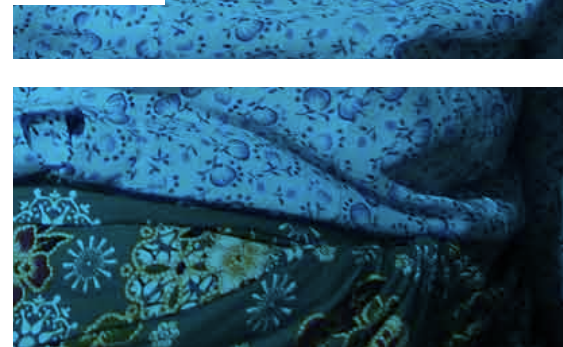


# Resilience for All?

Towards Gender-Responsive  
Social Protection in South-East Asia

Report for UN Women Bangkok

**Nicola Jones and Maria Stavropoulou**  
With Elizabeth Presler-Marshall



UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress in meeting the needs of women and girls worldwide. UN Women supports UN Member States in setting global standards for achieving gender equality, and works with governments and civil society to design the laws, policies, programs and services required to implement these standards. UN Women stands behind women's equal participation in all aspects of life, focusing on the following five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.

Copyright © United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

1<sup>st</sup> Edition Publication - 2013 by UN Women

All rights reserved. Reproduction and dissemination of material in this publication for educational or other non-commercial purposes are authorized without prior written permission from UN Women provided the source is fully acknowledged. Reproduction of this publication for resale or other commercial purposes is prohibited without written permission from UN Women. Applications for such permission may be addressed to [info.th@unwomen.org](mailto:info.th@unwomen.org)

Cover Photo Credit: United Nations

ISBN No: 978-974-680-356-4

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)  
Regional Office for Asia and the Pacific  
5th Floor UN Building  
Rajdamnern Nok Ave.  
Bangkok 10200 Thailand  
Tel: +66-2-288-2093  
Fax: +66-2-280-6030  
[www.unwomen.org](http://www.unwomen.org)

Disclaimer: The views and opinions expressed in this publication are those of the author and do not necessarily represent the views of UN Women, the United Nations, or any of its affiliated organizations. The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of UN Women concerning the legal status of any country, territory, area or its authorities, or concerning its frontiers and boundaries.

---

# ABOUT THE AUTHOR

This report is authored by Nicola Jones and Maria Stavropoulou with Elizabeth Presler-Marshall of the Overseas Development Institute (ODI). The lead author of this report, Dr Nicola Jones, is a Research Fellow in the Social Development Programme, and is also Gender theme coordinator at ODI. Nicola has carried out policy research, advisory and capacity-building work on gender, social exclusion and social protection for a range of funders (AusAID, DFID, EU, UNICEF, UNDP, IDRC, GAVI Alliance, Bernard van Leer Foundation, Plan International and Save the Children). Currently she is the lead qualitative researcher for a DFID-funded multi-country study on beneficiary and community perceptions of cash transfer programmes in sub-Saharan Africa and the Middle East and also for a multi-year programme of work on adolescent girls and social norms in Asia and Africa. Nicola has published widely for a range of academic, policy and NGO audiences, including 6 books and 20 peer-reviewed journal articles. She is the co-author of *Gender and Social Protection in the Developing World: Beyond Mothers and Safety Nets*, published by Zed Books in 2013.

Maria Stavropoulou is an independent consultant specialising in gender, childhood and social development and has worked with the ODI Social Development Programme since 2010. She has an MSc in Medical Anthropology from the University of Oxford and a second MSc in Development Studies from the London School of Economics. She was the lead author for a flagship report for Plan UK on Girls and Economic Crisis (2013) and a contributor to the 2010 Chronic Poverty Research Centre report, *Stemming Girls Chronic Poverty: Catalysing Development Change by Building Just Social Institutions*.

Dr Elizabeth Presler-Marshall is an independent consultant specialising in gender, reproductive health and adolescence. She has a PhD in Sociology from the University of North Carolina at Chapel Hill. She recently co-authored a flagship report on adolescent pregnancy entitled “Charting the Future: Empowering Girls and Young Women to End Early Pregnancy” for Save the Children UK, and another on adolescent girls in Viet Nam entitled “Double Jeopardy: How Gendered Social Norms and Ethnicity Intersect to Shape the Lives of Adolescent Hmong Girls in Vietnam” for DFID.

# ACKNOWLEDGEMENTS

The authors would like to express their gratitude towards the UN Women Regional office for Asia and the Pacific, especially Deepa Bharathi, for helpful feedback and fruitful discussions around a number of themes included in the report and to all the participants at the UN Women expert meeting in Bangkok in November 2012 for valuable insights and reflections on gender-sensitive social protection and implications for policy and programming in the South-East Asian region. We also wish to thank Celine Peyron Bista from ILO for her valuable input regarding the Social Protection Floor Initiative.

