellectually Disabled (SWID)	
Organization overview	SWID is an organization for people with cerebral palsy, Down syndrome, and communication and behavior disorders, founded in 1977; Executive Director Monir has three children, one with Down

²⁵⁵ Study on Disability inclusive Climate Change Adaptation (DiCCA), CBM(2022)
CBM_Final_Report_on_DiCCA_2022.pdf

²⁵⁶ CRPD (2021),P9

²⁵⁷ MoF (2023) 136_Youth and Sports_English.pdf (portal.gov.bd)

²⁵⁸ Cabinet office Bureau of NGO <https://ngoab.gov.bd/site/page/3de95510-5309-4400-97f5-0a362fd0f4e6/List-of-All-NGO>, 23 June 2024

²⁵⁹ NDDF(2024)

	<p>syndrome and one with autism. More than half of the members are parents of children with disabilities, and the rest are professionals and others. The 40-member staff includes psychologists, physiotherapists and speech pathologists, and there is a rehabilitation room with welfare equipment on the first floor of the office. The office employs 20 people with intellectual and mental disabilities, is a member of the Asia Pacific Disability Forum (APDF), participates in many international conferences, and has a connection with Japanese organizations for people with disabilities.</p> <p>Website : SWID Bangladesh – Society for the Welfare of the Intellectually Disabled, Bangladesh (wordpress.com)</p>
Main activities	<ul style="list-style-type: none"> • Support for parents and caregivers based on volunteer organizations. Many people with disabilities are cared for by their families rather than in institutions, so the focus is on these multi-site efforts • Operates 54 special schools (funded by tuition fees and grants from the Ministry of Social Welfare) • Therapeutic support for mentally retarded children and people with intellectual disabilities • Pre-employment skill development programs, job matching and post-employment support • Advocacy
Protibondhi Community Centre (PCC)	
Organization overview	<p>Founded in 1966. It is based on a Christian organization and has an office in Mymensingh. It has 21 projects, including those for PWDs, ethnic minorities, and sexual minorities. It also receives grants from the Ministry of Social Welfare.</p> <p>Website : Protibondhi Community Centre (pccbd.org)</p>
Main activities	<ul style="list-style-type: none"> • Support for children with disabilities to attend school and organize cultural events • Therapeutic services for PWDs • Support for improving the income of PWDs • Support for distribution and repair of wheelchairs and other assistive devices

Source: prepared by the research team based on interviews

The above-mentioned NGOs provide services to the society in support of PWDs under the contract for subsidized projects from the Ministry of Social Welfare, and at the same time the NGOs provide their own services to PWDs. In particular, the NGOs are responsible for creating horizontal links between parents and parties involved with PWDs and for providing places for counselling. In addition, families consider the independence of PWDs as a critical issue, and NGOs provide support for school enrollment and employment, respectively. Persons with disabilities themselves, as advocates, take the initiative in developing employment opportunities and provide post-employment support as job coaches. In addition, many NGOs are linked with international disability organizations and researchers who compare the disability support system in Bangladesh with that in other countries and disseminate the results. The following is a list of issues related to institutional system, service delivery system, users and social participation that have been raised by NGOs during these practices.

Table 6-9: Issues raised by NGOs in Each Area

Category	Issues
Institutional Systems, Policy Implementation	<p>While laws and systems are being developed, policy implementation in the ministries is limited. The Ministry of Social Welfare is not the only ministry responsible for supporting PWDs. We continue to convey the message that disability mainstreaming must be addressed by each ministry in a cross-sectoral manner.</p> <p>Under the current system, there are many changes of personnel in charge, which makes it difficult to accumulate knowledge about empowering PWDs.</p> <p>Legislation, including employment obligations, is needed to promote effective employment.</p>
Service Provider	<p>Differences in services between urban and rural areas</p> <p>Lack of professionals who can work in rehabilitation and other support services for PWDs.</p> <p>There is a lack of coordination between medical care and rehabilitation/therapy at the regional level, such as Upazila.</p>

	Employment support is mostly provided for people with physical disabilities and there is still a lack of employment support for people with neurodevelopmental disabilities. There is a gap in knowledge about support for PWDs in government agencies.
User	Receives disability allowance (850 TK/month) according to disability ID, but not enough for paid medical/rehabilitation, social equipment and use of caregivers. Difficulty leaving home (due to insufficient physical accessibility, information accessibility, etc.) Lack of awareness among parents of children with disabilities and community regarding care for PWDs.
Social participations	The voices of people with disabilities are not reflected in the design of the system.

Source: prepared by the research team based on interviews

6.4. Measures and Initiatives Expected to be Necessary in the Future

Based on the current situation of PWDs in Bangladesh, Bangladesh's legal system in the field of persons with disabilities, services provided by government agencies and services provided by NGOs, and related issues, this section presents necessary initiatives. As shown in the data discussed in Section 6.1, "Data and Overview on People with Disabilities", 60% of children with disabilities are not in school and 66% of those aged 15-64 are not employed, leaving them in a vulnerable position in society. In the medium to long term, it is necessary to improve the living standards of these vulnerable persons with disabilities, and there is no difference in the direction taken by the government, NGOs and stakeholders. Necessary efforts other than cash transfers such as disability allowances include 1) strengthening the service system for people with disabilities, and 2) mainstreaming disability and promoting and empowering people with disabilities to participate in society. Specific points are described below.

1) Strengthening service systems

- Improved assessment and use of data on the situation of individuals, including the number of PWDs
- Capacity building of staff and professionals in Ministry of Social Welfare, lead ministry on disability
- Improved accessibility to increase use of PSOSK as a one-stop service in the region
- Strengthen the capacity to maintain the welfare equipment distributed by PSOSK
- Provision of support adapted to the specific needs of the parties and their families

2) Mainstreaming of disabilities and promotion of social participation

- Disability mainstreaming training for all national and local officials
- Promotion of understanding of the lives of persons with disabilities and their support needs in the community
- Establishment of an employment support system as a means of promoting social participation
- Promotion of employment of PWDs

7. 7. Current Status and Issues related to Child Welfare Support Systems

7.1. Data on Current Status and Issues on Child Welfare

To begin, Table 7 1 presents basic indicators for children in Bangladesh, based on the 2022 Population and Housing Census (Census) report²⁶⁰ and data sets from UNICEF and the World Bank ²⁶¹.

Table 7-1: Basic Indicators Related to Child Welfare

Index	Year	Total	Male	Female	Hijra ²⁶²
Population ²⁶³ (age 0~19) (BSS)	2022	63,809,865	32,455,204	31,353,740	921
(age 0~17) (UNICEF)	2023	53,823,652	27,426,549	27,426,549	N/A
Total Fertility Rate (births per woman) (World Bank)	2021	1.98	-	-	-
	2022	1.95	-	-	-
Neonatal mortality rate (1000 births) (persons) (UNICEF)	2022	17.358	-	-	-
Infant mortality rate (per 1,000 live births) (persons) (UNICEF)	2022	24.068	26.36	23.323	-
Under-5 mortality rate (per 1,000 live births) (persons) (UNICEF)	2022	28.755	30.631	26.834	-
Completion rate (BSS) ²⁶⁴ (%)					
Primary Education	2021	78.2	70.7	85.6	-
Early secondary education	2021	64.1	58.1	70.4	-
Late secondary education	2021	50.5	47.1	53.9	-
Primary school dropout rate	2021	20.2	20.0	20.3	-
Birth registration rate under 5 years old (UNICEF) (%)	2019	44	-	-	-
Percentage of children with disabilities (DIS) ²⁶⁵ (persons)	2024	538,747	325,483	213,0445	219

Source: prepared by the research team based on the census and other data

Bangladesh's child population (ages 0-17) accounts for about 40% of the country's 169.8 million people, and nearly 70% live in rural areas. The country's dependency ratio (an index of how much of the working-age population (15-64 years) depends on the young population (under 15 years) and the old population (over 65 years)) is 52.63% per 100 economically productive people²⁶⁶. Bangladesh is currently considered to be in a demographic dividend period and this ratio is expected to decline further in the next decade. It is therefore necessary to ensure social protection for the most marginalized, including children, while supporting the expansion of education, health care and employment opportunities for the youth²⁶⁷.

²⁶⁰ BSS (2023), National Report Volume 1, Population and Housing Census 2022

²⁶¹ Data on the situation of children in Bangladesh | UNICEF, 20 June 2024

World Bank Open Data | Data, 20 June 2024

²⁶² According to the Department of Social Services (DSS) (2013), "Hijra people's quality of life development activities - Implementation Policy" defines Hijra as "people who are neither considered male nor female for physical or genetic reasons, with the same meaning as the English word transgender.

²⁶³ Census data from the Bangladesh Bureau of Statistics (BSS) include 18- and 19-year-olds, the age of adulthood.

²⁶⁴ BSS (2023), Survey Findings Report, Survey on Children's Education in Bangladesh 2021, P.37-39

²⁶⁵ MoSW DIS (Data on 12 June 2024) www.dis.gov.bd

²⁶⁶ According to World Bank data, Bangladesh is at 47.1%. Among Asian countries, 71.1% in Japan, 44.5% in China, 47.5% in India, and 43.2% in Malaysia. Age dependency ratio (% of working-age population), World Bank (2022) Age dependency ratio (% of working-age population) | World Bank Gender Data Portal

²⁶⁷ Country Office Annual Report 2023, UNICEF (2024)

Compared to the 2019 indicators shown in the JICA study (2021)²⁶⁸ for the above indicators, there is an improvement in the neonatal mortality rate, infant mortality rate, and other indicators. Completion rates are lower than in 2019 in all categories (89.1% for total primary education, 70.5% for total first semester secondary education, and 29.4% for total second semester secondary education in 2019)²⁶⁹. According to the Child Education Survey, this period was affected by the closure of schools due to COVID-19, which made it difficult for some children to continue their education. Regarding the enrolment of children with disabilities, the Bangladesh Disability Survey 2023²⁷⁰ found that 7.1 % of the population had at least one functional difficulty, with only 24.4 % of children with disabilities aged 11-16 attending secondary school (see also section 6.1 "Data and Overview on Persons with Disabilities").

As with other child-related data, the needs and challenges of child marriage, street children and youth generation, of high relevance to child welfare, shall be identified based on the above reports and other data.

7.1.1. Child Marriage

The 2022 Census shows the percentage of marital status by age and sex for those aged 10 and over, and the overall trend is that the married population is highest in the 35 to 39 age group at 95.35%²⁷¹. It also shows that 0.96 per cent and 4.42 per cent of males in the 10-14 and 15-19 age groups respectively are currently married, compared with 2.42 per cent and 37.21 per cent of females in the same age groups (Figure 7-1). In the 15-19 age group, the percentage of married females is significantly higher than that of males. This indicates that there is widespread social acceptance of women marrying at a younger age.

In addition, a survey conducted by the Ministry of Health and Family Welfare (MoHFW) and USAID in 2022²⁷² found that half of married women aged 20-24 were married before the legal age of marriage of 18, and more than one in four (27%) were married before the age of 16. The survey found that more than one in four (27%) were married before the age of 16. Rural areas still have a higher percentage of women married before the age of 18 than urban areas, with 65% of women married before the age of 18 in 2011, although the percentage will decline to 50% by 2022. In addition, one in four (24%) women aged 15-19 have been pregnant and almost one in five (18%) have given birth.

²⁶⁸ JICA(2021), Report on Information Collection and Problem Analysis Work to Strengthen Responsiveness to Child Welfare Issues, Chapter 6, P.6-1,

²⁶⁹ BSS(2023), P.xxxvii

²⁷⁰ NSDP 2021, BSS(2022)

²⁷¹ BSS(2023), P.66

²⁷² USAID/MoHF(2023), Demographic and Health Survey 2022 Key Indicator Report Bangladesh DHS 2022 - Key Indicators Report [PR148] (dgrp.gov.bd)

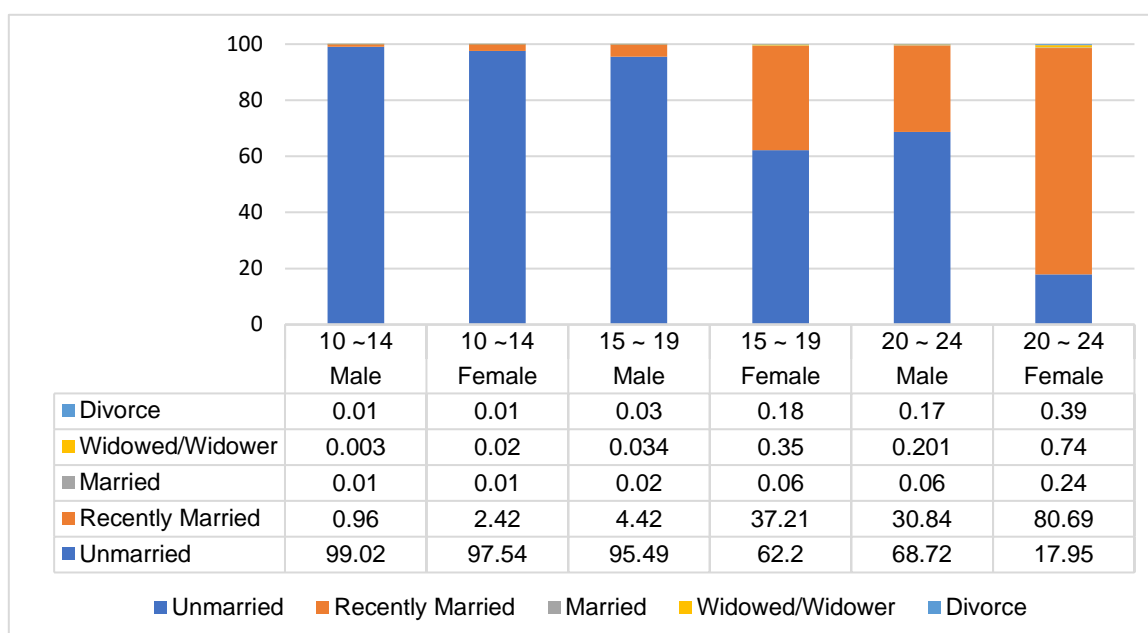


Figure 7-1: Percentage of Marital Status by Age and Sex of the Population Aged 10-24 in the 2022 Census (%)

Source: prepared by the research team based on the 2022 Census

7.1.2. Street Children

In 2022, the National Bureau of Statistics and UNICEF conducted a survey on street children ²⁷³. About 7,200 people (aged 5-17) living in Dhaka and the country's eight administrative districts were included in the sample survey, and UNICEF is concerned that the exact number of street children is difficult to determine and may number in the millions ²⁷⁴. The survey found that 82% of street children are male, and the majority are between the ages of 10 and 14. In addition, 5% of the children have disabilities: 41.7% have physical disabilities, 25% have intellectual disabilities, and 15.5% have both speech impairment and mental illness.

The most common reason for living on the street is poverty (37.8 %), followed by parents moving to the cities. Three out of four (71.8%) children living on the street cannot read or write, and the risk of future problems in their lives is very high.

Table 7-2: Percentage of Orphaned Street Children²⁷⁵

Situation of children living on the street	%
Both parents are alive	71.1
Only the father is alive	4.7
Mother only alive	17.9
Both parents dead	4.1
Parents' habitat is not known at all	2.3

Source: prepared by the research team based on the 2022 Census

The survey also revealed that about 13% of the children said they had no contact with their families at all, and about 6% were either orphans or did not know if their parents were alive. On the other hand,

²⁷³ BSS and UNICEF(2023), Survey on Street Children 2022, Survey on Street Children 2022 [EN/BN] - Bangladesh | ReliefWeb

²⁷⁴ The BSS/UNICEF (2023) study does not include street children living in slums, but refers to children living on the streets (sleeping, eating, working) with or without a family.

²⁷⁵ BSS and UNICEF (2023), P19-20

nearly 60% of the children were living on the streets and returning to their families living in the slums. Approximately 80% of both men and women are working, mainly collecting garbage and begging (including assistance). In this context, 78% of the children are not aware of the government welfare services (e.g. rehabilitation centers) available to them. The question is how to provide these children with social services.

7.1.3. Challenges for youth generation

As an issue for children in their late teens, the 2022 Census presents data on NEET. The percentage of late teenagers in NEET status is shown below (Figure 7 2). The percentage is higher for females, particularly in rural areas.

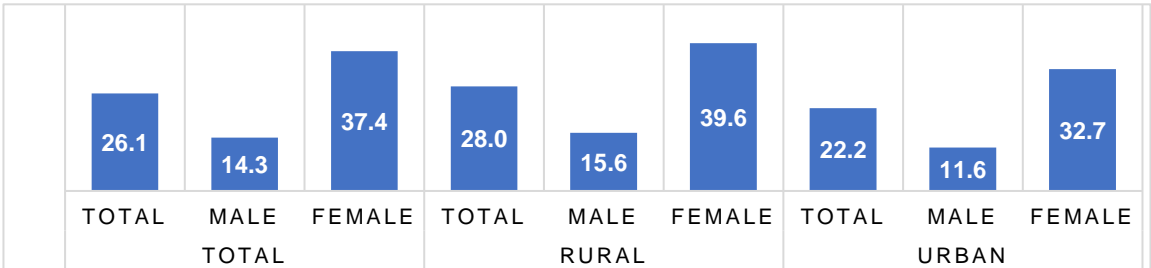


Figure 7-2: Population Aged 15-19 Years Not in Education, Employment and Training (NEET) by Sex and Location, 2022

Source: prepared by the research team based on the 2022 Census

Furthermore, in the 15-24 age group, female NEET is 61.71%, which is higher than the 59.1% in 2021. The total for both sexes is 40.67%, higher than the global average of 21.9% in ILO report (2023)²⁷⁶, indicating that the youth generation faces a difficult situation. It is pointed out that this situation is caused by the gender gap in educational opportunities, employment support and employment opportunities, which is largely reflected in the percentage of NEETs. It has also been suggested that inadequate social and economic safety nets for dropouts in Bangladesh also contribute to the increase in NEETs²⁷⁷.

7.2. Current Status and Issues relates to Law and Policies for Child Welfare

7.2.1. Laws on Child Welfare

After independence, Bangladesh enacted the Children Act in 1974. The Constitution of Bangladesh guarantees fundamental human rights and social equality, with special provisions for women and children, and free and compulsory education. Subsequently, the ratification of the Convention on the Rights of the Child, an international treaty, in 1990 led to the enactment of the revised Children Act in 2013. Regarding child labor, the country ratified the Convention on the Prohibition and Immediate Action for the Abolition of the Worst Forms of Child Labor (No. 182) in 2001, and on child marriage, the Convention on the Elimination of All Forms of Discrimination against Women (1984), and to combat human trafficking, the country ratified in September 2019 the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (Palermo Protocol), supplementing the United Nations Convention against Transnational Organized Crime. Thus, Bangladesh is in the process of

²⁷⁶ ILO(2022) , Youth not in employment, education or training in Asia and the Pacific
²⁷⁷ The Daily Star (22 February 2024) High NEET Rate Among Young Women in Bangladesh | 62% young women not in employment, education (thedailystar.net) , 27 June 2024

enacting and developing domestic laws and policies in a manner consistent with international law. The key domestic laws related to child welfare are listed in Table 7-3, based on the JICA survey (JICA 2021).

Table 7-3: Related Legislation in the Child Welfare Sector

Law	Contents
Children Act Revised 2013	The definition of children was changed from under 14 to under 18. Legal protection for children was also strengthened. Child Affairs Desks (CAD) were established in police stations nationwide.
Suppression of violence against women and children Act Enacted in 2000, revised in 2003:	Those under the age of 16 are defined as "children" and measures (penalties) against sexual abuse and violence against children are established with the aim of deterring violence against children.
Domestic Violence (Prevention and Protection) Act Enacted in 2010	It prohibits the use of domestic violence against women or children in the family.
Acid Offence Control Act Enacted in 2002	It provides for punishment for acid attacks, especially those against women and children.
Child Marriage Restraint Act Enacted in 2017	To restrict child marriage, the minimum age for marriage for men was set at 21 and for women at 18. There is a special exception in Article 19 that allows the law to be overturned by invoking special circumstances.
Prevention and Suppression of Human Trafficking Act Enacted in 2012	It prohibits trafficking in persons. It includes provisions on penalties and assistance to victims to return home.
Vagrancy Act Enacted in 2011	It aims to protect and rehabilitate the homeless, including street children.
Rights and Protection of Persons with Disabilities Act Enacted in 2013	It contains a wide range of provisions on the rights and protection of people with disabilities.
Birth and Death Registration Act Enacted in 2004	It establishes the obligation to submit information about the birth of a child to the registrar within 45 days of the child's birth.

Source: prepared by the research team

7.2.2. Child welfare-related policies (strategies), programs, and budget allocations

7.2.2.1 National policies and strategies

The government takes a life-cycle approach to social security, and thus the child sector covers a wide range of policy areas from birth to age 18: health, education, welfare (including allowances and social services for vulnerable families), and other areas. The NSSS specifically identifies six priority areas to be implemented by five ministries: a. Child allowances for infants and toddlers (Ministry of Women and Children Affairs (MoWCA)); b. Strengthening of education services (Ministry of Primary and Mass Education (MoPME), Ministry of Education (MoE)); c. National rollout of school feeding program (MoPME); d. Provision of ongoing programs for orphans (MoSW); e. Support to single parents (MoWCA); f. Immunization, child health, nutrition, strengthening of water and sanitation programs (MoHFW).

It also defines an action plan based on the Eighth Five-Year Plan (2020-2025), which states that the government will increase its budget in the children's sector during the period of this plan. And it aims to achieve the following 10 strategies in the children's sector, which are related to the NSSS as well as the current direction of the Bangladesh government²⁷⁸.

²⁷⁸ The Eighth Five-Year Plan, GED(2020) P.771-P.773

- 1) Promote children's rights through the implementation of government policies and laws.
- 2) Provide health services that meet the needs of children.
- 3) Ensure access to basic food and nutrition.
- 4) Provide girls with access to education, training and development opportunities.
- 5) Ensure that poor children in urban areas have access to developmental support, education, sports and cultural activities from an early age so that they can acquire knowledge and life skills.
- 6) Protect children from all forms of abuse, exploitation and violence.
- 7) Provide access to safe water, sanitation and a healthy environment, especially for children in urban and remote areas.
- 8) Identify children's needs, develop programs and implement interventions. Ensure the participation of children in assessments.
- 9) Ensure support for parents, guardians and other caregivers on whom children depend.
- 10) Securing broad public support for the survival and development of children.

Based on these strategies, the five-year plan includes initiatives to reduce regional disparities in child health care, expand nutrition programs, provide early intervention in child development, ensure safe drinking water (especially in slum areas), promote children's participation in socioeconomic decisions, protect children from all forms of abuse, register births and raise awareness about child marriage, eliminate child domestic labor and child labor by migrant and refugee children, promote communities to protect children from abuse, and strengthen the coordinating capacity of the Ministry of Women and Children, among others.

7.2.2.2 Social Security Programs and Budget Allocation

In FY2023-2024, child social security programs accounted for BDT 725.2 billion of the national budget, or 0.95% of the total budget²⁷⁹. The number of social security programs related to children under the NSSS and the Five-Year Plan is 12 (Table 7-3). Looking at budget trends by ministry, the largest budget allocation is to the education sector (MoPME, MoE, and MoSW), which implements the school allowance program. The next largest budget allocation is to the MoWCA, which implements the Maternal and Child Allowance program in all 64 provinces. In particular, the amount of Child Allowance payments and the number of beneficiaries are increasing. (Number of beneficiaries: 1.25 million in 2022, 1.3 million in 2023; Amount paid: BDT 1.24 billion in 2022, BDT 1.29 billion in 2023)²⁸⁰.

The Ministry of Health and Family Welfare implements two health programs, including nutritional support for newborns before and after childbirth, and has the second largest budget after the Ministry of Women and Children Affairs, although the number of programs is smaller. The Ministry of Social Welfare has the largest budget for the operation of infant and children's homes and implements institution-centered programs such as support for special education schools and the operation of rehabilitation centers for children in needs.

²⁷⁹ Finance Division, Social Security Programs: Fiscal Year 2023-24

²⁸⁰ Ibid

Table 7-4: List of Social Security Programs on Children (2023-2023)

Program	Ministry in charge	Budget (2022-2023) (1,000 BDT)
Mother and Child Allowance	MoWCA	1,294,420
Schooling benefits (primary, secondary, high school, college, graduate, technical college, disabled, minority communities)	MoPME MoE MoSW	4,564,390
Sheikh Russel Children's Training and Rehabilitation Center (support center for children with disabilities in high-risk situations)	MoSW	28,900
Grants for special schools	MoSW	42,000
Street Children Rehabilitation Center and Child Development Center	MoWCA	12,200
School feeding programs in poor areas	MoPME	49,670
Protection for women and children	MoWCA	1,790
Children's Homes and Infants' Homes	MoSW	298,220
Child-Friendly Social Protection in Bangladesh	MoSW	86,290
Maternal, neonatal, child and adolescent health/nutrition services	MoHFW	788,650
Maternal, child, reproductive and adolescent health	MoHFW	57,730
Promoting Child Protection	MoWCA	28,640

Source: prepared by the research team based on MoF (2023)

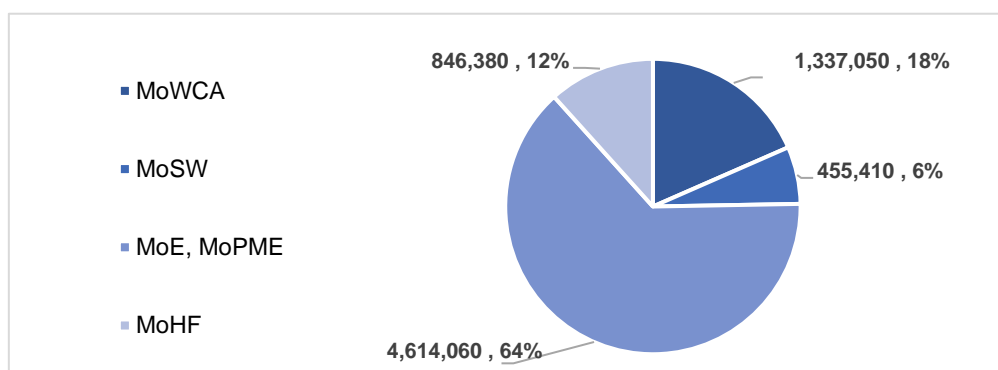


Figure 7-3: Percentage of each ministry's social security program budget in the child sector (in 1,000 BDT)

Source: prepared by the research team based on MoF (2023)

7.3. Overall Status and Issues of Child Welfare Services

7.3.1. Child Welfare Services of Government Agencies

This section focuses on the services provided by the Ministry of Women and Children Affairs and the Ministry of Social Welfare, both of which provide services in the area of child welfare²⁸¹. Both ministries are building and strengthening their service delivery systems with the support of donor partners, particularly UNICEF. The Ministry of Social Welfare focuses on social care and protection of children without guardians or children who are not appropriate to be placed in the care of guardians, as well as support for children with disabilities. In addition, the flow of support service provision for children in need of protection by the Child Welfare Board (CWD) is also discussed.

7.3.1.1 Services Provided by Ministry of Women and Children Affairs (MoWCA)

MoWCA is primarily responsible for services under the Children's Act (2013). It provides services for mothers and children. For example, it operates day care centers for working women, publishes books on childcare and other topics and books for children, and organizes cultural activities and events for

²⁸¹ a2i Service Portal- | সেবা পোর্টাল-All Services in a Single Platform (Only in Bengali) , 27 June 2024

children. In addition to the social security programs described above, the ministry also implements programs supported by donor partners. The five main activities/services described here, and the issues raised in the survey, including interviews with UNICEF and other relevant organizations, are presented in Table 7-5.

Table 7-5: Services and Challenges Provided by the Ministry of Women and Children Affairs

Program	Activities/Services (2022-2023) ²⁸²	Issues
1. Mother and child allowance	<ul style="list-style-type: none"> The program started in 2019 and is supported by WFP. The program provides cash and food transfers based on the concept of the importance of child nutritional security during pregnancy and the first 1,000 days of life. The goal of the program is to cover 50% of the country's needy children aged 0-4 and their parents by 2025. (The number of beneficiaries in 2023 is approximately 1.3 million) Pregnant women eligible for the program will receive 800 BDT per month. The flow of receiving support is as follows: pregnant women visit the local health center, apply to either the county, city hall, sewing factory, etc. → screening by each organization → report to the Ministry of Women and Children → disbursement through the G2P system. In addition to this, online registration was introduced in Dhaka slums and Mymeishin, where 990 pregnant women were registered²⁸³. 	<ul style="list-style-type: none"> The amount paid is low compared to the high prices of goods²⁸⁴ The amount paid is low compared to the high prices of goods. Outreach to urban slums and remote areas is not sufficient. Individual support is difficult because the Ministry of Women and Children Affairs has no staff at the union level. There is no program for 4–6-year-olds. Insufficient coordination and cooperation with other programs and organizations (birth registration, infant health care).
2. Child development center/street children rehabilitation center	<ul style="list-style-type: none"> Operated by Bangladesh Shishu Academy, established in 1976. Six locations (child development centers) throughout the country. It has two shelters and 22 Child Protection Community Hubs (CPCH) in Dhaka as a street children rehabilitation program²⁸⁵. Provides food, housing, education, medical and cultural activities, and psychosocial support to children in severe deprivation. Conducts activities to support children's development and social reintegration. 	<ul style="list-style-type: none"> Insufficient outreach (children do not know that rehabilitation centers exist). For many street children, there are many cases of returning to life on the streets from a life of receiving support in institutions. (mismatch between children's needs and supportive environment) Need to strengthen cooperation with ministries and officials in the fields of education, health, and social welfare.
3. Child marriage elimination program	<ul style="list-style-type: none"> Implemented with support from UNICEF and United Nations Population Fund (UNFPA). Currently in Phase 2 (2024-2030) with the goal of eliminating child marriage by 2041. Awareness raising activities for girls as well as men and women in the community. Conducts prevention activities for primary and secondary school students. Hire 51 gender-responsive staff at six adolescent resource centers to strengthen their activities. 	<ul style="list-style-type: none"> Need to continue to promote understanding of rural communities. Need to strengthen collaboration with ministries and stakeholders in education, health, and social welfare.

