SOCIAL SAFETY NET PROGRAM IN STRENGTHENING ADAPTIVE CAPACITY TO DISASTER AND CLIMATE CHANGE IN SOUTH ASIA: PROBLEMS AND PROSPECTS

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Abstract

The Social Safety Net (SSN) programmes play a key role in South Asia to protect the poor households from food insecurity and climate related shocks. This paper intends to explore the role SSNPs play in the region from two perspectives. The analysis focuses on two types of SSNPs and presents selected cases of South Asian countries. The two types include: a. cash transfer and b. adaptive social protection. The paper primarily focuses on content analysis. It analyses the effectiveness of SSN programs of Bangladesh, India, Pakistan and Nepal and finds that cash transfer programmes can help reduce specific vulnerability rather than bringing comprehensive development. Moreover, a review of in-depth analysis of different literatures affirms that the adaptive social protection in South-Asia still have an insufficient integration of SP, DRR and CCA in their programmes to make people resilience and adaptive to climate change and disaster shocks. Moreover, South Asian countries demonstrate a limited adaptive capacity to cope up with climate change. This paper also emphasizes on strengthening the role of SAARC in addressing disaster and climate change vulnerabilities in South Asia.

Key-words: Social Safety Net, South Asia, Vulnerability, Social Protection, Adaptive Social Protection

Introduction

SSN is an instrument to protect individuals or households from falling below a defined standard of living by providing cash, in kind and other social transfers to fight vulnerabilities. It is a redistribution policy to make people resilient from uncertainty

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and distress in a long run. According to FAO, social safety net is a system to protect households against poverty, income shocks and vulnerabilities by providing in-cash or in-kind transfer programs (2003). The earliest social safety net was introduced in USA under the structural adjustment programmes during the great depression of 1929 due to severe downturn of the economy and many developing countries have adopted SSNs particularly after the food and fuel crisis of 2008 and 2009 (World Bank, 2009). Now SSNs as social assistance or social transfers is widening day by day.

In developing countries poor and marginal people are at the highest risk of climate change vulnerabilities due to the geographical location. The approaches to deal with these stresses and shocks prominently include Social Protection (SP), Disaster Risk Reduction (DRR) and Climate Change Adaptation (CCA). Developing countries have experimented wide range of social protection programmes to address food, financial and environmental crisis but are still to achieve any significant milestone in this respect. The focus of this paper is to provide an overview of the effectiveness of cash transfer and adaptive social protection measures in South Asian context focusing on Bangladesh, Pakistan, India and Nepal. The paper also demonstrates few cases which will provide insights into the impacts of such programmes. It also provides some broad guidelines on how to make the programmes more effective to address the future vulnerability.

**Literature Review**

Social protection means both formal and informal initiatives that shift income or assets, safeguard livelihood risks, and fortify social status and rights of the chronic poor, economically vulnerable and socially marginalised people with the purpose of enhancing economic progress and minimizing economic or social vulnerability. SP includes social assistance (i.e. social pension, food aid, food for work) to the most chronic poor households and individuals, social services (i.e. subsidised housing, community care) to groups who are excluded from the basic services and amenities, social insurance (i.e. health insurance, unemployment benefit) to preserve against contingencies and risks, and social equity to shelter poor against bigotry and exploitation. Social protection intervention can enhance the capacity and coping strategy of the poor households and structurally disadvantaged minorities against social risks and shocks.

Traditionally, SP means wide range of public schemes aiming at protecting individuals and households from destitution and deprivation, however, the concept of
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SP took form of transformative changes under globalisation and structural adjustment programmes broadening its scope. SP not only helps fighting poverty, but also identifies its nature and causes. SP emphasizes on both long-term and short-term instruments to tackle chronic poverty and minimise shocks.

