

Protecting the vulnerable

Bangladesh has been growing rapidly and overall welfare has improved across the board, but safety nets are necessary for those who are still below the poverty line. The challenge lies in expanding coverage of the extreme poor and reducing leakages.

XIAN ZHU and QAISER KHAN

BANGLADESH has made considerable progress in expanding and refining its wide range of social safety net programs over the past three decades. Safety nets are important because they not only reduce poverty and inequality but also help poor households invest in their children's education and health. In Bangladesh, programs such as the Vulnerable Group Feeding (VGF) have been swiftly scaled up in the aftermath of disasters for close to two decades. Immediately after Sidr, the program was expanded to cover almost all affected households in the disaster zone.

One of the largest conditional cash transfers in rural areas, the Female Secondary School Stipends Program, has greatly expanded girls' access to education. The program was designed with innovations in integrating government and NGO programs, and was so successful that it served as an inspiration to other countries facing similar challenges.

From a public policy perspective, robust safety nets and safety ladders allows governments to make difficult changes in trade and industrial policy while assuring

that vulnerable groups are protected. Well-designed and well-targeted safety nets can be fiscally cost-effective while protecting and, at the same time, helping the poor to get out of poverty.

There are some concerns that safety nets can be a disincentive to work, but evidence shows that this only happens in high-income countries with high marginal tax rate on earnings. There is little evidence of this in low or middle-income countries because benefits are low and taxation does not affect these groups.

Bangladesh has been growing rapidly and overall welfare has improved across the board, but safety nets are necessary for those who are still below the poverty line. The challenge lies in expanding coverage of the extreme poor and reducing leakages.

The urban poor have no access to safety nets and coverage is partial among the rural poor, for example, the bottom 10% of the rural population are only partially covered and targeting could be improved significantly. While the majority of beneficiaries of safety nets are from the bottom 20% of the population, those who do not need them receive some benefits.

There are many ways to focus

resources on the poor and reduce leakage to the better-off. Investments in geographical targeting are crucial, and the newly released Bangladesh Poverty Map can be used to direct resources to particularly vulnerable areas. Another method is by employing a proxy means test, which basically uses observable variables -- such as quality of housing, household demographics, and other easily identifiable variables -- to target benefits to the poor. This proxy means test can be combined with a good appeals process and community verification to assure benefits reach the poor and leakage to the non-poor is minimal.

Technology can also help increase efficiency and reduce leakages of safety net programs. Bangladesh has come a long way in this regard and is already using digital technology to administer and deliver safety nets. The country's new digitalised national voter data offers an opportunity to move towards the use of smart cards, which can store all beneficiary transactions.

Combined with new mobile phone banking technology, smart cards can sharply reduce administrative costs and the potential for irregularities and error. Funds could be sent directly to eligible recipients through mobile banking, and they could pick up the funds at local mobile shops using their digital IDs with biometric information.

To expand coverage to those who need the most, Bangladesh has to increase the efficiency while reducing the cost of its safety net programs. For instance, food based safety net programs have evolved

