



## Impact of social service programs on disadvantaged people in Bangladesh: A case study of the Department of Social Services in Jamalpur

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### ABSTRACT

The primary objective of this study is to explore the social service programs of the Department of Social Services in Jamalpur, focusing on their impact on improving the livelihood patterns of disadvantaged people in Bangladesh. Specifically, the study investigates the effectiveness of social welfare services in key areas such as healthcare, education, social safety nets, climate resilience, and digital inclusion. Using a quantitative case study approach, 60 purposively selected participants were interviewed through semi-structured interviews, with the data analyzed thematically. The study integrates a comprehensive review of literature, policy documents, and empirical data to assess the effectiveness, reach, and outcomes of social service interventions for vulnerable communities. The findings highlight the significance of evidence-based policymaking, multi-sectoral collaboration, and inclusive approaches in the provision of social services. The study aims to inform policy decisions, program design, and resource allocation, ultimately contributing to more equitable and sustainable development outcomes in Bangladesh.

### INTRODUCTION

Bangladesh, a densely populated country in South Asia, has made significant strides in its efforts to alleviate poverty and improve social welfare through various service programs. Despite these advances, the country's disadvantaged populations—such as rural communities, urban slum dwellers, and ethnic minorities—continue to face systemic challenges in accessing essential services. Over the years, social service programs have become an integral part of the national development agenda, reflecting the government's commitment to addressing socio-economic disparities and improving the living conditions of marginalized groups (Hussain and Allauddin, 1970).

Social service programs play a critical role in addressing the needs of disadvantaged populations, particularly in developing countries like Bangladesh. These programs, which focus on areas such as healthcare, education, and social

safety nets, are designed to improve the livelihoods of vulnerable communities and promote social equity. According to Morales and Bradford (1986), social work as a profession has evolved to address the complex needs of diverse populations, providing a foundation for the development of social welfare systems. In Bangladesh, the implementation of social safety net programs has become a crucial component of poverty alleviation and social protection efforts (Ahmed, 2007; Uddin, 2013).

Historically, social service provision in Bangladesh traces back to the pre-independence era, where charitable organizations and philanthropic initiatives played a crucial role in addressing the needs of vulnerable communities (Momen, 1970; Ahmed, 2016). However, it was after Bangladesh's independence in 1971 that the government began institutionalizing social welfare programs. From the establishment of subsidized food distribution systems to expanding primary

healthcare and education, these initiatives laid the foundation for the country's modern social service framework. Landmark programs, such as microfinance initiatives inspired by Nobel laureate Muhammad Yunus, aimed to empower marginalized communities, particularly women, by improving access to credit and financial services.

The Department of Social Services (DSS) has played a central role in the provision of these programs, focusing on promoting livelihood development, social protection, and the well-being of disadvantaged populations. However, the effectiveness of these initiatives has been hampered by various challenges, including limited resources, bureaucratic inefficiencies, and environmental vulnerabilities like climate change. Furthermore, emerging issues such as urbanization and the digital divide highlight the need for innovative solutions to ensure that social service programs remain accessible and inclusive for all (Friedlander, 1962).

This study focuses on evaluating the impact of social service programs on disadvantaged populations in Bangladesh, with a specific focus on the programs implemented by the Department of Social Services in Jamalpur. By analyzing the socio-economic conditions of beneficiaries, assessing the effectiveness of current initiatives, and identifying key barriers to service delivery, the study seeks to provide insights and recommendations for improving social welfare systems. Through this research, we aim to contribute to the ongoing discourse on social justice and equity in Bangladesh, offering practical solutions for enhancing the quality and reach of social services for the nation's most vulnerable citizens.

## **MATERIALS AND METHODS**

The study adopts a descriptive and exploratory research design to assess the impact of social service programs on disadvantaged individuals in Jamalpur, Bangladesh. A mixed-method approach was employed, incorporating both quantitative and qualitative methods. This combination allows for a deeper understanding of socio-economic conditions, program effectiveness, challenges, and recommendations for improvement.