²⁸² MoWCA(2023), Annual report (2022-2023)

²⁸³ WHO (2023), Capacity strengthening for social safety nets, WFP Bangladesh: Capacity strengthening for social safety nets - Bangladesh | ReliefWeb

²⁸⁴ UNICEF (2024), Preserving the MCBP transfer value against inflation, MCBP_Transfer Value_v3 BN (unicef.org), 27 June 2024

²⁸⁵ UNICEF(2024), A Quantitative Study on Children Living in Street Situations in Bangladesh, Street Situation in Bangladesh 2014.pdf.pdf (unicef.org)

Program	Activities/Services (2022-2023) ²⁸²	Issues
	<ul style="list-style-type: none"> Conduct training for members to activate child marriage prevention committees at the Union and Upazila levels. 	
4. Violence and abuse prevention program for women and children	<ul style="list-style-type: none"> Running a helpline 109 Operation of a mobile application (which allows the location of victims to be shared with the police) 	<ul style="list-style-type: none"> Hard to reach by phone.
5. Day care center program for working women	<ul style="list-style-type: none"> 119 day care centers in operation (1624 children aged 6 months to 6 years in FY2022) Plans to establish 60 more day care centers at the District level (50 to 80 children per center) 	<ul style="list-style-type: none"> Ministry of Social Welfare has 20 day care centers and there are 139 public day care centers nationwide, but the number is insufficient to meet the increasing number of women entering the labor market. Labor law requires companies that employ more than 40 working parents to establish day care centers, but there are many cases where this is not observed. The capacity of daycare workers at each center needs to be strengthened.

Source: prepared by the research team based on MoWCA Annual Report 2022-2023

7.3.1.2 Services provided by the Ministry of Social Welfare (MoSW)

The main services related to child welfare provided by the Ministry of Social Welfare (MoSW) are managed by the Department of Social Services (DSS). On the other hand, services for children with disabilities are implemented not only by the DSS but also by the National Disability Development Foundation (NDDF) and the National Disability Development and Protection Trust (NDDPT), both of which are under the MoSW (refer to "6.3.1 Services by Government Agencies and Others"). At the Ministry of Social Welfare, similar to the Ministry of Women and Children, operations of daycare centers and support for street children are also carried out. This section will focus on the services included in the social welfare programs and highlight the issues identified through research.

Table 7-6: Services and Challenges Provided by the Ministry of Social Welfare

Program	Activities/Services (2022-2023) ²⁸⁶	Issues
1. Operation of child care institutions and infant homes	<ul style="list-style-type: none"> Infant homes cater to children from 0 to under 7 years old, with 6 locations nationwide housing 600 children. Child care institutions serve children from 6 to 18 years old, with 85 locations nationwide (42 for boys, 42 for girls, and 1 co-ed). These institutions can accommodate 10,300 children. The staff at these facilities include assistant directors, administrative personnel (responsible for managing children's food and clothing), child care workers, security guards, chefs, administrative assistants, and part-time medical professionals. 	<ul style="list-style-type: none"> The monitoring system for facility operations is unclear. There is an increasing number of children entering care from long-term street living, and there are insufficient staff members trained to support children who have difficulty adjusting to facility life²⁸⁷ There is a need to enhance casework skills for individualized support and care

²⁸⁶ MoWCA(2023), Annual report (2022-2023)

²⁸⁷ Interviewed at Sharkarih children home by the survey team (6 Mach 2024)

Program	Activities/Services (2022-2023) ²⁸⁶	Issues
	<ul style="list-style-type: none"> Residents aged 18 and older who excel academically and advance to universities or vocational schools (TVET) may stay in the facilities until the age of 24. 	<ul style="list-style-type: none"> for children growing up in large-scale facilities. The allowance provided to children in care is low (4,000 TK per child per month). Support for children after leaving the facility varies from one facility to another.
2. Subsidy programs for private child care institutions	<ul style="list-style-type: none"> Organizations registered under the 1961 Voluntary Social Welfare Organizations (Registration and Regulation) Act, particularly religious organizations, predominantly operate these facilities. In the 2023-2024 fiscal year, a total of 2.8 billion TK will be allocated to 4,143 private child care institutions. This funding is intended to support approximately 116,000 children under social care. Grants are provided based on specific criteria, with the Upazila Social Service Office (USSO) serving as the point of contact²⁸⁸. 	<ul style="list-style-type: none"> The method for selecting grant recipients is unclear. There are no monitoring systems or guidelines for facility operations. The introduction of third-party evaluations is necessary²⁸⁹
3. Operation of vocational training centers for orphans and children with disabilities	<ul style="list-style-type: none"> There are six centers nationwide, each accommodating up to 100 individuals. The target group consists of individuals aged 15 to 25 living in public and private facilities. The program aims to provide education and technical training, free housing, medical care, physical therapy, speech therapy, and psychotherapy to support independent living. Vocational training primarily includes sewing, woodworking, animal husbandry, and IT skills. 	<ul style="list-style-type: none"> There are insufficient facilities and staff to accommodate the number of individuals.
4. Shikha Russell Children's Training/ Rehabilitation Center Project	<ul style="list-style-type: none"> The project, funded by the government, started in 2021 as a successor to a World Bank project that ran until 2016. It aims to provide shelters and education and training for children at high risk (e.g., street children, child laborers, and victims of trafficking and violence) to promote their social reintegration. There are 13 shelters nationwide. Each shelter can accommodate 100 boys and girls aged 6 to 18, and they can stay for up to two years. 	<ul style="list-style-type: none"> The facilities and staff are insufficient for the number of children.²⁹⁰ Outreach is inadequate; the services are not well known to the children.
6. Child Sensitive Social Protection in Bangladesh: (CSPB) ²⁹¹	<ul style="list-style-type: none"> This project undertaken in collaboration with UNICEF. Phase 2 runs from 2017 to the end of 2024. The target areas include 52 districts and 11 city corporations, among others. The main focus is on strengthening the capacities of social workers and Child Welfare Boards (CWB), with ongoing training provided. Recruitment is underway to increase the number of social workers at the union and district levels within the 	<ul style="list-style-type: none"> While the number of social workers is increasing and training related to CPSB (Child Protection Service Branch) is being conducted, staff without a background in social work (especially in child welfare) are

²⁸⁸ DSS Chandpur (2024) website provides information on the amount disbursed, the number of beneficiaries, and the criteria for disbursement for the fiscal year 2023 in the Chandpur District of Chittagong Division. dss.chandpur.gov.bd/en/site/page/n4PH-বেসরকারি-প্রতিমখানায়-ক্যাপিটেশন-গ্র্যান্ট, 25 June 2024

²⁸⁹ Mohoshin Ali (2019), Factors Influencing Governance of Orphanage: A Case Study on Zila Parishad Sathkira in Bangladesh, Bangladesh Journal of Public Administration

²⁹⁰ Md. Anayet Ullah(2021), Child Rights in Bangladesh: Gaps between Policy and Practice A Study on Child Development Centre (Boys), Tongi, Gazipur, P.53-54, South Asian Institute of Policy and Governance North South University

²⁹¹ DSS(2024) Child Sensitive Social Protection in Bangladesh (CSPB) project includes details of the projects implemented so far and the number of cases that have received support. সিএসপিবি-প্রকল্প - Department of Social Services-Government of the People's Republic of Bangladesh (dss.gov.bd), 27 June 2024

Program	Activities/Services (2022-2023) ²⁸⁶	Issues
	<p>Department of Social Services (DSS). So far, 1,239 social workers and 21 psychologists have been hired²⁹².</p> <ul style="list-style-type: none"> • Aiming to establish community child protection hubs that provide psychosocial support. • The Child Helpline is a free call service (1098) available nationwide 24/7. Calls are answered by social workers who provide counseling, information, and referrals to necessary agencies. The helpline addresses issues such as abuse, child marriage, human trafficking, and legal support. It also provides consultation for school staff and parents. 	<p>also being hired. (There is no national qualification.)²⁹³</p> <ul style="list-style-type: none"> • The supervision system for casework at the field level is weak. • Coordination with projects from the Ministry of Women and Children and other ministries is insufficient. • The helpline is difficult to reach.

Source: prepared by the research team based on DSS Annual Report 2022-2023

7.3.1.3 Support flow for children in needs by the Child Welfare Board (CWB)

CWB is established at the national, district, and upazila levels based on the Children Act (2013), with the Minister of MoSW serving as the chairman at the national CWB. According to the Children Act, the national CWB is responsible for formulating policies and advising related organizations on the protection, reintegration, rehabilitation, and alternative care of disadvantaged children. The district-level CWB supervises, monitors, and evaluates facilities such as rehabilitation centers and determines methods of alternative care for children who cannot be raised at home. The upazila-level CWB implements the decisions of the national and district CWB, verifies and analyzes the situations of the children and families involved, and reports on them.

Based on this Children Act, in cases where a child requires protection and alternative care, the upazila-level CWB takes the lead, consulting with staff from relevant ministries (MoE, MoHF, MoWCA, MoSW), teachers, and social workers from the UNICEF project to discuss protection measures for the child. Decisions are made by the district-level CWB (DSS, local magistrate, education board). Although there are cases where parents directly bring children to infant homes or childcare facilities without such decisions²⁹⁴, generally, the decision on admission is made at each district level. Additionally, as alternative care for children who do not have the opportunity to be raised by their families, options include admission to public facilities, facilities operated by NGOs and other private organizations, kinship care, foster care, and care in accordance with Muslim law (Sharia law)²⁹⁵. However, there is no specific data on which form of alternative care the children are living under, and it has been pointed out that the CWB alone is insufficiently coordinated to determine the best interests of the child.

7.4. NGO's Services and Initiatives

NGOs play an important role in the child sector, and the Bangladesh Shishu Adhikar Forum (BSAF) is a national network of NGOs with 269 registered organizations (JICA, 2021). National and international NGOs are developing projects throughout the country, and Japanese NGOs are also

²⁹² UNICEF (2024) A dedicated social service worker's journey in creating a safer tomorrow for children | UNICEF, 27 June 2024

²⁹³ In the interview conducted by the survey team at the Social Services Office in Sadar Upazila, Mymensingh District (May 12, 2024), and in the Concept Note "World Social Work Day" (MoSW, EU, UNICEF, 2023), it is stated that "95% of social workers/staff need to acquire knowledge of child welfare background in the future."。 Concept-Note_SW-Campaign-2023_FINAL.pdf (ifsw.org)

²⁹⁴ Interviews at Sharkari children home on 6 March 2024

²⁹⁵ Sharia law does not provide for adoption, and there is a foster care system called kafala that does not allow inheritance for foster children. Golam Kibria Sourav (2016), <https://www.observerbd.com/2016/03/03/139446.php>, 30 June 2024

implementing child-related projects in Bangladesh²⁹⁶. As mentioned above, they operate private child welfare facilities and day care centers for women working in garment factories, etc., which are far more numerous than public facilities. Under these circumstances, this section will summarize the approaches and issues related to child support services that differ from the approach taken by public institutions alone, based on interviews with support groups.

1) Development of case management standard operating procedures for child protection in the community

Save the Children Japan is implementing a project to strengthen the child protection system in Cox's Bazar Province²⁹⁷. In the first year, a Child Protection Committee (CWB) was established with the Ministry of Social Welfare. In the second year, in addition to strengthening the capacity of the committee, the project is supporting the development of written procedures for administrative staff to support children, although DSS staff tend to respond that “case management is already in place and being implemented,” and as a result, Standard Operational Procedures (SOPs) from scratch. Through these efforts, real operational results have been achieved, including the prevention of child marriage in the community. The challenges of inadequate child protection structures and insufficient stakeholder capacity are likely to be similar in other regional CWDs, and there is a high need for national development of understanding and standardization of procedures for child protection at the local level, close to the field.

2) Participatory community support in slums

Shobujer Ovijan Foundation²⁹⁸ supports children living in slums in the city of Dhaka. One of its projects, the Young Women's Leadership Program, provides support to women in their late teens and twenties who are victims of Violence Against Women and Children (VAWG) and Gender Based Violence (GBV), as well as potential victims of GBV. Victims and potential victims of GBV are educated about the laws and systems and the support they can receive. In addition, groups of about 10 women of each age group, led by trained leaders, are formed to conduct public information campaigns in slum communities on what to do and where to go for referrals (police, hotlines, local government counselors) in cases of GBV. In fact, public information activities have led to the discovery of cases of suspected trafficking of women of the same generation and cases of attempted child marriage. In this way, the creation of a system that allows children and youth living in slums to proactively participate in community support is an activity in areas that cannot be reached by the approach of public agencies alone.

3) Psychosocial Support for the Youth Generation (School Social Worker/Counseling)

A survey conducted by Bangladesh Bureau of Statistics and UNICEF (2022)²⁹⁹ asked about children's sense of anxiety during school closure in COVID19 and found that one in six of the Youth generation felt some depression. In addition, the fact that a certain number of children refuse to go

²⁹⁶ JICA(2022), People's Republic of Bangladesh NGO/CSO Country Profile Chapter 1 (jica.go.jp)

²⁹⁷ Save the Children Japan (SCJ) [Bangladesh] Child Protection System Strengthening Project: Completion of Year 1 and Start of Year 2 (savechildren.or.jp) (viewed on June 28, 2024) and interviews (May 16, 2024)

²⁹⁸ SOF (2024) <https://sof-bd.org/> and interviews by the survey team on 29 February 2024

²⁹⁹ BSS/UNICEF (2022), National Survey on Children's Education in Bangladesh 2021- Key Findings Report, P.104-105

to school even after school reopens has become a challenge, and a pilot program is being conducted by the University's Department of Social Welfare to place school social workers in cooperation with secondary schools³⁰⁰. Shobujer Ovijan Foundation employs a psychological and social support staff and provides counseling support in all projects. Counseling is provided not only for children who are worried about their schoolwork, but also for children who are worried about their prospects, such as employment, as well as counseling for their parents. The Ministry of Social Welfare has published a report on the introduction of school social work (2022-2023)³⁰¹, which includes information on actual cases in which counseling was provided to children and their parents. The main theme of the report is the prevention of juvenile delinquency and crime.

7.5. Measures and Initiatives Expected to be Necessary in the Future

This section presents the necessary initiatives based on the current situation of children in Bangladesh and the legal system of Bangladesh in the area of child welfare, services provided by government agencies, services provided by NGOs and related issues.

1) Institution (Coordination)

The children's sector covers a wide range of areas, including health, education, and welfare (allowances and welfare services for needy families, etc.), so coordination among related ministries and agencies is essential. It is highly likely that UNICEF will continue to provide support at the policy level as a partner of the Ministry of Women and Children Affairs and the Ministry of Social Welfare.

2) Service delivery (human resources, service monitoring system, cooperation with local institutions)

The implementation system based on the system needs to be strengthened. First, in terms of human resources, although the UNICEF project has increased the number of social workers and provided training for staff, there is still a lack of capacity building and supervision for staff to deal with each child's individual case. In addition, the Ministry of Social Welfare operates several social welfare facilities, including infant homes, children's homes and rehabilitation centers, but has not yet established a system for monitoring and evaluation, both within the facilities and by third parties.

At the local level, it is important to establish a procedure for responding to cases of children in need of protection, including the various agencies involved. For example, in order to decide on a policy of assistance for a child, a diagnosis (social, psychological, medical and behavioral) must be made by each professional, and a broad coordination and support function may also be necessary, depending on the family and the child's sphere of activity. At the same time, it is necessary to clarify alternative care options if it is difficult to care for the child at home in the best interest of the child.

3) Promoting public understanding of the situation of children

The current policy of the NSSS focuses on supporting children from pregnancy to the immediate postpartum period. On the other hand, it has been pointed out that there is a lack of support for pre-

³⁰⁰ Survey team interview at the Department of Sociology and Social Welfare, People's University of Bangladesh, 27 February 2024.

³⁰¹ DSS(2023) , Progress report (Only in Bengali)

school children between the ages of 4 and 6 and for youth, who are the core generation of NEET and street children. In addition to educational support in schools, psychosocial support will continue to be highly needed. It is also important to promote social understanding of the children's situation. Abuse prevention efforts in Japan have a 20-year history, since the law was enacted in 2000, during which time an early detection system has taken root in the community. The social environment also plays an important role in whether foster care and other alternative forms of care are available. There is a need for further encouragement, not only on the part of service providers, but also on the part of society as a whole.

8. Current Status and issues related to the Protection of Workers' Rights

This chapter summarizes and analyses the existing status and challenges of efforts to protect workers' rights in the context of social security policy in Bangladesh.

8.1. The Definition of "Worker's Rights"

The ILO, one of the specialized agencies of the United Nations, is responsible for defining workers' rights internationally and promoting the protection of workers' rights by Member States. In relation to workers' rights, the ILO has established 10 conventions (and one protocol) in the five areas listed in Table 8-1 as "ILO Core Labour Standards", which are the minimum standards for the protection of human rights at work.

Table 8-1: ILO Core Labour Standards

	Principles on fundamental rights	ILO Conventions and Protocols
1	Freedom of association and the effective recognition of the right to collective bargaining	<ul style="list-style-type: none"> ➤ Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87) ➤ Right to Organise and Collective Bargaining Convention, 1949 (No. 98)
2	Elimination of all forms of forced or compulsory labor	<ul style="list-style-type: none"> ➤ Forced Labour Convention, 1930 (N. 29) and its 2014 Protocol ➤ Abolition of Forced Labour Convention, 1957 (No. 105)
3	Effective abolition of child labor	<ul style="list-style-type: none"> ➤ Minimum Age Convention, 1973 (No. 138) ➤ Worst Forms of Child Labour Convention, 1999 (No. 182)
4	Elimination of discrimination in respect of employment and occupation	<ul style="list-style-type: none"> ➤ Equal Remuneration Convention, 1951 (No. 100) ➤ Discrimination (Employment and Occupation) Convention, 1958 (No. 111)
5	A safe and healthy working environment	<ul style="list-style-type: none"> ➤ Occupational Safety and Health Convention, 1981 (No. 155) ➤ Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)

Source: prepared by the research team based on the ILO website³⁰²

In line with the ILO Core Labour Standards, the rights pertaining to the five areas in Table 8-1 were defined as 'workers' rights' in this research as well and were identified and analyzed with a focus on laws, policies and initiatives in Bangladesh regarding to these five areas.

8.2. General Situation regarding Labor and Employment

An overview of the general situation concerning workers and the working environment in Bangladesh is shown using several statistical data pertaining to labor and employment.

8.2.1. Labor Force Population and Labor Force Participation Rate

Table 8-2 summarizes the labor force, labor participation rate, and unemployment rate in Bangladesh.

Table 8-2: Labor Force Population and Labor Force Participation Rate

Indicators	2010	2013	2015-16	2016-17	2022
Estimated Population (Unit: 1,000)					
Male	74.15	76.6	79.6	81	85.1
Female	73.58	77.5	78.9	80.3	84.77
Total	148.7	154.1	158.5	161.3	169.87

³⁰² ILO Conventions, Protocols and Recommendations <https://www.ilo.org/international-labour-standards/conventions-protocols-and-recommendations>, last accessed on 1 July 2024

Indicators	2010	2013	2015-16	2016-17	2022
Labor Force³⁰³ (Unit: million)					
Male	39.5	42.5	43.1	43.5	47.27
Female	17.2	18.2	19.1	20.0	25.78
Total	56.7	60.7	62.1	63.5	73.05
Labor Force Participation Rate³⁰⁴(Unit: %)					
Male	82.5	81.7	81.9	80.5	80.00
Female	36.0	33.5	35.6	36.3	42.77
Total	59.3	57.1	58.5	58.2	61.20
Unemployment Rate³⁰⁵ (Unit: %)					
Male	4.1	3.0	3.0	3.1	3.50
Female	5.8	7.3	6.8	6.7	3.59
Total	4.6	4.3	4.2	4.2	3.53

Source: prepared by the research team based on Bangladesh Bureau of Statistics (2024), Labour Force Survey 2022 Bangladesh ³⁰⁶

As shown in Table 8-2, along with population growth, the labor force in Bangladesh has also increased significantly over the past decade to about 13 million. The labor participation rate for males is about 80% in 2022, but this is slightly lower than in 2010 and 2013, mainly due to the increase in older persons population, which is thought to have raised the proportion of males who are relatively inactive in economic activities. The labor participation rate for women is 42% in 2022, which is very low compared to the male labor participation rate, but a significant increase from 33.5% in 2013. Female labor and employment are discussed in more detail in Section 8.2.3, "Participation of Women in the Labor Market".

The unemployment rate has remained at 3~4% for men, but has increased in 2020 compared to 2016-17. This is reportedly due to the economic instability caused by the COVID-19 pandemic, global resource and price increases, or other factors.³⁰⁷ On the other hand, the unemployment rate among women has decreased over the past decade, partially due to an increase in the number of women engaged in non-agricultural activities in rural areas (post-harvest processing, sales, handicraft production, etc.) and in the service sector in urban areas.³⁰⁸

On the other hand, the number of NEETs is reported to be increasing among younger generations, although they are excluded from the calculation of labor participation and unemployment rates because they do not fit the definition of "labor force. A survey reported that 18.59% of males and 61.71% of females between the ages of 15 and 24, or a total of 40.4% (approximately 1.28 million people), are NEETs, indicating that the potential labor force is not being fully utilized.³⁰⁹

³⁰³ "Labor Force" means Population aged 15 and over, including employed and unemployed persons.

In the Labour Force Survey 2022 Bangladesh, "employed" is defined as those who 1) were employed for at least one hour in the seven days prior to the survey, or 2) were employed but temporarily out of work. And "unemployed" is defined as those who meet the following three conditions: 1) had no job and did not work at all during the survey period; 2) could have taken a job immediately if one were available; and 3) were preparing to start a job-seeking activity or a business..

³⁰⁴ "Labor Force Participation Rate" is Percentage of the labor force (employed and unemployed) in the population aged 15 and over

³⁰⁵ " Unemployment Rate" is Percentage of unemployed in the labor force

³⁰⁶ Bangladesh Bureau of Statistics (2024), Labour Force Survey 2022 Bangladesh

The data does not mention any gender other than male or female.

³⁰⁷ The Business Standard, <https://www.tbsnews.net/economy/unemployment-hits-all-time-high-691-nov-569674>, last accessed on 30 June 2024

³⁰⁸ The Daily Star, <https://www.thedailystar.net/news/bangladesh/news/women-labour-force-decline-3529851>, last accessed on 30 June 2024

³⁰⁹ The Daily Star, <https://www.thedailystar.net/opinion/views/news/are-we-underutilising-the-potential-our-youth-3388761>, last accessed on 30 June 2024

For reference, the following are indicators related to labor and employment in South Asian countries. Since the labor and employment situation differs in each country, such as Bangladesh, which has a low unemployment rate but a large number of NEETs, it is not possible to analyze the situation by comparing only numerical values. Therefore, Table 8-3 summarizes the actual values of general indicators as reference information.

Table 8-3: Indicators related to Labor and Employment in South Asian Countries

	Afghanistan (2022)	India (2022)	Sri Lanka 2022	Nepal (2022)	Pakistan (2022)	Bangladesh (2022)	Bhutan (2022)	Maldives (2022)
Labor Force (Unit: 1,000)								
Data for Nepal for 2017, Bangladesh for 2022, Maldives for 2019, and other countries for 2021								
Male	6,206	319,635.8	5,617.1	5,059.9	50,586.4	47,270	174.2	116.1
Female	1,935.9	114,367	2,921.7	3,220.2	15,238.2	25,780	164.2	75.9
Total	8,141.9	434,041.4	8,538.8	8,280.1	65,824.6	73,050	338.4	202
Labor Participation Rate (Unit: %) All data for 2022								
Male	71	79	71	57	84	80	76	82
Female	5	30	32	29	26	43	68	44
Total	38	55	50	40	55	61	72	66
Unemployment Rate (Unit: %) All data for 2017								
Male	10	8	3	10	3	4	3	6
Female	14	8	6	12	4	7	4	5
Total	11	8	4	10	3	4	3	5

Source: prepared by the research team based on ILO STAT for labor force, and World Bank Open Data for labor force participation rate and unemployment rate

8.2.2. Employment in Informal Sectors

One of the major characteristics of the Bangladeshi labor market is that there is a very large number of workers in the informal sector. As shown in Table 8-4, those engaged in work in the informal sector account for about 85% of all workers.

Table 8-4: Percentage of Workers in Formal and Informal Sectors

Indicators	2010	2013	2015-16	2016-17	2022
Percentage of workers by sector ³¹⁰(Unit:%)					
Agriculture	47.3	45.1	42.7	40.6	45.4
Industry	17.6	20.8	20.5	20.4	17.0
Service	35.1	34.1	36.9	39.0	37.6
Percentage of workers in the informal sector (Unit: %)					
Rural	92.3	90.3	95.4	91.8	74.8
Urban	85.5	86.3	82.3	82.1	88.2
Total	87.5	87.4	86.2	85.1	84.9

Source: prepared by the research team based on Bangladesh Bureau of Statistics (2024), Labour Force Survey 2022 Bangladesh

The term “informal sector” is defined in one sense by the 15th International Conference of Labour Statisticians (ICLS) in 1993 as “a group of production units consisting of unincorporated enterprises owned by households, including informal own-account enterprises and enterprises of informal employers (typically small and non-registered enterprises)”³¹¹. The 17th ICLS subsequently redefined the term “all remunerative work (i.e. both self-employment and wage employment) that is not registered, regulated or protected by existing legal or regulatory frameworks, as well as non-remunerative work

³¹⁰ Sector classification “Agriculture,” “Industry,” and “Services” follow the classification of the reference document. Bangladesh Bureau of Statistics (2024), Labour Force Survey 2022 Bangladesh

³¹¹ ILO Website <https://www.ilo.org/resource/45-informal-economy-workers>, last accessed on 30 June 2024

undertaken in an income-producing enterprise”³¹². According to the Bangladesh Labor Force Survey conducted by the Bangladesh Bureau of Statistics, the informal sector in Bangladesh is defined as the following types of businesses.

- Informal employment refers to those jobs that generally lack basic social or legal protection or employment benefits³¹³.
- Employment in the informal sector is defined as employment in household-operated enterprises (private sector) with 2-4 paid employees. The formal sector comprises employment in Government and incorporated enterprises, quasicorporate enterprises, and enterprises operated by a household with 5 and more regular paid employees³¹⁴.

The above labor and employment is often found in various sectors such as agriculture, garment industry, retail trade, and domestic labor. Workers in these informal sectors are not covered by legal protection and social security, and their rights as workers are not adequately protected. In addition, their working conditions are not well understood, and there are few public employment support measures tailored to the present conditions and needs of workers in the informal sector, such as appropriate vocational training, skills development, and job placement. In addition, it is difficult to organize labor unions, and therefore, demands and negotiations related to the improvement of poor working conditions, such as low wages and long working hours, cannot be sufficiently implemented.

8.2.3. Participation of Women in the Labor Market

The labor participation rate of women in Bangladesh has increased significantly over the past decade. However, as shown in Table 8-5, the labor participation rate of rural women has increased significantly from 33.7% in 2013 to 51% in 2022, while the labor participation rate of urban women has decreased from 33.7% in 2013 to 23.68% in 2022.

Table 8-5: Indicators related to Labor and Employment, by Gender and Region

Indicators	2010	2013	2015-16	2016-17	2022
Labor Force (Unit: Million)					
National					
Male	39.5	42.5	43.1	43.5	47.27
Female	17.2	18.2	19.1	20.0	25.78
Total	56.7	60.7	62.1	63.5	73.05
Urban					
Male	9.3	12.0	12.5	12.9	14.07
Female	4.0	5.1	4.8	5.0	4.29
Total	13.3	17.1	17.3	17.9	18.36
Rural					
Male	30.2	30.5	30.6	30.7	33.19
Female	13.2	13.1	14.3	15.0	21.50
Total	43.4	43.5	44.8	45.7	54.69
Labor Force Participation Rate (Unit: %)					
National					
Male	82.5	81.7	81.9	80.5	80/00
Female	36.0	33.5	35.6	36.3	42.77
Total	59.3	57.1	58.5	58.2	61.20

³¹² Ibid

³¹³ Bangladesh Bureau of Statistics (2024), Labour Force Survey 2022 Bangladesh, P. 60

³¹⁴ Ibid

Indicators	2010	2013	2015-16	2016-17	2022
Urban					
Male	80.2	81.7	81.7	81.0	79.22
Female	34.5	32.9	30.8	31.0	23.68
Total	57.3	56.7	56.0	55.7	51.17
Rural					
Male	83.3	81.6	81.9	80.3	80.30
Female	36.4	33.7	37.6	38.6	51.00
Total	60.0	57.3	59.6	59.3	65.50

Source: prepared by the research team based on Bangladesh Bureau of Statistics (2024), Labour Force Survey 2022 Bangladesh

In Bangladesh, the garment industry grew during the 1980s and 1990s, and the number of female workers in the export-oriented ready-made garment (RMG) industry increased rapidly as many women were employed in garment factories in the suburbs of urban areas. Subsequently, over the past decade, the labor participation rate of women in urban areas has declined, while that of women in rural areas has increased, mainly due to the following factors.