Nonetheless, in poor countries, social protection under ‘social welfare programs’ or ‘social safety nets programs’ provides costly transfer of economic protection to the poor rather than catering social protection in a broad spectrum, which can make the scheme of social protection ineffective. SP can be **protective** (provide social assistance and social services to chronically poor through old age pension, social pension, disability benefit etc.), **preventive** (incorporate social insurance for economically vulnerable groups through maternity benefit, health insurance, unemployment benefits etc.), **promotive** and **transformative** (ensures social equity and inclusion of socially vulnerable groups) (Arnall et al., 2010; Davies et al., 2013)

SP can enhance adaptive capacity if it integrates and targets climate vulnerability in its intervention strategy; however, there is little empirical evidence of SP programmes contributing to resilience against climate shocks (Levine et al., 2011). In developing countries SP can serve as an effective tool for adaptation against catastrophic climate change, however, in practice there exists insufficient knowledge to link SP with adaptation. Social protection, disaster risk reduction and climate change adaptation cannot address vulnerability and contribute to long-term resilience and adaptation if they work in isolation. There need an integration and designing of a holistic package (Browne, 2014).

The concept Adaptive Social Protection was first coined by the researchers of Institute of Development studies and DFID. It integrates SP, DRR and CCA to make the most vulnerable people resilience towards climate change and other shocks (Davies et al., 2013). The Intergovernmental Panel on Climate Change (IPCC) distinguishes two types of adaptation- proactive adaptation or anticipatory adaptation and reactive adaptation (1998). Proactive adaptation means the adaptation that occurs prior to the manifestation of climate change by making proper assessment and understanding in order to cope with future climate change. Conversely, reactive adaptation means the adaptation that follows the aftermath. Proactive adaptation is more effective than reactive adaptation in tackling and reducing risks by anticipating the intensity of natural hazards.

The capacity to cope and adapt with climate change and disaster is multidimensional, and vary from context to context due to differences in social, political, economic,
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in institutional and technological factors (Adger et al., 2007). The degree of adaptation depends on level of analysis i.e. country and individual. At country level, adaptation depends not only on the institutional capacity and integrity to direct the resources to the most vulnerable, but also to make provision for accessing those resources. At individual level, adaptation depends not only on individual characteristics, perception, understandings and response to threat, but also on catering or identifying livelihood opportunities (Vincent, 2007).

Cash transfer is an important means of social protection. The programme is designed to provide direct financial assistance to the most vulnerable section of the society to uplift their socio-economic condition and to protect these households or individuals from falling into poverty trap. It can be used to provide emergency relief in case of disaster and short-term or mid-term protection from poverty (Tabor, 2002).

‘Conditional cash transfers (CCT)’ are in-cash or in-kind benefits provided to individuals or households by state or privately in compliance with human capital conditionalities. The main objective of such transfer is to reduce chronic poverty, to reduce economic or social vulnerability, to insure social protection and to promote human capital development. ‘Unconditional cash transfers (UCT)’ are the welfare programmes provided universally and without active conditionalities to individuals and households. It includes social pensions for the elderly people, widow’s allowances, and grant’s for children and people with disabilities etc. (Samson et al., 2006). There is growing counter arguments on cash transfers as many analysts believe that cash transfers can impede autonomy and restrict rational thinking. Moreover, the efficacy of cash transfers (i.e. conditional and unconditional) varies from context to context. In some contexts other than cash transfers; insurance and access to credit can work better to reduce vulnerability and chronic destitution.

Evidence from several countries shows that CCTs help in poverty eradication, conversely UCTs help to strengthen the income level of the poor (CPD, 2008).

Theoretically, cash transfer is more preferable and economically more efficient compared to food or any kind of in-kind transfers because it provides freedom of choice to the recipients and produce higher satisfaction (Tabor 2002).

Cash Transfer and Adaptive Social Protection Programs in South-Asia

Bangladesh

Traditionally, Bangladesh SSNPs are split into food rations and post-disaster relief (Rahman & Choudhury, 2012, p.2). According to the survey of Bangladesh Bureau of
Statistics (2016), the country’s poverty rate in rural areas was 24.6 percent while in urban areas was 18.9 percent. And the rate of ultra-poor was 12.9 percent. In the fiscal year 2016-2017, the budgetary allocation in social protection and empowerment was 452.3 billion and total number of beneficiaries under social protection schemes was raised to 8.6 million. At present over 100 social safety net programmes are running under 23 ministries (Ahmad & Byron, 2017).

