Individual Assignment on Module -5

Seminar Paper

on

Effective Food and Nutrition along with Cash Support for the Ultra Poor: A Case Study of Gazipur Sadar Upazilla

Submitted To

Dr. Md. Mizanur Rahman
Module Director, Module-5 &
Director
BPATC, Savar, Dhaka

Submitted By

Sazzad Hossain
Roll No- 104
130th ACAD Course

Bangladesh Public Administration Training Centre

Savar, Dhaka

Executive Summary

Bangladesh has made commendable progress in domestic food production through public investments in agricultural and liberalization of agricultural input markets. In the early 1970s, Bangladesh was a food-deficit country with a population of about 75 million people. Today, the population has more than doubled, however, country is self-sufficient in rice production, which has tripled over the past three decades. Bangladesh has moved from a chronically food-deficient country to a food grain self-sufficient country through increased domestic production and market liberalization. Indeed, the challenge in achieving food security is no longer to achieve food availability but rather to provide the poor with economic access to food, to improve the biological use of food and nutritional status.

Objectives of this research paper to provide guide line for which way the safety net programs through Public Food grain Distribution System (PFDS) would work for increasing the nutrition level of the poor people. Bangladesh has had a wide range of experiences in providing assistance to the poor through social safety-net programs. The country has both food- and cash-based interventions, and some programs provide a combination of food and cash and other provide a combination of food and cash and Behavior Changes Communication (BCC) to the poor.

Although the largest programs tend to be food-based, cash transfers have become increasingly important. The debate over whether cash transfers are more effective than food transfers continue, but momentum seems to be building in favor of cash transfers for promoting a social protection agenda that moves beyond the traditional food-based safety nets.

The National Food and Nutrition Policy (NFNP) of 1997 for the first time identified undernutrition as a major developmental problem and the government of Bangladesh (GOB) decided to develop strategic action plans to deal with the problem of malnutrition.

To increase the food security and decrease the malnutrition government has provided assistance like food, cash and training differently to the poor people through different distribution channels. However, 22 respondents of Gazipur Sadar upazilla under Food Friendly Program and

Vulnerable Group Development (VGD) program expressed a preference for the financial support for availing the nutritious food. 64% of the respondents did not agree to the reduction of food grain support to receive the financial benefit. 17 of them agreed to attend the training on nutrition if government institution had arranged it.

1. Introduction

1.1 Background

Bangladesh exhibits a very strong institutional diversity with a broad spectrum of activities in executing numerous safety net programs in supporting the poor. (Ahmed et al 2009). There are various numbers of food-based safety-net programs currently running with the support of both Government and non-government organizations. For example, some of the biggest food-based programs are VGD, OMS, VGF, Test relief, Gratuitous relief, Food Friendly Program and cash-based programs are Old Age Allowance, Allowances for the widowed, Deserted and destitute Women, Insolvent Disabled Allowance Program etc. (Holmes et al 2010). These systems have been put into place over the years and there has been significant progress within the rural regions (UNDP 2012). With the steady improvement in safety net we need to understand how cash transfer alongside food grain with a support of knowledge and Behavioral Change Communication (BCC) can benefit and escalate the process. Recently some of the biggest programs are running in a combination of both Food & cash support. The differentiation between this project and what is currently happening is that the project will involve in educating the ultra poor in terms of health and finance along side high nutrient food, as Bangladesh is to be the highest rice consumer in the Asia (The Business Standard 2020). Including Nutrition Behavior Changes Communication (BCC) with cash and kind that will be more effective to diversify their diet and household nutrition level (IFPRI 2016).

1.2 Problem definition

Safety net programs in Bangladesh have been contributing to the reduction of poverty and vulnerability by addressing a range of population groups through different forms of assistance. These include the provision of income security for the elderly, widows and persons-with-disabilities, generating temporary employment for working age men and women, and supporting the healthy development of young mothers and children.