- The number of female workers in the RMG sector began to decline after 2016 due to the beginning of the decrease in the garment industry, as well as the increasing mechanization and the use of machines to perform tasks that were once performed by female workers³¹⁵.
- Many women who had moved to urban areas to work in the RMG sector have been returning to rural areas due to improved rural development programs and declining job security in the garment industry³¹⁶.
- The number of women with jobs is increasing through microfinance projects and enterprise support in rural areas.³¹⁷

The increase in the labor participation rate of women indicates that women's participation in the labor market is expanding. On the other hand, as shown in Table 8-6, the percentage of female workers in the informal sector is significantly higher than that of men, with a national average of 96.6%, indicating that almost all women are engaged in the informal sector, according to the survey results. Issues related to labor in the informal sector are described in 8.2.2 "Employment in Informal Sectors," and it is necessary to sufficiently understand the actual working conditions of women in order to develop better working and employment environments.

Table 8-6: Percentage of Workers in the Informal Sector in 2022, by Gender and Region (Unit:%)

Urban			Rural			National		
Male	Female	Total	Male	Female	Total	Male	Female	Total
70.5	89.6	74.8	81.8	98	88.2	78.4	96.6	84.9

Source: prepared by the research team based on Bangladesh Bureau of Statistics (2024), Labour Force Survey 2022 Bangladesh

³¹⁵ The Daily Star, <https://www.thedailystar.net/news/bangladesh/news/women-labour-force-decline-3529851>, last accessed on 30 June 2024

³¹⁶ Ibid

³¹⁷ Md. Sayeed Akhter et al (2016), Impact of Microfinance on Empowerment of Rural Women in Bangladesh: Evidences from Some Selected Studies

On the other hand, in microfinance projects, it is reported that in many cases, the husband, the spouse, rather than the woman, has the authority to decide whether to take a loan and for what use the loan received is to be used

CGAP, <https://www.cgap.org/blog/has-microcredit-empowered-women-in-bangladesh-yes-not-itself>, last accessed on 3 July 2024

And while the labor participation rate of women is on the rise, there remains a number of barriers to women's participation in economic activities. A World Bank survey of women in Dhaka in 2019 revealed that women with children, especially those under the age of five, and women who do not feel safe in the outside environment are significantly less likely to participate in the labor market. This indicated the importance of efforts related to the establishment of available childcare facilities and the elimination of sexual harassment in public places³¹⁸. The survey also confirmed that various factors continue to hinder women's labor participation, including limited access to transportation, which limits their occupational choices (women are less likely than men to use public transportation), and conservative gender norms³¹⁹ that restrict their freedom to go out and move around. women's participation in the workforce³²⁰.

8.3. Status of Ratification of International Conventions, and Laws, Policies and Institutions related to the Protection of Workers' Rights

8.3.1. Status of Ratification of International Conventions

Bangladesh joined the ILO in 1972 and has been ratifying ILO Conventions since then. As of June 2024, the ILO has ratified 8 of the 10 ILO Core Labor Standards Conventions listed in Table 8-1, except for "Occupational Safety and Health Convention, 1981 (No. 155)" and "Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)". Also, it has ratified 28 of the 181 non-core labor standards conventions (6 of which have already been repealed)³²¹.

8.3.2. Status and Challenges on National Legislation and Policies

8.3.2.1 National Legislation and Policies

National legislation related to the protection of workers' rights includes the laws in Table 8-7.

Table 8-7: National Legislation related to the Protection of Workers' Rights

Name	Year	Summary
Laws and Rules³²²		
The Bangladesh Labour Act 2006	2006, Amended in 2013 and 2018 ³²³	Laws dealing with various items related to labor and employment, such as minimum wages, payment of wages, health and safety, occupational accidents, employment of young people, maternity benefits, working hours, wages and payments, labor unions, and working conditions.
Bangladesh Labour Rules 2015	2015, amended in 2022	Detailed guidelines for the implementation of the Labor Act 2006. Regulates worker safety, health, welfare, working conditions, wages, and employment standards.
The Bangladesh Labour Welfare Foundation Act 2006	2006, amended in 2013	An Act relating to the establishment of the Bangladesh Labor Welfare Foundation, its role and operations.

³¹⁸ World Bank et al (2019), What works for working women? Understanding female labour force participation in Urban Bangladesh

³¹⁹ Commonly called “parda” (Persian for “curtain” or “curtain”), a custom or practice that restricts women from going out or engaging in any activity outside the home

³²⁰ World Bank et al (2019), What works for working women? Understanding female labour force participation in Urban Bangladesh

³²¹ ILO Website https://normlex.ilo.org/dyn/normlex/en/f?p=1000:11200:0::NO:11200:P11200_COUNTRY_ID:102729, last accessed on 30 June 2024

³²² A “regulation” is enacted to supplement the implementation of a specific law and establishes detailed procedures and standards for administrative agencies.

³²³ In 2023, Congress also passed the Labor Act 2006, which includes several amendments, such as changing the maternity leave from a total of 112 days to 120 days, but the amendment has not yet received presidential approval and has not yet gone into effect.

The Daily Star, <https://www.thedailystar.net/law-our-rights/news/president-returns-the-labour-bill-2023-reconsideration-3558376>, last accessed on 3 July 2024

Name	Year	Summary
Economic Possessing Zones labour act 2019	2019	Laws pertaining to labor and employment in Economic Possessing Zones (EPZs)
Policies		
The National Child Labour Elimination Policy	2010	The policy that formulates with the goal of eliminating hazardous child labor by 2021 and all child labor by 2025.
The National Labour Policy	2012	The policy that establishes the rights and welfare of workers in order to create a healthy, productive, non-discriminatory and non-exploitative work environment.
The National Occupational Health and Safety Policy	2013	Guidelines for creating a safe and healthy working environment. In addition to protecting workers, it also intends to increase the productivity of the industry. It applies not only to the formal sector but also to the informal sector.

Source: prepared by the research team based on the legal documents

The legal framework corresponding to the ILO Core Labor Standards presented in Table 8-1 is shown in Table 8-8.

Table 8-8: Corresponding Provisions to the ILO Core Labour Standards in Bangladesh National Laws

	Items	Name	Summary
1	Freedom of association and the effective recognition of the right to collective bargaining	The Chapter 13 in the Labour Act 2006	Chapter 13 regulates labor unions and labor-management relations, including the role of labor unions, conditions for their establishment, strikes, and labor disputes.
2	Elimination of all forms of forced or compulsory labor	The Article 34 in the Constitution The Article 374 in the Penal Code 1860 2006	Forced labor” is defined as ”work performed against the will of the worker. Forced labor” is defined as ”work performed against the will of the worker, in situations where the worker cannot choose to work of his or her own volition.” and prohibits any form of forced labor, and provides for penalties.
3	Effective abolition of child labor	The Article 34 to 36 in the Labour Act 2006	It prohibits the employment of children under the age of 14 and has special restrictions on the type and hours of work for minors between the ages of 14 and 18. It also prohibits workers under the age of 8 from engaging in hazardous work.
4	Elimination of discrimination in respect of employment and occupation	The Article 28 in the Constitution The Article 345 in the Labour Act 2006	Although discrimination is prohibited in the Constitution, there is no provision in the Labor Act 2006 that prohibits discrimination in employment ³²⁴ . Article 345 provides for the equal pay for equal work and stipulates that “there shall be no discrimination based on the presence or absence of male, female, or physical disability”.
5	A safe and healthy working environment	The Chapter 5 in the Labour Act 2006	The Chapter 5 regulates health and hygiene at work and contains arrangements for the working environment, equipment and machinery safety, handling of hazardous substances, emergency response, accident compensation, etc.

Source: prepared by the research team based on the Bangladesh Labour Act 2006

8.3.2.2 Challenges on National Legislation and Policies

The following challenges were identified regarding laws and policies related to the protection of workers' rights.

1) Protection of the rights of workers in the informal sector

Although the Labor Act 2006 contains various arrangements related to labor and employment, workers in the informal sector are not covered by the Act and are therefore without legal protection³²⁵.

³²⁴ World Bank (2021), Economic Review Bangladesh - Women, Business and the Law 2021, P. 3

³²⁵ London School of Economics (2022), Policies and plans for workers' protections in Bangladesh, P.1

2) Exercising the right to organize and bargain collectively

The Labor Act 2006 stipulates that a trade union cannot be registered as a trade union unless at least 20% of the total number of workers employed at the establishment are members (15% for establishments with more than 3,000 employees)³²⁶. In addition, a requirement is imposed for strikes that at least 51% of the union's membership must vote in favor of the strike³²⁷. Likewise, according to Labor Law 2006, the government retains the right to call off a strike if it determines that the strike may cause “serious difficulties for the community” or is “detrimental to the national interest.”³²⁸

The Labor Act 2006 makes it illegal to threaten or fire a worker for joining a labor union, for wanting to join, or for persuading others to join. However, this provision is not fully enforced, and there have been reported cases of workers being harassed, threatened, or losing their jobs for joining or attempting to form a labor union³²⁹. Additionally, almost half of all applications for trade union registration are rejected by the Ministry of Labor, and union meetings are frequently banned by the police³³⁰.

Thus, limitations and challenges in exercising the right to organize and collective bargaining have been identified.

3) Elimination of child labor

Bangladesh ratified the one of the ILO core labor standards on the elimination of child labor, "Minimum Age Convention, 1973 (No. 138)" in 2022. The Convention defines 15 years of age or older as the minimum age for employment, but the Labor Law 2006 defines “children” as those who have not yet reached 14 years of age, resulting in a contradiction between the international convention and domestic law³³¹. After the ratification of the Convention, efforts must be made to align it with domestic laws, but legal reforms regarding the age at which a person can work have not yet been implemented.

However, while the number of children engaged in “hazardous child labor”³³² decreased from 1.28% in 2013 to 1.07% in 2022, the percentage of children engaged in labor in general increased from 4.3% (1,698,894 children) in 2013 to 4.4% (1,776,097 children) in 2022. However, the percentage of children engaged in child labor in general increased from 4.3% (1,698,894 children) in 2013 to 4.4% (1,776,097 children) in 2022, and further measures and efforts are required to eliminate child labor³³³.

4) Maintaining a safe and healthy working environment

³²⁶ The Article 179 (2) in the Labour Act 2006. However, if several establishments under the same employer are affiliated and related to each other for the purpose of carrying out the same industry, they are considered one establishment, regardless of their location (The Article 179 (2) in the Labour Act 2006).

³²⁷ The Article 211 (1) in the Labour Act 2006

³²⁸ The Article 211 (3) in the Labour Act 2006

³²⁹ London School of Economics (2022), Policies and plans for workers’ protections in Bangladesh, P.2

The International Trade Union Confederation Website <https://www.ituc-csi.org/bangladesh-abuse-of-workers-rights>, last accessed on 3 July 2024

³³⁰ Amnesty International (2023), Bangladesh must stop violating labour rights and uphold corporate accountability

³³¹ The Article 2 (63) in the Labour Act 2006

³³² "Hazardous child labor" is defined as "work that, by its nature or the circumstances under which it is performed, is likely to be harmful to the health, safety, or morals of children," and specifically includes, 1) work which exposes children to physical, psychological or sexual abuse; 2) work underground, under water, at dangerous heights or in confined spaces; 3) work with dangerous machinery, equipment and tools, or which involves the manual handling or transport of heavy loads; 4) work in an unhealthy environment which may, for example, exposes children to hazardous substances, agents or processes or to temperatures, noise levels or vibrations damaging to their health; 5) work under particularly difficult conditions, such as work for long hours or during the night or work where the child is unreasonably confined to the premises of the employers.

Bangladesh Bureau of Statistics et al (2023), National Child Labour Survey Bangladesh 2022, P. 13

³³³ Bangladesh Bureau of Statistics et al (2023), National Child Labour Survey Bangladesh 2022, P.18

Although the Labor Act 2006 and the the National Occupational Health and Safety Policy for the working environment, there have been numerous reports of inadequate measures for occupational safety and health, such as insufficient water supply services and air conditioning in factories, which have adversely affected the health of female workers, especially in RMG³³⁴. In addition, accidents at work in the construction, transportation, and manufacturing industries have been frequent³³⁵.

5) Prohibition of discrimination in employment

The Discrimination (Employment and Occupation) Convention, 1958 (No. 111) prohibits “any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin”³³⁶. Although Bangladesh has ratified the Convention, there is no provision in domestic law prohibiting discrimination in employment³³⁷. The UN Human Rights Council has also issued recommendations for the enactment of comprehensive anti-discrimination legislation, including discrimination in hiring and employment³³⁸.

8.4. Status and Challenges on Measures and Services related to the Protection of Workers' Rights

8.4.1. Measures and Services related to the Protection of Workers' Rights

The following is a summary of the measures and services related to the protection of workers' rights that were identified through this research.

8.4.1.1 Inspection by DIFE

The Department of Inspection for Factories and Establishments (DIFE), a division of the Ministry of Labor and Employment (MoLE), conducts on-site inspections of factories and establishments. DIFE is located at its headquarters in Dhaka and has 31 district offices throughout the country at the district level. Each district office has a Deputy Inspector General (Grade 6), Assistant Inspector General (Grade 9), and Labour Inspector (Grade 10). It has 450 Inspectors in total nationwide.

The following three categories have been established for Assistant Inspector General and Labour Inspector.

- 1) Assistant Inspector General / Labour Inspector (General)
- 2) Assistant Inspector General / Labour Inspector (Health)
* Medical educational background required.
- 3) Assistant Inspector General / Labour Inspector (Safety)

A checklist is prepared in accordance with the Labor Act 2006 and related regulations, and inspections are conducted on registered factories and enterprises based on the checklist. As of March 2024, there are approximately 46,000 registered entities nationwide, and DIFE headquarters and district offices formulate an annual plan and conduct inspections on a rolling basis. Registration of enterprises is mandatory at the time of setting up, and factories and enterprises that do not register are issued a warning

³³⁴ London School of Economics (2022), Policies and plans for workers' protections in Bangladesh, P.3

³³⁵ Amnesty International (2023), Bangladesh must stop violating labour rights and uphold corporate accountability

³³⁶ ILO website https://webapps.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C111, last accessed on 4 July 2024

³³⁷ UN Human Rights Council (2018), Report of the Working Group on the Universal Periodic Review Bangladesh, P.2

³³⁸ The UN Human Rights Council (2018), Report of the Working Group on the Universal Periodic Review Bangladesh, P.2

and eventually brought before the Labor Court (see 8.4.1.2 " Labour Courts and the Labour Appellate Tribunal"). If the inspection confirms a problem, the employer is instructed by DIFE to improve the situation. If the employer does not improve after repeated guidance, the case is finally brought before the Labor Court.

8.4.1.2 Labour Courts and the Labour Appellate Tribunal

In Bangladesh, 13 labor courts have been established throughout the country as specialized institutions to adjudicate disputes related to labor acts³³⁹. Each labor court consists of a presiding judge and two justices. The presiding judge is appointed from among the district judges or assistant district judges, and one of the judges is appointed after consultation with the employer and the other with the workers. The Labor Court adjudicates and decides on grievances concerning disputes between labor and management, enforcement or violation of settlements, dismissals, temporary dismissals, layoffs, nonpayment of wages, and nonpayment of compensation for disability on the job. It also adjudicates on offenses related to unfair labor practices, breach or non-performance of settlements, illegal strikes, and non-compliance.

Any party dissatisfied with the ruling of the Labor Court may appeal to the Labor Appellate Tribunal. The Tribunal is composed of one presiding judge appointed by the government from among current or retired justices of the Supreme Court and a senior judge of the District Court. The Labour Appellate Tribunal is mandated to process appeals from Labour Court rulings within 180 days of the filing of the petition, including the reinstatement of a worker or workers on duty.

8.4.1.3 Helpline 16357

MoLE has established a toll-free helpline 163457 to receive complaints regarding unpaid wages, harassment, unfair dismissal, and other occupational health issues in the workplaces. Helpline operates 24 hours a day, 7 days a week, 365 days a year. When Helpline receives a report from a worker, it identifies the area and the Labour Inspector, who is also the office in charge of the area, conducts a fact-finding and investigation.

8.4.1.4 The Central Fund and Bangladesh Labour Welfare Foundation

The Central Fund and the Bangladesh Labour Welfare Foundation (BLWF) are established as part of the MoLE. Both are organizations that provide financial assistance to workers, with the Central Fund targeting RMG workers and the BLWF targeting non-RMG workers. Their respective roles are outlined in Table 8-9.

Table 8-9: Main Roles of the Central Fund and the Bangladesh Labour Welfare Foundation

	Central Fund	Bangladesh Labour Welfare Foundation (BLWF)
Year of Establishment	2016	2012
Target	Workers in the RMG sector and their families	Workers outside the RMG sector and their families
Source of Funds	<ul style="list-style-type: none"> • Membership fee (0.03% of annual export value of registered companies) • Government grants 	<ul style="list-style-type: none"> • Membership fee (10% of 0.5% of the registered company's annual net profit (the remaining 90%

³³⁹ 3 in Dhaka, 2 in Chittagong, 1 each in Rajshahi, Khulna, Barisal, Sylhet, Rangpur, Gazipur, Comilla, Narayanganj, in total 13.

	Central Fund	Bangladesh Labour Welfare Foundation (BLWF)
	<ul style="list-style-type: none"> Other donations, etc 	<p>is stipulated to be utilized by the company directly for the welfare of its employees)</p> <ul style="list-style-type: none"> Government grants Other donations, etc.
Assistance	<ul style="list-style-type: none"> Lump-sum payment for death or serious injury resulting from an accident in the course of employment: Maximum BDT 300,000 Lump-sum payment for death not caused by an accident at work: Maximum BDT 200,000 Lump sum compensation for absence from work due to illness: Maximum BDT 25,000 Maternity benefit for female workers: Maximum BDT 25,000 Educational scholarship for children of workers: Maximum BDT 25,000 	<ul style="list-style-type: none"> Lump-sum payment for death (on and off the job): Maximum BDT 200,000 Compensation for disability due to accident at work: Maximum BDT 250,000 *In cases of accident due to negligence of employers, the deposit will be contributed twice. Medical assistance benefit: Maximum BDT 25,000 Maternity benefits for female workers: Maximum BDT 25,000 Educational scholarships for children of workers: Maximum BDT 30,000

Source: prepared by the research team based on the interviews

8.4.1.5 Labour Welfare Centres

MoLE has established and operates 32 Labour Welfare Centres (LWCs) across the country, which provide the following services to workers/employees of factories and establishments and their families (available to all workers and their families, regardless of formal sector or informal sector) and informal sectors)³⁴⁰.

1) Health Services

Doctors, pharmacists, and nurses are stationed at the center, and health services and medicines are provided to users free of charge. Since the facility is not equipped with advanced medical facilities or hospitalization facilities, referrals are made to nearby medical facilities when specialized treatment is required. In addition, since there is no clinical psychologist on staff, health services related to mental health are not provided.

2) Family Planning Services

Contraceptives (mainly oral contraceptives and condoms) are distributed to workers free of charge. Both are provided by the Ministry of Health and Family Planning.

3) Recreation Services

The center has a recreation room equipped with TVs, computers, and other equipment, and a library, providing space for workers to chat and entertain themselves after work (available 5 days a week, except Fridays and Saturdays).

4) Awareness Raising Activities

It offers training on the Labor Act, workers' rights and responsibilities, productivity, working environment, occupational health and safety, and other topics. Participants are invited from nearby factories and offices, and each session is open to about 20 to 30 people. Participants are given a daily allowance and a small gift.

³⁴⁰ Based on the interviews with MoLE and Dhaka LWC (March 2024)

8.4.1.6 Vocational Training

In Bangladesh, 24 ministries offer a variety of skill development, technical and vocational education and training (TVET), and non-formal education programs, which vary widely in scope and content³⁴¹. Table 8-10 shows some of the vocational training offered by public institutions.

Table 8-10: Overview of Vocational Training offered by Government Agencies

Organization	Program	Main Target	Contents
Bangladesh Technical Education Board	National Technical and Vocational Qualification Framework	Students (secondary schools, technical colleges, etc.)	Vocational training in mechanical engineering, electronics, information technology, and construction technology. It provides specialized skills to increase competitiveness in the labor market.
Directorate of Technical Education	Public Technical Training Centres	Young generation, unemployed workers, workers seeking to improve their skills or change jobs	Machine operation, electrical engineering, construction, IT skills, etc. It provides basic and practical training as engineers to expand job opportunities.
Bangladesh Industrial and Technical Assistance Center	Technical Training Programs	Employees, craftsmen and technicians of small and medium-sized enterprises	Advanced manufacturing technology, automation technology, quality control, etc. It provides specialized technical training to meet industry needs.
Bangladesh Small and Cottage Industries Corporation	Vocational Training Programs for SMEs	Managers, employees and entrepreneurs of small and medium enterprises	Handicraft manufacturing technology, business management, marketing, etc. It provide practical training to enhance the competitiveness of small and medium enterprises.
MoLE *Supported by the World Bank and ILO	Targeting the Ultra Poor and Vulnerable Young People Program	Poor, vulnerable youth (especially women and persons with disabilities)	Technical training, entrepreneurship support, and soft skills training in agriculture, manufacturing, and services. It aims to reduce poverty, create jobs, and improve skills.
BLWF	Welfare Training Programs for Workers	Low-income workers, women workers, people with disabilities	Basic labor skills, health and safety training, and vocational rehabilitation. It aims to improve workers' welfare and vocational skills.
Bangladesh Export Processing Zones Authority	Training Programs for EPZ Workers	Workers and managers in EPZs	Manufacturing technology, quality control, export procedures, etc. It provides specialized training to increase competitiveness of export industries.
MoWCA	Economic Empowerment Training Programs for Women	Women (mainly poor), single mothers	Vocational skills, entrepreneurship development, business management, etc. It supports women's economic independence and promote their participation in society.

Source: prepared by the research team based on the interviews

8.4.1.7 Assistance for the Unemployed

There is no public job assistance (counseling, job placement, or others) or unemployment insurance provided to the unemployed, and support for the unemployed is very limited. This section outlines the

³⁴¹ Mohammad A. Razzaque (2022), Options for Improving Unemployment Protection in Bangladesh, P.4

workfare for the poor, which is considered part of the assistance to the unemployed, and economic assistance to the unemployed in export-oriented industries.

1) Workfare

Workfare is a government program designed to support the livelihood and create employment opportunities for the poor, primarily in rural areas, and is intended to provide employment in public works and community projects along with financial assistance. Three main types of workfare programs are listed in Table 8-11.

Table 8-11: Overview of the Major Workfare Programs

Employment Generation Program for the Poorest (EGPP)	
Organization	Ministry of Finance (supported by the World Bank)
Overview	A job creation program for the poor that provides short-term employment in infrastructure improvement projects in rural areas (e.g., road construction, utility construction).
Remuneration	The program runs twice a year for 6 months each term. It takes place mainly during the off-season of agriculture, and wages are paid to the workers.
Food for Work (FFW)	
Organization	Ministry of Local Government, Rural Development and Co-operatives (MoLGRD) (supported by the World Food Programme (WFP) and ILO)
Overview	A program that provides food to the poor, mainly in rural areas, in exchange for their work on public works projects. The objective is to improve infrastructure in rural areas and food security for the poor.
Remuneration	Workers participate in projects such as road repair and soil improvement, and receive food such as rice in return.
Rural Maintenance Program (RMP)	
Organization	MoLGRD (Supported by Canadian International Development Agency (CIDA), WFP and ILO)
Overview	A program is targeted primarily at women and provides income by engaging in road maintenance work in rural areas.
Remuneration	Workers sign a one-year employment contract and are paid for their work.

Source: prepared by the research team

2) Unemployment insurance system

The Government of Bangladesh, with the support of €113 million from the EU and the Government of Germany, began to implement "Social Protection Program for Unemployed and Distressed Workers in the RMG, Leather goods and Footwear Industries" in December 2020 to mitigate the impact of the pandemic. The program provides financial assistance to unemployed workers in export-oriented industries such as RMG, leather goods and footwear industries. The program provides financial assistance of BDT 3,000 per month for up to three months (total of BDT 9,000 for three months) for unemployed persons in 10 sectors of export-oriented industries, including RMG, frozen food industry, and footwear industry. The assistance will be deposited into a bank or mobile account through G2P. As of March 2024, a total of approximately USD90 million worth of cash assistance has been provided to 10,222 individuals through this program³⁴².

8.4.1.8 Employment Injury Scheme

The Government of Bangladesh, with the cooperation of the GIZ and the ILO, and with funding from the governments of Germany, Canada, and the Netherlands, has launched the Employment Injury Scheme (EIS) on a pilot basis in June 2022. This scheme provides lifelong pension benefits to the

³⁴² Based on the interview with MoLE (March 2024)

families of workers who are injured, disabled, or killed at RMG as a result of accidents on the job. The Central Fund also provides financial support to RMG workers, but the main difference between the Central Fund and the EIS is that the Central Fund provides support only once, while the EIS provides support for life, and the Central Fund is mainly funded by membership fees from member companies, while the EIS is funded by More than 30 apparel brands, including H&M, Fast Retailing, Benetton, and Puma, donate an amount equal to 0.019% of their annual RMG imports from Bangladesh to EIS³⁴³. By the end of June 2024, a total of BDT2,015,472 has been provided for 51 spouses of deceased workers and a total of BDT1,074,435 for 12 workers with injuries or permanent disabilities³⁴⁴. According to ILO, the pilot will be implemented for five years starting in 2022, after which it to be adopted as a national policy in Bangladesh³⁴⁵.

8.4.2. Challenges on Measures and Services related to Protection of Workers' Rights

The research identified the following issues related to measures and initiatives for the protection of workers' rights.

1) Challenges for DIFE inspections

With regard to inspections of factories and establishments conducted by DIFE, it was confirmed that the number of inspectors is insufficient in relation to the number of registered entities, and that there is also a lack of continuous skill development. In addition, there are frequent cases where factories and enterprises do not fully cooperate with inspection visits by inspectors or do not follow improvement instructions (penalties are very light, with only a fine of BDT 5,000 or so being paid)³⁴⁶. The lack of data management and information systems in place for effective inspection and monitoring also makes it difficult to track and analyze inspection results.

2) Challenges for Labour Courts

The number of disputes filed in the labor courts is enormous, and the processing of these cases takes more time than stipulated: as of April 2024, of the 23,571 cases filed in the 13 labor courts and the labour appellate tribunal, 18,396 cases had been pending for more than 180 days, with some cases continuing for more than 10 years. Some of the cases have been ongoing for more than 10 years³⁴⁷. In addition, the fact that the labour appellate tribunal presidency has been vacant since March 2024, and the cases continue to be tried without a presiding judge, is said to have contributed to the delay in processing the cases³⁴⁸.

3) Challenges for vocational training

One of the challenge for vocational training is the lack of infrastructure and equipment. Many training centers and educational institutions have insufficient infrastructure to provide adequate training facilities and up-to-date technology, resulting in poor quality training and difficulty in providing skills that meet

³⁴³ Ethical Trading Initiatives website <https://www.ethicaltrade.org/insights/blog/employment-injury-scheme-lifeline-bangladeshs-workers>, last accessed on 30 June 2024

³⁴⁴ EIS Website <https://eis-pilot-bd.org/beneficiary-statistics>, last accessed on 30 June 2024

³⁴⁵ Based on the interview with ILO (June 2024)

³⁴⁶ Based on the interview with DIFE (June 2024)

³⁴⁷ The Daily Star <https://www.thedailystar.net/news/bangladesh/news/labour-courts-justice-seekers-suffer-deadlines-ignored-3376831>, last accessed on 5 July 2024

³⁴⁸ Daily Observer <https://www.observerbd.com/news.php?id=470935>, last accessed on 5 July 2024

the needs of the labor market. It has also been noted that in some programs, the training contents have not followed the latest technology and industry standards, and that the skills and quality of teachers are not satisfactory. Lack of linkages with the labor market has also been an issue, and in some cases, appropriate employment opportunities are not available after completing the programs. In addition, since each institution provides vocational training separately and there is no coordination among institutions, they are not able to systematically cover a wide range of needs of students, workers, and job seekers. Vocational training opportunities for women and rural residents are very limited, and expanding vocational training facilities to rural areas is also recognized as an essential issue³⁴⁹.

4) Challenges for support for the unemployed

The ILO's Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168), neither of which Bangladesh has ratified, require the provision of adequate and continuous financial assistance to the unemployed, but few assistance is provided to the unemployed in Bangladesh, and there are virtually no opportunities for the unemployed to receive financial assistance. In addition, retraining and skill development programs for the unemployed are not well developed, and there is a lack of support for the unemployed to find new employment. Workers in the informal sector, in particular, are often not eligible for assistance and rarely receive any kind of protection or support when they are unemployed.

5) Challenges for the employment insurance system

Although EIS has been introduced on a pilot basis for workers in some export-oriented industries such as RMG, an employment injury system is not fully in place for workers in sectors other than that. While the Labor Act 2006 imposes insurance coverage requirements on establishments employing 100 or more employees, in reality, establishments often do not have insurance or do not provide adequate coverage. In addition, most establishments, especially in the informal sector, have less than 100 employees and are forced to work without any guarantees regarding injuries, death, or other cases,

8.5. Initiatives of International Organizations, Donors and NGOs for the Protection of Workers' Rights

8.5.1. Initiatives of International Organizations, Donors

The main initiatives of international organizations for the protection of workers' rights are shown in Table 8-12.