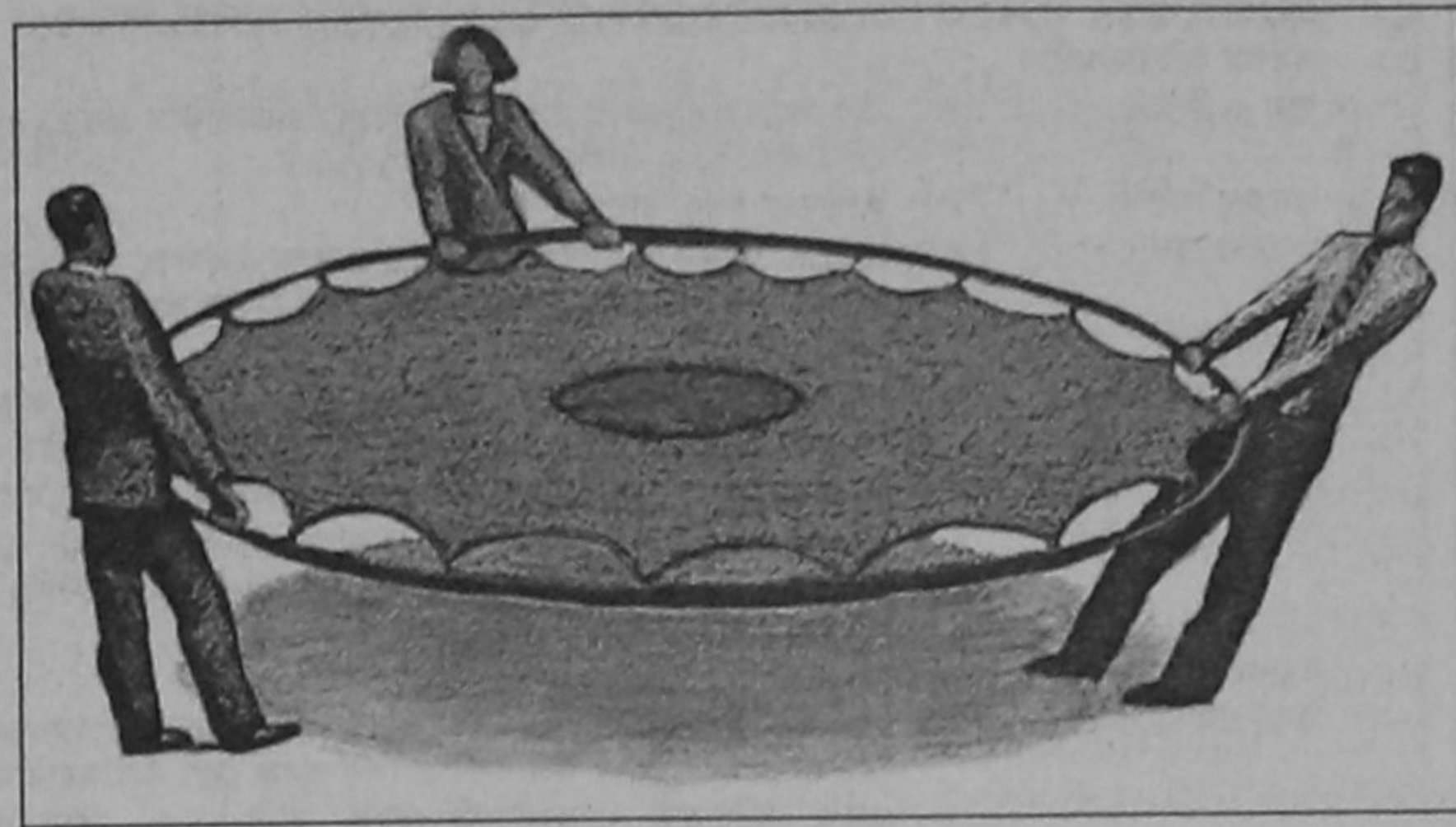
to replace the public food distribution system and many were funded by food aid donors.

While food based safety nets in Bangladesh have lower leakage than those in neighbouring countries, the leakage, administrative and storage costs are higher than cash programs. So, one option would be to move towards more cost-effective cash-based safety nets, except for disaster response or for nutrition programs.

A growing challenge is that of the under-coverage of safety nets among the urban poor at a time of rapid urbanisation in Bangladesh. More than half the population is likely to be living in urban areas in less than a decade, and the bulk of them in the large metro cities. Studies show that children in poor rural areas now have more access to schooling and future opportunities, whereas poor children in large metropolitan areas are increasingly being left out.

Safety nets targeting the urban poor must, therefore, be an urgent priority. Global experience shows that conditional cash transfers in urban settings will be particularly useful in increasing access to schools. In some countries, participation in safety nets for working age people requires that they undergo mandatory job related training.

Another emerging challenge in Bangladesh is to provide affordable pension schemes for the country's ageing population. Social insurance coverage can be expanded in Bangladesh using the country's unique advantage of a large and vibrant micro-finance network. Grameen



To help the poor survive a fall.