A range of safety net programs – cash/in-kind transfers, public works, incentive schemes – serve as important instruments in many countries. An increasing number of countries implement safety

net programs and they contribute to reducing the poverty gap and improving the welfare of the poorest.

The Government of Bangladesh also allocates significant resources to implement a wide spectrum of social programs. In FY 2019, a budget of approximately BDT 642 billion, or equivalent to 2.5 percent of the Gross Domestic Product (GDP), has been allocated for this purpose. Among these, about BDT 372 billion is being used to implement safety net programs as per the globally recognized classification. They are in the form of cash allowances, public works, and education and health incentives for poor and vulnerable households, which aim to contribute to the fight against poverty and improving human capital.

Old Age Allowance, Allowance for the Widow, Destitute and Deserted women, Allowance for the financially insolvent disabled, Food for Work, Test Relief, Vulnerable Group Feeding etc are the safety net programs operating in Bangladesh. Bangladesh has had a wide range of experiences in providing assistance to the poor through social safety-net programs. Although the largest programs tend to be food-based, cash transfers have become increasingly important. The debate over whether cash transfers are more effective than food transfers continue, but momentum seems to be building in favor of cash transfers, especially among donors, for promoting a social protection agenda that moves beyond the traditional food-based safety nets.

The National Food and Nutrition Policy (NFNP) of 1997 for the first time identified undernutrition as a major developmental problem and according to the policy document: "Malnutrition is endemic in the country, with high infant, under five and maternal morbidity and mortality. About 94% of the children are malnourished and 30,000 are becoming blind from vitamin A deficiency every year. Almost the whole population suffers from micronutrient deficiencies such as iodine, iron, zinc, vitamin A, and riboflavin''. This was indeed a major change (Shahan & F. Jahan, 2017) as, for the first time in the history of the country, the government of Bangladesh (GOB) decided to develop strategic action plans to deal with the problem of malnutrition.

Increasing the food security and decreasing the malnutrition of the ultra poor Government has provided assistance like food, cash and training to the poor people through different channel. Different kind of safety net programsare prevailing in the country and due to those different

b) **Secondary data** has been collected from Office of District Controller of Food, Gazipur and other Sources are related findings of other researchers, review of books, journals, reports, websites and personal observation on the same issue.

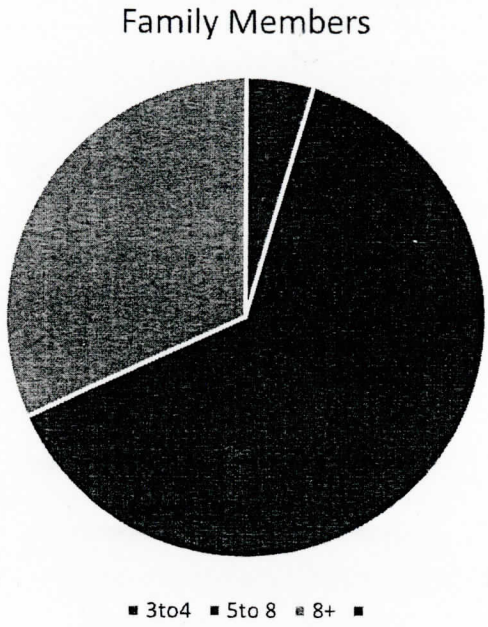
c) Collected data has been analysed, compared and calculated using the simple statistical and arithmetical measurement for evaluating the effectiveness of the present food and nutrition support to the ultra poor of Gazipur Sadar. The collected data has been edited and analyzed using tables, graphs and figures and presented in literature and diagram like bar chart, pie chart etc.