Table 8-12: Initiatives of International Organizations Related to the Protection of Workers' Rights

ILO	
Areas	Establishing labor standards, improving working conditions, strengthening social security, etc
Major programs	<ul style="list-style-type: none"> • The Labour Administration and Working Conditions (LAWC) Advisory on labor law reform, promotion of compliance with labor standards, elimination of child labor, strengthening occupational health and safety, and enhancing dialogue between workers and management • Social Protection Programme for Unemployed and Distressed Workers in the RMG, Leather goods and Footwear Industries • Support for the unemployed in export-oriented industries • EIS

³⁴⁹ Based on the interviews with MoLE (March 2024)

	Pilot Project for Employment Accident Insurance Scheme in Export-Oriented Industries • Promoting Gender Responsive Enterprise Development and TVET Systems (ProGRESS) Improving women's access to vocational training (supported by the Government of Canada)
World Bank	
Areas	Economic development, poverty reduction, strengthening social protection programs, etc.
Major programs	<ul style="list-style-type: none"> • Resilience, Entrepreneurship and Livelihood Improvement Project Cash transfers to poor women in rural areas, support for entrepreneurship (small loans), development of producer groups, infrastructure building • Sustainable Microenterprise and Resilient Transformation Project (SMART) Strengthening climate resilience, productivity and competitiveness for small and medium enterprises (SMEs) • Export Competitiveness for Jobs Project Strengthening access to export markets, increasing productivity, and improving environmental, social, and quality standards for the private sector • Accelerating and Strengthening Skills for Economic Transformation Project Reinforcement of vocational training system, equipment support, digitalization support • Economic Acceleration and Resilience for NEET Project Skills development for socially vulnerable youth, equipment support, provision of online training, entrepreneurship support, and assistance in establishing day care centers in the private sector
ADB	
Areas	Vocational training, private sector development
Major programs	<ul style="list-style-type: none"> • Improving Computer and Software Engineering Tertiary Education Project Computer skill development support and entrepreneurship development support • Skills for Industry Competitiveness and Innovation Program Technical training and human capital development support
EU	
Areas	Support for labor law reform, support for the unemployed in export-oriented industries, and support for the elimination of child labor
UN Women	
Areas	Support to female workers in the RMG sector (livelihood enhancement, skills development, etc.); support to female migrant workers (protection, awareness-raising activities, etc.)
Major programs	<ul style="list-style-type: none"> • Inclusive and Equitable Local Development Programme (IELD) Joint initiative with UNDP and UN Capital Development Fund (UNCDF). Strengthening women's access to the labor market, supporting women entrepreneurs
UNICEF	
Areas	Support for elimination of child labor

Source: prepared by the research team based on interviews

As donors such as foreign governments and bilateral aid agencies, the governments of Germany, the Netherlands, Canada, GIZ, and CIDA are contributing funds in this field.

8.5.2. Initiatives of NGOs and Private Organizations

In Bangladesh, many international and local NGOs and other private organizations are engaged in activities related to the protection of workers' rights. Table 8 13 shows some of these initiatives.

Table 8-13: Initiatives of NGOs and Private Organizations

International NGOs	
Fair Wear Foundation	
Major programs	<ul style="list-style-type: none"> • Improving Working Conditions: To improve working conditions in the garment industry, work with companies to monitor compliance with labor standards and assess factory working conditions. • Education and Training: Provide education and training to workers and managers on labor standards and rights. • Grievance Mechanisms: Provide a system for workers to safely submit grievances and respond promptly and fairly.

Solidaridad	
Major programs	<ul style="list-style-type: none"> • Building Sustainable Supply Chains: implement programs to build sustainable supply chains in the garment and agriculture sectors and strengthen protection of workers' rights. • Training and capacity building: improve skills and expand employment opportunities through technical training and capacity building programs for workers. • Women's Empowerment: support economic independence and advocacy of rights, with a particular focus on women workers
ActionAid	
Major programs	<ul style="list-style-type: none"> • Advocacy for Workers' Rights: conduct campaigns on workers' rights and advocate to governments and companies for improved working conditions. • Assistance in Disaster Situations: provide emergency assistance to workers when they face natural or industrial disasters. • Community Development: work to improve the lives of workers and their families by providing education, health, and economic opportunities.
Clean Clothes Campaign	
Major programs	<ul style="list-style-type: none"> • Improving working conditions: develop activities to improve working conditions in the garment industry through the implementation of a global campaign • Consumer Awareness: raise awareness among consumers about the working conditions behind their products. • Supporting Workers: support activities to help workers recognize their rights and demand just wages and safe working conditions.
Local NGO	
Bangladesh Center for Workers Solidarity	
Major programs	<ul style="list-style-type: none"> • Organizing Workers: provide assistance to workers to organize and bargain collectively to defend their own rights. • Education and Training: provide education to workers on labor laws and labor rights to give them the knowledge to understand and advocate for their own rights. • Legal Assistance: provide legal assistance to workers when they face labor disputes or labor rights violations.
Ain o Salish Kendra	
Major programs	<ul style="list-style-type: none"> • Legal Assistance: provide legal advice and assistance to workers and assist in litigation regarding workers' rights. • Human Rights Education: conduct educational programs for workers on human and labor rights. • Monitoring and Reporting: conduct investigations and reports on working conditions and labor rights violations, and develop advocacy activities for governments and international organizations
Bangladesh Institute of Labour Studies	
Major programs	<ul style="list-style-type: none"> • Awareness raising activities: provide training and education programs for workers on labor laws, labor rights, and occupational health and safety. • Research and Advocacy: conduct research on labor issues and develop policy recommendations and advocacy activities. • Trade Union Branches: support organizing and strengthen trade unions and improve their collective bargaining power.
National Garment Workers Federation	
Major programs	<ul style="list-style-type: none"> • Trade union activities: organize and strengthen trade unions to defend the rights of garment workers. • Improving working conditions: organize campaigns and strikes to demand better working conditions and wages. • Legal support: provide legal assistance for labor disputes and violations of labor rights.
Awaj Foundation	
Major programs	<ul style="list-style-type: none"> • Worker Empowerment: provide leadership training and capacity building programs for workers to promote worker independence and empowerment. • Occupational Health Promotion: implement educational programs and campaigns to protect workers' health and safety. • Promoting Women's Rights: focus particularly on the rights of women workers, preventing harassment and promoting gender equality.

Source: prepared by the research team based on the interviews

8.6. Measures and Initiatives Expected to be Necessary in the Future

Based on the circumstances and challenges of the protection of workers' rights in Bangladesh, this report presents measures and initiatives that are considered necessary to be implemented in the future.

1) Legal and Institutional Improvement

As indicated in “8.3.2.2 Challenges on National Legislation and Policies,” it is necessary to strengthen various laws and legal frameworks in accordance with relevant international standards and conventions regarding the prohibition of discrimination in employment and employment, elimination of child labor, guarantee of the right to organize and bargain collectively, occupational health, and others. In addition, it is becoming increasingly important to institutionalize employment injury scheme and unemployment insurance as part of national policy.

2) Enhancing capacity of relevant stakeholders for the protection of workers' rights

DIFE inspectors are required to develop their capacity regarding labor rights and their protection, as well as negotiation and dialogue with employers. In recent years, the EU, in particular, has been strengthening its efforts to ensure respect for human rights in the supply chain, and has been strengthening its regulations on the private sector, such as making it mandatory to conduct human rights due diligence. Bangladesh, which is highly dependent on export-oriented industries such as RMG, faces a high risk of being left behind in the international trend, resulting in a decline in international competitiveness. Therefore, it is essential to promote efforts to respect workers' rights in response to requests from the EU and other Western countries. It is also an urgent issue to strengthen the capacity of government agencies and industry associations to conduct human rights due diligence and audits in accordance with international standards related to respect for workers' rights and human rights.

3) Strengthening access to the labor market

There is a need to strengthen labor market access for women, persons with disabilities, and other socially marginalized groups. Even when these people do have access to employment opportunities, they are often forced to work under poor working conditions, including very low wages and lack of safe working conditions. In order to address this situation, it is necessary not only to provide economic and capacity-building assistance to vulnerable groups, but also to strengthen regulations including penalties on factories and business establishments, as well as the informal sector, and to improve institutions, such as promoting the establishment of childcare centers in the private sector. The elimination of sexual harassment in the workplace and public places must also be further strengthened.

4) Reinforcement of vocational training

Regarding vocational training, which is currently conducted individually by various government agencies, needs assessment and organizational arrangement of programs need to be conducted in order to systematically implement training programs that are effective in strengthening labor market access and competitiveness, based on a thorough understanding of the needs of the labor market and the needs of workers and job seekers. It is also important to then conduct periodic monitoring and evaluation to verify the effectiveness of the implemented programs.

9. 9. Recommendations for future cooperation policy

9.1. The Process of Narrowing Down the Areas of JICA cooperation

This study conducted a comprehensive survey on six major areas in Bangladesh's social security sector, considering the broad scope of social security. The areas include: public health insurance and medical security systems, services for the poor and vulnerable, measures for an aging society, expansion of welfare services and employment promotion for persons with disabilities, protection of workers' rights, and child welfare support systems.

In the initial phase, the study broadly identified issues and needs through existing survey results, literature reviews, and interviews with the government and other donors. Subsequently, to identify areas where Japanese cooperation would be meaningful and expected to yield substantial development effects, focused surveys and consultations with relevant government agencies were conducted in the latter phase.

Analysis of Bangladesh's overall social security system revealed that each area requires support. For instance, while pensions for civil servants constitute a majority of the overall social security system budget, this does not imply that support for the entire field of pensions and benefits for older persons is unnecessary. Rather, it suggests the existence of numerous challenges and room for improvement in this area.

The prioritization of cooperation areas under these circumstances is not based on the assessment that certain areas are more important than others. It was undertaken as a strategic choice to effectively utilize limited resources and maximize development impact. Depending on future survey results and evolving circumstances, flexible consideration for expanding cooperation to other areas will be necessary.

The following sections detail the process of formulating cooperation proposals.

● Process for Considering Cooperation Proposals

The consideration of cooperation proposals proceeded through the following steps:

- 1) Initial Survey: A broad survey was conducted on six major areas. Issues and needs were widely identified through existing survey results, literature reviews, and interviews with the local government and other donors.
- 2) Creation of Long List: Based on the results of the initial survey, a long list was created containing information including cooperation proposals for each area. For each proposal, information such as intended outcomes/impacts, Japan's strengths, synergies with JICA's past cooperation, trends of other donors, and implementation capacity of counterparts was organized. (See Attachment 1: "JICA Cooperation Proposal Long List")
- 3) Creation of Short List: Based on the long list, consultations were held with JICA. Discussions were held on the significance and impact of Japan providing cooperation. Reflecting the consultation results, cooperation proposals spanning four areas (measures for an aging society, expansion of welfare services and employment promotion for persons with disabilities, services for the poor and vulnerable, and protection of workers' rights) remained on the short list. (See Attachment 2: "JICA Cooperation Proposal Short List")
- 4) Additional Survey: Focusing on the proposals in the short list, additional surveys and workshops

with relevant government departments were conducted for the above four areas. (See Attachment 3: "Workshop Materials")

- 5) Selection of Promising Candidates: Based on the results of the additional survey, proposals in the areas of measures for an aging society and expansion of welfare services and employment promotion for persons with disabilities were organized as promising cooperation proposals for JICA.

Through this process, considering local challenges, needs, and the significance of JICA cooperation, two areas were selected as fields where effective cooperation is possible: measures for an aging society (UPS, welfare services for older persons) and expansion of welfare services and employment promotion for persons with disabilities. Additionally, priorities within the cooperation proposals for these two areas were organized.

The following sections explain the direction of each cooperation proposal and the priorities within the proposals.

9.2. Cooperation Plan in the Field of UPS

9.2.1. Current Situation and Challenges

Here, we reorganize the current situation and challenges of UPS and its implementing agency, NPA, within the larger framework of income security for older persons (Figure 9-1).

	Current Situation	Challenges
Pension	Pensions for civil servants <ul style="list-style-type: none"> • Around 800,000 beneficiaries (FY 2022-23) • Pension expenditure is BDT 2,741 billion (2022-23) • Accounts for approx. 23.3% of the total social security budget • Funded by tax revenue 	<ul style="list-style-type: none"> • Increasing financial burden • Rapid increase in the number of pensioners • Sustainability concerns
	Universal pension schemes <ul style="list-style-type: none"> • Four schemes launched in August 2023 • Around 24,000 enrolments as of March 2024 Implementing agency NPA <ul style="list-style-type: none"> • Provisional structure as of May2024 • Plan to expand to 57 members • Local structures not yet in place 	<ul style="list-style-type: none"> • Lack of public understanding of the pension system • Undeveloped organizational structure of NPA: <ul style="list-style-type: none"> • Lack of technical knowledge and experience in pension fund management • Need to establish a nationwide structure • IT system challenges
social allowance	OAA <ul style="list-style-type: none"> • Approximately 5.8 million beneficiaries in FY 2023-24 • Budgeted amount for FY 2023-24 is BDT 42,060 million • Monthly benefit level is BDT 600 (FY 2023-24) 	<ul style="list-style-type: none"> • Problems with the process of selecting eligible persons (ambiguity and lack of transparency in the selection criteria) • Insufficient benefit levels • Limited coverage

Figure 9-1: Current Situation and Challenges in the Field of Income Security for Older Persons

Source: prepared by the research team

NPA is a crucial institution responsible for operating the UPS, which was launched in August 2023. UPS targets all Bangladeshi citizens aged 18 to 50 and offers four schemes: Probash, Progoti, Surokkha, and Samata. However, as of March 2024, the number of subscribers is only about 24,000, with total contributions amounting to approximately 350 million BDT. NPA faces challenges in promoting and operating this system.

The current situation and challenges of NPA are as follows:

- Organizational structure: NPA plans to expand to a 57-person structure, but as of May 2024, it is operating with a temporary structure of 10 seconded staff from the Ministry of Finance and 3 contract staff. Expanding the personnel structure and securing and developing staff with specialized knowledge is urgent.
- Lack of technical knowledge and experience: There is a lack of technical knowledge and experience in pension systems in general, pension enrollment promotion, pension fund management, and IT platform construction and operation. This hinders the effective operation and promotion of UPS.
- Promotion of system understanding and awareness: NPA recognizes that "this pension system is a new concept and it will take time for people to understand it." Strengthening efforts to promote understanding and awareness of the system among the entire population is urgent.
- IT system: NPA provides services through an IT platform, but the Finance Division is responsible for operating the IT portion, and NPA lacks its own IT platform.
- Undeveloped local organizations: While responsible for managing pension funds, local organizations are undeveloped. Establishing a nationwide structure is necessary.

On the other hand, when considering JICA cooperation proposals, the following cooperation from other donors should be taken into account:

- KOIKA: One training session on the Korean pension system was conducted in Korea in 2023, and another is planned for 2024. The 2024 training curriculum includes introduction to Korea's social security system and national pension operation and systems, pension fund management, customer management, ICT development of the National Pension Service of Korea, social security agreements, and services for retirees.
- ADB: NPA and ADB are in discussions primarily regarding cooperation for IT platform construction and operation, but specific cooperation details were undetermined at the time of this study.

9.2.2. Short-, Medium-, and Long-term Cooperation Plans

Based on the recognition of the above challenges, JICA's cooperation directions are organized as follows.

This plan consists of four stages, as shown in Figure 9-2: (1) Strengthening NPA organizational capacity (short-term), (2) Cooperation for considering future directions of UPS, (3) Improvement of specific system operations (medium-term), (3) Ensuring long-term system sustainability (long-term)

Short- and medium-term cooperation focuses on strengthening NPA's capabilities and initial system operation, while long-term cooperation emphasizes ensuring the system's sustainability.

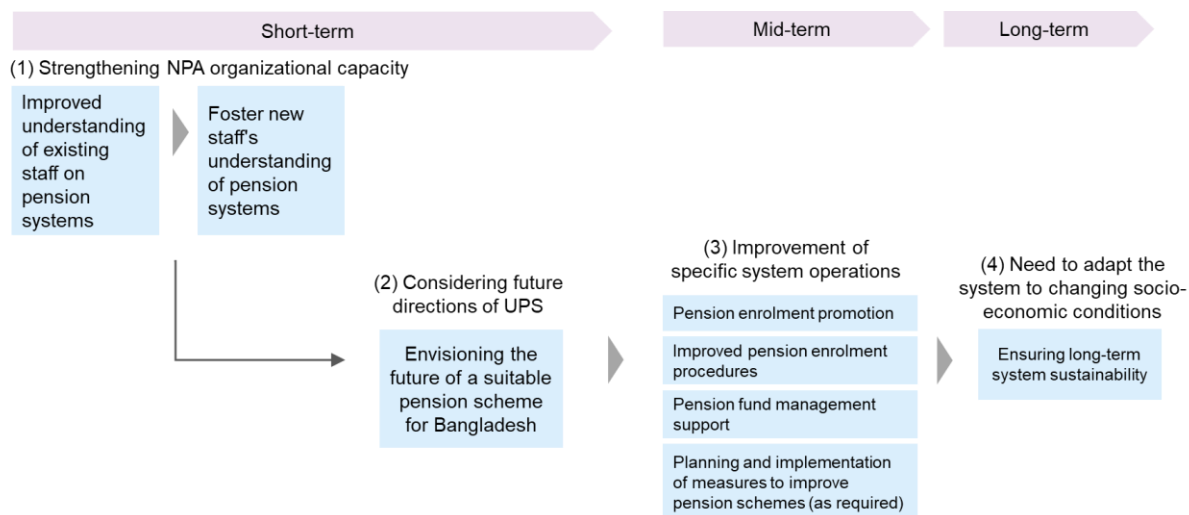


Figure 9-2: Short-, Medium-, and Long-Term Cooperation Plans for UPS

Source: prepared by the research team

The short-term cooperation plan initially involves conducting training on pension systems for existing NPA staff. This training will serve as the foundation for effective knowledge transfer to new staff. Subsequently, training on pension systems will be provided to newly recruited NPA staff. Furthermore, a joint examination of the future development direction of UPS will be conducted. The enhanced capabilities of NPA through short-term cooperation will enable effective implementation of pension enrollment promotion measures in medium-term cooperation.

Building on the organizational capacity developed and the results of UPS directional considerations from short-term cooperation, the medium-term cooperation plan addresses specific improvements in system operations. This includes implementing concrete cooperation for pension system operations. Additionally, it involves formulating and supporting the implementation of pension system improvement measures based on the results of short-term cooperation considerations.

The long-term cooperation plan involves supporting periodic reviews of the pension system and flexible system application. While short- and medium-term cooperation will enable NPA's autonomous pension management, system adaptation will be necessary in response to changes in socio-economic conditions. Therefore, long-term cooperation will focus on assisting with periodic reviews and system adjustments. Cooperation will be provided for regular reviews of the pension system to ensure its sustainability in light of changes in Bangladesh's socio-economic conditions and demographics. These reviews will assess enrollment rates, financial status, adequacy of benefit levels, and make system adjustments as necessary. Furthermore, cooperation for flexible adaptation of the system will contribute to continuous improvement of income security for older persons in Bangladesh. Drawing on the evolution of Japan's pension system, cooperation will be provided for flexible adaptation of the system in response to changes in Bangladesh's socio-economic conditions.

These cooperation plans align with the direction of initiatives in JICA's Global Agenda (Thematic Strategy), specifically in the "Social Security" sector under "Enrichment of Social Security Programs as a Foundation of Society". It particularly corresponds to the approach of "JICA supports the promotion

of social insurance policies such as pensions, capacity development for the collection of premiums, and the establishment of implementation structures through country/area-focused training courses and group training courses in Japan."

9.2.3. Specific Cooperation Proposals

The following section presents more detailed cooperation proposals, focusing particularly on short- and medium-term cooperation from 9.2.2."Short-, Medium-, and Long-term Cooperation Plans" discussed earlier. Additionally, it provides explanations on the anticipated impacts, Japan's comparative advantages, relevant donor trends, and necessary actions on the Bangladesh side for each cooperation proposal.

Table 9-1: Cooperation Proposals in the Field of UPS

Item	Overview
<p>Overview of Cooperation Proposals</p>	<p>[Summary and Objectives]</p> <p>In Bangladesh, the Universal Pension Scheme (UPS) was introduced in August 2023, with the National Pension Authority (NPA) established as a new organization responsible for its operation. NPA is in its initial organizational stage and urgently needs to strengthen its organizational capacity, including accumulating knowledge and experience in pension system management, appropriate staffing, and establishing a nationwide implementation structure. Therefore, the objective is to contribute to the construction of a sustainable pension system in Bangladesh by strengthening NPA's organizational capacity and realizing effective operation and dissemination of UPS. Through this cooperation, NPA staff will acquire comprehensive knowledge and practical skills related to pension systems, and knowledge sharing within the organization will become more active. This is expected to improve NPA's practical capabilities and enable smooth operation of UPS.</p> <p>[Content]</p> <ol style="list-style-type: none"> 1. Training on pension systems for existing NPA staff: <ul style="list-style-type: none"> Overview and historical evolution of Japan's pension system Basic design and operation of pension systems (comparison of voluntary and mandatory enrollment) Fiscal management and ensuring long-term sustainability in UPS Measures for promoting pension enrollment and premium collection Methods for public relations and awareness-raising activities for pension systems Pension fund management strategies and risk management 2. Training on pension systems for newly recruited NPA staff: <ul style="list-style-type: none"> Similar content to item 1 above Promotion of effective technical transfer from existing staff to new staff Note: According to NPA, new staff are likely to lack basic knowledge of pension systems, necessitating more careful capacity development. This aims to strengthen the overall capacity of NPA and ensure knowledge transfer. 3. Cooperation for considering future directions of UPS: <ul style="list-style-type: none"> Current status analysis and issue identification of UPS Consideration of future system design options (maintaining voluntary enrollment vs. transitioning to mandatory enrollment, relationship with OAA, etc.) Impact analysis of each option (fiscal, target population, implementation challenges) Consideration of medium to long-term vision and phased transition process Formulation of action plans for necessary legal system development, organizational structure strengthening, etc. 4. Implementation of specific cooperation for pension system operation: <ul style="list-style-type: none"> Improvement and implementation of enrollment promotion measures suitable for voluntary pension systems

Item	Overview
	<p>Simplification of pension enrollment procedures Enhancement of fund management capabilities Continuous cooperation for strengthening NPA's organizational structure and human resource development Cooperation for establishing a nationwide implementation structure Formulation and implementation cooperation for pension system improvement measures based on the results of item 3 above</p> <p>[Scheme] Training in Japan, dispatch of experts, technical cooperation project</p>
C/P candidate	NPA
Potential impact	<p>Strengthening Income Security for Old Age and Improving Quality of Life for Bangladeshi Citizens: Through effective operation and dissemination of UPS, more citizens, especially informal sector workers and self-employed individuals who previously lacked access to pension systems, will be able to prepare for a stable retirement through the voluntary pension scheme. This income security will enable older persons to meet their basic living needs and lead healthy, active lives. By reducing economic anxiety, it will promote social participation and lifelong learning activities among older persons, realizing dignified living and social inclusion for older people. As a result, the overall economic stability of citizens will improve, and the quality of life for older persons will significantly enhance.</p> <p>Strengthening the Overall Social Security System: The success of UPS will increase public understanding and trust in social insurance, positively influencing the spread of other social security systems such as public health insurance. Furthermore, through appropriate role division between UPS and OAA, diversification of social security funding sources will be achieved, improving the sustainability of the entire system and strengthening Bangladesh's overall social security system.</p> <p>Contribution to Economic Growth and Job Creation: The development of the pension system will promote domestic savings, strengthening the foundation for long-term economic growth. Through the management of pension funds, domestic capital markets will develop, contributing to economic stabilization. Moreover, maintaining the purchasing power of older persons will lead to the development of service industries catering to older people (such as long-term care, health management, leisure, etc.), creating new employment opportunities and positively impacting the overall economy.</p> <p>Strengthening Intergenerational Solidarity and Social Stabilization: The establishment of a public pension system will clarify the intergenerational responsibility for supporting older persons, contributing to social stabilization. By promoting the economic independence of older persons, it will contribute to improving the quality of family relationships and building positive intergenerational relationships, strengthening overall social harmony and cohesion.</p>
Japan's Comparative Advantages	<p>Japan possesses extensive knowledge and experience in developing public pension systems for over 60 years since achieving universal pension coverage in 1961. In particular, Japan's experience in operating voluntary pension schemes (National Pension Fund, individual-type defined contribution pension) and individual account-based funded pension systems (defined contribution pension) can provide insights relevant to the current state of UPS. Japan also has experience in ensuring system sustainability in response to rapid aging, long-term management of pension finances, and effective management of pension reserve funds. There is also specialized knowledge regarding the operation of one of the world's largest pension funds. Furthermore, JICA has a track record of supporting pension system establishment and operation in other countries (Mongolia).</p> <p>However, securing experts with advanced specialized knowledge in pension system design and operation who can be involved in JICA's project may pose a challenge. Additionally, there is uncertainty regarding the availability of cooperation from Japanese pension-related institutions (Ministry of Health, Labour and Welfare, Government Pension Investment Fund, etc.).</p>
Donors	<p>KOICA: training on the Korean pension system (2023 and 2024 (planned)) ADB: undecided but in discussions on support</p>

Item	Overview
Other relevant parties	Ministry of Finance: Ministry responsible for NPA.
Remarks	<p>In addition to KOIKA's training on the Korean pension system, providing training on the Japanese pension system is considered highly beneficial for NPA. Japan has experienced an aging society ahead of the world and has experience in operating voluntary enrollment systems such as the National Pension Fund and individual-type defined contribution pensions. In particular, Japan's experience in ensuring system sustainability in response to demographic changes and effective management of pension reserve funds could provide important insights for Bangladesh's future pension system design and operation.</p> <p>It should be noted that NPA also desires third-country training in Malaysia (training on Malaysia's pension system). NPA cites the reason as Malaysia's high cultural affinity and its role as a socio-economic development model. While there is value in learning about pension systems from various countries, it is difficult to evaluate this as a cooperation proposal within the scope of this study, so it is included here only as reference information.</p> <p>Given the current situation where the appropriateness of UPS's pension design has not been fully confirmed, there may be risks associated with providing cooperation for enrollment promotion. This is because promoting enrollment in a potentially inadequate pension system design could lead to future fiscal problems or disadvantages for enrollees. Therefore, it is worth considering evaluating the validity of UPS's pension design before providing cooperation. This evaluation should include the adequacy of benefit levels and long-term fiscal sustainability. Before entering into medium-term cooperation, it is desirable to include a review of UPS's pension design by experts in the field and improvement proposals as necessary.</p>
Actions Required on the Bangladesh Side	<p>Clarification of Roles between ADB and JICA: Clearly delineate the roles between the cooperation being considered by ADB and the cooperation to be provided by JICA. NPA should proactively coordinate to ensure that the cooperation from both institutions is complementary while avoiding duplication, and establish an effective collaborative framework.</p> <p>Execution of New Staff Recruitment Plan: To strengthen NPA's organizational structure, ensure the implementation of the planned expansion to the envisioned structure.</p>

Source: prepared by the research team

9.3. Cooperation Plan in the Sector of Senior Welfare Services

9.3.1. Current Situation and Challenges

Here, we reorganize the current situation and challenges in senior welfare services (Figure 9-3).

Senior welfare services in Bangladesh are currently in an extremely limited state. There is only one government-managed facility for older persons, located in Dhaka. The Ministry of Social Welfare plans to start operating a total of eight residential facilities for older persons, one in each Division, by 2024, but these are still insufficient relative to older persons population. Furthermore, there is no comprehensive legal system regarding senior care services, and no registration system for service providers, making it impossible for the government to grasp the overall picture of service provision. In the private sector, there are home-based care service providers, and NGOs are also engaged in senior support activities, but the actual situation of these services is not well understood.

	Current Situation	Challenges
System	<ul style="list-style-type: none"> National Policy on Older Persons 2013: new version approved by the Ministry of Social Welfare and submitted to Cabinet The Parents Maintenance Act, 2013 No registration system for service providers 	The government needs to grasp the overall situation surrounding the elderly and consider what measures need to be taken, and the division of roles between the government and other organisations.
Beneficiary	<ul style="list-style-type: none"> The elderly population ratio 60+: 7.48 (2012) → 9.28 (2022) Life expectancy: 60 yrs (2000) → 73 yrs (2023) (male 71 yrs, female 75 yrs) Changes in society: family members leave for cities or abroad, busy work schedule, etc. Changes in perceptions of parental care 	<ul style="list-style-type: none"> Decrease in family caregiving Neglect, abuse and loneliness are major problems Females are more vulnerable / greater access challenges in rural areas
service provider	<p>Ministry of Social Security</p> <ul style="list-style-type: none"> Elderly care facilities: only one in Dhaka, eight to be started in 2024 Day care centres (concept) <p>Private sector</p> <ul style="list-style-type: none"> Home-based care Industry associations (64 registered manpower agencies): demand is increasing / shortage of caregivers Residential facilities: not identified in this study <p>NGOs</p> <ul style="list-style-type: none"> Allowances/human rights awareness activities, mental health care including social and recreational activities, physical care and life support services (day care and visiting care) <p>Caregiver training institutions: available in multiples.</p>	<p>Ministry of Social Welfare</p> <ul style="list-style-type: none"> Vision not clear <p>Private sector</p> <ul style="list-style-type: none"> Supply of caregivers is below demand The private care industry is poorly regulated, hindering the healthy development of the industry Sexual harassment against female caregivers and theft by caregivers are common problems in home care <p>NGOs</p> <ul style="list-style-type: none"> Argue that a comprehensive survey is needed as the situation of the elderly is not yet known

Figure 9-3: Current Situation and Challenges in the Sector of Senior Welfare Services

Source: prepared by the research team

Given this current situation, we consider the following to be the main challenges in the field of senior welfare services in Bangladesh:

- **Absolute Shortage of Services and Resource Constraints:** Compared to income security for older persons, there is a significant lack of senior welfare services. However, due to overall social security budget constraints, there are limits to the services the government can provide. A major challenge is how to develop effective and efficient senior welfare services under these circumstances.
- **Lack of Government Vision and Capacity:** The Ministry of Social Welfare lacks a clear vision for senior welfare. While current government efforts show movement towards enhancing service provision, questions remain about the direction and validity of these plans. This suggests a lack of knowledge and policy-making capacity within the Ministry of Social Welfare regarding senior welfare.
- **Insufficient Collaboration with Diverse Players:** The government is not adequately fulfilling its role in collaborating with and utilizing/promoting the activities of non-governmental players (NGOs, private sector, communities, etc.). Effective cooperation with these players is essential for enhancing senior welfare services within budget constraints, but currently, there is insufficient understanding of their activities, and effective collaboration and support systems have not been established.