Bank already provides pension savings plans and health insurance to its seven million poor member households.

The government can help expand this coverage by establishing the appropriate regulatory framework. Furthermore, the government can provide the right incentives to banks and insurance companies to offer pensions or social insurance to formal sector workers who currently have no access to these services, and give some fiscal incentives for people to take advantage of these services.

Health shocks are a major challenge and driver of poverty in much of the world, and Bangladesh is no exception. In India, the government is launching a national health insurance program with technical support from the World Bank. This program will use biometric data embedded smart cards to identify those enrolled in the program, and members

can seek care at any participating health service provider.

The government subsidises premiums for the poor while others pay the full amount. Service providers are required to provide the same pre-defined services to all subscribers and do not know the source of the premium -- this avoids the problem of "programs for the poor becoming poor programs."

A final challenge lies in developing a strategic vision for safety nets within government and, most crucially, having a senior-level safety nets champion who can drive this agenda forward, as it involves significant inter-ministerial and inter-agency coordination.

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Today's valuables are tomorrow's waste

Usually, today's precious belongings become tomorrow's waste. What we proudly owned today we vehemently disown tomorrow. They become wastes and are of no interest to us. Is that the correct attitude?

MAHMOUD RIAD

TODAY you will read this newspaper and maybe tomorrow you will throw it away. The nice shirt you purchased last year may have the same fate, along with the book you have just finished. Your wife has promised to make your favourite mutton curry for dinner. All the bones and leftovers will be tomorrow's waste.

Usually, today's precious belongings become tomorrow's waste. What we proudly owned today we vehemently disown tomorrow. They become wastes and are of no interest to us. Is that the correct attitude?

Many of the things we throw away are resources that may be re-used as old clothes or recycled into other products, like glass and paper. And then there are the kitchen wastes that, if not properly managed and disposed of, may pollute our environment. All of us go to schools, workplaces and markets, which need to be kept as clean as our homes to protect our health. So we have to be interested in our waste.

So where does the waste go? A waste collector with a rickshaw van will pick up the waste from our houses. He goes through the waste and removes some recyclable materials. He then takes the waste to a collection point. The Dhaka City Corporation manages the collection point by building a dustbin or putting a large container for the waste. DCC then sends a collection truck to collect the waste from the collection point daily. This is called secondary collection and transport.

DCC transports the waste to two disposal sites: Matuail landfill in the eastern perimeter of the city and Amin Bazar landfill in the western perimeter.

The Matuail landfill has been developed

as a sanitary landfill by DCC, which means that the waste is disposed off in an engineered manner so as not to pollute the surrounding area. DCC is also developing Amin Bazar landfill in a similar way. It is estimated that around 1,700 to 2,000 tons of solid waste goes through this cycle every day.

The cost for management of wastes is high. DCC employs a large staff of conservancy inspectors, cleaners, drivers and mechanics for the service. Over 300 waste collection trucks are operated and there are around 10 heavy equipments at the landfills. Fuel is consumed to operate the trucks and equipments. The total costs for operation and maintenance are estimated to be Tk.80 million monthly. What are we paying?

We pay the primary collector around Tk.20 to 50 per month to collect the wastes from our homes, and a portion of the property tax is earmarked as conservancy tax to be used for waste management. It is estimated that Tk.25 million are collected as conservancy tax. So the cost borne by DCC for waste management is over 3 times the conservancy tax amount.

We need to reduce the waste that we are producing and at the same time DCC has to use the personnel and equipment more efficiently in order to keep the solid waste management (SWM) costs from rising.

Japan International Cooperation Agency (JICA) has been supporting the efforts of DCC in SWM for the last 9 years. Together, DCC and JICA have prepared a master plan for SWM with the target year of 2015. This plan covers management, technical, financial and community participation aspects. Under this plan DCC will provide more sustainable and efficient technical systems for secondary collection and disposal.