The authors would also like to thank Julia Angeli, Tom Aston and Josiah Kaplan for research assistance, Kathryn O'Neill for editorial support, and Catriona Webster and Hanna Alder for assistance with formatting and presentation. Any remaining errors and interpretation are those of the authors alone.

UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress in meeting the needs of women and girls worldwide. UN Women supports UN Member States in setting global standards for achieving gender equality, and works with governments and civil society to design the laws, policies, programs and services required to implement these standards. UN Women stands behind women's equal participation in all aspects of life, focusing on the following five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.

# CONTENTS

	Tables, figures & boxes	v
	Abbreviations	vi
	Executive Summary	1
1	<b>INTRODUCTION</b>	<b>8</b>
	1.1 Key dimensions of gender-responsive social protection	8
	1.2 Report overview and methodology	10
2	<b>POVERTY, VULNERABILITY AND GENDER INEQUALITY IN SOUTH-EAST ASIA: AN OVERVIEW</b>	<b>11</b>
	2.1 Gender-specific poverty and vulnerabilities	13
	2.2 Groups of women facing specific vulnerabilities	15
3	<b>OVERVIEW OF NATIONAL SOCIAL PROTECTION SYSTEMS IN SOUTH-EAST ASIA</b>	<b>20</b>
	3.1 Overview of key social protection instruments	21
	3.2 Progress vis-à-vis the ILO Social Protection Floor	23
	3.3 Governance challenges	28
4	<b>GENDER-RESPONSIVE SOCIAL PROTECTION: A REGIONAL OVERVIEW</b>	<b>29</b>
	4.1 Cross-cutting challenges	33
	4.2 Good examples of gender-responsive programming in South-East Asia	38

## CONTENTS

5	<b>GENDER-RESPONSIVE SOCIAL PROTECTION PROGRAMMES: EXAMPLES OF INTERNATIONAL GOOD PRACTICE</b>	41
	Estancias Infantiles para Apoyar a Madres Trabajadores – Mexico	46
	Challenging the Frontiers of Poverty Reduction, Targeting the Ultra-Poor (CFPR-TUP) Bangladesh	50
	Productive Safety Net Programme (PSNP) – Ethiopia	
6	<b>POLICY AND PROGRAMME RECOMMENDATIONS</b>	54
	Bibliography	57

## TABLES, FIGURES & BOXES

### LIST OF TABLES >>

Table 1:	Economic and human development indicators in South-East Asia	11
Table 2:	Gender and human development indicators	14
Table 3:	Overview of core social protection instruments in South-East Asian countries	20
Table 4:	Social security statutory provision in South-East Asia, 2010	22
Table 5:	Assessment of progress made by South-East Asian countries in achieving the four pillars of the ILO Social Protection Floor	25
Table 6:	Overview of gender-responsive social assistance programmes in South-East Asian countries	30
Table 7:	Main conditional cash transfer (CCT) programmes with gender considerations in South-East Asia	31
Table 8:	Maternity, social security, legal provision and benefits in South-East Asia, 2010	39
Table 9:	Overview of gender-responsive social protection components in international good practice examples	42
Table 10:	Recommendations vis-à-vis entry points for UN Women to promote gender-responsive social protection in South-East Asia	54

### LIST OF FIGURES >>

Figure 1:	Climate change vulnerability map	12
Figure 2:	Informal workers in total employment, 1990 and 2008	18
Figure 3:	ILO's social security staircase	24

### LIST OF BOXES >>

Box 1:	Key international rights frameworks pertaining to social protection and gender equality	9
Box 2:	Vulnerability to climate change and its effects on poor women	13
Box 3:	Some key manifestations of gender-based violence in South-East Asia	15
Box 4:	The ILO Social Protection Floor in a nutshell	24
Box 5:	Women, the informal sector, and barriers to accessing social protection	33
Box 6:	Migrant women and barriers to social protection	34
Box 7:	The importance of engendering old age pensions	35
Box 8:	The importance of including stateless persons in social protection debates	36