3. Results and Discussions:

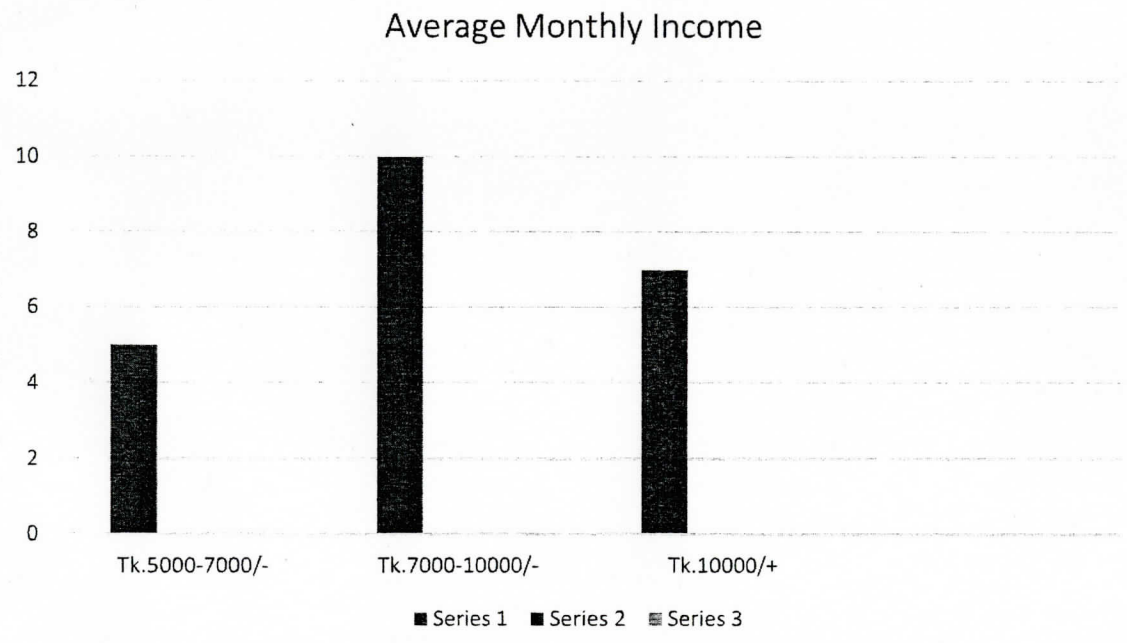
For this study data was collected from Gazipur sadar Upazilla. The respondents are the beneficiary of government's Food Friendly Program and Vulnerable Group Development (VGD) program. The total number of 22 persons were selected and asked open and semi-structured questions. Out of 22 respondents, 11 were beneficiary of Food Friendly Program and 11 were beneficiary of Vulnerable Group Development (VGD) program.

In Gazipur SadarUpazilla, Government usually distribute 295.320 MT rice to 9844 families under Food Friendly Program and 33.180 MT rice to 1106 women under Vulnerable Group Development (VGD) program. Each beneficiary received 30 kg rice per month.

Out of 22 respondents, 14 respondents had a family of 5-8 members. 7 respondents had a family of 8+ and only 1 respondent had a family of 3-4 members. Majority i.e 63% of respondents had a family of 5-8 members.



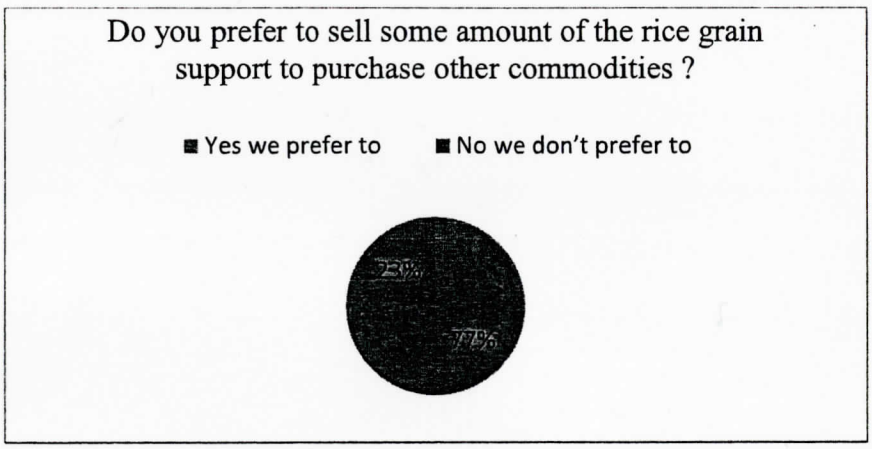
Out of 22 respondents, 10 respondents had an average monthly income of Tk. 7000-10000/-, 7 respondents had an average income of Tk. 10000/- or more and 5 respondents had an average monthly income of Tk. 5000-7000/-. The study said that 45% of respondent had an average monthly income of Tk. 7000-10000/-.