- **Insufficient Understanding of older persons Situation:** Comprehensive surveys to accurately understand the situation of older persons have not been conducted. There is a lack of basic information on the living conditions, health status, and service needs of older persons, making evidence-based policy-making difficult.
- **Need to Redefine the Government's Role:** Considering these challenges, there is a need to reconsider the approach to senior welfare suitable for the Bangladeshi context and reorganize the government's role. In addition to its role as a direct service provider, it is necessary to consider how the government should fulfill its role in supporting and promoting the activities of other players.

Addressing these multi-layered challenges has become an urgent issue in the field of senior welfare services in Bangladesh. A comprehensive approach is essential to build a foundation for developing effective senior welfare services within limited resources.

9.3.2. Short-, Medium-, and Long-term Cooperation Plans

Based on the recognition of the above issues, we organize the direction of JICA's cooperation as follows (Figure 9-4). This plan consists of short-term cooperation composed of four stages: 1) Strengthening the capacity of the Ministry of Social Welfare, 2) Understanding the situation of older persons, 3) Identifying players involved in senior services, 4) Examining service provision systems, followed by medium to long-term cooperation.

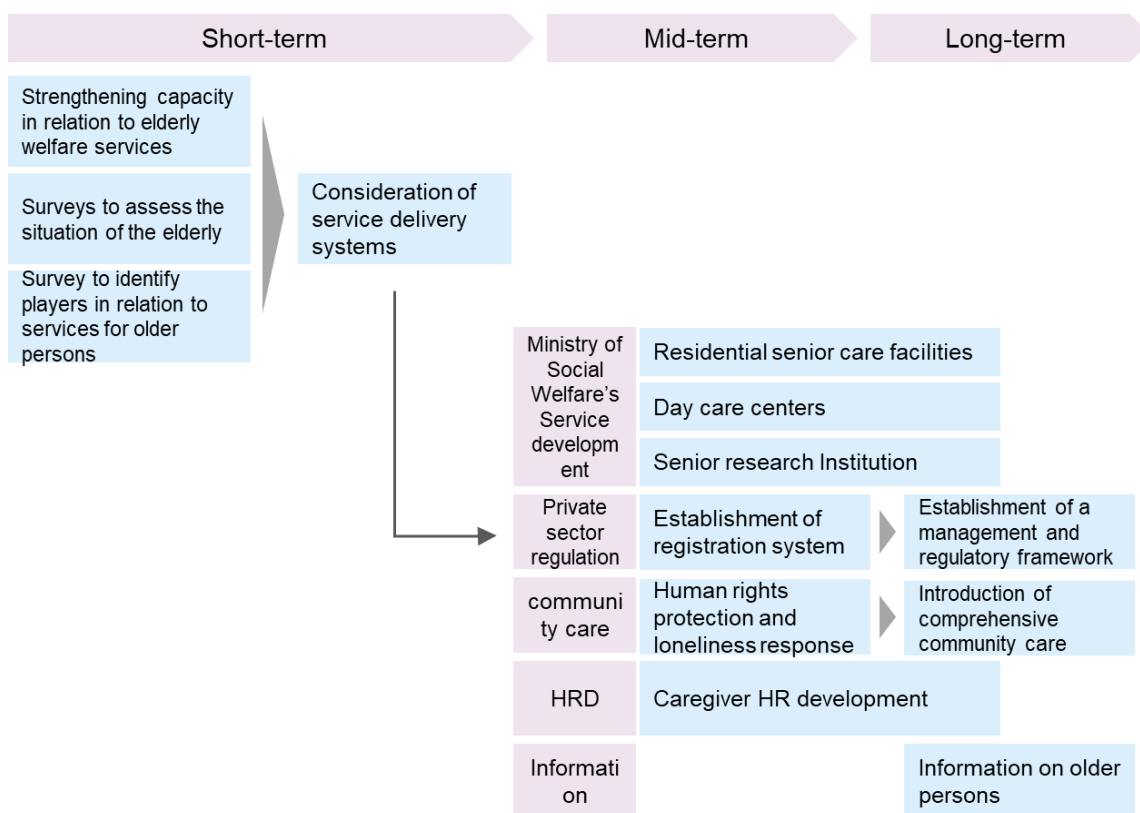


Figure 9-4: Short, Medium, and Long-term Cooperation Proposals in the Field of Senior Welfare Services
Source: prepared by the research team

- Medium to Long-term Cooperation Proposals

The following are medium to long-term cooperation proposals anticipated after the above cooperation 1-4. However, these are hypotheses at the time of this study and should be considered based on the content of the action plan developed through cooperation 1-4, but are presented here for reference.

[Medium-term]

- Cooperation for Building a Framework for Private Sector Registration, Management, and Regulation (Registration System Establishment Phase)

Aims to ensure the quality and safety of senior care services and promote the sound development of the private sector. This phase establishes a registration system for private providers and grasps the actual state of service provision. Some private providers are already active and have formed private industry associations, seeking dialogue and response from the government. This registration system will form the basis for future management and regulatory frameworks, so comprehensive information collection will be conducted with the cooperation of providers. Registration content will include basic information about providers, types of services provided, number of employees, number of users, etc. From a government funding perspective, this seems implementable with relatively few resources. This phase will involve designing and implementing the registration system, and analyzing the collected data, laying the foundation for the next phase.

- Cooperation for Community Care (Human Rights Protection and Loneliness Response Phase)

Aims to protect the dignity and rights of older persons, prevent social isolation, and strengthen community support capacity. Early response to human rights violations against older persons, such as abuse and neglect, is considered necessary. Additionally, loneliness response (such as intergenerational exchange) is relatively easy to implement within limited resources by utilizing existing community resources. This also serves as a preliminary stage for introducing more comprehensive community care.

- Strengthening the Ministry of Social Welfare's Involvement in Caregiver Development

At the time of this study, it is considered that the Ministry of Social Welfare does not fully grasp the movements related to caregiver development. To enable the provision of high-quality care services and support the professional development and career advancement of caregivers, the appropriate involvement of the Ministry of Social Welfare will be strengthened. For example, the Ministry's involvement in competency standards for caregiver development, curriculum creation, and designing career ladders linked to caregiver qualification systems can be considered.

- Cooperation for the Ministry of Social Welfare's Diverse Service Development

Provide cooperation for service development based on the reorganized role of the Ministry of Social Welfare in senior welfare services. For example, cooperation for improving the operation of residential senior care facilities, and cooperation for developing new services (day care centers, senior research institutions, etc.). In addition to technical cooperation, this may include consideration of cooperation for necessary equipment and materials.

[Long-term]

➤ Cooperation for Building a Framework for Private Sector Registration, Management, and Regulation (Management and Regulatory Framework Construction Phase)

Based on the information obtained through the registration system, this phase will establish an appropriate management and supervision system and construct a comprehensive regulatory framework. Through the development of qualitative evaluation criteria for services, the establishment of a periodic audit system, and the creation of a guidance and advisory system for service providers, the aim is to improve the service standards of the entire industry. Simultaneously, a more robust regulatory framework will be introduced, including the institutionalization of minimum standards for service provision, the establishment of mechanisms to protect users' rights, and the development of penalty provisions for non-compliant providers. In this process, it is important to gradually build an effective system suitable for the Bangladeshi context through continuous dialogue with service providers. This will enable the promotion of healthy development in the private sector while ensuring the quality and safety of senior care services.

➤ Cooperation for Community Care (Introduction of Comprehensive Community Care Phase)

This phase aims to build a sustainable senior care system that leverages local characteristics and creates an environment where older persons can live with peace of mind in their familiar communities. Based on the experiences from the initial phase, the system will be developed into a more comprehensive care system. It will be introduced gradually according to local conditions and reception capacity.

➤ Cooperation for Regularly Updating Older Persons Information

Based on the information obtained through the activities of the initial phase, establish an information infrastructure that accurately grasps changes in the situation and demands of older persons, enabling effective policy formulation and implementation. This involves many challenges to be addressed, such as who will be responsible for information collection and how to handle the corresponding information system.

These cooperation plans align with the policy in the "Social Security" field of JICA's Global Agenda (Thematic Project Strategy). Specifically, within the "Enrichment of Social Security Programs as a Foundation of Society" it points out the increased risk of violence and abuse against vulnerable groups, including older persons, and calls for strengthening efforts to prevent the isolation of these people. This plan corresponds to this direction and contributes to its realization.

9.3.3. Specific Cooperation Proposals

The following presents more specific cooperation proposals focusing particularly on short-term cooperation from the "9.3.2. Short-, Medium-, and Long-term Cooperation Plans" discussed earlier. Additionally, it provides explanations on the anticipated impacts, Japan's comparative advantages, relevant donor trends, and necessary actions on the Bangladesh side for each cooperation proposal.

Table 9-2: Cooperation Proposals in the Field of Senior welfare Services

Item	Overview
<p>Overview of Cooperation Proposals</p>	<p>[Overview and Objectives] In Bangladesh, senior welfare services are limited, and there is a lack of clear government vision for senior welfare. Moreover, understanding of older persons situation and collaboration with diverse players are insufficient. Therefore, this project aims to contribute to the development of a comprehensive senior welfare system by strengthening the capacity of the Ministry of Social Welfare, understanding the actual situation of older persons, and enhancing collaboration with various stakeholders, with the goal of enhancing senior welfare services and effective policy-making in Bangladesh.</p> <p>[Content]</p> <ol style="list-style-type: none"> 1. Training for capacity building of government officials in the Ministry of Social Welfare Overview of Japan's senior welfare system: Public assistance system, structure and operation of long-term care insurance system Provision of welfare and care services: Home care services, facility care services Education and training of care workers: Qualification acquisition and training systems, continuous education and training Advanced care technologies and equipment: Utilization of ICT, introduction of advanced technologies Site visits: Visits to community comprehensive cooperation centers and care sites Participant output session: Group discussions and presentations 2. Conducting a survey on the situation of older persons Assessment of the socio-economic situation of older persons in Bangladesh Understanding the care needs of older persons Survey on access to cooperation services 3. Survey on players and resources in senior care Identification of key players other than government agencies Investigation of activities of each player Identification of challenges faced by players 4. Consideration of service provision methods, systems, and specific initiatives Analysis of survey results and reconsideration of government policies Consideration of systems and services for realizing senior welfare through collaboration with private sector, NGOs, and communities Conducting dialogues with stakeholders: Policy formulation reflecting local needs and challenges through dialogue with Bangladeshi private companies and NGOs <p>[Scheme] Training in Japan, dispatch of experts, technical cooperation project</p>
<p>C/P candidate</p>	<p>the Ministry of Social Welfare</p>
<p>Potential impact</p>	<p>Better Policy Making: Bangladeshi government officials will deepen their understanding of senior welfare, and through surveys on older persons situation and grasping the activities of non-governmental players, they will be able to more accurately recognize the current state and challenges of aging in their country. Based on this comprehensive understanding, it becomes possible to formulate and implement effective senior welfare policies tailored to Bangladesh's actual conditions.</p> <p>Development of older persons Care Sector: Particularly through the establishment of a framework for private sector registration, management, and regulation, and strengthening the Ministry of Social Welfare's involvement in caregiver development, Bangladesh's senior care sector will develop systematically. Appropriate regulation and quality management will promote healthy entry of private providers, leading to the emergence of diverse senior care services. Simultaneously, efforts will be made to enhance the professionalism and improve the social status of caregivers, raising the overall evaluation of older persons care industry. These synergistic effects will improve the quality of senior care, leading to improved quality of life for older persons and their families.</p>

Item	Overview
	<p>Impact on Japan and Bangladesh</p> <p>Securing and Improving the Quality of Care Personnel: Some of the caregivers trained in Bangladesh will work in Japanese care settings. At the same time, the development of Bangladesh's senior care sector will secure a place for personnel who have gained experience in Japan to work upon returning home. This will promote the circulation of human resources between the two countries. This cycle will lead to an improvement in the quality of Bangladeshi care personnel, enabling the provision of more advanced care in Japanese care settings. Furthermore, as the Bangladeshi government and relevant parties learn and incorporate Japanese care services (such as support for independence), the effect of this human resource circulation will be enhanced, contributing to the improvement of senior care quality in both countries.</p> <p>Opportunities for Japanese Companies to Expand Overseas: With the development of Bangladesh's senior care sector, opportunities may arise in the future for Japanese care providers to enter the Bangladeshi market. This not only involves the provision of care services but also holds the potential for opening up new markets for Japanese care-related products (care equipment, welfare equipment, etc.). While creating new business opportunities for Japanese companies, it can also contribute to improving the quality of senior care in Bangladesh, potentially establishing a mutually beneficial relationship for both countries.</p>
Japan's Comparative Advantages	<p>Japan has implemented phased institutional development in response to an aging society, including the promotion of senior welfare since the 1960s, the Gold Plan in 1989, and the introduction of the Long-Term Care Insurance System in 2000. Furthermore, Japan has a track record of continuously reviewing and improving its systems in response to societal changes. In particular, efforts for community-based older adults support, such as the construction of the Community-based Integrated Care System, offer many points of reference for countries like Bangladesh with strong community ties.</p> <p>Japan has abundant human resources and organizations related to senior welfare services. It can utilize knowledge and experience at various levels, including professional development systems for certified care workers and social workers, experts from universities and research institutions, service providers, and experienced local government officials.</p>
Donors	None in particular
Other relevant parties	DSS, private sector providers, NGOs, caregiver training institutions
Actions Required on the Bangladesh Side	<p>Strengthening Intra-ministerial Cooperation: It is desirable to gradually strengthen cooperation between the Ministry of Social Welfare headquarters and its implementing agency, DSS. While this cooperation is initially at the policy level in the short term and does not necessarily require full participation from DSS from the outset, it is expected that intra-ministerial cooperation will be built up gradually through the cooperation process.</p> <p>Gradual Strengthening of Policy Commitment: It is important to reflect the action plans created through short-term cooperation in significant strategies and plans such as the NSSS in the future. It is desirable to share the content of the action plans considered through the cooperation with relevant ministries and aim to incorporate them into long-term policy formation processes.</p>

Source: prepared by the research team

9.4. Cooperation Plan in the Sector of Welfare Services for Persons with Disabilities

9.4.1. Current Situation and Challenges

Figure 9-5 shows the current situation and challenges in the disability sector in Bangladesh, using three categories of systems, service users, and service providers.

	Current Situation	Issues
System	<ul style="list-style-type: none"> The institutional design is based on the UN Convention on the Rights of Persons with Disabilities and the Law on the Protection of the Rights of Persons with Disabilities (2013) The Eighth Five Year Plan presents "inclusiveness". NDDFF, NDDPT, and DSS under the Ministry of Social Welfare play a central role in disability policy and coordination work. The DIS platform is being utilized. 	<ul style="list-style-type: none"> Although laws and systems are being developed, policy implementation in ministries, including the Ministry of Social Welfare, is not strong, including the five-year plan. Lack of coordination between ministries and sectors Limited participation of persons with disabilities at the policy level. Insufficient understanding of mainstreaming in society.
Service Users (PWS, PWD's family)	<ul style="list-style-type: none"> Register with DIS and receive disability allowance (850 TK/month).-60% of children with disabilities are not enrolled in school, 66% of those aged 15-64 are not employed. Family is the main source of care. 47% of households have experienced discrimination or harassment by community members, their family members, etc. within one year. 	<ul style="list-style-type: none"> Difficulty living on disability benefits alone-Very limited education and inclusive education opportunities at school age Inability to live independently-Inadequate physical and informational accessibility, making it difficult to get out and about. Not knowing where to go to get help. Lack of motivation to work due to environment, etc.-Lack of counseling for individual situations.
Service Providers (Government, NGOs)	<p>Government</p> <ul style="list-style-type: none"> Delivery of disability benefits under the DIS-Provided therapy at 211 one-stop service centers (PSOSK) nationwide Distribution of free welfare equipment (60,340 pieces per year) Provided special education for children with disabilities-Provided skills training for staff Support from MoSW, MoHF, MoE, MoDR, MoYS <p>NGOs</p> <ul style="list-style-type: none"> 63 organizations registered with the Ministry of Social Welfare-Services provided through networking of families of persons with disabilities, etc. Service delivery by persons with disabilities 	<p>Government</p> <ul style="list-style-type: none"> insufficient accessibility of PSOSK Lack of training opportunities for all professionals involved in supporting people with disabilities Inadequate maintenance of welfare equipment Lack of coordination at regional level <p>NGOs</p> <ul style="list-style-type: none"> Limited financial resources for nationwide development of programs implemented by NGOs. Insufficient information sharing on services for each disability in the region for both government and NGOs.

Figure 9-5: Current Situation and Issues in the Disability Sector

Source: prepared by the research team

One of the challenges for the system as a whole is that while the government has adopted policies of inclusiveness and mainstreaming of disability, including legislation based on the ratification of the CRPD, the services themselves are limited. In particular, the social security program has a large share of the budget for disability benefits, and the budget and staff for other services are limited, and the program is still not sufficient for the nationwide development of disability mainstreaming and the promotion of understanding in society. In addition, disability mainstreaming efforts within the Ministry of Social Welfare and among related ministries are uneven and cross-sectoral efforts are limited. Similar challenges exist on the side of service providers at the local field level, such as Districts and Unions.

In addition, people with disabilities and their families face barriers created by their environment, such as inadequate physical and information accessibility, lack of counseling services tailored to their needs, and lack of understanding in the community due to challenges on the part of systems and service providers. The exclusion of children with disabilities from educational opportunities during their school years and the fact that educational opportunities are not inclusive also limit their subsequent employment and other social participation. In these environments, it is difficult for people to lead independent lives while utilizing services.

9.4.2. Short-, Medium-, and Long-term Cooperation Plans

The Bangladesh government's social security policy aims to reduce poverty by strengthening support to the poor. At the same time, it is committed to implementing a social security system that is socially

inclusive of vulnerable groups, including persons with disabilities. As many people with disabilities are currently facing economic and social difficulties, it is important to "improve the living standard of people with disabilities" and "improve the inclusive social security system" to be covered by systems and programs as the direction of medium- and long-term support. The survey confirmed that the government of Bangladesh as well as NGOs and other concerned organizations have a common understanding on these points.

In order to achieve this objective, the support plan has been reviewed here based on two approaches to the issues listed in the previous section: a. Strengthening the system for persons with disabilities; and b. Mainstreaming disability, promoting social participation and empowerment of persons with disabilities. These two approaches are also based on the twin-track approach ("mainstreaming disability into overall development efforts, taking into account the disability perspective and including persons with disabilities as implementers and beneficiaries" and "disability-specific efforts such as strengthening organizations of persons with disabilities") as set out in JICA's Global Agenda (JGA). The report is based on the following two points. On this basis, the proposed short-, medium-, and long-term cooperation plans were drawn up, with priority given to improving accessibility (physical, information, etc.), strengthening services for persons with disabilities, promoting the participation of persons with disabilities in economic activities, and promoting social participation (Figure 9-6).

		Short-term	Mid-term	Long-term	
(a) Strengthening service systems in the field of PWDs	Plan 2 Professional development	<ul style="list-style-type: none"> Knowing the administrative structure of need-based support for persons with disabilities and the role of professionals Scheme: training in Japan, etc. 	<ul style="list-style-type: none"> Providing professional development training Trial implementation of needs-based services by trained professionals Schemes: training, long-term experts, etc. 	<ul style="list-style-type: none"> Improvement of the system toward a support program based on a user-oriented service system 	【Long-term Goal】 <ul style="list-style-type: none"> Improving living standards Improving the effectiveness of the social security system
	Plan 3 Welfare equipment support	<ul style="list-style-type: none"> Gathering information on the maintenance of welfare equipment (considering the possibility of participation by Japanese private companies) Scheme: surveys, JICA volunteers, etc. 	<ul style="list-style-type: none"> Training on the maintenance and management of welfare equipment (including the use of assistive technology, etc.) Scheme: Training in Japan, private sector collaboration, and cooperation with overseas partners 	<ul style="list-style-type: none"> Advocacy activities using welfare equipment support Recommendations for improving accessibility 	
	Plan 4 One stop service improvement	<ul style="list-style-type: none"> Organizing and examining the system and use of support for PWDs based in the community Scheme: training in Japan, JICA Volunteers, etc. 	<ul style="list-style-type: none"> Accessibility: Formulation of guidelines within PSOSK to improve accessibility Human resource development: Human resource development for one-stop service consultation Schemes: training in Japan, long-term experts, grassroots support, etc. 	<ul style="list-style-type: none"> Establishment of a system to position PSOSK as a local hub for services for PWDs and families. 	
(b) Mainstreaming of disability and empowerment	Plan 1 Employment Support	<ul style="list-style-type: none"> Learning about Japanese efforts in employment support system by government and private sectors, and human resources required for support Scheme: Training in Japan, etc. 	<ul style="list-style-type: none"> Development of programs for employment assistance Training of personnel who can be responsible for training job coaches Exploitation of employer side, implementation of pilot projects Schemes: long-term experts, technical cooperation projects 	<ul style="list-style-type: none"> Promoting mainstreaming of disabilities in society Improvements to the employment quota system 	

Figure 9-6: Proposed Short-, Medium-, and Long-Term Cooperation Plans in the Disability Sector

Source: prepared by the research team

The four potential cooperation plans shown in Figure 9-6 are explained in the next section, but the overall plan is to first conduct training to compare and discuss what kind of systems and human resource development are needed to strengthen services for persons with disabilities and promote their participation in society. Next, we will develop a system to improve the practical aspects of services for

PWDs in Bangladesh. Based on the accumulation of such achievements, the project aims to lead to the improvement of disability policies and comprehensive systems in Bangladesh as a whole in the long run. The support scheme is expected to lead to practical human resource development through the implementation of training programs, JICA volunteers, and pilot projects through the dispatch of long-term experts, as well as the implementation of projects in cooperation with NGOs and the private sector with extensive knowledge in the field of persons with disabilities.

9.4.3. Specific Cooperation Proposals

This section describes each of the four cooperation proposals shown in Figure 9-6. During the third site visits, discussions were held with the Deputy Secretary of the Ministry of Social Welfare in Bangladesh, who expressed a strong interest in the need for employment support, particularly for PWDs. The Ministry of Social Welfare, together with donor partners, has experience in providing employment support for persons with disabilities, but has mainly provided technical assistance to improve the skills of persons with disabilities in the production of handicrafts and other products for self-employment. The need to further strengthen this system has been recognized. Currently, one of the challenges faced by PWDs in Bangladesh is that 60% of the workforce is unemployed and economic and social independence is hampered by a variety of environmental factors. Using the employment support initiatives in Japan and the experience of projects in other countries, It would be possible to provide support for these issues, and we describe this as cooperation plan 1. Cooperation plan 2 through 4 are described below in the same order as the proposed support plan in Figure 9-6.

Table 9-3: Cooperation Proposal (1)
Establishment of an inclusive employment support system for persons with disabilities

Items	Summary
Overview of Cooperation Proposals	<p>[Overview and Objectives] With 60% of the disabled population out of school and out of work, employment opportunities for the disabled are extremely limited. In addition, the government's comprehensive employment support system is also inadequate. Therefore, to establish a comprehensive employment support system to promote the general employment of PWDs in Bangladesh, and to increase the employment opportunities for PWDs in the target areas, a system will be established to implement a general employment support program specifically for all types of PWDs.</p> <p>[Content] 1. Study and pilot the employment support system in Bangladesh, comparing with the examples in Japan and other countries. 2. Utilizing job coaches who work for NGOs and other organizations, establish a system for training job coaches 3. With the cooperation of NGOs and companies conducting job fairs for the employment of PWDs, provide job matching support, publicize good practice cases to employers' associations and the public, and promote increased awareness of the employment of PWDs.</p> <p>[Scheme] Training in Japan, long-term experts, technical cooperation projects, etc.</p>
C/P Candidate	MoSW
Potential impact	Establish an employment support system to overcome vulnerability: With the increase in the employment rate and social participation of PWDs, they account for most of the social security program budget in the disability sector. Increasing support options beyond disability benefits will lead to Bangladesh's goal of poverty reduction and the establishment of an inclusive social system.

Items	Summary
	<p>Promote mainstreaming of disability in society: Employment, including reasonable accommodation by employers, will be promoted, and the establishment of laws and other systems related to the employment of PWDs will be facilitated.</p> <p>It will also increase opportunities for Japanese companies operating in Bangladesh to utilize human resources, including PWDs. As a result, they will contribute to the achievement of the SDGs and increase their corporate value.</p>
Japan's Comparative Advantages	<ul style="list-style-type: none"> • Japan has a strong advantage in terms of the labor and welfare coordination system and support for general employment, as JICA has accumulated a great deal of knowledge in this area. For example, JICA has experience in conducting issue-specific training in this field and in supporting projects such as the Project for the Establishment of an Employment Support System for Persons with Disabilities in Mongolia and the Project for the Promotion of Employment Support for Persons with Disabilities in Sri Lanka as technical cooperation projects and is also able to secure specialized human resources. <p>The examples of the Japanese private sector project ³⁵⁰ and examples of employment support using³⁵¹ can also provide suggestions for encouraging Bangladeshi companies to hire PWDs.</p>
Donors	<p>ILO: The Bangladesh Skills for Employment and Productivity (B-SEP) 2013-2019 C/P: TVET (MoE, MoLE) Implemented with the Government of Canada, activities included the development of disability inclusive guidelines and the establishment of a technical assistance course for PWDs in TVET. It also supported the organization of a one-time job fair in February 2024.</p> <p>GIZ: Promotion of Social and Environmental Standards in the Industry (PSES) 2017-2020 C/P: Ministry of Commerce Mainly support workers in the garment industry, with a component of this support being employment support for PWDs in the industry.</p>
Other relevant parties	<ul style="list-style-type: none"> • NGOs, organizations of persons with disabilities There is a limited collection of case studies from organizations • Bangladesh Business and Disability Network NGO network with experience in organizing job fairs with ILO and Ministry of Social Welfare. It also presents case studies on the employment of persons with disabilities. • ICT Division, MCIT Provides employment support specializing in IT on behalf of NGOs. It runs job fairs and an online job matching/e-learning site³⁵². • Employers' Association Has produced a booklet promoting the employment of persons with disabilities under an ILO program and has been involved in promoting understanding among employers.
Remarks	<p>While there is a quota system for the employment of PWDs in government organizations, there is no clear system in the private sector and they rely on the understanding of their employers. It is necessary to encourage employers to understand and to create a new system as a national policy in the future.</p> <p>The effectiveness of the program will also depend on the degree of inter-ministerial cooperation, such as sharing the MICT's software portal site for people with disabilities with other ministries.</p>
Actions Required on the Bangladesh Side	<p>Securing a budget to expand services and sustain the program</p> <p>Recruitment of human resources that can be part of the program on a long-term basis</p> <p>Coordinate government, private sector, NGOs, and other related organizations involved in supporting the employment of PWDs.</p>

Source: Prepared by the research team

³⁵⁰ Japan Organization for Employment of the Elderly, Persons with Disabilities and Job Seekers, Disability Employment Cases Reference Service <https://www.ref.jeed.go.jp/>

³⁵¹ Center for Research and Development of Social Technology, https://www.jst.go.jp/ristex/solve/project/scenario/scenario21_tsukadapj.html, June 30 2024

³⁵² ICT Division, "EMPORIA" E-learning and Job matching portal <https://emporia.bcc.gov.bd/>

Table 9-4: Cooperation Proposal (2)
Strengthening professional skills in the field of support for people with disabilities

Items	Summary
Overview of Cooperation Proposals	<p>[Overview and Objectives] Many people with disabilities are primarily cared for by their families, and opportunities for consultation outside the family are limited. In addition, the number of professionals on the service provider side and the content and frequency of their training are also limited, resulting in unbalanced support due to the inability to provide needs-based services tailored to the situation of each person with a disability. Therefore, we will train professionals who can coordinate services in order to provide services based on individual needs rather than vertically divided services by disability type. At the same time, the project aims to improve the physical accessibility and information accessibility of services, to reduce the psychological burden of using services for people with disabilities and their families, and to promote the social participation of people with disabilities.</p> <p>[Content] 1. Training of professionals involved in supporting children and people with disabilities on the system and methods of providing services for PWDs. 2. With a team of professionals, to establish a system of support planning and supporting PWDs and their families. 3. Strengthening of the referral system among relevant organizations.</p> <p>[Scheme] JICA volunteers, training in Japan, theme-specific training, long-term experts, etc.</p>
C/P Candidate	MoSW
Potential impact	The program's targets are children with disabilities and people with disabilities who are in need of services nationwide.
Japan's Comparative Advantages	<ul style="list-style-type: none"> • In addition to creating policy by ratifying the CRPD, Japan has succeeded in implementing a support system based on the Comprehensive Support for Persons with Disabilities Act. Based on the Self-Reliance Support Benefit, a system has been established to allow service users to make choices about the services they use. It is possible to show Bangladesh, which has taken the lead in institutional development, how such a service delivery system has been constructed and implemented. <p>It is possible to provide training opportunities for the government, social service agencies, and NGOs involved in this service system to learn about the implementation of disability services, counseling support, and community life support services, and the efforts of the professionals involved in these services.</p>
Donars	<ul style="list-style-type: none"> • UNICEF and EU: Child Sensitive Social Protection in Bangladesh (CSPB) (Co-funded with the Government of Bangladesh) Phase 1 (2012-2017), Phase 2 (2017-2024) C/P: MoSW Support the employment and training of 1,200 social workers who work with children (including children with disabilities). • WHO : Special Initiative for Mental Health (2021-2030) C/P: MoHF Based on the National Strategic Plan for Mental Health (2020-2030), support the improvement of the overall mental health services.
Other relevant parties	<ul style="list-style-type: none"> • NGOs, organizations for persons with disabilities • Dhaka University (training lecturers for the staff of the Ministry of Social Welfare), etc. • TVET (training courses for physiotherapists and occupational therapists)
Remarks	<p>Services are mainly for people with physical disabilities, and support for other types of disabilities is insufficient. However, the Ministry of Social Welfare has identified intellectual and mental disabilities as priority areas in its policies and discussions with the survey team. The development of institutions is ongoing.</p> <p>As of March 2024, 19 mental health centers have been established.</p>
Actions Required on the Bangladesh Side	<p>Securing budgetary resources to expand services</p> <p>Employment of professionals involved in services for persons with disabilities</p>

Items	Summary
	Coordination with disability related agencies under the MoSW, regional social service bureaus, MoHF, MoE, NGOs, etc.