The Government of Bangladesh (GOB) spends 2.31 percent of GDP yearly in implementing SSNPs to aid the poor and vulnerable. Despite these affirmative interventions strategy, 70 percent of poor people do not secure any safety net support as a result of failing to identify the poor beneficiaries, pilferage, overlapping, corruption and weakness in program administration (The World Bank, 2014a). The GOB currently spends 13.28 percent of its total budget on safety net programs but only a trivial amount is spend to improve maternal and child nutrition and subjective development. The old age allowance has the lowest transfer value and it is below the value of Nepal’s senior citizen’s allowance programme (Byron, 2016).

Many SSNPs are implemented as a means of anti-poverty strategy, human development and climate change resilience. Bangladesh is addressing a wide range of vulnerability through SSNPs and achieved remarkable progress in reducing child mortality and maternity mortality, however, the coverage is far from adequate.

Evidence from Chars livelihood project (CLP), Shiree, Vulnerable Group Development (VGD) and Food for Works (FFW)

CLP and Shiree have full integration of SP, CCA and DDR. The CLP has constantly manifested high degree of disaster resilience, minimized vulnerability and poverty and improved risk management and governance. CLP and VGD programmes showed favourable outcomes in terms of improving food security and livelihood diversification but are unlikely to gain sustainable food security and long term poverty alleviation and social inclusion if the programmes are terminated. VGD and FFW tackles SP and DRR by providing protective and preventative measures but no promotive or transformative measures (Al-Mansur, 2011). VGD and FFW have limited scope to deal with climate shocks due to absence of adaptive social protection framework.

Bangladesh is integrating SP, CCA and DRR in many projects, but there is lack of coordination and lack of consolidated national policy for fostering SSN programmes leading to some unsustainable programmes. A well-formulated safety net can not only
enhance child health and nutrition outcomes, but also contributes to the achievement of the millennium development goals and sustainable development goals for poverty reduction. It is imperative to build an effective and general administrative platform at the union level for proper recognition, enlistment and payment to the beneficiaries of safety nets in order to fill the critical gap in the implementation of social safety nets (The World Bank, 2014a).

India

In India, still 300 million people live in extreme destitution and face deprivation of basic amenities (The Times of India, 2015). India has three welfare mechanisms to address vulnerability: 1. to raise the income of the poor households through growth believing that higher income reduce vulnerability to shocks and enhance self-insure. 2. Ensuring equal opportunity through provision of public goods 3. To entwine social safety nets for the most vulnerable section of the society. India has done well in using the first mechanism, however, in case of the two others, their performance has not been remarkable.

Like Bangladesh, in India the cash transfer programmes have failed to reach the target beneficiaries. Every state has its own mechanism to run the SSNPs; however, the programmes have not achieved desirable level of outcomes. Many of the features of India’s National Rural Employment Guarantee Act later renamed as Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) supporting effective social protection. In an Empirical study conducted by Browne (2014), it was concluded that MGNREGA reduces vulnerability, provides improved environmental services and helps long-term resilience to climate shocks.

Evidence from Mahatma Gandhi National Rural Employment Guarantee Scheme (MMGNREGS) and Rashtriya Swasthya BimaYojana (RSBY)

MMGNREGS has all the components of SP i.e., protective, promotive, preventive and transformative. It has the transformative social protection prospective as it aims to promote an egalitarian society by integrating all the section of the society including the scheduled caste and scheduled tribes and the most vulnerable. The implementation of MNREGS has been significant given corruption, non-payment of unemployment insurance, discrepancies in wage allocation, fake job cards holders, and delay in payment of wages. Besides, the implementation of the programme suffers due to its negative impact on local labour market and the lack of capacity, preparedness and commitment of local governance structures (Breitkreuz et al.,
The public works programmes are effective in addressing chronic poverty and coping with risks but are ineffective in addressing long-term adaptation to risks, reducing rural dependencies and facilitating grass-roots democracy.

A study on RSBY, which provide subsidised health insurance to the households below poverty line, shows that though the initiative has notably improved health insurance coverage but there are cases where Scheduled Caste and Muslim households are discriminated while receiving the health services and were kept uninformed of the benefits they were entitled to get (Holmes et al., 2014). Socio-cultural discriminatory practices, weaknesses in health policies and institutional environment, variable quality of health care in public and private sectors, lack of accountability and corruption are the key factors that affect equitable access to health services (Baru et al., 2010).