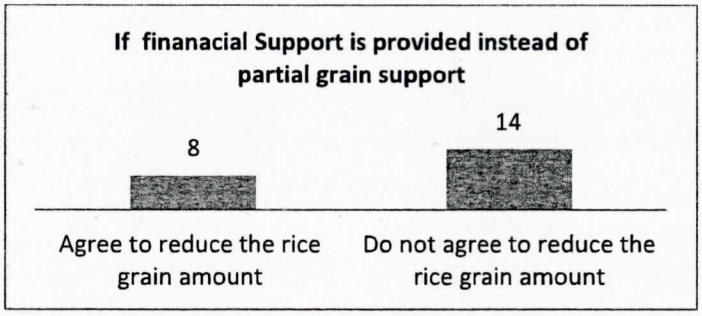
17 out of 22 respondents informed that it was not enough to continue a whole month with only 30kg of rice. Only 5 respondents were on the opposite direction. So, majority were informed that 30 kg of rice were not enough for their families to continue a whole month.

22 out of 22 respondents requested for financial support for nutritious food along side with rice/food grain support.

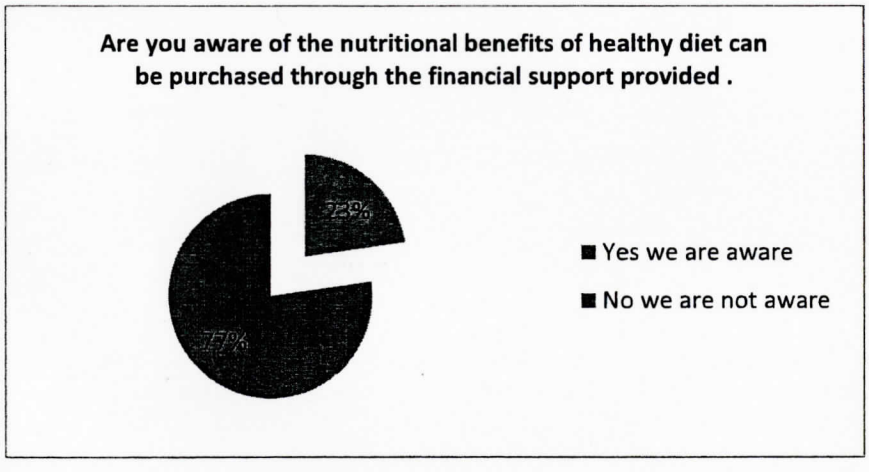
17 out of 22 respondents informed that they used to sell some portion of their allocated rice to avail some other necessities. Only 5 respondents admitted the opposite.



They were asked in a question that if allocation of rice is reduced to 20 kg with adding some cash support for nutritious food weather they agreed. 14 out of 22 were disagreed with the proposal. Only 8 of them agreed. So, it is revealed that a negative response from the families when asked whether they would prefer to have financial support in lieu of 10 Kgs of rice grain support. A staggering 100% of the families had agreed and suggested the financial benefit. But 64% of the people did not agree to the reduction of food grain support to receive the financial benefit.



17 out of 22 respondents informed that they did not know about the nutritious food which were required for good health. 5 of them agreed to know the utility of the nutritious food. However, the problem lies when it came to the understanding of nutritional benefits of the food intake.Most of the people in this area have little to no understanding of the minimum food required for children, child baring mothers and older people. When asked whether they add proteins to their diet, most of they were unable to afford it and some of them had been unaware of it.