### **Study area**

The research was conducted in Jamalpur district, with a specific focus on the Department of Social Service (DSS) programs targeting disadvantaged populations, including elderly people, disabled individuals, and low-income groups. Jamalpur was selected due to the presence of multiple DSS initiatives and its representation of rural and semi-urban areas in Bangladesh.

### **Participants**

Beneficiaries of DSS programs such as old-age allowances, disability allowances, and small business loans (USS loans). DSS officials and staff involved in program implementation. Local community leaders familiar with the challenges and opportunities of social welfare programs.

### **Sampling**

A total of 60 respondents were interviewed in groups, while detailed data was collected from 15 key respondents who were representative of different social service programs. Additionally, 8 respondents were chosen for in-depth analysis based on their unique experiences with specific DSS schemes like USS loans, disability allowances, and old-age allowances. This sampling approach ensured the inclusion of diverse program beneficiaries, helping capture a wide range of experiences.

### **Data collection**

Data on the socio-economic and demographic conditions of beneficiaries were collected through structured interviews. The demographic information included age, education, family size, loan or allowance amount, monthly installment, and the type of scheme (e.g., handicrafts, small business, or disability allowance).

Participants were asked about their experiences with the program, the impact on their livelihood, and their satisfaction levels. This method was used to gather quantitative data from 60 respondents, focusing on their financial situations, household conditions, and access to essential services like healthcare and education.

Data were collected from the selected beneficiaries to explore livelihood patterns, including house and toilet conditions, daily food consumption, and access to medical services. Discussions also included the challenges they faced in accessing social welfare services and the overall impact on their quality of life.

Observational data were collected during field visits to assess the living conditions of beneficiaries, such as housing structure (half-building, tin-shade, kacha), toilet patterns, and access to water sources.

### Data analysis

The data collected from the structured interviews were analyzed using descriptive statistics (percentages) to assess the socio-economic conditions and program effectiveness.

The responses on livelihood patterns, such as housing, food consumption, and access to medical services, were also categorized to better understand the overall impact of the programs.

Graphs and tables were used to represent findings from the study. For instance, the housing patterns (half-building, tin-shade, kacha) were illustrated in Figure 1, while Figure 2 presented the toilet conditions, and Figure 3 outlined the respondents' access to medical services.

**Table 1:** Demographic information of 8 respondents

Name	Age	Education	Loan/ Allowances	Family Members	Monthly Installment	Given Amount	Scheme
Nusrat Jahan Maria	32	S.S.C	USS loan	04	3150	30000	Handicraft
Mostafijur Rahman	60	S.S.C	USS Loan	05	3150	30000	Photostat shop
Most. Amena Begum	32	S.S.C	USS Loan	04	3150	30000	Cloth Business
Atia Siddika	30	S.S.C	USS Loan	05	16000	16000	Handicraft
Nurunnahar			USS Loan	03	15000	15000	Cloth Business
Shahin	18	HSC	Disability Allowances	04	850	10200	Scholarship
Md. Liton	16	S.S.C	Disability Allowances	05	850	12000	Scholarship
Rohima Begum	55	Primary	Old Age Allowances	04	600	7200	Old Age Allowances

The existing problems faced by beneficiaries, such as long lines at service offices, slow processing, and difficulties in registration, were mapped against potential solutions as suggested by respondents. This was organized into Table 3, providing a clear view of the challenges and proposed improvements.

### Ethical considerations

Informed consent was obtained from all participants before data collection. They were assured of the confidentiality of their responses and that the information would be used solely for academic purposes.

### Limitations

The sample size was limited to 60 respondents in Jamalpur, which may not fully capture the diversity of experiences across different regions of Bangladesh.

## RESULTS AND DISCUSSION

### Socio-economic and demographic conditions of beneficiaries people

In this research, we interviewed 60 respondents in group wise and collected data from 15 respondents of which data from 8 respondents is presented in the table 1.