Source: Prepared by the research team

Table 9-5: Cooperation Proposal (3)
Technology transfer for welfare equipment using local materials and resources

Items	Summary
Overview of Cooperation Proposals	<p>[Overview and Objectives] The Ministry of Social Welfare distributes welfare equipment free of charge. NGOs also distribute equipment on their own, but the actual rate of use by beneficiaries is low ³⁵³. The most common reasons are lack of need, high cost, lack of family support, and reluctance to use. In addition, there is a problem within the Ministry of Social Welfare that the maintenance of equipment is not sufficient. Therefore, the project aims to create a system to maintain and manage welfare equipment with local resources while utilizing Japanese technology, and to provide welfare equipment that can be used by those who need it.</p> <p>[Content] 1. Establishing a monitoring system for the use and maintenance of welfare equipment. 2. To develop specialized human resources related to welfare equipment. 3. To promote understanding of the importance of accessibility and mainstreaming of disability in society by cooperating with organizations of persons with disabilities and private companies through events to promote the use of welfare equipment.</p> <p>[Scheme] JICA volunteers, country-specific training, theme-specific training, cooperation with the private sector, etc.</p>
C/P Candidate	MoSW
Potential impact	Suitable use of welfare equipment can help expand social support for people with disabilities and increase opportunities for education and employment. It will also provide an opportunity for Japanese private companies to develop business in Bangladesh as a new market.
Japan's Comparative Advantages	<ul style="list-style-type: none"> In Japan, research institutes (National Institute on Rehabilitation of Persons with Disabilities, Welfare Equipment Development Department) and private companies, including start-ups, are promoting various developments related to welfare equipment. Ministry of Health, Labour and Welfare (MHLW) and the Ministry of Economy, Trade and Industry (METI) have established "Priority Areas in the Use of Robot Technology for Nursing Care" (formulated in 2012, revised in 2014 and 2017), and the MHLW's ICT Support for Persons with Disabilities Comprehensive Promotion Project is being developed based on the Law for Promotion of Information Accessibility and Communication Policies for Persons with Disabilities. The Japanese government is also promoting the use of ICT for welfare equipment³⁵⁴. some companies are using 3D printer technology to produce prosthetic limbs and assistive devices to reduce production days and costs and are developing businesses to produce and sell them in the Philippines and India ³⁵⁵. <p>The JGA also states the removal of social barriers for persons with disabilities (accessibility (physical, information, etc.) and the improvement of information accessibility for persons with disabilities using digital technology), which is in line with the direction of future support policies.</p>
Donars	Not identified at this time
Other relevant parties	<ul style="list-style-type: none"> NGO Organizations of people with disabilities Ministry of Youth and Sports (Special Olympics Support) Private Company

³⁵³ BBS (2022), NSDP P.56-59

³⁵⁴ Ministry of Health, Labour and Welfare (2019), White Paper on Health, Labour and Welfare https://www.mhlw.go.jp/toukei_hakusho/hakusho/

³⁵⁵ Instalim, a 3D printed prosthetic leg solution business <https://prtimes.jp/main/html/rd/p/000000009.000035921.html>, June 30, 2024

Items	Summary
Remarks	<ul style="list-style-type: none"> Major welfare equipment (e.g., wheelchairs) is mostly made in China and India; 60,342 pieces of welfare equipment have been distributed (free of charge) to one-stop service centers as of April 2020; NGOs also distribute and maintain their own welfare equipment. According to interviews with the Ministry of Social Welfare, relatively expensive assistive devices such as hearing aids and prosthetic limbs are insufficient. Ministry of Social Welfare is building a sports complex for the disabled. In addition, Ministry of Youth and Sports Special Olympics Bangladesh participates in the Special Olympics every year and has won 186 medals. <p>The Government of Bangladesh has adopted a twin-track approach (mainstreaming disability and disability-specific initiatives) in the field of disability and has indicated that public-private partnerships are welcome (UNCRPD session 20-22).</p>
Actions Required on the Bangladesh Side	<p>Secure budget for service expansion</p> <p>Secure a person in charge who can be involved on a long-term basis</p> <p>Coordinate with the Ministry of Social Welfare, private companies and NGOs involved in assistive technology related to persons with disabilities.</p>

Source: Prepared by the research team

Table 9-6: Cooperation Proposal (4)
Support for improving accessibility to One Stop Service Center (PSOSK)

Items	Summary
Overview of Cooperation Proposals	<p>[Overview and Objectives]</p> <p>The One-Stop Service Centers (PSOSK), which currently exist in 211 locations, are being promoted as a Prime Minister's project with the ultimate goal of establishing 422 locations, including all counties. On the other hand, users have expressed concerns that access to the centers is not sufficient and that coordination with other institutions, such as hospitals, is difficult to identify. In addition, staff working at the centers have pointed out the insufficient number of staff and the lack of training to acquire more expertise. Therefore, the Center will support the improvement of accessibility and capacity building of staff to improve the use of PSOSK.</p> <p>[Content]</p> <ol style="list-style-type: none"> Analyze the users of the One-Stop Service Centers and develop/improve guidelines for providing services involving persons with disabilities Conduct social resource survey on disability services in a specific area Provide accessibility training to one-stop service center staff Conduct awareness raising activities and collect practical examples of disability mainstreaming starting from PSOSK. <p>[Scheme]</p> <p>JICA Volunteers, Grassroots Support, Private Sector Cooperation</p>
C/P Candidate	MoSW
Potential impact	Improving services for users in 422 locations nationwide will help improve living standards.
Japan's Comparative Advantages	<ul style="list-style-type: none"> In Japan, there are approximately 2,800 community life support centers operated by social welfare councils and social welfare corporations throughout the country. Since 2006, Community Life Support Centers have been operating under the Comprehensive Support for Persons with Disabilities Act, and like PSOSK, in addition to functional training support, they also provide counseling services, coordination with medical institutions, etc., opportunities for creative and other activities, communication support services, mobility support services, and promotion of interaction with the local community, among other services. As the Center has accumulated about 20 years of experience in these roles and examples of initiatives, it is possible to provide training on how to strengthen PSOSK as a regional center in Bangladesh. <p>There is also a possibility to support the introduction of assistive technologies (e.g. mobility assistance using ICT terminals, text-to-speech systems, etc.) in each center to improve physical and information accessibility in collaboration with private companies.</p>
Donars	Not identified at this time

Items	Summary
Other relevant parties	<ul style="list-style-type: none"> • NGO • Disabled organizations • Upazila and union level hospitals and other related organizations
Remarks	<p>It has been pointed out that there is a shortage of human resources at each service center and a lack of maintenance of welfare equipment.</p> <p>Initially, the Ministry of Social Welfare's interviews indicated a desire to support the construction of PSOSKs.</p>
Actions Required on the Bangladesh Side	<p>Handling the construction and maintenance costs of PSOSK</p> <p>Employment of staff to work at PSOSK</p> <p>Coordination with relevant organizations in the region, such as medical institutions, SSOs, NGOs supporting people with disabilities/children with disabilities, etc.</p>

Source: Prepared by the research team

9.5. Prioritization of Cooperation Proposals

The priority order of the support proposals outlined in '9.2. Cooperation Plan in the Field of UPS ', '9.3. Cooperation Plan in the Sector of Senior welfare Services', and '9.4. Cooperation Plan in the Sector of Welfare Services for Persons with Disabilities' is arranged as follows (Table 9-7). Each proposal was evaluated on a three-tier scale across five criteria: implementation structure, impact, contribution to overcoming vulnerabilities, Japan's comparative advantage, and readiness for support initiation. In this evaluation, "High" was assigned 1 point, "Medium" 2 points, and "Low" 3 points. The sum of these scores constitutes the overall evaluation, with lower total scores indicating higher priority for support implementation.

Table 9-7: Prioritization of Support Proposals

support proposal	implementation structure	impact	contribution to overcoming vulnerabilities	Japan's comparative advantage	readiness for support initiation	overall evaluation
Senior welfare Services (Table 9-2)	2 Has strong ministerial interest and a suitable focal point. But insufficient understanding of the field, thorough guidance needed.	1 Better policies, development of senior care sector, and improved quality of care personnel are expected to enhance both quantity and quality of senior care.	1 Older persons population will continue to increase while remaining in a vulnerable position.	1 Japan has developed phased systems to address aging society and has abundant resources related to senior welfare services.	1 Minimal preparation required for this support.	6
PWDs: employment support (Table 9-3)	1 Has strong ministerial interest and a suitable focal point. Plus, sporadic and sector-specific experience in employment	1 The potential to lead to independence outside of the disability benefits.	1 60-70% of people with disabilities are underemployed.	1 Demonstrated Technical cooperation experience Accumulated cases of employment of PWDs in the private sector in Japan	2 Several ministries and agencies are involved in employment support for PWDs. Need to consider how to narrow down the	6

support proposal	implementation structure	impact	contribution to overcoming vulnerabilities	Japan's comparative advantage	readiness for support initiation	overall evaluation
	support in relevant ministries. NGOs have accumulated knowledge.				agencies involved.	
PWDs: professional development (Table 9-4)	2 Has strong ministerial interest and a suitable focal point. But insufficient understanding of the field, thorough guidance needed.	2 Government and NGOs provide their own services. Wide variation in professional competence.	2 Variation in benefits by type of disability.	2 There is professional development as a national program. But experience in implementation of these international technical cooperation is limited.	2 There are professionals such as PT and SPT. On the other hand, further recruitment is needed	10
PWDs: support for maintenance and management of welfare equipment (Table 9-5)	2 Same as above.	3 Inexpensive welfare equipment is widely used, although there are challenges in maintenance and management.	2 Need for welfare equipment varies with each disability.	2 In line with the Japanese government's policy of promoting welfare equipment with ICT technology	2 While there is a system for distributing welfare equipment, it is necessary to create a system for maintenance and management in the future.	11
PWDs: support for one-stop service centres (Table 9-6)	2 Same as above.	2 Improve the quality of life of users in each community, including PWDs and their families	2 Not yet installed nationwide and coverage is not yet sufficient	2 In Japan, there are approximately 2,800 community life support centers nationwide, with 20 years of accumulated experience.	3 Out of 422 planned installations, there are currently 211 locations. Construction of facilities will continue.	11
UPS (Table 9-1)	2 NPA Director understands current situation and challenges; but, organization is newly established with interim structure.	1 Strengthens old-age income security and improves quality of life for all citizens	1 The system targets informal sector workers and the poor.	2 Rich knowledge and experience from 60+ years of public pension system development. Concerns about securing available experts for support.	2 Coordination with ADB on support content and NPA organizational structure development needed.	8

9.6. Others

During the shortlisting phase to determine priority areas for the latter half of the survey, protection of workers' rights was included as a priority area (refer to Attachment 2 "JICA Cooperation Proposal Shortlist"). However, during the workshop conducted with MoLE on the third visit, none of the three support proposals presented by the survey team received active endorsement or requests from the MoLE side. Instead, the requests from the MoLE side were for support in increasing LWCs and financial assistance for medical equipment and pharmaceuticals at LWCs, which did not align with the direction of support under consideration by the survey team. After the completion of all four workshops, the survey team conducted an internal review (for the examination of cooperation proposals, refer to 9.1 "The Process of Narrowing Down the Areas of JICA cooperation"). As a result, the field of workers' rights protection was not selected as a priority area for which this survey team would propose the formulation of a cooperation plan.

End of Report

Attachments

1. JICA Cooperation Proposal Long List
2. JICA Cooperation Proposal Short List
3. Workshop Materials

Sector	Support Proposal (outline)	Shchem	Outcome/Impact	Counterpart (Candidate)	Indicator 1 Japan's competitive advantage	Indicator 2 Synergies with JICA's previous cooperation	Indicator 3 Trends of other donors	Indicator 4 Implementation capacity of the counterpart	Remarks
Support for the poor and needy	Improve methods of services for the needy (introduce services that combine housing support, employment support, household budget management support, etc. to help welfare recipients get out of poverty) (introduction requires coordination with services provided by local NGOs)	technical cooperation (or Pilot Survey Project)	Livelihoods of the poor and needy will improve (more people will lead independent lives)	Ministry of Social Welfare	Experienced in introducing and implementing the system of self-reliance support for the needy	Although there is no case in Bangladesh, lessons from the "Strengthening Self-Reliance Support System with a Focus on Employment for the Needy Project" being implemented in Mongolia could be used.	Project by ADB (introduction of graduated approach O, development of BRAC's approach) proven track record.	<ul style="list-style-type: none"> No department or personnel capable of taking charge of the DSS. Case management skills are important, but the Ministry of Social Welfare believes that case management is already well established Upazila level also lacks human resources 	<ul style="list-style-type: none"> Institutional design is necessary in relation to the creation of a long-term vision for social security and welfare services (as it relates to the shift from dispersion to quality-oriented services) Increase in the number of professionals is also necessary Pilot activities are necessary and long-term time is needed to verify the impact
Support for the poor and needy	Support for social worker curriculum improvement (curriculum revision)	technical cooperation	Improved skills on the part of supporters More users receive higher quality services	Ministry of Social Welfare or Ministry of Education and University Institutions	Experience in developing social worker training curriculum and implementing national examinations	Use of Lessons Learned from Nursing Education Projects	No other donors have done	<ul style="list-style-type: none"> Medium to low Advantage of having a training department in the Ministry of Social Welfare. However, the Ministry of Social Welfare gives low priority to needs related to SW development. 	<ul style="list-style-type: none"> There is a need to establish and operate a working committee to promote cooperation with the Ministry of Education and universities (experts) It is foreseen that the relevance of developing human resources will not be sufficient if new graduate workers do not have secure employment opportunities.
Support for the poor and needy	Strengthening social psychological support (strengthening the system for providing psychological care to disaster victims and developing psychological care personnel).	technical cooperation	Improved skills on the side of support workers More users receiving higher quality services	Ministry of Disaster Management and Relief	High level of experience in disaster management activities in the community	Use of lessons learned from disaster management projects implemented by JICA.	No other donors have done so (research required).	Unknown (research required).	<ul style="list-style-type: none"> Budget for the deployment of psychological specialists is needed May be a budgetary burden for the Ministry of Health
Support for the poor and needy	Strengthening SSO service supply systems (strengthening organisational capacity for social welfare service planning and implementation in SSOs)	technical cooperation	Expansion of benefits to users who were in need and have had difficulty accessing the system	Ministry of Social Welfare	Has experience in promoting community welfare	Unknown	No other donors have done	<ul style="list-style-type: none"> Lower-medium level High complexity as it relates to decentralisation 	<ul style="list-style-type: none"> Increased budgetary burden for the Ministry of Social Welfare is expected. Increased budget for staffing. Comprehensive budget for equipment, vehicles, daily allowance, personnel, etc is required.

Sector	Support Proposal (outline)	Shchem	Outcome/Impact	Counterpart (Candidate)	Indicator 1 Japan's competitive advantage	Indicator 2 Synergies with JICA's previous cooperation	Indicator 3 Trends of other donors	Indicator 4 Implementation capacity of the counterpart	Remarks
Support for the poor and needy	Support for the development of an information system for the registration of needy persons	Financial Cooperation	Expansion of benefits to users who were in need and difficult to access	BBS	NA	Unknown	Partial financial support provided (check which donor it was)	Lower-medium level (requires a lot of funding)	Relevance and effectiveness of support due to high government priorities, but may require significant budgetary resources related to system development and maintenance
Support for the poor and needy	Support for the development of a master plan for social welfare services (to create a roadmap for the future shape of social services by the Ministry of Social Welfare).	Feasibility Study and Master Plan Study	Strengthening the implementation of the NSSS	Ministry of Social Welfare	Experiences of structural reform of social security.	Unknown	Involvement in policy formulation through NSSS	low-middle	Budget needed for working committee operations. Budget needed for outsourcing of preparation
Support for the poor and needy	Strengthen support for remote consultation and counselling services using ICT (introduction of a service that enables poor and vulnerable people in remote areas to receive psychological counselling online with a counsellor in the capital, etc.).	Technical Cooperation(or Pilot Survey Project)	Improved skills on the part of supporters More users receiving higher quality services	Ministry of Social Welfare(or Ministry of Health)	Unknown	Unknown	Unknown	Moderate (high interest in ICT-based services)	Need for input costs for computers, online equipment, etc. The cost of deploying personnel to provide consultation services is necessary.
Support for Persons with Disabilities	Support for improved accessibility to One-Stop Service Centres (PSOSKs) Improve physical accessibility to PSOSKs, which will be increased to 422 nationwide (especially to promote access by women and children).	Technical Cooperation(or individual experts)	Increased number of people consulted receiving services and improved livelihoods	Ministry of Social Welfare	Initiatives have been promoted since the Disability Discrimination Act of 2016	Experiences of cooperation, including with advisers on the promotion of social participation of persons with disabilities (Paraguay).	Other donors have not done so (survey required), but there are UN CRPD recommendations for improvements in 2022	There is a request for support from the Ministry of Social Welfare (with the aim of increasing the number of users). Level of implementation in rural areas unknown.	Budgetary burden for new personnel and equipment maintenance available
Support for Persons with Disabilities	Strengthening disability data management capacity ▪ Improved disability statistics in already existing DIS, strengthened capacity to collect, compile, communicate and utilise data (including disability mainstreaming)	Financial Cooperation	Increased number of registrations and improved access to support	BBS, Ministry of Social Welfare, Ministry of Health	Various national and prefectural surveys and data aggregation experience.	Experience of assistance in Bolivia.	Ongoing in-country initiatives exist.	Experience in multi-sectoral DIS construction.	Budgetary burden for data management personnel and bedding maintenance exists.
Support for Persons with Disabilities	Technology transfer for assistive devices using local materials and resources · Utilisation of Japanese technology Improve access for people with disabilities, contribute to independent living, create jobs	technical cooperation	The number of users of welfare equipment increases and the social participation of people with disabilities is promoted.	Ministry of Social Welfare	The Japanese Government is promoting the use of ICT in relation to welfare equipment.	wheelchair-making support projects in Malaysia (JOCV).	PSOSK uses Chinese and Indian equipment.	· Capacity to maintain and manage welfare equipment needs to be surveyed. · The extent to which IT equipment is utilised needs to be investigated.	Use of existing personnel and facilities?

Sector	Support Proposal (outline)	Shchem	Outcome/Impact	Counterpart (Candidate)	Indicator 1 Japan's competitive advantage	Indicator 2 Synergies with JICA's previous cooperation	Indicator 3 Trends of other donors	Indicator 4 Implementation capacity of the counterpart	Remarks
Support for Persons with Disabilities	Strengthen professional capacity in the field of intellectual and mental disabilities Training of staff capable of formulating support plans and providing family support. Strengthening of the referral system	Technical cooperation (training in Japan, JOCV)	Social participation of persons with disabilities is facilitated as the capacity of professional staff is improved.	Ministry of Social Welfare	Experience in community comprehensive care system practice and mental health and social workers.	JOCV in Colombia (for people with disabilities and families of people with disabilities, and formulation of models for supporting self-reliance by social workers) projects, South Africa 'Advisor for the support of children with disabilities and their families' (individual expert), etc.	Other donors have not done so (survey required), but there are UN CRPD recommendations for improvements in 2022	utilising existing physiotherapists and others.	No new personnel, facilities, etc., but increase in government workload.
Support for Persons with Disabilities	Establishment of an inclusive employment support system for persons with disabilities Training of trainers to support job coach employment support services, etc.	technical cooperation	Increased employment opportunities for people with disabilities	Ministry of Social Welfare	Experience in assisting companies to employ people with disabilities based on the Law on Employment Promotion of Persons with Disabilities	Experience in supporting projects such as the Mongolian project to establish an employment support system for persons with disabilities and the Sri Lankan project to promote employment support for persons with disabilities	ILO and Canada provide employment assistance through TVET (2008-)	Requests for employment support (support for general employment) need to be investigated.	Budget needed for new human resource inputs
child welfare	Strengthening the capacity of personnel involved in social care and improving the environment Strengthening the capacity of staff in charge of children at the 85 children's homes nationwide. Establishment of a system for monitoring and evaluation of support for children and facility management.	technical cooperation (training in Japan, JOCV)/Financial Cooperation	The lives of some 10,000 children in social care living in 85 locations are improved.	Ministry of Social Welfare	Large number of children's homes and infant homes in Japan, with human resources	Experience in projects to promote children's growth and independence by strengthening the childcare system in Philippine orphanages (Grassroots), support for orphanages in Peru (Cooperation Corps), etc.	UNICEF conducted training in the past (survey required).	Medium. Requested by Ministry of Social Welfare. Needs to check with UNICEF.	No new personnel, facilities, etc., but workload of the government will be increased.
child welfare	Establishment of a system for the prevention of child abuse in the community. Fact-finding surveys of child welfare committees established in the country, District and Upazila. Establishment of guidelines Establish a system for early detection in the community, including schools, police and welfare offices.	technical cooperation	Abuse prevention systems take root across Bangladesh and the number of responses to child abuse increases.	Ministry of Women and Children's Affairs	There are well-established mechanisms for early detection in the community, such as regional councils for children in need of protection, and a 20-year accumulation of case studies and human resources.	Experience in country-specific training (Bhutan) and issue-specific training in women's and children's protection care, etc.	There is an initiative to establish a child protection committee by Save the Children Japan (2022).	medium	No new personnel, facilities, etc., but workload of the government will be increased.
child welfare	Support for the training of school social workers and school counsellors Establish a system to provide mental health care for students from upper primary schools to junior and senior high school. Support for students who are not attending school, together with their teachers.	technical cooperation	Deployment in secondary schools in Bangladesh improves children's wellbeing.	Ministry of Education, Ministry of Social Welfare	School social workers (2008) and school counsellors (1995) are established in the system.	Experience in implementing projects with the Ministry of Education in Bangladesh (in the education sector).	University expertise (School of Social Work) is currently conducting the pilot.	If the Ministry of Education is C/P, implementation capacity is medium to high.	Employment of new personnel and work burden involved.

Sector	Support Proposal (outline)	Shchem	Outcome/Impact	Counterpart (Candidate)	Indicator 1 Japan's competitive advantage	Indicator 2 Synergies with JICA's previous cooperation	Indicator 3 Trends of other donors	Indicator 4 Implementation capacity of the counterpart	Remarks
Public health insurance and health protection	SSK: Shasthyo Suroksha Karmasuchi Support Programme operational support Beneficiary identification, securing doctors, drug supply, digital system development (e.g. cost claims)	technical cooperation, Financial Cooperation	Access to health services for the poor is improved Out-of-pocket expenditure on health care is reduced The concept of health insurance is promoted (as a basis)	Ministry of Health	Knowledge of health insurance schemes	Using lessons learned from the Sudan 'Strengthening the National Health Insurance System to Achieve Universal Health Coverage Project'. Information gathering and verification study on the Vietnamese health insurance system Cambodia Project on Planning for the Introduction of Health Insurance for the Informal Sector Vietnam project on improving reimbursement and covered medical services package	Design stage: Germany, no further.	high	This is a major trend in Bangladesh (introduction of medical insurance) and the significance of the support is high, but the difficulty of making the programme a success is likely to be high.
Public health insurance and health protection	MHVS: Maternal Health Voucher Scheme support Status survey and redesign Implementation support under the redesign	Feasibility Study and Master Plan Study	Access to services for pregnant women in poverty is facilitated.	Ministry of Health	Knowledge of maternal and child health, periodic health checks, education programmes, etc.	Maternal and child health support	WHO, GTZ	high	
Measures for ageing population	Universal pension scheme operational support Support for the operation of NPAs Technical support for pension membership promotion Technical support for fund management Support for IT infrastructure construction and human resource development	technical cooperation,, training in Japan, experts	The concept of a pension scheme is disseminated More citizens are assured of a stable retirement income The above can be achieved without government expenditure (only small operating costs) Pension funds are managed in a stable manner	NPA	Expertise in the operation of universal pension schemes.	Use of the results of the 'Information Collection and Verification Survey on the Mongolian Pension Sector'.	NA	The Director understands the whole system and is able to explain it. On the other hand, the structure except for the Director is unknown and needs to be investigated	Pension enrolment is the most requested thing, but need to make sure that the pension scheme is good enough.
Measures for ageing population	Support for the establishment and operation of day care centres (Pilot projects with a view to (64)Districts) Hardware (facilities and equipment) Human resource development techniques Operational support	technical cooperation, training in Japan	Day care centres are established and operational structures put in place Health maintenance of older people around the day care centres and reduction of the burden on their families is achieved	Ministry of Social Welfare	Expertise in care services, including day care	Experience in introducing Japanese-style care prevention technologies and services and in conducting case studies on caregiver training systems.	NA	low	As far as government-funded senior citizen homes are concerned, is it necessary to first sort out the role of the government in senior citizen care services, etc.? A certain budget is needed for hardware support for day care centres

Sector	Support Proposal (outline)	Shchem	Outcome/Impact	Counterpart (Candidate)	Indicator 1 Japan's competitive advantage	Indicator 2 Synergies with JICA's previous cooperation	Indicator 3 Trends of other donors	Indicator 4 Implementation capacity of the counterpart	Remarks
Measures for ageing population	Establishment of geriatric institutions Hardware (facilities and equipment) Human resource development techniques Operational support	technical cooperation, training in Japan	Geriatric institutions established and operational structures in place System to accumulate knowledge on geriatrics established A system is in place to develop human resources in geriatric care.	Ministry of Social Welfare	Expertise in geriatrics, care of older people and human resource development.		NA	low	
Measures for ageing population	Support for the development of the elderly care service system System design Registration and screening of private elderly care service providers	technical cooperation, training in Japan	Government and private sector roles in elderly care services are organised The situation of private elderly care services is understood and a basis is laid for ensuring a certain level of quality A basis is laid for the healthy development of the elderly care services market	Ministry of Social Welfare	long-term care insurance system	Knowledge from various Surveys on Ageing	NA	Unclear whether there are personnel available to operate the system	Although not requested by the ministry, the need is recognised.
Overall social security system	G2P (remittance system) support Measures to prevent missing payments through the use of G2P. Promotion of the use of G2P by those who have not yet used it. Human resource development for the promotion of G2P use	technical cooperation	G2P use reduces omissions in receipt of benefits Increased use of G2P and reduced hassle for officers and others in cash transfers, a core programme of the Bangladeshi social security system	Ministry of Finance and relevant line ministries	Unknown		WB	The Ministry of Finance is presumed to have a certain level of competence, but line ministries are unknown.	If line ministries are involved, will inter-ministerial cooperation be added, increasing the level of difficulty?
Overall social security system	single registry	technical cooperation	Improving targeting issues for social security programmes Preventing duplication and fraud Promoting coordination between programmes Enabling rapid response in the event of disasters and other emergencies	BSS Ministry of Information?	Unknown		WB	medium	Impact is considered to be very high, but there are many agencies involved in identifying and implementing counterparts, and their coordination is highly political and challenging.

Sector	Support Proposal (outline)	Shchem	Outcome/Impact	Counterpart (Candidate)	Indicator 1 Japan's competitive advantage	Indicator 2 Synergies with JICA's previous cooperation	Indicator 3 Trends of other donors	Indicator 4 Implementation capacity of the counterpart	Remarks
Protection of workers' rights	Support for the establishment and operation of day care centres (child care centres) for private operators	technical cooperation, experts	Employment of working parents is facilitated.	Ministry of Labour and Employment Ministry of Women and Children's Affairs (also considering collaboration with NGOs, etc.)	Know-how in preschool and early childhood education.	Experience of projects in maternal and child health (Bangladesh), early childhood education, etc.	NA	Implementation capacity itself is assumed to be high, but there is almost no knowledge or experience regarding this support.	New support, which may require human resource input, capital investment, etc.
Protection of workers' rights	Strengthening capacity to promote the protection of workers' human rights and enhancing human rights due diligence response	technical cooperation, experts	The protection of workers' rights at the workplace (especially in the manufacturing industry) will be promoted. Appropriate responses will be made to requests for the establishment of 'responsible supply chains' such as the CSDDD, which is being introduced in Europe and the USA, and competitiveness in the international community will be enhanced.	Ministry of Labour and Employment (also consider working with NGOs, etc.)		Projects related to measures against child labour, etc.	ILO, UNICEF	high	As this is an area that has not been adequately addressed, capacity strengthening is needed first. New human resources or the development of human resources is required.
Protection of workers' rights	Expansion of vocational training for workers and unemployed persons, capacity building in relation to employment support Provision of equipment	Technical cooperation (possible combination with grant aid to be considered). Individual experts	Increased access to the labour market for workers and the unemployed	Ministry of Labour and Employment (also consider working with NGOs, etc.)	Public vocational training, Hello Work.	Vocational training-related projects	need to be checked	It is assumed to be high, but inter-ministerial coordination is essential, as vocational training is also provided by other ministry(s).	As this is the development and expansion of vocational training already in place, there is not much input of new personnel, equipment, etc. (but expectations of the ministries in charge of capital investment are high).
Others	Strengthening capacity to prevent and respond to gender-based violence	technical cooperation, experts	Capacity to prevent gender-based violence and protect victims/survivors is strengthened	Ministry of Women and Children's Affairs Ministry of Health	Shelter operations, etc.	Maternal and child health (Bangladesh), nurse training (Bangladesh), GBV-related individual experts	need to be checked	medium	Long-standing only at project level, requiring further human resource development and capital investment.

