MIGRANTS RESILIENCE COLLAB©RATIVE

Ensuring Safe Migration in Asia Series - Part 4

Social Security Schemes in Asia

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Social protection schemes build resilience for underprivileged communities and reduce inequalities when implemented correctly. However, access to social security schemes is a challenge globally. Social protection schemes' coverage and benefit level are lower in developing and middle-income countries than in developed countries. Data shows that less than 50% of poor people have access to schemes in lower-middle-income countries, while only a staggering 18% in lower-income countries. Seasonal migrants, who comprise one of the most vulnerable sections of society, are often the most neglected in terms of access to social protection.^[1] Thereby, aggravating their already harsh conditions in the destination location. Their limited access to social protection can be associated with their 'invisibility' in the cities and high mobility. Furthermore, since most countries do not design schemes with internal migrants in mind, it becomes harder to meet their unique challenges.

Types of Social Security Schemes

All countries have existing schemes for health insurance and cash transfer. Bangladesh and India are the only two countries that have schemes in relation to food, cash transfers, employment and health insurance. In Southeast Asia, none of the countries have schemes in relation to employment. Indonesia is the only country that provides access to food schemes.

Access Barriers in Social Security Schemes for Internal Migrants

Access to social security schemes is a major challenge globally. More than half of the world population lacks access to any kind of social protection scheme, and most of them are from the informal sector in developing countries. ^[2] Despite the expansion of social security coverage during the pandemic, 4 billion people globally still lack access to any scheme.^[3]

	What type of schemes are provided across countries?				
Country	Food assistance schemes	Conditional or unconditional cash transfer schemes	Employment schemes	Health insurance schemes	
Bangladesh	\checkmark	\checkmark	\checkmark	\checkmark	
Cambodia	×	\checkmark	×	\checkmark	
India	\checkmark	\checkmark	\checkmark	\checkmark	
Indonesia	\checkmark	\checkmark	×	\checkmark	
Nepal	×	\checkmark	\checkmark	\checkmark	
Thailand	×	\checkmark	×	\checkmark	

Table 1: Existing schemes in selected countries

1. Portability Constraints

Portability benefits, i.e., the ability to access schemes regardless of location, exist in many countries. However, implementation gaps create significant barriers for migrants. Where portability doesn't exist, for example in Bangladesh, migrants become 'ineligible' by default owing to their transitory nature of jobs.

"We received no assistance from the government, non-governmental organisation, or any other entity. When we were in Dhaka, Government was offering assistance to people but we did not receive it since we were not residents of the city. However, because we stayed in Dhaka, we received no help from the village."

> - Abdullah, garment worker in RMG sector, Bangladesh

Country	Portability of schemes				
	Ration schemes	Conditional and uncondition al Cash Transfer schemes	Health insurance schemes		
Bangladesh	×	×	×		
Cambodia	NA	\checkmark	\checkmark		
India	\checkmark	\checkmark	\checkmark		
Indonesia	\checkmark	\checkmark	\checkmark		
Nepal	NA	\checkmark	×		
Thailand	NA	\checkmark	\checkmark		

Table 2: Portability provision in existing schemes in selected countries

Evidence from Cambodia ^[4], India, Indonesia and Thailand ^[5] where schemes are portable, implementation challenges exist. ^[6] For instance, in India, ration and health insurance schemes are portable but it has been estimated that only 48% of migrant households were even aware of the portability of ration cards. [i]

Schemes in Indonesia have similar portability constraints, such as the healthcare insurance scheme where access is conditional outside the area of registration. ^[7] Migrants can only use the scheme in the destination location three times, after which they are given two options – pay for the healthcare just as regular patients or change the place of registration in the system to destination location. Even if they opt for the second option, they must wait for a month before they can continue availing the insurance

"No, I didn't receive any support. I think it's because I move around a lot, so the head of the neighbourhood doesn't have my data."

- Siti, domestic worker, Indonesia

2. Lack of Residential Documents and Other Eligibility Challenges

Social security protection by design is often exclusionary, for example, schemes tied to eligibility criteria such as local residential certificates and proof of employment in specific sector limit migrants' access. For example, in India, during the pandemic, it was observed that many migrants were unable to access ration at subsidised rates in cities as they had left their existing ration card with their families in source locations.^[8] Another example of exclusionary design is when certain sectors or types of employment are not covered under schemes.^[9] Such as the case of Cambodia, where informal sector workers do not have coverage under the National Social Security Fund (NSSF). The NSSF provides healthcare support to only formal sector workers.

3. Challenges Related to Complex Registration Processes

Complex registration procedures include different stages from a challenging application process

https://policyinsights.in/wp-content/uploads/2022/04/ONORC-report_April-2022-2.pdf

The study primarily focused on the experiences of intra state migrants and this stat might not be reflective of the awareness among interstate migrants

to availing of benefits. For example, in Cambodia, one of the key reasons for migrants being left out from receiving access to the IDpoor program is because of their high mobility. One in every four migrant in the country is impacted by exclusion under this program. ^[10] The Building and Other Construction Workers' (BOCW) card, designed to benefit construction workers in India, is another critical example of complex registration procedures. Lack of uniformity in application procedures and eligibility exist since state boards issue the document.

4. Lack of Information:

Migrants tend to have less information about schemes in comparison to non-migrants. ^[11] For example, the Nepal government's Social Security Fund, launched in 2018, received criticism for not reaching coverage targets. The main reason behind this was poor knowledge dissemination of application and benefit delivery procedures among the target audience. ^[12]

5. Recommendations:

• Efforts to improve access to social security schemes for migrant workers must be the primary responsibility of the national governments. However, given government administrative capacity to undertake the task might be limited in some developing nations – a collaborative effort between governments, industry and CSOs could be encouraged to ensure last-mile delivery of benefits.

What can the key actors do?

- Governments must ensure a migrant-friendly intersectional lens when designing social security schemes, and address the unique barriers internal migrants face in accessing schemes such as portability, complicated documentation process, etc.
- Private employers must take equal responsibility in enabling access to social security for casual workers.
- O CSOs should support workers in receiving access to social security schemes. CSOs' existing presence and work within communities provide them with the means to reach the last mile. They should use this to build end-to-end programs that support migrants in accessing social security schemes.
- Capacity building trainings for awareness on rights at the workplace and social security schemes, its eligibility and registration processes with migrants by CSOs can be effective in empowering workers.

Aranya* - a migrant working in a food processing factory in Thailand

"After completing my schooling, I went to vocational school for two years but decided to leave in between as my mother was the sole earner of the family, she worked very hard but her health was deteriorating, so I wanted to support her. In 2014 I migrated as I received employment in Lad Kwang at a food processing factory.

I took the job as it provided me with good benefits and the trade union is strong. Since this job is in the formal sector, I am covered under the Social Security Fund. The company provides all the mandated benefits such as health insurance, social security, provident fund, transportation, etc. We also receive direct food assistance in the form of money (40\$ per month), free rice and drinking water from them.

Even during Covid-19, we received support from the government via the 3,000 Baht (87\$) scheme. Even the health insurance during the pandemic helped us greatly as it covers my husband and son. When my son and I got COVID last year, we were able to go to a private hospital as the insurance gives us access to nationwide hospitals.."

*This story is anonymous and Aranya is a pseudonym.

End Notes

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