DCC has started to embark on this by developing Matuail landfill and will soon



Even waste can be useful

be modernising its aged waste collection truck fleet.

But DCC's efforts alone are not enough, which is why community participation in SWM has become increasingly important. DCC and JICA have made efforts to promote community participation.

Community units had been set up in six wards of the city during the last year. They discuss with DCC and primary collection workers in their areas on how to improve primary waste collection, increase public awareness against littering, and eradicate the open dumping points. These units take part in drawing up the plans for locating the DCC collection points and considering the suitable collection times.

If we all agree that tomorrow's waste is due to our consumption practices of today, then we must acknowledge our combined responsibility to manage these wastes properly so that we do not create an unsanitary city, and also to conserve the God-given resources.

Today, urban citizens in Japan and other developed countries are more aware of their responsibilities towards SWM. Many of these responsibilities have become rules

and regulations of SWM.

Japanese people are asked to separate their wastes at their homes into a number of categories in order to support recycling efforts. In Dhaka the mixed waste is thrown away. Japanese people do not have primary collection but are asked to bring their wastes at specified times to collection points designated by the city.

They must also put their wastes in specified bags and never throw away the waste unpacked. The Japanese municipal authorities provide secondary collection 2 or 3 days a week only, and not daily as in the case of many areas in Dhaka City.

It is often also said that it will take the passing of one generation before we can change the people's habits. So we need to start from our children, and I am sure that they will play an important role as they admonish their parents when they see their (parent's) unsanitary behaviour. Let's all of us take the responsibility of cleaning Dhaka.

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LEST WE FORGET

An extraordinary man

STEFANO LAZARRI

THE eminent medical scientist and physician of Bangladesh, Major General Mahmudur Rahman Choudhury was born on June 1, 1928 in Sylhet. He had a brilliant academic and professional career.

He was commissioned in the Pakistan Army Medical Corps in 1952. For his professional excellence as a junior major, he received a letter of commendation from the Commander in Chief of Pakistan (C-in-C) and was also honoured with the Tamgha-e-Quaide Azam (TQA).

Dr. M.R. Choudhury was posted at Islamabad as the Executive Director of National Health Laboratories (Now NIH) in 1970. His dynamic command and superb organisational capabilities contributed largely to the establishment of the Armed Forces Institute of Pathology and Transfusion in 1976, and he became the Founder Commandant.

He was the first medical specialist who was promoted to Major General for his extraordinary contribution to the Bangladesh army as well to the nation. General M.R. Choudhury went on superannuation in 1992 after 40 years of successful career in the army -- a record still unsurpassed by anyone. After that he devoted his time to research and teaching Microbiology and Laboratory Medicine in different institutions.

The highest national award (Independence Day Award) for Medical Science was conferred on him in 1977. He had the distinction of being awarded MRCP without examination. He was honoured by the Bangladesh Academy of Sciences with its highest scientific award in 1995. In 1999, he was honoured with the Ibn Sina Award.

He was also awarded Fellowships by many national and international institutions. He was posthumously honoured by the Society of Medical Microbiologists in 2002 and by Bangladesh Society of Microbiologists in 2006.

Emeritus Professor M.R. Choudhury was one of the outstanding microbiologists of his generation. He was founder-president of the Bangladesh Society for Microbiologists. He was also the key instrument in the inter-

nationalisation process of ICDDR,B and also served as a member of its Board of Trustees till his departure from this world.

He was one of the first researchers to look at the risk of HIV in Bangladesh, and was instrumental in forming the National Aids Committee in Bangladesh as early as 1985. He was Chairman of the Bangladesh National Aids Committee during 1989-92 and then Chairman of the Technical Committee of National Aids Committee, which responsibility he discharged till the last moment of his life.

He was also the founder president of Bangladesh Society of Immunologists, member of Bangladesh Kidney Trust, and member of Editorial Boards of a number of professional journals both home and abroad. He was also a member of the expert advisory panel on health laboratory service of the WHO.