Sector	Support Proposal (outline)	Schem	Outcome/Impact	Partner (Candidate)	Indicator 1 Japan's competitive	Indicator 2 Synergies with JICA's	Indicator 3 Trends of other donors	Indicator 4 Implementation capacity of	Remarks
Support for the poor and needy	Support for the development of a master plan for social welfare services (to create a roadmap for the future shape of social services by the Ministry of Social Welfare).	Feasibility Study and Master Plan Study	Strengthening the implementation of the NSSS	Ministry of Social Welfare	Experiences of structural reform of social security.	Unknown	Involvement in policy formulation through NSSS	low-middle	Budget needed for working committee operations. Budget needed for outsourcing of preparation
Support for Persons with Disabilities	Support for improved accessibility to One-Stop Service Centres (PSOSKs) Improve physical accessibility to PSOSKs, which will be increased to 422 nationwide (especially to promote access by women and children).	Technical Cooperation (or individual experts)	Increased number of people consulted receiving services and improved livelihoods	Ministry of Social Welfare	Initiatives have been promoted since the Disability Discrimination Act of 2016	Experiences of cooperation, including with advisers on the promotion of social participation of persons with disabilities (Paraguay).	Other donors have not done so (survey required), but there are UN CRPD recommendations for improvements in 2022	There is a request for support from the Ministry of Social Welfare (with the aim of increasing the number of users). Level of implementation in rural areas unknown.	Budgetary burden for new personnel and equipment maintenance available
Support for Persons with Disabilities	Technology transfer for assistive devices using local materials and resources · Utilisation of Japanese technology Improve access for people with disabilities, contribute to independent living, create jobs	technical cooperation	The number of users of welfare equipment increases and the social participation of people with disabilities is promoted.	Ministry of Social Welfare	The Japanese Government is promoting the use of ICT in relation to welfare equipment.	wheelchair-making support projects in Malaysia (JOCV).	PSOSK uses Chinese and Indian equipment.	· Capacity to maintain and manage welfare equipment needs to be surveyed. · The extent to which IT equipment is utilised needs to be investigated.	Use of existing personnel and facilities?
Support for Persons with Disabilities	Strengthen professional capacity in the field of intellectual and mental disabilities Training of staff capable of formulating support plans and providing family support. Strengthening of the referral system	Technical cooperation (training in Japan, JOCV)	Social participation of persons with disabilities is facilitated as the capacity of professional staff is improved.	Ministry of Social Welfare	Experience in community comprehensive care system practice and mental health and social workers.	JOCV in Colombia (for people with disabilities and families of people with disabilities, and formulation of models for supporting self-reliance by social workers) projects, South Africa 'Advisor for the support of children with disabilities and their families' (individual expert), etc.	Other donors have not done so (survey required), but there are UN CRPD recommendations for improvements in 2022	· utilising existing physiotherapists and others.	No new personnel, facilities, etc., but increase in government workload.
Support for Persons with Disabilities	Establishment of an inclusive employment support system for persons with disabilities Training of trainers to support job coach employment support services, etc.	technical cooperation	Increased employment opportunities for people with disabilities	Ministry of Social Welfare	Experience in assisting companies to employ people with disabilities based on the Law on Employment Promotion of Persons with Disabilities	Experience in supporting projects such as the Mongolian project to establish an employment support system for persons with disabilities and the Sri Lankan project to promote employment support for persons with disabilities	ILO and Canada provide employment assistance through TVET (2008-)	Requests for employment support (support for general employment) need to be investigated.	Budget needed for new human resource inputs

Sector	Support Proposal (outline)	Schem	Outcome/Impact	Partner (Candidate)	Indicator 1 Japan's competitive	Indicator 2 Synergies with JICA's	Indicator 3 Trends of other donors	Indicator 4 Implementation capacity of	Remarks
Measures for ageing population	Universal pension scheme operational support Support for the operation of NPAs Technical support for pension membership promotion Technical support for fund management Support for IT infrastructure construction and human resource development	technical cooperation,, training in Japan, experts	The concept of a pension scheme is disseminated More citizens are assured of a stable retirement income The above can be achieved without government expenditure (only small operating costs) Pension funds are managed in a stable manner	NPA	Expertise in the operation of universal pension schemes.	Use of the results of the 'Information Collection and Verification Survey on the Mongolian Pension Sector'.	NA	The Director understands the whole system and is able to explain it. On the other hand, the structure except for the Director is unknown and needs to be investigated	Pension enrolment is the most requested thing, but need to make sure that the pension scheme is good enough.
Measures for ageing population	Support for the development of the system of care services for the elderly Training on systems related to ageing measures in Japan Discussion of the direction of ageing measures through dialogue with individual experts (or support for strategy formulation and system design).	training in Japan, experts	Better understanding of the role of government in caring for older people Based on this understanding, discussions are initiated on how to address ageing in Bangladesh	(how far the scope should be extended needs to be determined) Ministry of Social Welfare Ministry of Health Other relevant ministries (survey required)	long-term care insurance system	Knowledge from various Surveys on Ageing	NA	There is concern that the more ministries involved, the greater the difficulty and ultimately the smaller the impact.	
Measures for ageing population	Support for the development of an elderly care service system (initial positioning of the above support proposal) Assessing the situation of the elderly care industry (private sector, NGOs, etc.) and the elderly (surveys, dialogue). Improvement and implementation management of the registration system for private elderly care service providers.	experts	The situation of the elderly and the state of private care services for the elderly is ascertained and provides basic information for the formulation of future policies and measures	Ministry of Social Welfare	long-term care insurance system	Knowledge from various Surveys on Ageing	NA	Unclear whether there are personnel available to operate the system	Although not requested by the ministry, the need is recognised.
Protection of workers' rights	Strengthening capacity to promote the protection of workers' human rights and enhancing human rights due diligence response	technical cooperation, experts	The protection of workers' rights at the workplace (especially in the manufacturing industry) will be promoted. Appropriate responses will be made to requests for the establishment of 'responsible supply chains' such as the CSDDD, which is being introduced in Europe and the USA, and competitiveness in the international community will be enhanced.	Ministry of Labour and Employment (also consider working with NGOs, etc.)		Projects related to measures against child labour, etc.	ILO, UNICEF	High	As this is an area that has not been adequately addressed, capacity strengthening is needed first. New human resources or the development of human resources is required

Attachment 3: "Workshop Materials"

Common materials for each workshop

Objectives of the Consulting Meeting

Objectives

We, the JICA team, are currently conducting a JICA research titled "Data Collection Survey on the Sector of Social Security in Bangladesh" and have gathered significant insights so far.

The objectives of this consulting meeting are to:

1. Share the preliminary findings from the ongoing research and potential cooperation plans by JICA
2. Receive feedback from the participants and engage in discussions regarding the above
3. Utilize the feedback and discussions to further improve the research and its outputs

Today's Agenda

1. Outline of this research
2. Overall Issues (Common Issues) of the Social Security System in Bangladesh
3. Discussion on the points below in the sectors of (a) Social security measures for the elderly, (b) Welfare services for the disabled and (c) Welfare services for the poor and needy
 - The current situation, identified challenges
 - Potential cooperation plan by JICA

Explanation by the research team followed by discussion by participating members

Outline of the JICA Research (1)

Background

- Bangladesh has made economic progress, yet challenges remain in social security due to modest tax revenues and limited public expenditure, resulting in restricted access to adequate social security systems for many.
- The Bangladesh government is actively pursuing reforms through the National Social Security Strategy (NSSS) Phases I and II, aiming to enhance the quality and inclusiveness of social security systems. Strategic plans like the Perspective Plan 2021-2041 and the 8th Five-Year Plan focus on reducing poverty and promoting inclusive growth.
- JICA prioritizes overcoming social vulnerabilities as one of its focus areas, considering support in social security to strengthen the safety net for vulnerable groups such as the disabled, the poor, women, and children. Support from international agencies is directed towards enhancing governance and developing systems within the social security sector, contributing towards achieving the SDGs.

Objective

Given the background, this research will organize the current status of policy directions, system reforms, challenges, and support needs in the social security sector, as well as the support situation from other donors. Based on this analysis, the development of JICA's medium to long-term support plan will be explored, aiming to strengthen Bangladesh's social security system.

Survey period

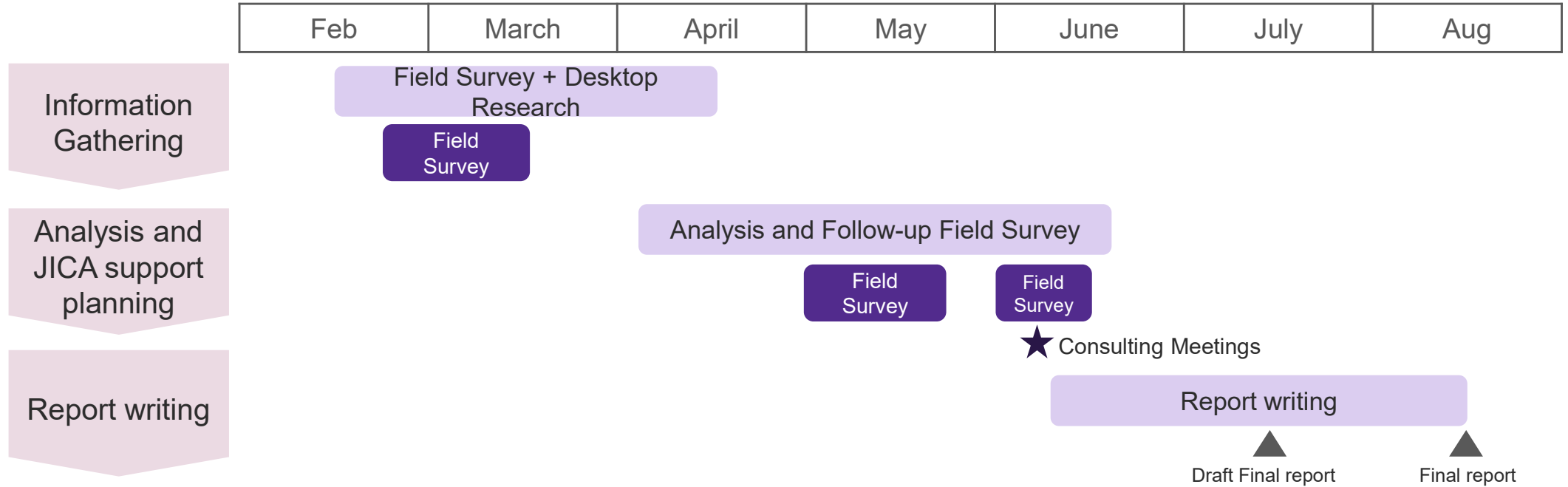
Mid-February to mid-Aug 2024

Main survey items

- Review of the social security system
- Public medical insurance and health care security system
- Welfare services for the poor and needy
- Social security measures for the elderly
- Welfare services for the disabled
- Protection of workers' rights
- Welfare support system for children

Outline of the JICA Research (2)

Schedule of the Survey



Overall Issues (Common Issues) of the Social Security System in Bangladesh

Bangladesh's social security system faces numerous challenges, including limited budget, inefficient operations, thin support, targeting issues, and problems with the G2P remittance system.

Limited resources and their utilization

- Limited budget (both current and future)
- Need to diversify funding sources

39 ministry agencies are involved, and more than 120 programs are being implemented. However, there are the following challenges:

- Proliferation of small, uncoordinated programs
- Fragmentation of service delivery
- Lack of coordination among programs

These challenges have led to issues with overall efficiency and effectiveness in resource utilization.

Cash Allowance Programs: Fragmented, Limited

- Many cash allowance programs prioritize coverage expansion. However, the per capita amount provided is often very small. Furthermore, if an individual is a beneficiary of one program, they are frequently disqualified from receiving benefits from other programs with different objectives, even if they meet the eligibility criteria. Consequently, these programs struggle to make a significant impact on the lives of their intended beneficiaries, as the support provided is limited and fragmented.

Targeting Issues (Inclusion and Exclusion Errors)

- Outdated eligibility criteria and the difficulty in assessing eligibility based on these criteria lead to ambiguity, allowing for discretionary decisions by officers.
- This lack of clarity and consistency in the application of criteria results in nepotism and fraud.
- Inadequate database: The absence of a comprehensive and up-to-date social security database further exacerbates targeting challenges, making it difficult to accurately identify and reach intended beneficiaries.

G2P Remittance System Issues

- The G2P remittance system faces challenges in reaching beneficiaries effectively due to factors such as low literacy rates, phishing scams, and beneficiary omissions caused by phone number changes.
- Officers in charge of the G2P system have not been fully trained, leading to inconsistencies in implementation and reduced effectiveness.
- Supporting beneficiaries not covered by the G2P system requires substantial effort, burdening administrative staff and resources.

Workshop materials for the Ministry of Social Welfare

The Elderly: Overview of Findings

Findings

- Income security is the main focus, and while services need to be enhanced, the budget is limited.
- The traditional family-based care is becoming unsustainable, leading to emerging challenges, yet a comprehensive understanding of the elderly situation is still lacking.
- Private services, NGOs, caregiver training institutions, and other players involved in service provision exist, but there is a lack of grasp of the current situation.



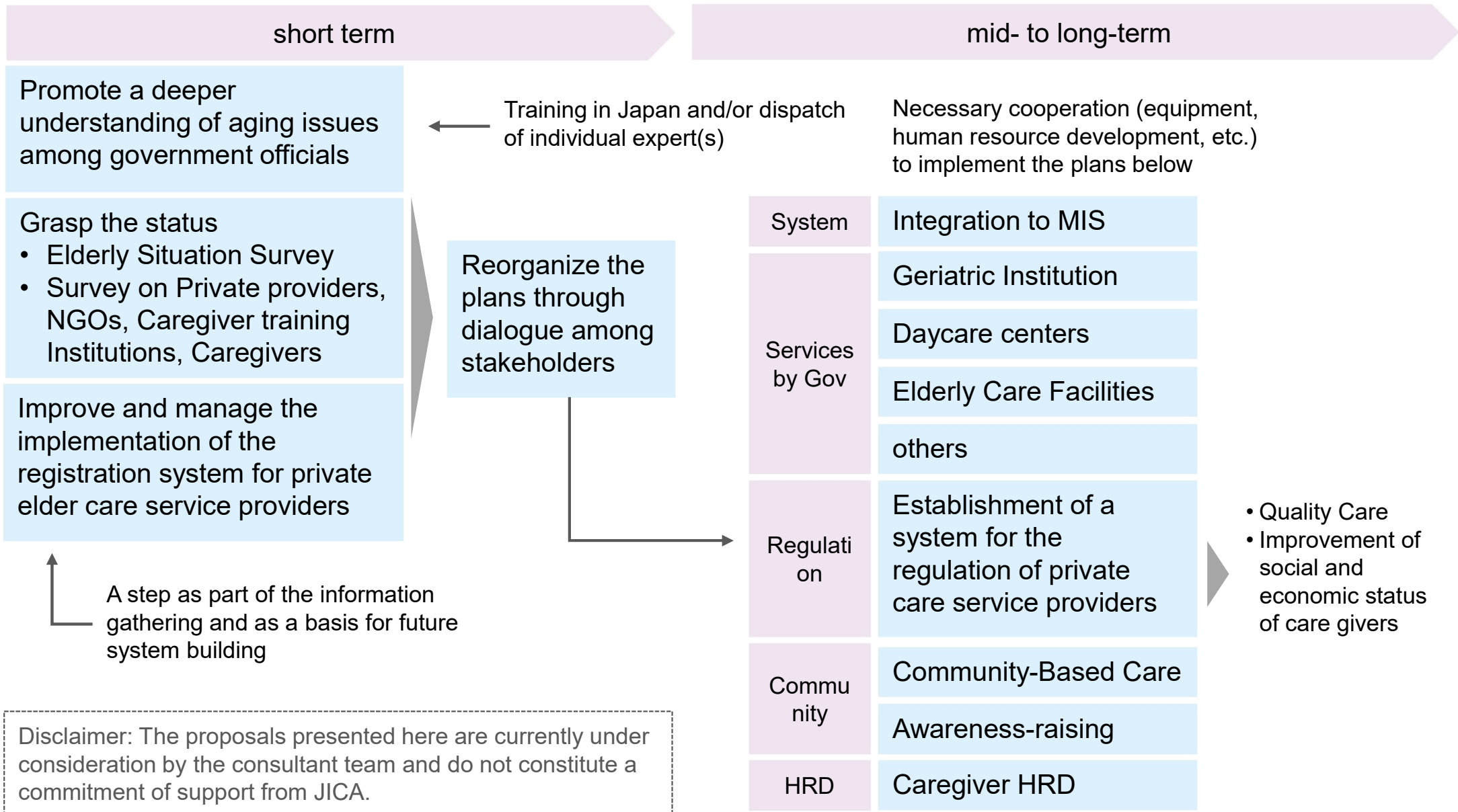
Considering Bangladesh's current context, it is crucial to identify the necessary elderly services, collaborate with non-government entities, establish a clear division of roles, and develop a system for effective implementation.



- To implement the above, it is necessary to deepen the understanding of elderly welfare service initiatives in other countries, including Japan, while also gaining a better grasp of the situation in Bangladesh to reorganize the current efforts and plans accordingly.

The Elderly: Proposed general flow of potential cooperation by JICA

As a first step to facilitating effective cooperation, it would be beneficial to reorganize the government's plans through training, information gathering, and dialogue.



Disclaimer: The proposals presented here are currently under consideration by the consultant team and do not constitute a commitment of support from JICA.

The Elderly: Current status and Issues (1) Income Security

The Bangladesh government's social security measures for the elderly are mainly income security

	Current Status	Issues	Measures
Pension	<p>Public Servant Retirement Pension</p> <p>No of beneficiaries: 0.8 million (FY2023-24) The total budget: 27414 Taka in crore (FY2023-24)</p>	<ul style="list-style-type: none"> • Although the number of people covered by this pension is limited, the total amount is a significant portion of the total social security budget 	<ul style="list-style-type: none"> • Periodic sustainability reviews • CB for staff • Promoting pension enrolment • Fund Management • IT Platform Development
	<p>Universal Pension Scheme: started in August 2023 4 subcategories: 1) private sector employees, 2)informal sector workers, 3) low-income workers, and 4)overseas workers Implementing agency: NPA Personnel:13 (Plan to increase to 57 upon approval of organizational structure)</p>	<ul style="list-style-type: none"> • Just started, organization also new • Needs improvement in fund management, subscription promotion and procedures, IT platform, IT human resources, etc. • A new concept and will take effort and time for the public to understand 	
Social Assistance	<p>OAA</p> <ul style="list-style-type: none"> • No of beneficiaries: 5.7 million (FY2023-24) • Allowance: 600 Tk/M (increased from 500 in 2023) <p>Future Prospects Increase in the number of beneficiaries and further increase in the allowance amount</p> <p>Related assistances;</p> <ul style="list-style-type: none"> • Allowance for Widow and Husband Deserted Women • Allowance for Freedom Fighters 	<ul style="list-style-type: none"> • Criteria for selection of beneficiaries are unclear. • The allowance amount is increasing, but remain small when inflation is taken into account <p>Issues relating to G2P</p> <ul style="list-style-type: none"> • Many seniors who are eligible but not receiving benefits • Low digital literacy/literacy rates • Fraud, unauthorized withdrawals 	<ul style="list-style-type: none"> • Addressing Target Issues • Periodic sustainability reviews • Addressing G2P System Challenges

The Elderly: Current status and Issues (2) Services

Service provision should consider sharing roles and collaboration with the private sector and NGOs.

	Current Status	Issues	Measures
System	<ul style="list-style-type: none"> National Policy on Older Persons 2013: New version approved by MoSW and submitted to the Cabinet The Parents Maintenance Act, 2013: no cases National Committee on Older Persons Registry of elderly care service providers 	<p>Would be necessary to get an overall picture of the situation regarding the elderly, consider what measures are needed and the division of roles between governmental and other entities.</p>	<ul style="list-style-type: none"> Training on Elderly Welfare Elderly Situation Survey Dialogue among stakeholders
Beneficiaries	<ul style="list-style-type: none"> The ratio(%) of aged 60+: 7.48(2012) > 9.28(2022) Life expectancy: 60 (2000) > 73 (2023) (M71,F75) Social changes: family members go to cities, abroad, busy with work, etc. Changing perceptions of parental care 	<ul style="list-style-type: none"> Decrease in care by family members Neglect, abuse and loneliness are major issues Women are more vulnerable / Access challenges are greater in rural areas 	<ul style="list-style-type: none"> Elderly Situation Survey Awareness-raising Establishment of care system
Providers	<p>Government</p> <ul style="list-style-type: none"> Old age home (one in Dhaka) Elderly Care Facilities (8 start in 2024) Geriatric Institution / Daycare centers (concept) <p>Private Services</p> <ul style="list-style-type: none"> Home-based care: Industry association (64 registered as manpower dispatching service) Demand is on the rise / Need more caregivers Facility-based care services: unknown <p>NGOs</p> <ul style="list-style-type: none"> Allowance / Awareness-raising activities on human rights, mental care e.g. interaction and recreation, and provision of physical and daily living care services (daycare and/or homecare) <p>Caregiver Training Institutions</p>	<p>Government</p> <ul style="list-style-type: none"> Acceptance criteria are not that clear <p>Private Services</p> <ul style="list-style-type: none"> The number of care givers trained is less than the demand Private care industry not well regulated <ul style="list-style-type: none"> hinders healthy industry development Private companies want government dialogue Sexual harassment toward female care givers and theft by care givers are common problems in home care <p>NGOs</p> <ul style="list-style-type: none"> Comprehensive survey is needed as the situation is not yet understood. 	<ul style="list-style-type: none"> Improve the registration system (for better understanding the status of service provision by the private and NGO sectors) Elderly Situation Survey Awareness-raising

The Elderly: Potential Cooperation Plan (1)

Support for the development of an elderly care service system

Outline	<ul style="list-style-type: none"> Promote a deeper understanding of aging issues among government officials <ul style="list-style-type: none"> Training in Japan (country-specific and issue-specific training) Discussion of the direction of aging-related measures through dialogue with individual experts (or support for strategy formulation and institutional design) <ul style="list-style-type: none"> Includes discussion on how to proceed with measures currently being implemented or under consideration for elder care facilities, day care centers, geriatric Institution, etc
Expected Outcome/ Impact	<ul style="list-style-type: none"> A better understanding of the government's role in caring for the elderly is developed Based on this understanding, discussions will be initiated on how to address aging in Bangladesh.
C/P	MoSW
Relevant institutions/ donors and their roles	<ul style="list-style-type: none"> Related NGOs (cooperation for research) Related service providers (cooperation for research) Caregiver training institutions (cooperation for research)

Disclaimer: The proposals presented here are currently under consideration by the consultant team and do not constitute a commitment of support from JICA.

The Elderly: Potential Cooperation Plan (2)

Support for the development of an elderly care service system

Outline	<ul style="list-style-type: none"> Understanding the Elderly Care Industry and the Elderly Situation <ul style="list-style-type: none"> Related NGOs, home care providers (industry associations), facility-based care providers, care giver training organizations, and care givers (service offerings, number, areas of activity, number of people covered, etc.) Survey on the Situation of the Elderly Improvement and implementation management of the registration system for private elderly care service providers. Dialogue between the government and industry associations and NGOs <ul style="list-style-type: none"> Conducting dialogue between government agencies and industry associations and NGOs based on the results of the above survey
Expected Outcome/ Impact	<ul style="list-style-type: none"> The situation of the elderly and the state of care services for the elderly provided by the private sector and NGOs will be quantitatively and qualitatively grasped, providing basic information for the formulation of future policies and measures. Facilitate dialogue between the government and related organizations, leading to the consideration of policies and measures that are more in tune with the actual situation. Contribute to the sound development of the elderly care service industry and the social upliftment of care givers, etc.
C/P	MoSW
Relevant institutions/ donors and their roles	<ul style="list-style-type: none"> Related NGOs (cooperation for research) Related service providers (cooperation for research) Caregiver training institutions (cooperation for research)

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Main Challenges to improve Services for PWDs

A) Although progress is being made in developing a legal system based on the Convention on the Rights of Persons with Disabilities, **the support system for persons with disabilities is not sufficient.**

- There is limited understanding of the number of people with disabilities. **(3,300,000 People?)**
- Updating specialization is required to support PWDs, but **opportunities for continuous training for MoSW staffs are limited.**
- **Maintenance of welfare equipment** is not sufficient.
- **Accessibility of PSOSK is limited.** (The collaboration of Health centers and 210 PSOSK in the local level < Lack of coordination regarding medical care and rehabilitation/therapy at the local level)

B) PWDs face **difficulties in living economically and socially independently.**

- 60% of children with disabilities are not enrolled in school, and **66% aged 15 to 64 are not employed.** (UNICEF, BBS)
- Allowance for PWDs covered widely thorough MIS/DIS, but **850TK is not enough.**
- Because care is mainly provided by family members, **there are few opportunities to learn about support methods provided by organizations other than family members.**

List of potential cooperation by JICA

Main Goals in the long term

- A) Improving the effectiveness of the social security system for PWDs
- B) Improving living standards including PWDs



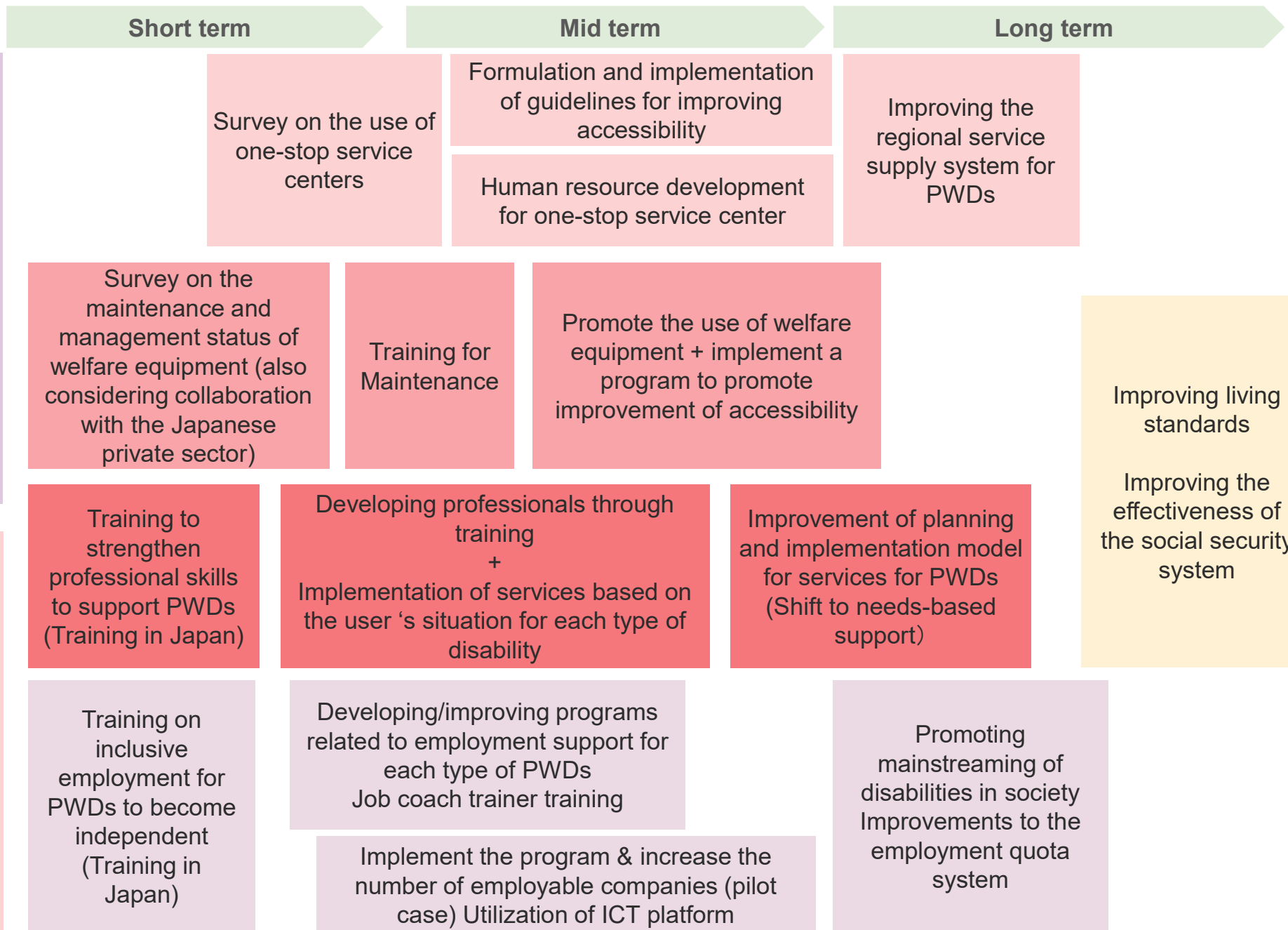
JICA's possible cooperation

1. Establishment of an inclusive employment support system for PWDs (B)
2. Strengthening professional skills in the field of support for PWDs (A)
3. Improvement of capacity for management and maintenance of welfare equipment using local materials and resources (A)
4. Support for improving accessibility to One Stop Service Center (PSOSK) (A)&(B)

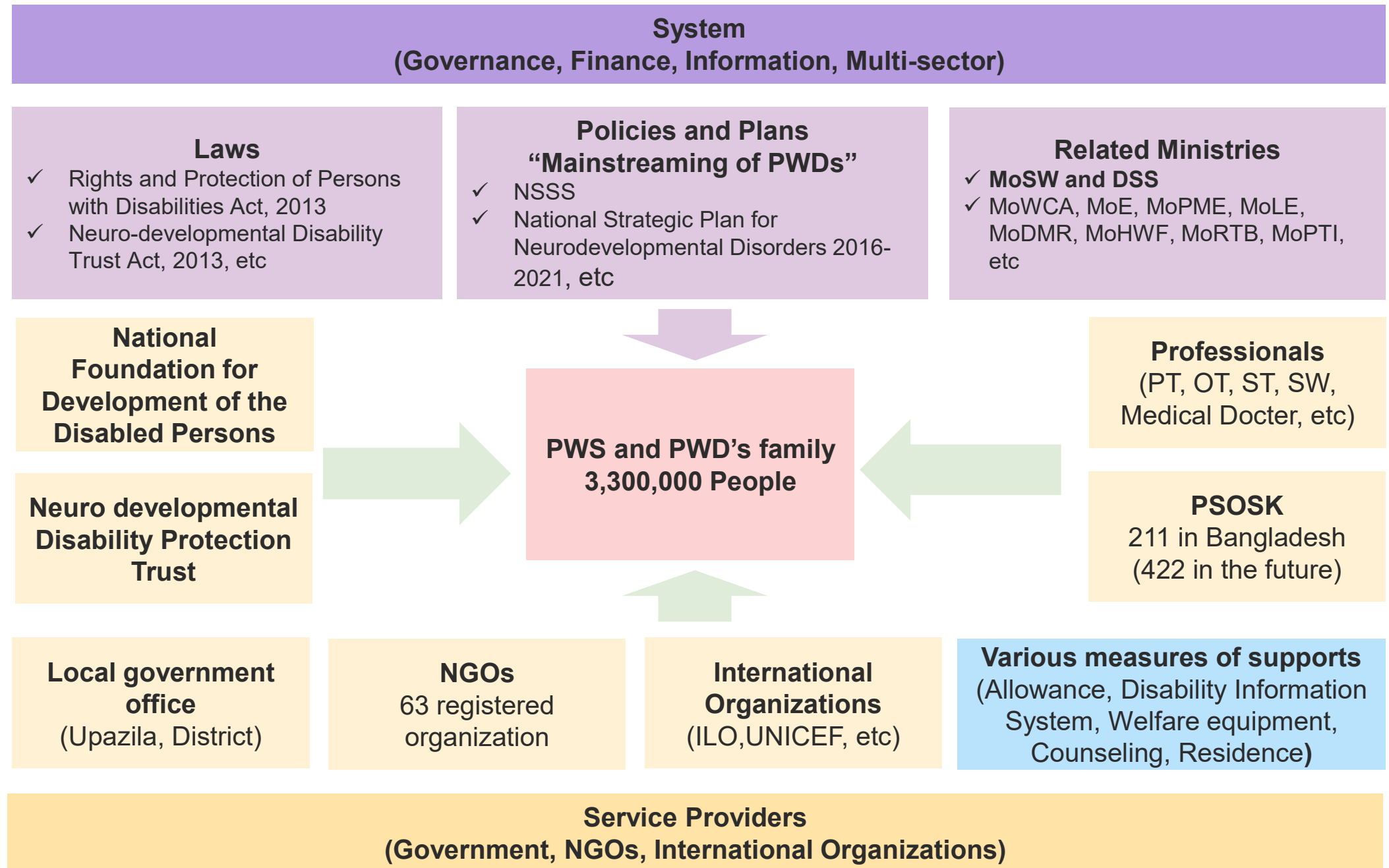
Q1. As your ministry, which issues should be tackled as a top priority?