**Respondent 1:** Nusrat Zahan Maria, a 32-year-old housewife with an education level of SSC, lives with her family of four. She received a loan of 30,000 Taka from the Social Service Office through the USS program, which she is repaying in 10 installments. Nusrat invested the loan in her handicraft business. After a few months, she earned 50,000 Taka, which significantly contributed to her family's expenses. Overall, she is satisfied with the loan, as it has helped her and her family meet their basic needs.

**Respondent 2:** Mustafizur Rahman, a 60-year-old businessman with an SSC education, lives with his family of five. He received a 30,000 Taka USS loan from the Social Service Office, to be repaid in ten installments. Mustafizur invested the loan in his photostat business, and within a few months, he earned 60,000 Taka, which significantly contributed to his family's expenses. He is generally satisfied with the USS loan, as it has enabled him and his family to meet their basic needs.

**Respondent 3:** Mst. Amena Begum (28). She has taken a USS loan whose amount was 40000 Taka to help with her clothing business. She earned 55,000 Taka after a few months. She used this money for family expenditures and the cost of the study of children. Finally, she is pleased because she conducted her family properly.

**Respondent 4:** Atiya Siddiqua, is 30 years old and has completed her HSC. Her family has four members. To expand her handicraft business, she obtained a loan of Rs 16000 from USS, to be repaid in ten installments of Rs 1600 each. She earns some money, which is really valuable to her family.

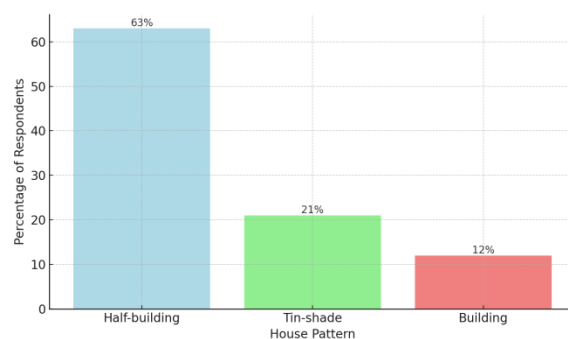
**Respondent 5:** Nurunnahar who is a housewife with 3 members in her family. She is a cloth merchant. She cannot buy her business material due to financial crisis. So, she took a loan of Rs 15000 from USS and paid Rs 1500 in installments every month. Investing this money earns some money which eases the financial problems of her family. Now she is happy with her family member.

**Respondent 6:** Shaheen is a student who is disabled. He is 18 and studying HSC. His family

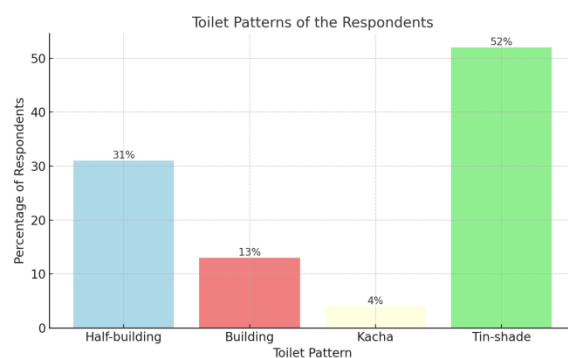
has 4 members. Due to financial problems, he took a loan of Rs 10,200 from the Disability Allowance source of USS and he paid 840 Taka per month. The loan scheme was student scholarship. But it is difficult to cover the expenses of his studies with the money he earns.

**Respondent 7:** Md Liton is a student with a disability. He is 16 years old and studies SSC. His family comprises five members. Due to financial difficulties, he obtained a loan of taka 12000 from the Disability Allowance source of USS and paid 840 taka every month. The loan plan was a student scholarship. However, the money he makes is insufficient to support his educational fees.

**Respondent 8:** Rahima Begum is an elderly woman who is 55 years old. His family life runs with four members. In a world plagued by financial problems, the USS loan sector is hoping for some happiness. The old age allowance from the loan sector is only 7200 rupees, and yet every month you have to pay 620 Tk.