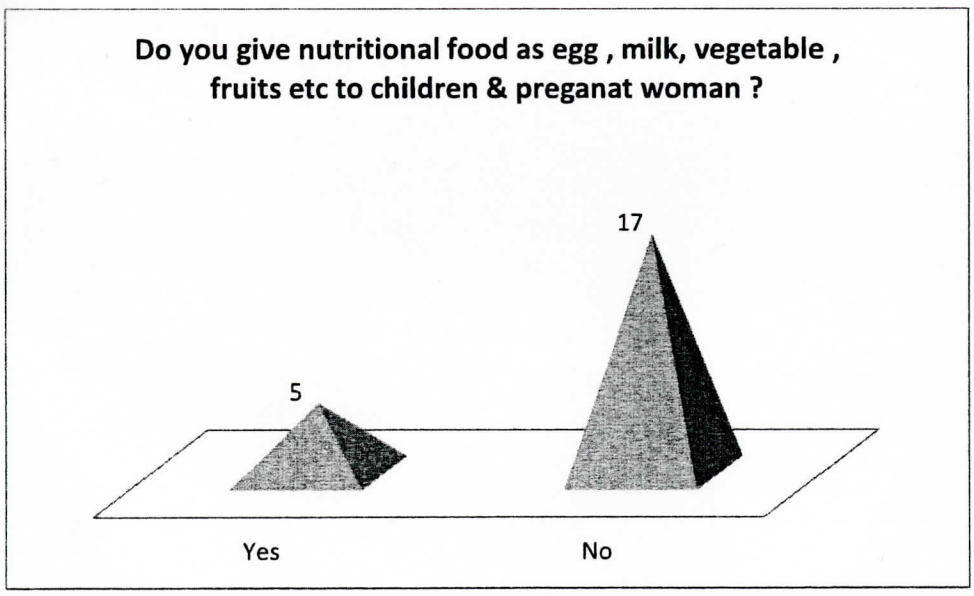


Only 8 out of 22 respondents were able to intake fish, meat or eggs in a week. Majority i.e 13 of them were not able to intake fish, meat or eggs per week.

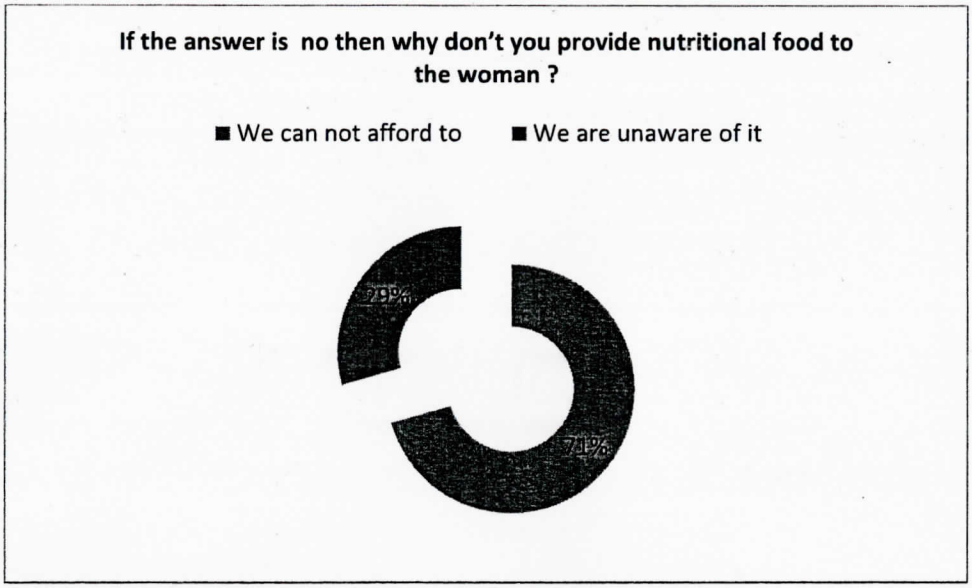
16 out of 22 respondents were unable to drink milk daily. Only 6 families were able to take milk daily. 27% of the respondents were drinking milk daily. Another question was asked that did they give nutritious food as milk, egg, vegetables, fruits to their children. 17 respondents informed that they were unable to provide nutritious food to their children regular basis. Only 5 families informed that they provided their children nutritious food.