An exclusive SP policy will not eliminate rural poverty and discrimination rather a combination of different welfare policies of the state can bring social transformation and social inclusion (Carswell and De Neve, 2014). India is expanding SP spending as a movement against poverty. There is a propensity for DRR to focus on disaster response rather than preparedness (Arnall et al., 2010). Albeit, India is spending heavily on SP programmes and are now focusing on CCA, however, the gap remain due to poor capacity of the implementing agencies and weak institutional settings.

Pakistan

Pakistan had no integrated large-scale social safety net for its citizens until 2008. Zakat, which is mandated by Islam, Bait-ul-Mal and some other distributive programmes are prevalent at the federal and provincial levels. Pakistan is now expanding the horizon of SSN as inequality is on rise. The SSNPs in Pakistan can be categorised into five: social security schemes for workers (old age benefits, pension, workers welfare fund etc.) schemes to finance small business and micro credit (Khushali bank, Pakistan poverty alleviation fund etc.), The Transfers (Zakat, Pakistan Bait-ul-Mal, Benazir Income Support Programme etc.), public works programme for employment generation (Khushal Pakistan Programme,Tameer-e-Watan Programme etc.) and Education and Health Services (Social Action Programme etc.) (Irfan, 2003).

Evidence from Benazir Income Support Programme (BISP), Zakat and Bait-ul-Mal

BISP is one of the substantial social protection programmes in South Asia that has the adaptive social protection elements. BISP plays important role in providing direct
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cash assistance (unconditional) to the marginalised and underprivileged sections to bring them out of poverty trap and dependency syndrome by building capabilities and sustainable development. The debit card provided by BISP helped to reach the poorest and the most vulnerable. Although BISP is an essential programme in order to alleviate poverty and address vulnerabilities, but researches on BISP shows that it is politically biased and misused. Another problem associated with BISP is uneven distribution of money among various provinces; the provinces which are backward get less assistance through BISP.

Zakat distribution and Bait-ul-Mal schemes provide unconditional cash and in-kind assistance, but the programmes have failed to reach even a fraction of the poor due to various irregularities (Jamal, 2010). According to Pasha et al, most of the SSN schemes have inadequate institutional structures, lean funding, ineffective targeting, limited coverage and display uncertainty due to dearth of political and policy commitments, thus affecting the overall purpose of SSNs in Pakistan (2008). The SP programs and policies in Pakistan are implemented in sketchy and fragmented manner and perceived to be minor and unimportant give-away.

After the earthquake of 2005 Pakistan has started integrating DRR and SP in SSN schemes; however, DRR currently focuses only on earthquakes rather than climate change (Arnall, et al., 2010). Pakistan is now focusing on climate change resilience programmes to mitigate impacts caused by climate change by building adaptive and institutional capacity. However, full integration of SP, DRR and CCA is inadequate due lack of capacity, lack of awareness and lack of resources to address it. Moreover, illiteracy is a major impediment towards the implementation of many SSN programmes like WATAN card programme where beneficiary are provided with ATM card to withdraw money, but many of them does not know the usage of ATM card.

Nepal

Nepal has taken a number of social protection programmes to address vulnerability and risks after the reinstitution of multi-party politics in 1990. Nepal social protection policies and programmes are three-fold: 1. Providing Cash transfer, 2. Protection of rights by fulfilling constitutional guarantees and 3. Development of comprehensive framework for social protection and social security policies. After the peace agreement in 2006 there has been proliferation of social safety nets in Nepal. It ranked the 14th most vulnerable country to climate change worldwide. Nepal has adopted various social protection schemes, however, despite these scattered social
protection schemes, almost 80 per cent of Nepal’s population is not covered by any of them (World Bank, 2014a).

The SSNPs in Nepal have little coverage and ill-targeted. There is no systematic programme for protection of disaster victims. The SSNPs in Nepal are fragmented and are driven by political consideration. The World Bank (2009b), conducted an assessment on social assistance programmes and the findings showed that about 75 per cent of elderly allowance was being used by non-poor households, and 72 per cent of widow’s allowance was going to non-poor single women.