Q2. Are the projects proposed-in line with the direction of the ministry? And which possible project has the highest priority?

People with disabilities (PWDs): Proposed general flow of potential cooperation by JICA



People with disabilities (PWDs): Current status



People with disabilities (PWDs): How to overcome barriers for effective service delivery?

System (Governance, Finance, Information, Multi-sector)

1. Further improvement of **policy implementation capacity** is necessary
2. An efficient system is needed to cover the lack of financial resources (disability allowances are not sufficient) and the lack of human resources
3. **Strengthening of collaboration** between ministries, NGOs, and the private sector is necessary
4. It is necessary to encourage society to **promote understanding regarding the participation/involvement of PWDs**

Service Users (PWS, PWD's family)

1. It is necessary to **improve the situation where it is difficult to go out** (because physical accessibility and information accessibility are insufficient)
2. **Support for independence of PWDs** is necessary for people who cannot find a place to attend school or work (60% of children with disabilities are not enrolled in school, 66% aged 15 to 64 are not employed)
3. There is a need to **increase opportunities to know about support methods provided by various agencies** other than family members

Service Providers (Government, NGOs)

1. Further **increase opportunities for continuing training for professionals** involved in supporting PWDs.
2. Strengthen knowledge about **maintenance and management of assistive welfare devices**.
3. Service providers provide services by **understanding the needs, support methods, and social resources of each type of PWDs**.
4. Further **enhance collaboration** regarding medical care, rehabilitation/therapy, and counseling at the local level, such as Upazila.

PWDs: Potential Cooperation Plan (1)

Establishment of an inclusive employment support system for persons with disabilities

Outline	<ul style="list-style-type: none"> • Develop employment support programs for all types of persons with disabilities (general employment) • Provide training to job coach trainer candidates • Provide job matching support by utilizing NGOs and companies that are already holding job fairs, publicize examples of good practice to employer associations and the general public, and promote increased awareness regarding employment of people with disabilities.
Expected Outcome/ Impact	<ul style="list-style-type: none"> • The independence of people with disabilities, who previously received limited financial support through disability allowances, will be further promoted. • Reduce the unemployment rate of people with disabilities and protect their right to work • Employment including reasonable accommodation from employers will be promoted, and the implementation of laws regarding employment of persons with disabilities will be improved. • Collaboration between ministries and agencies will be improved with a focus on employment promotion. Social understanding regarding disability mainstreaming, including private companies, will be promoted.
C/P	MoSW
Relevant institutions/ donors and their roles	<ul style="list-style-type: none"> • Organizations of people with disabilities (already have knowledge of job coaching by people with disabilities) • ILO (Implementing Disability Inclusion in the Bangladesh Skills System. Supporting TVET) • Ministry of Information and Communications ICT Department (contracts IT-specific employment support to NGOs)

PWDs: Potential Cooperation Plan (2)

Strengthening professional skills in the field of support for people with disabilities

Outline	<ul style="list-style-type: none"> • Conduct capacity building training for professionals involved in supporting people with disabilities. • A system will be established in which a professional team will formulate support plans and provide family support. • Strengthen the referral system among related organizations.
Expected Outcome/ Impact	<ul style="list-style-type: none"> • Services available to people with disabilities will increase, regardless of the social and economic circumstances of the individuals and their families. • Understanding of services for people with disabilities and their families will improve, and the social and psychological burden on those affected will be reduced. • Service providers understand the needs and support methods for each disability, and utilizes social resources. • Physical accessibility and information accessibility in service provision will be improved, and social participation of persons with disabilities will be promoted.
C/P	MoSW
Relevant institutions/ donors and their roles	<ul style="list-style-type: none"> • NGOs, organizations of people with disabilities • Dhaka University (responsible for training instructors for Ministry of Social Welfare officials), etc. • TVET (providing courses for physical therapists, occupational therapists, etc.)

PWDs: Potential Cooperation Plan (3)

Technology transfer for welfare equipment using local materials and resources

Outline	<ul style="list-style-type: none">• Build a monitoring system for the use and maintenance of welfare equipment• Develop human resources specialized in welfare equipment• Collaborate with private companies through events to utilize welfare equipment
Expected Outcome/ Impact	<ul style="list-style-type: none">• Welfare equipment is managed and utilized appropriately.• Physical accessibility for people with disabilities is improved.• The economic independence of people with disabilities is improved.• Through the event, social understanding of people with disabilities will be promoted.
C/P	MoSW
Relevant institutions/ donors and their roles	<ul style="list-style-type: none">• NGOs, organizations of people with disabilities• Ministry of Youth and Sports• Private companies

PWDs: Potential Cooperation Plan (4)

Support for improving accessibility to One Stop Service Center (PSOSK)

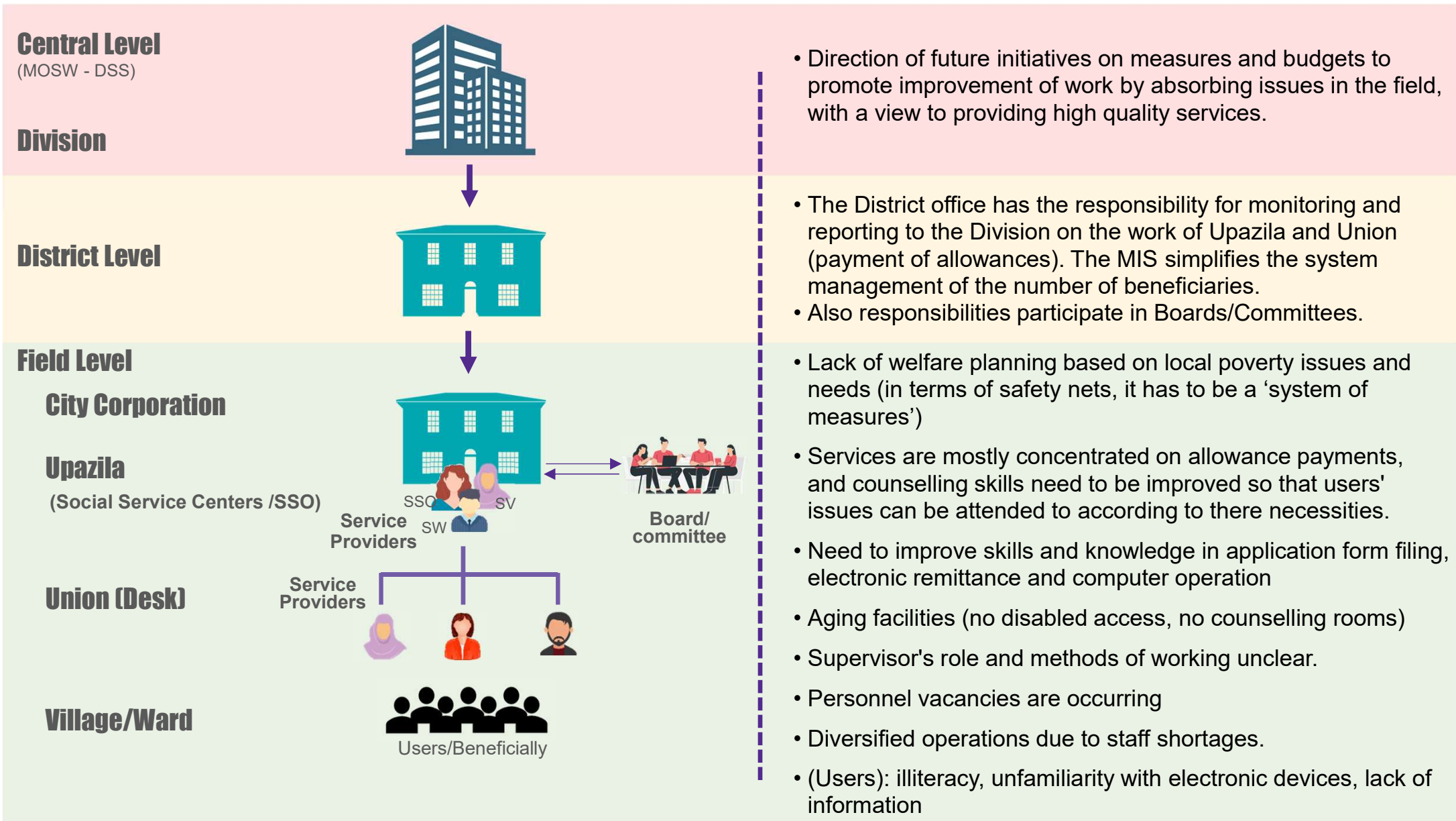
Outline	<ul style="list-style-type: none">• Analyze users of the one-stop service center and formulate/improve service provision guidelines.• Conduct a social resource survey on disability services in a specific region.• Provide training on improving accessibility to staff at one-stop service centers.
Expected Outcome/ Impact	<ul style="list-style-type: none">• Physical and information accessibility for people with disabilities at the centers will be improved, and the number of users of one-stop service centers in each region will increase.• Collaboration with relevant local organizations will be improved, the disparity in support between urban and rural areas will be reduced, and services for people with disabilities will be promoted.• Social understanding is promoted in the communities where people with disabilities live.
C/P	MoSW
Relevant institutions/ donors and their roles	<ul style="list-style-type: none">• NGOs, organizations of people with disabilities• Ministry of Health, etc

Services for the poor and needy :Current status and Issues

<p>Survey overview</p>	<ul style="list-style-type: none"> • Interviews with the Department of Social Services, Ministry of Social Welfare (MoSW) • Visit to the Upazila Social Services Office (SSO) • Discussions with experts from universities with faculties of social welfare • Visit to the Bureau of Statistics (BBS) • Interviews with social service contact persons at university hospitals, etc.
<p>General status for social services</p>	<ul style="list-style-type: none"> • Legislation and service guidelines are being developed. • According to the World Bank (Bangladesh Social Protection Public Expenditure Review, 2021), MoLWA and MoDMR allocate more than 90% of their financial resources to the central level, while MoWCA 30% to district and upazila levels, <u>MoSW allocates greater resources to local government as 50%.</u> • The Social Service Centers (SSOs), which are the outposts of the MoSW (DSS), play a central role in the implementation of the social safety net for community residents by providing welfare assistance and allowance payment procedures for the elderly, needy and widows, shelter and orphanage assistance, and support for persons with disabilities. The SSOs has a central role in the implementation of social safety nets for community residents. Soft loans are also provided to women and persons in need. • Problems have been encountered in the disbursement of allowances through electronic transfers, where users who cannot read or are not familiar with keywords, etc., have had their allowances debited by others from their accounts, and phishing scams have occurred. • Bangladesh has established social welfare departments in 9 to 10 universities. There is no national curriculum designation. There is no national examination system. Other than that, Social Service Officers in the Ministry of Social Welfare are recruited as civil servants and therefore not necessarily from a social welfare background. • The National Bureau of Statistics is developing a National Strategy for Statistical Development for the period 2024-2030; as part of the NSSS, it wants to develop beneficiary registration information system.

Social service delivery system (in brief) and challenges

【Issues and challenges】



The poor and needy : Potential Cooperation Plan (1)

Development of master plans for social (welfare) services

Outline	<ul style="list-style-type: none"> • Developing a new comprehensive service model to deliver efficient support for individual and family to achieve the objective of universal social protection. • Social services are designed from a long-term perspective with the consideration of changes in society. • Share vision and strategy in reforming service delivery and encourage growth as Ministry (through establishment a national welfare model). • Revisions to the Social Welfare Law are suggested.
Expected Outcome/ Impact	<ul style="list-style-type: none"> • Service delivery reform proposals are developed with a long-term perspective in order to achieve service delivery more in line with the needs of the population towards the goals of the NSSS. *The master plan includes a layered safety net for the needy, integrated services, professional human resource development and strengthening of local government and communities (community welfare). • To achieve the NSSS, the functions of SSOs and union desks as the core of service delivery are clarified and a new model of institutional services is proposed. • As the national machinery of the NSSS in the near future, developing a master plan for service delivery will strength the Ministry's institutional capacity
C/P	MoSW
Relevant institutions/ donors and their roles	<ul style="list-style-type: none"> • NGOs, Organizations with self-reliance programs, loan programs, etc. • Related Ministries • Donors social protection issues

The poor and needy : Potential Cooperation Plan (2)

Self-Reliance Support Service for Needy Persons

Outline	<ul style="list-style-type: none"> • Implementing comprehensive consultation and counseling service to create an individual support plan based on the situation. • Strengthening Social Service Center to be function as a one-stop service center for consultation and information (more to be a user-centered approach). • Delivering social services with “integrated individual and/or family support plan” based on the situation of vulnerable people and their families including support to secure housing, employment support, emergency/shelter support, support for household finance, and support for children, etc.) • Strengthening community network and developing social resources.
Expected Outcome/ Impact	<ul style="list-style-type: none"> • Beneficiaries who are living on the verge of breaking the bank due to increasingly complex and serious challenges related to work, housing and household finances will be able to become self-reliant. • Reinforce measures to support people to become self-reliant before they become welfare recipients, in view of the increase in the number of welfare recipients and those at high risk of becoming destitute. • Ensure integrated implementation of the review of the welfare system and measures for the needy • Physical and information accessibility for the needy at the centers will be improved, and the number of users of one-stop service centers in each region will increase. • Collaboration with relevant local organizations will be improved and also, mutual help through mutual assistance is promoted in the community.
C/P	MoSW
Relevant institutions/donors and their roles	<ul style="list-style-type: none"> • NGOs, Organizations with self-reliance programs, loan programs, etc. • Ministry of Labor and Employee, Ministry of Health, etc • Placement agency

Workshop materials for NPA

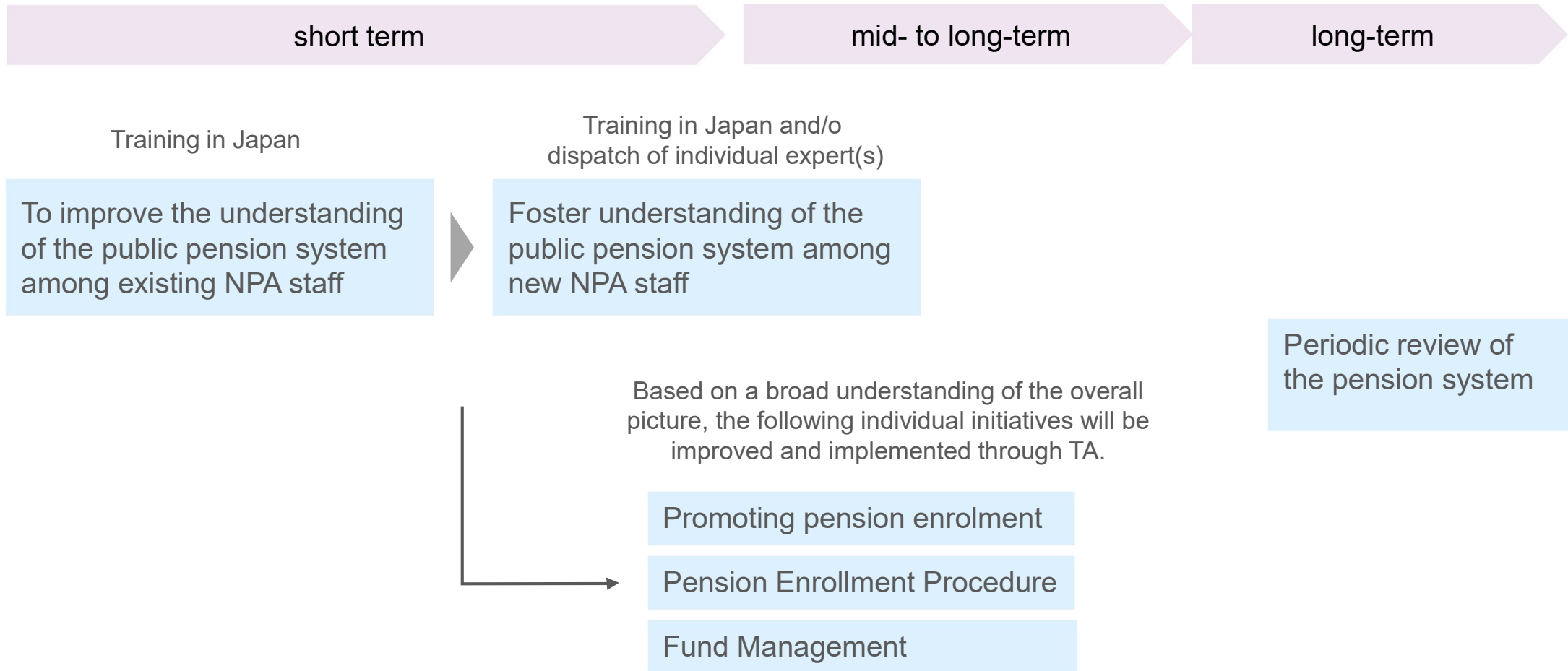
The Elderly: Current status and Issues: Income Security

The Bangladesh government's social security measures for the elderly are mainly income security

	Current Status	Issues	Measures
Pension	<p>Public Servant Retirement Pension</p> <p>No of beneficiaries: 0.8 million (FY2023-24) The total budget: 27414 Taka in crore (FY2023-24)</p>	<ul style="list-style-type: none"> • Although the number of people covered by this pension is limited, the total amount is a significant portion of the total social security budget 	<ul style="list-style-type: none"> • Periodic sustainability reviews • CB for staff • Promoting pension enrolment • Fund Management • IT Platform Development
	<p>Universal Pension Scheme: started in August 2023 4 subcategories: 1) private sector employees, 2)informal sector workers, 3) low-income workers, and 4)overseas workers Implementing agency: NPA Personnel:13 (Plan to increase to 57 upon approval of organizational structure)</p>	<ul style="list-style-type: none"> • Just started, organization also new • Needs improvement in fund management, subscription promotion and procedures, IT platform, IT human resources, etc. • A new concept and will take effort and time for the public to understand 	
Social Assistance	<p>OAA</p> <ul style="list-style-type: none"> • No of beneficiaries: 5.7 million (FY2023-24) • Allowance: 600 Tk/M (increased from 500 in 2023) <p>Future Prospects Increase in the number of beneficiaries and further increase in the allowance amount</p> <p>Related assistances;</p> <ul style="list-style-type: none"> • Allowance for Widow and Husband Deserted Women • Allowance for Freedom Fighters 	<ul style="list-style-type: none"> • Criteria for selection of beneficiaries are unclear. • The allowance amount is increasing, but remain small when inflation is taken into account <p>Issues relating to G2P</p> <ul style="list-style-type: none"> • Many seniors who are eligible but not receiving benefits • Low digital literacy/literacy rates • Fraud, unauthorized withdrawals 	<ul style="list-style-type: none"> • Addressing Target Issues • Periodic sustainability reviews • Addressing G2P System Challenges

The Elderly: Proposed general flow of potential cooperation by JICA

Based on the broad understanding of the pension system acquired through the training, individual initiatives will be improved and implemented through TA.



The Elderly: Potential Cooperation Plan

Cooperation for Pension System Development

Outline	<ul style="list-style-type: none"> • Support for NPA operation • Support for pension enrollment promotion <ul style="list-style-type: none"> • Publicity • Enrollment procedures • Technical support for fund management • IT infrastructure development and human resource development support
Expected Outcome/ Impact	<ul style="list-style-type: none"> • This program will provide for the preparation of Bangladeshi citizens other than government employees (more than 100 million people are eligible) for their old age. • This will contribute to the development of the elderly care service industry (creation of jobs for caregivers, etc.) in addition to stabilizing their livelihood. • Contribute to the realization of diversification of funds for social security financing. • It will promote a better understanding of social insurance and have a positive impact on the promotion of public health insurance.
C/P	NPA: National Pension Authority
Relevant institutions/ donors and their roles	<ul style="list-style-type: none"> • KOICA: short-term training • ADB (TBD)

Workshop materials for the Ministry of Labour and Employment

(Reference) Definition of Workers' Rights

Definition of human rights at work are as follows

(from the ILO Declaration on Fundamental Principles and Rights at Work).

Types of Human Rights	Definition and International Convention
Freedom of association Collective bargaining	Ensure that workers are free to join trade unions and exercise their right to organise. <ul style="list-style-type: none"> ➤ Convention on Freedom of Association and Protection of the Right to Organise (No. 87) ➤ Convention on the Application of Principles on the Right to Organise and Collective Bargaining (No. 98)
Prohibition of forced labour	Prohibit forced and slave labour and respect the right of workers to be employed voluntarily and to work freely. <ul style="list-style-type: none"> ➤ Convention on Forced Labour (No. 29) ➤ Convention on the Abolition of Forced Labour (No. 105)
Prohibition of child labour	Eliminate child labour and provide access to education. <ul style="list-style-type: none"> ➤ Convention on Minimum Age for Employment (No. 138). ➤ Convention on Immediate Action for the Prohibition and Abolition of the Worst Forms of Child Labour (No. 182)
Elimination of discrimination	Prohibit discrimination against workers based on race, sex, gender, religion, place of birth, disabilities, etc. and provide equal working conditions. <ul style="list-style-type: none"> ➤ Convention on Equal Remuneration for Men and Women Workers for Work of Equal Value (No. 100) ➤ Convention on Discriminatory Treatment in respect of Employment and Occupation (No. 111)
Safe and healthy working conditions	Implement appropriate occupational health and safety measures to ensure the safety and health of workers. <ul style="list-style-type: none"> ➤ Convention on Occupational Safety and Health (No. 155)←Not ratified ➤ Framework Convention on the Promotion of Occupational Safety and Health (No. 187)←Not ratified
Compliance with labour standards	Ensure proper management of and compliance with workers' working hours, wages, leave and working conditions in accordance with labour laws and standards.

Protection of Workers' Rights (protection of lives, safety, welfare, equality, compliance, freedom of association, etc) : Latest status and Challenges

There have been several efforts to respect workers' rights, but it has not been sufficient enough.

	Latest Status	Challenges
Workforce Profile	<ul style="list-style-type: none"> • Employed population: 71 million. • The relatively low unemployment rate: 5% • High employment by the informality: 85% • Child labour rate: 4.4% • Labour share of national income: 42%. • Men's employee rate: 49% • Women's employee rate: 8% 	<ul style="list-style-type: none"> • Proportion of workers in the informal sector is very high. • Child labour is widespread; many children engaged in “Worst Forms of Child Labor”. • Women's labour force participation remains low and skewed towards certain sectors. • A large proportion of women are responsible for care work within their households and communities.
Legal and Policy Framework	<ul style="list-style-type: none"> • Labour Act (2006, revised in 2018, 2022) • Labour Rules (2015) • EPZ(Export Processing Zones) Labour Act (2019) • Universal Pension Management Act (2023) • National Employment Policy 2022 • 36 ILO Conventions and 1 ILO Protocol were ratified • Others 	<ul style="list-style-type: none"> • Definitions of “workers' human rights” do not necessarily correspond to international definitions. • Although legislation has been enacted, implementation of laws and relevant rules both in the public and private sector is not sufficient. • A number of ILO Conventions have not been ratified yet.
Protection of workers' human rights	<ul style="list-style-type: none"> • Inspection by the Department of Inspection for Factories and Establishment • Trials at Labour Courts • Workers' compensation and employment insurance (Central Fund, Bangladesh Labour Welfare Fund) • Activities of Unions • Employment support for the unemployed • Services in Labour Welfare Centers (LWC) 	<ul style="list-style-type: none"> • Human rights due diligence is not being addressed. There are no guidelines. • Workers' safety and health are not adequately protected. • The number of operators with insurance coverage is low. • Union activities are not adequately guaranteed. • Limited support for the unemployed. • Numbers and capacity of LWC are still limited.
Information Management	<ul style="list-style-type: none"> • National Employment Database is planned to be established. 	<ul style="list-style-type: none"> • The plan has not been started yet.

Protection of Workers' Rights: Request for Support from MoLE

Request for support in this area from MoLE side is as following;

Social welfare services

- Establishing support systems for children
 - Education grants
 - Scholarships
 - medical aid, etc.
- Strengthening capacity of Labour Welfare Centres (LWCs);
 - Modernization of buildings
 - Upgrading of equipment
 - Increasing number of staff members (medical staff)
 - Expanding awareness raising programme and recreation activities
 - Enhancing access to the facilities (increasing the number of LWCs)
- Expanding day-care services for children to support child bearing workers (especially female workers)

Insurance

- Expansion of employment and unemployment insurance.
- Policy development for the institutionalization of employment and unemployment insurance

Capacity Building

- Expanding vocational training
 - Training for skilled workers
 - Training for unemployed people
- Strengthening human resource management in the Central Fund and Bangladesh Labour Welfare Foundation)
 - Technical support
 - Development of digital infrastructure
 - Strengthening organizational structures
 - Strengthening of financing capacity to ensure adequate funding
 - Improving quality of services
- Enhancing capacity of labour inspectors

Others

- Strengthening public and private sector partnerships
 - Strengthening dialogue between employers and workers' representatives
- Reinforce compliance with international human rights standards

Protection of Workers' Rights : Potential Cooperation Plan

The following is the list of potential cooperation plan by JICA in the sector of protection of workers' rights.

	Project	Scheme	Counterpart	Outcome / Impact	Activities (examples)
1	Support for the establishment and operation of child day care centres (nurseries) for workers in the private sector	<ul style="list-style-type: none"> ➤ Technical Cooperation ➤ JICA Expert 	<ul style="list-style-type: none"> ➤ Ministry of Labour and Employment ➤ Ministry of Women and Children Affairs 	Employment of child-rearing workers (especially female workers) is promoted.	<ul style="list-style-type: none"> ➤ Reviewing and updating exiting guidelines ➤ Providing relevant training ➤ Providing operational support the in technical aspect
2	Strengthening capacities for promoting human rights due diligence response in supply chain management	<ul style="list-style-type: none"> ➤ Technical Cooperation ➤ JICA Expert 	Ministry of Labour and Employment	<ul style="list-style-type: none"> ➤ The protection of workers' rights at the workplace (especially in RMG) is promoted. ➤ Appropriate responses are made to establish 'responsible supply chains' and competitiveness in the international market is strengthened. 	<ul style="list-style-type: none"> ➤ Supporting to develop Human rights DD policies and guidelines ➤ Providing training and workshop ➤ Providing consultation and advisories to the private sector (associations)
3	Expansion of vocational training for workers and unemployed persons, capacity building in relation to employment support and provision of equipment	<ul style="list-style-type: none"> ➤ Technical Cooperation ➤ JICA Expert 	Ministry of Labour and Employment	<ul style="list-style-type: none"> ➤ Access to the labour market for workers and the unemployed is increased. 	<ul style="list-style-type: none"> ➤ Reviewing existing vocational training courses and its outcome ➤ Conducting research on training needs from the worker's side ➤ Development of medium and long-term plans of vocational training based on the results of research