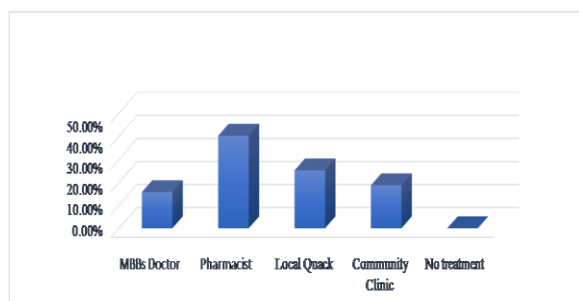


**Figure 1:** House patterns of the respondent



**Figure 2:** Toilet pattern of the respondents

The house patterns of the respondents demonstrated that 63% of respondents live in half-buildings, 21% in tin-shade houses, and 12% in buildings (Figure 1). The figure 2 representing the toilet patterns of the respondents. It shows the percentage of respondents with different types of toilet patterns: 31% half-building, 13% building, 4% kacha, and 52% tin-shade.



**Figure 3:** Medical services for the respondents

Most of the (38.75%) respondents got their treatment from pharmacist. Only 18% beneficiaries got services from MBBS doctors, 27.25% people got their proper treatment from local quack and 16% of peoples go to community clinic when sick. However, I understood from all of them that they are all able to receive medical facilities.

Table 2 seen that most of the respondents usually eat rice and vegetables for breakfast. Sometimes eat fish & eggs. Sometimes they start work after eating bread and tea. For breakfast 45.25% people usually eat rice, 10% people eat fish, 30.25% people eat vegetables, 12% people eat eggs, 45% people eat bread, 25% people take tea and at least 2% people eat fruits. For lunch & dinner 80% people eat rice, 45% people eat fish and vegetables. For lunch 15% and 10% for dinner people usually eat.

**Table 2:** Daily Food Menu of the Respondent

Time	Rice	Fish	Meat	Vegetable	Egg	Bread	Tea	Fruits
Breakfast	45.25%	10%	----	30.25%	12%	45%	25%	2%
Lunch	80%	45%	15%	45%	42%	----	----	----
Dinner	80%	48%	10%	65%	28%	----	----	----

**Table 3:** Existing problems and suggested solutions of the respondent

Name	Receiving Service	Problem Faced	Satisfaction	Suggestion
1. Most. Begum	Old age allowance	Poor navigation	Good	Proper help in office work
2. Chandra Vanu	Old age allowance	Registration	Poor	More help in registration
3. Belal	Poor disabled allowance	Ignorance	Very poor	Politeness of the staffs
4. Ramesa	Poor disabled allowance	Long line of receivers	Poor	Special service for the disabled
5. JohuraBeuya	Old age allowance	Late delivery of allowances	Good	Timely distribution of allowances
6. Sodon Ali	Poor disabled allowance	Registration	Good	Help in registration
7. Amena Beuya	Old age allowance	Health issues	Good	Online services
8. Most. Korimon Nesa	Old age allowance	Long line of people	Poor	Better management of clients
9. Most. Amena	Poor disabled allowance	Slow work pace	Good	More active working

Over the years, Bangladesh has made significant progress in expanding its social safety nets to cover a broader spectrum of the population. These programs aim to reduce poverty, enhance food security, and improve the standard of living for disadvantaged groups (Asma et al., 2023). However, despite these advancements, challenges such as inadequate coverage, targeting inefficiencies, and resource constraints persist (Sifat, 2021). Ahmed (2016) notes that while there are prospects for further strengthening social protection systems in Bangladesh, the country must overcome these challenges to achieve its development goals.

The impact of these programs on poverty reduction and social development has been widely recognized. Besley et al. (2003) emphasize the importance of benchmarking government provisions for social safety nets to ensure their effectiveness and sustainability. Moreover, the Bangladesh Bureau of Statistics (2022) provides vital data on household income and expenditure, which is essential for evaluating the outcomes of social safety net programs.

### **Existing problems for social welfare services**

The table shows problems faced by the service receivers at social welfare offices and their satisfaction level. Many of the receivers are happy with the services but not how the service is provided. There are some flaws and mistakes such as mismanagement, not engaging with the clients, lack of explanation of rules and regulations etc. So, we took some possible suggestions as solutions to their problems faced in social welfare services.