Evidence from Safe Delivery Incentive Programme (SIDP) and Universal Senior Citizen’s Allowance (USCA)

Evidence from SIDP, which provide conditional cash transfer to reduce maternal mortality revealed that the programmes reduces maternal mortality rate to some extent but have failed to achieve comprehensive results due to slow disbursement of fund, inadequacy of fund, corruption, misuse and lack of pro-poor targeting. The safer motherhood maternity incentive scheme is reported to have asymmetrically reached the wealthier households as they were availing the health facilities more than the poor households.

USCA has been crucial for addressing the subsistence needs and vulnerabilities of elderly persons but many old people despite being eligible for the allowance were not getting the allowances. A similar scenario was manifested in marriage allowance social protection programme where eligible recipients were not receiving the money due to insufficient disbursement of funds. The implementation of child grant, which is one of the UCT programmes to improve the nutrition intake in children, suffers from poor governance. In Nepal CCT programmes enable beneficiaries to consume nutritious food but were unable to bring improvements in overall food security (Holmes et al., 2014).

Evidence from Developing Countries in reducing vulnerability and climate shocks

In developing countries CCT programmes do not produce constructive results due to weak institutional capacity, political biasness, corruption, fraud, fiscal constraints and poor planning and implementation. SP and CCA are comparatively new in Nepal and there is growing evidence of taking many national initiatives to tackle climate change, however, the biggest predicament is the limited capacity of the government. Studies from all the countries exhibits that the programmes like adaptive social protection and
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Cash programmes have not achieved the desirable outcome in case of vulnerability reduction in long run.

Bangladesh, India, Pakistan and Nepal adopted few initiatives to include CCA in their projects and programmes. Bangladesh has adopted National Adaptation Programme of Action (NAPA) in 2005 and National Plan for Disaster Management (NPDM) to mitigate and make people resilience to climate change. India enacted Disaster Management Act of 2005 and established Climate Resilient Development and Adaptation programme. Pakistan established National Disaster Management Authority (NDMA) and Nepal adopted few initiatives e.g., National Adaptation Programme of Action (NAPA), Initiative for Climate Change Adaptation (ICCA), Application of Community Based Adaptation Measures to Weather Related Disasters to make communities adaptive to climate change impacts. Nevertheless, resilience building is not happening systematically, and is not being scaled up. SSNs in South Asia can play effective role in reducing vulnerability and climate shocks if the programmes were citizen-centric and are implemented effectively in broad spectrum.

Lessons Learned

Evidence from South Asian countries have showed that cash transfer programmes can help to reduce specific vulnerability rather than comprehensive development. Cash transfer programmes cannot mitigate poverty or vulnerability in the long run. In order to make cash transfer programmes effective in the long run, it is important to integrate promotional and transformative elements with the programmes for holistic community development. It should be implemented by proper evaluation and monitoring of the contextual reality of the country. Policymakers must cater the link between economic development and social equity, and the role of cash transfers in this process.

In developing countries, the problems associated with the substandard implementation of social protection schemes are supply side and demand side barriers, which results in ineffective service delivery. Evidence from maternal health voucher scheme acknowledged that supply-side barriers (i.e. discrimination, delay in voucher fund disbursement, non-availability of health services and medicines, etc.) and demand-side barriers (i.e. lack of purchasing power of the recipients, lack of awareness) are responsible for low usage of maternal health services in Bangladesh (Ahmed and Khan, 2011). There is a growing awareness regarding the significance of SSNs in developing countries, but such awareness has not been translated into
productive action due to non-performance of the traditional ministries to effectively attract and outreach the poor (Conning and Kevane, 2001).

It is important that programmes with all the three components of CCA, SP and DRR should be supplemented to bring promotional and transformative change in mitigating vulnerability, to make people resilience to climate change and to ensure sustainable and inclusive development. For that it is significant that comprehensive training on disaster risk reduction is delivered to the participants to build awareness, to build long-term adaptation skills and to strengthen the capacity of the local authorities. Public Work Programmes (PWPs) can respond quickly to shocks and generate employment in time of crisis, however, in developing countries PWPs have not performed well.