Dr. Rita R. Colwell, Director, National Science Foundation, US and Professor of Microbiology, University of Maryland said: "Major General Choudhury was truly a fine scholar and an exceptional gentleman. He was both gentle in spirit and kind to all, without exception."

Major General Choudhury made this world a better place through his contributions to science, society, and the spiritual well being of humankind. He will truly be missed, but the memory of his good deeds will linger to inspire us."

WHO, mentioned in their obituary message: "The Aids and human rights community in Bangladesh has lost its founder and a great leader. The general was a great soldier in this battle and fought until the very end, as a soldier should do."

The World Bank authorities paid rich tribute in the following words: "With his untimely death Bangladesh has lost a visionary leader, who had the right combination of scholarship, substance, integrity, team spirit and passion for doing something for the people. Personally, he was a great conversationalist endowed with keen sense of humour."

He has set an extraordinary example as an administrator, a scientist and an educationist.

Dr. Stefano Lazari is Director, WHO Office in Lyon for National Epidemic Preparedness and Response (LYO).

I prefer my dinners dead



READ on if you dare. This is a true confession of mass murder. I was sitting innocently at a banquet table at the Fai Seafood Hotpot restaurant in Jaffe Road, Hong Kong, when the waiter walked into the room and plonked down a large platter.

Your columnist was about to toast his host, who was celebrating his release from jail, when I saw out of the corner of

my eye that all the items on the dish were writhing. Eww!

We'd been served a large plate of live prawns on skewers. Each one was waving its tiny arms at me as if to say, "Don't eat me." And since each had vast numbers of limbs, there was an awful lot of heart-breaking writhing gone on.

My appetite vanished. Honestly, is it too much for a guy to ask that his food be at least dead by the time it is on his plate?

Pretending to have an urgent call to make, I stepped away from the table to phone my friend Sara, an animal lover, and ask her advice. "Rescue them," she hissed. "Grab them and run towards the nearest body of water."

I explained that they would have

difficulty swimming away. "What about the skewers?" I asked. She said: "Remove the skewers unless they are running through important major organs."

I told her that the skewers ran all the way from their tails to their heads. "Do heads count as important major organs?" She thought for a moment before replying: "Yes, in all species except supermodels and Fox TV viewers."

Sara said the skewers were a problem that might make saving them impossible. The prawns would need to be anaesthetised before having them extracted at the same time as their tiny severed nerves were sewn together by micro-surgeons. After that, they would need lengthy programs of rehabilitation

and occupational therapy.

Does the Society for the Protection of Animals provide such a service? I suspect the answer, shockingly, is no. Would my family health insurance cover this? It was arguable at best.

Would ambulances respond to a call to aid a distressed seafood appetiser? This also could not be guaranteed.

I got off the phone and returned to the table. After sitting in horrified indecision for another minute, I realised that there was only one thing to do. I grabbed the whole lot and dumped them into a large dish of hot soup. Death followed swiftly.

My squeamishness is not shared by most people. The other diners at the table, including a 16-year-old girl, did

not blink at the horror story unfolding before us. A quick trawl of the internet showed lots of happy tales of people eating live seafood.

The following morning I confessed my actions to Sara.

"You murderer," she said, and forwarded me a recent news report about a Danish TV reporter who was successfully prosecuted for killing 11 fish. Thank God I live in Asia. Seafood diners have never been successfully prosecuted on this side of the world.

In contrast, Westerners take their affection for sea food to extremes. In the US, there is a campaign to stop a Seattle tradition in which fishmongers throw dead fish and lobsters to each other

across a fish market. US animal rights campaigners are up in arms, complaining that being hurled across the room is not good for the dignity of the deceased seafood items.

Normally I side with animal lovers, but I'm not enthusiastic about this cause. In my opinion, once items of food are on my plate, the bulk of their dignity has already departed.

Now, if the Americans could be persuaded to send a few micro-surgeons with experience in rehabilitating injured crustaceans over to Asia, those we could make use of.

To know more about exotic sea food visit our columnist at www.vittachi.com