### **Mitigate and suggestions for developing social welfare services**

Some major findings (Suggestions) in social service programs for disadvantaged people in Bangladesh include:

**Access Disparities:** Despite efforts to improve access, disparities persist in access to social services such as healthcare and education, with rural and marginalized populations facing greater barriers.

**Healthcare Challenges:** Disadvantaged communities often face challenges in accessing quality healthcare, including inadequate infrastructure, shortages of healthcare professionals, and financial barriers to medical treatment.

**Education Inequality:** Disparities in educational attainment persist, particularly among girls, rural residents, and children from low-income families, impacting their long-term socio-economic prospects.

**Poverty Alleviation Efforts:** Social safety net programs, such as cash transfer schemes and food assistance programs, have played a crucial role in poverty alleviation, but there are concerns about targeting accuracy and leakage.

**Community Empowerment:** Community-driven initiatives, including microfinance programs and women's empowerment projects, have shown promise in promoting socio-economic empowerment and resilience among disadvantaged populations.

**Government Initiatives:** Government-led initiatives, such as the National Social Security Strategy and the Primary Healthcare Initiative, aim to expand access to social services and improve the well-being of vulnerable populations, but challenges remain in implementation and monitoring.

**Role of NGOs:** Non-governmental organizations (NGOs) play a significant role in delivering social services to disadvantaged communities, particularly in remote areas where government presence is limited.

**Challenges of Urbanization:** Rapid urbanization has led to increased demand for social services in urban areas, where informal settlements and slums are prevalent, posing challenges for service delivery and urban planning.

These findings underscore the importance of addressing systemic inequalities and implementing targeted interventions to improve the well-being of disadvantaged populations in Bangladesh.

## RECOMMENDATIONS

Here are some recommendations for enhancing social service programs for disadvantaged people in Bangladesh:

Implement targeted outreach programs to identify and reach marginalized communities, including those in remote areas, urban slums, and ethnic minority populations.

Invest in improving healthcare infrastructure, including hospitals, clinics, and primary healthcare centers, particularly in underserved rural areas.

Expand health insurance coverage to provide financial protection against medical expenses for low-income households and vulnerable populations.

Support community-based education initiatives, such as non-formal education centers and mobile schools, to reach children from disadvantaged backgrounds who may not have access to formal schooling.

Strengthen social safety net programs, such as cash transfer schemes and food assistance programs, to ensure they reach the most vulnerable households and provide adequate support.

Provide training and capacity-building opportunities for social service workers, including healthcare professionals, teachers, and community health workers, to enhance the quality and effectiveness of service delivery.

Foster community participation and engagement in the design, implementation, and monitoring of social service programs to ensure they are responsive to local needs and priorities.

Foster collaboration between government agencies, NGOs, private sector entities, and community-based organizations to leverage resources, expertise, and networks for more holistic and sustainable approaches to social service delivery.

By implementing these recommendations, policymakers and stakeholders can work towards

ensuring that social service programs in Bangladesh are more inclusive, effective, and responsive to the needs of disadvantaged populations.

## CONCLUSION

In conclusion, social service programs play a vital role in supporting disadvantaged populations in Bangladesh, providing essential services such as healthcare, education, and financial assistance. However, despite efforts to improve access and effectiveness, significant challenges persist, including disparities in access to healthcare and education, inadequate infrastructure, and the impact of climate change on vulnerable communities. To address these challenges, it is essential to prioritize targeted outreach, strengthen healthcare and education infrastructure, enhance social safety nets, promote community participation, and integrate climate resilience measures into social service programs. Additionally, leveraging digital technology and fostering cross-sectorial collaboration can enhance the efficiency and effectiveness of service delivery. By implementing these recommendations and adopting a holistic approach to social service provision, policymakers and stakeholders can work towards ensuring that disadvantaged populations in Bangladesh have equitable access to essential services, ultimately improving their well-being and socio-economic prospects.

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