Studies from Bangladesh, India, Pakistan, and Nepal have concluded that most of the social safety net programmes address ex-post measures (response, recovery, and rehabilitation) rather than ex-ante measures (preparedness and mitigation). Till now, risk reduction strategies in developing countries are about responding to major disaster, rather than protecting the vulnerable communities from forthcoming disaster or shock (Pelham, et al. 2011).

The full integration of CCA, DRR and SP is very limited in South Asia. A cross-country analysis showed that proportion of programmes with all three approaches integrated was significant only for Bangladesh (22%) and India (20%), possibly because DRR and CCA were high on the agenda of these countries. While in Pakistan and Nepal the integration of all three approaches were 0% and 1% respectively, the non-integrated and disintegrated SP projects were most common. In Pakistan, there was a high share of projects, which integrated DRR probably due to the 2005 earthquake (Arnall et al., 2010).

**Policy Prescription**

South Asian Countries must formulate an integrated social safety net scheme to address vulnerability. A community grievance cell must be introduced in order to maintain oversight and to control irregularities. Steps should be taken to make programmes more credible. Consensus building is necessary among different stakeholders for effective delivery of social safety net programmes. It is important that the countries develop effective monitoring and evaluation procedures to oversee the function of different safety nets. An inclusive and sustainable SSN programmes need to be guaranteed by different regimes.
The SSNPs in all four South Asian Countries suffers from ill targeting, so national database of poor households should be launched to facilitate better targeting. Analysis of poverty profile is vital to target the most vulnerable and designing effective policy response. Institutional channels need to be constituted with other policies and programmes to address the drivers of social exclusion more effectively. There need a synergy between demand side and supply side interventions of the major programmes to improve programme’s effectiveness. Instead of following the age old traditions more innovative means of delivering services should be introduced, for instance Pakistan in 2012 has introduced Zindagi Mehfooz (Safe life) program – a digital registry conditional cash transfer programme to improve immunisation coverage. The program uses computerized SMS to inform parents the date of immunisation of their children.

South Asian countries focus on risk coping rather than risk mitigation, so a comprehensive plan needs to be developed for risk mitigation and prevention. There is need for a regional coordination mechanism to address disasters and climate change. A well-developed action plan along with development of realistic approach to deal with disasters and climate change is necessary. SAARC can play an effective role in devising effective coordination mechanism and forward looking regional action plan for the sustainability of the social safety net programmes. It has developed a Comprehensive Framework on Disaster Management and Disaster Prevention in 2005 and builds a number of SAARC centers to enhance the disaster risk management capacity of the South Asian Countries but most of the efforts remain fizzle due to dwindling politics of the member countries and lack of cooperation. To combat future vulnerability to climate change and to achieve sustainable development goals it is important to develop consolidated commitments and coherent strategies among the SAARC member countries.

**Conclusion**

SSNs can play a predominant role in addressing future vulnerability of South Asia if more diverse social protection mechanisms are implemented to address diverse problems imminent in these countries. The success of SSN programmes depends on the context in which they are operating as there is no hard and fast rule that any single programme will bring positive results as each country is diverse in their characteristics. The effective design of social transfer programmes requires mobilisation of political support, ongoing evaluation and monitoring, and evidence
based policy design. SSNPs must have the adaptive dimension in order to make people resilience to climate change. In developing countries social safety net provide short-term measures during climate shocks like cyclone, drought, flood etc. so it must focus on long term strategy for comprehensive development. Safety nets need to be incorporated as part of a country’s disaster management plan, rather than in reaction to an event (Pelham et al., 2011, p. 44). There need a shift from poorly designed and administered programs, which creates stumbling block to national safety net programs by creating institutions and initiatives capable of producing substantial results. The role of SAARC need to be strengthened to play effective role in addressing vulnerability in South Asia and for that proper collaboration is required.

Note

1 WATAN Card was a financial assistance programme launched in 2010 to help the flood victims of Pakistan https://www.nadra.gov.pk/local-projects/social-protection/watan-card-phase-i-ii/

References


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