Out of 22 respondents, 17 respondents were unable to provide nutritious food to the pregnant mother. Only 5 respondents were able to provide nutritious food to the pregnant mothers. They were asked another question that why they did not provide nutritious food to pregnant mother. 12 of them answered that they could not afford to provide nutritious food and 5 of them mentioned that they were unaware of it.

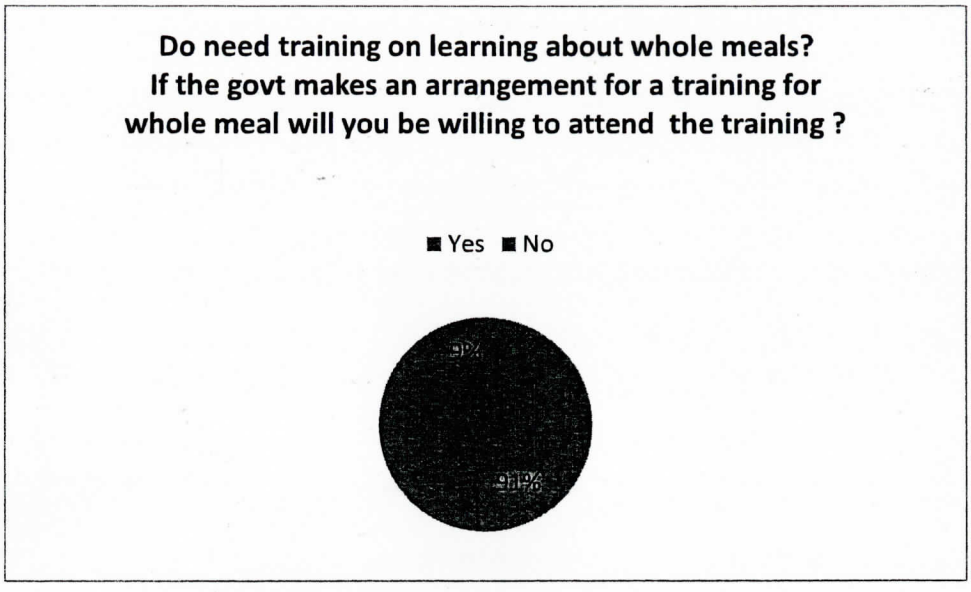
Understandability these family consists of more adults than children. However, it's important for the children and child baring mothers to eat healthy as well. When it was asked whether they provide whole meals to the children and pregnant mothers the answers were the same, 17 out of 22 families didn't follow.



When it was investigated further for the reason behind not providing the nutritious food was that 71% of the sample size could not afford it and the remaining 29% were fully unaware of this.



Out of 22 respondents, 20 respondents were willing to attend the training of the necessity of the nutritious food. Only 2 of the were not interested to join the training. In another question, 18 respondents informed that both husband and wife needed to attend the training to get better knowledge on the nutritious food. 4 respondents mentioned that either one of the family members could attend the training. Most of the respondents i.e 17 of them agreed to attend the training if government institution had arranged it. A few only 4 of them were unwilling to attend the training.



All the respondents informed that they didn't get fortified rice either Food Friendly Program or Vulnerable Group Development (VGD) program. They told that some of the upazillas of the country had been distributing fortified rice in these programs. The respondents also wanted to avail fortified rice to get some nutrient for good healthy life.

4. Recommendation:

From this research it is found that there are two core causes a) the lack of affordability & income b) the lack of knowledge to better navigate through a nutritional diet. The first issue might have been addressed and mitigated in the form of providing financial support by the government. The second one is Nutrition Behavior Changes Communication (BCC) which would help the families to spend their allocated amount of money in a better way. Considering existing nutrition situation government may introduce to deliver Food+Cash+BCC to the poor for their improvement of lives. However, the question lies in how we intend to train and bring about the changes within the ultra poor. There is a higher chance that the people in this area are not academically educated enough to understand the impact of better eating and better spending of money. The main focus in terms of levitating the current food resource utilization is thought sending out the right messages within the ultra poor. These massages should consist of training on the Food &

Nutrition of all ages, providing proper knowledge on how to increase the shelf life of food, food safety and proper food consumption for different people with different health conditions. So, the government should introduce the following strategies to improve the health of the ultra poor:

a) The knowledge about nutrition at household level should be increased.

b) Providing training with the knowledge on what to purchase but also how to consume using the best options depending on the number of family members in each family. Furthermore this will help the families to learn about financing their own limited amount of money.

c) The prolonged impact of trainings will have a sustainable impact once it's supported with circling back to the families to check to ensure that their health is in better condition than before.

d) Providing education programs both public and private sectors for training of food handlers (street-vendors, women, school children, etc.). These guidelines can be utilized to train the population.

e) Government intervention bodies whose responsibility will be to monitor the cash support utilizing within the ultra poor and analyzing the output amongst the families. This will further help the government to decide and focus on the level of supporting the families.

f) Introducing the families with the knowledge of cultivation of foods which can be helpful for them if they are unable to make purchase of the food , this will help them to grow and bring about a change in the long run .

g) The families will learn what nutrients, vitamins and minerals different foods can give them healthy life. They will also learn how to follow a healthy diet and develop good eating habits.

h) Special Training on the new born babies and mother's health, as important as it is to provide the health of everyone its crucial to ensure the health and safety of the new born mothers and their children. Once these mothers have been trained, there is a higher chance for these to be carried out on their children both a good health and a nutritious eating habit.

Through these initiatives, the ultra poor will develop into better standard of living. Thus, they will be less dependent on the government support. The ripple effects these initiatives in the long run would grow into developing various regions at the same time. This will also provide the government a chance to reevaluate the budget and invest in other areas. The best reason for

following a BCC based method is that there will be less chance of corruption on the regions too. By ensuring to have the families to be less dependent on the government support and for the families to create a healthier generation which will be of an asset to the country.

References

Ahmed, A.U., Quisumbing, A.R., Nasreen, M., Hoddinott, J. and Bryan, E., 2009. *Comparing food and cash transfers to the ultra poor in Bangladesh* (No. 604-2016-40164, pp. 1-224).

Holmes, R., Mannan, F., Dhali, H.H. and Parveen, M.S., 2010. Gendered risks, poverty and vulnerability in Bangladesh: case study of the challenging the frontiers of poverty reduction programme (CFPR), Specially Targeted Ultra Poor II (STUP II). *London: ODI.*

UNDP (2012) Social Safety Nets in Bangladesh (url:undp.org/docs/social-safety-net-volume-2qxd)

Ali MD (2020) Per Capita Rice Consumption in Bangladesh, The Business Standard, Published on 12 November 2020 (url: https://tbsnews.net/bangladesh/capita-rice-consumption-bangladesh-be-highest-asia-2021-fao-157333)

Bangladesh Household Income and Expenditure Survey, 2010, Bureau of Statistics.

Shahan, A.M. and Jahan, F., 2017. Opening the policy space: the dynamics of nutrition policy making in Bangladesh.

Haddad, L., Hawkes, C., Webb, P., Thomas, S., Beddington, J., Waage, J. and Flynn, D., 2016. A new global research agenda for food. *Nature*, *540*(7631), pp.30-32.