# ABBREVIATIONS

ACWF	All-China Women's Federation	JFPR	Japan Fund for Poverty Reduction
ADB	Asian Development Bank	LDC	Least developed country
AGI	Adolescent Girls Initiative (World Bank)	LWU	Lao Women's Union
AIDS	Acquired immunodeficiency syndrome	MCHN	Maternal and Child Health and Nutrition
ASEAN	Association of Southeast Asian Nations	MDG	Millennium Development Goal
AusAID	Australian Agency for International Development	MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
BCC	Behaviour change communication	MICS	Multiple Indicator Cluster Survey
CARD	Council for Agricultural and Rural Development	MLSGS	Minimum Living Standard Guarantee Scheme (China)
CBHI	Community-Based Health Insurance	MNCWA	Myanmar National Committee for Women's Affairs
CCA	Climate change adaptation	MMCWA	Myanmar Maternal and Child Welfare Association
CCT	Conditional cash transfer	MMR	Maternal mortality ratio
CCVI	Climate Change Vulnerability Index	MoE	Ministry of Education
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	MoH	Ministry of Health
CESSP	Cambodia Education Sector Support Project	MoWA	Ministry of Women's Affairs
CFPR	Challenging the Frontiers of Poverty Reduction	MPI	Multidimensional Poverty Index
CSO	Civil society organisation	MSS	Ministry of Social Solidarity
DFID	Department for International Development (UK)	MWAF	Myanmar Women's Affairs Federation
DHS	Demographic and Health Survey	NCAW	National Commission for the Advancement of Women (Lao PDR)
DoLE	Department of Labour and Employment (the Philippines)	NDHS	National Demographic and Health Survey
DRR	Disaster risk reduction	NDP	National Development Plan (Mexico)
DSWD	Department of Social Welfare and Development (the Philippines)	NEDA	National Economic and Development Authority (the Philippines)
EC	European Commission	NFA	National Food Authority (the Philippines)
EEPSEA	Economy and Environment Program for South-East Asia	NGO	Non-government organisation
EU	European Union	NGPES	National Growth and Poverty Eradication Strategy
FAO	Food and Agriculture Organization of the United Nations	NHTS-PR	National Household Targeting System for Poverty Reduction (the Philippines)
FFA	Food for assets	NRCMS	New Rural Cooperative Medical Scheme (China)
GBV	Gender-based violence	NSAW	National Strategy for the Advancement of Women (Lao, PDR)
GDP	Gross domestic product	NSDP	National Strategic Development Plan
GII	Gender Inequality Index	NSEDP	National Socio-Economic Development Plan
GNI	Gross national income	NSD	National Statistics Directorate
GNP	Gross national product	NSO	National Statistics Office
HEF	Health Equity Fund	NSPS	National Social Protection Strategy
HIV	Human immunodeficiency virus	NTPPR	National Targeted Programme for Poverty Reduction (Viet Nam)
ICESCR	International Covenant on Economic, Social and Cultural Rights	ODA	Official Development Assistance
IDA	International Development Association	OECD	Organisation for Economic Co-operation and Development
IFPRI	International Food Policy Research Institute	OFSP	Other Food Security Programme (Ethiopia)
ILO	International Labour Organization	OFW	Overseas Filipino worker
IMF	International Monetary Fund	OHCHR	Office of the High Commissioner for Human Rights
IOM	International Organization for Migration	PKH	Program Keluarga Harapan (Indonesia)
		PPP	Purchasing power parity
		PSNP	Productive Safety Net Programme (Ethiopia)
		SEDESOL	Federal Ministry of Social Development (Mexico)
		SEDP	Social and Economic Development Plan
		SEP	Small Enterprise Project (Timor-Leste)

SEPI	Secretariat of State for the Promotion of Equality (Timor-Leste)
SIGI	Social Institutions and Gender Index
SPF	Social Protection Floor
SPI	Social Protection Index
STI	Sexually transmitted infection
TB	Tuberculosis
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNHRC	United Nations Human Rights Council
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WFP	World Food Programme
WHO	World Health Organization

## EXECUTIVE SUMMARY

There is growing interest across developing countries in the potential of social protection to address persistent gender inequalities and promote the social and economic empowerment of women in recognition of the close links between gender equality, poverty reduction and social protection. While some programmes target women and girls, with the primary focus on meeting practical gender needs, there has been little exploration of the change pathways through which countries can achieve gender equality and broader transformations to empower women in all spheres of life.

Social protection has come to constitute an important component of poverty reduction approaches in the South-East Asian region, partly as a legacy of the 1997-1998 Asian financial crisis and partly in response to the impacts of the recent global economic crisis on vulnerable population groups – impacts which have disproportionately affected women and girls. While the share of national budgets allocated to social protection spending in the region remains comparatively low, there is growing acknowledgement of the need to extend existing forms of social protection and develop new ones to meet the needs of the most vulnerable groups.

### REPORT OVERVIEW >>

This report presents the findings of a desk review of social protection policies and frameworks in South-East Asia and the extent to which these policies have integrated a gender lens. Focusing on nine countries – Cambodia, China, Indonesia, Lao PDR, Myanmar, the Philippines, Thailand, Timor-Leste and Viet Nam – the report describes the types of social protection instruments currently in use and the extent to which national social protection systems incorporate a gender-responsive approach in programme design, implementation, and monitoring and evaluation. The report also considers how close national systems are to achieving the globally agreed standard, the ILO Social Protection Floor.

The report concludes by identifying entry points for UN Women and its partners in promoting gender-responsive social protection programmes and policies throughout the South-East Asian region. These entry points are informed by a review of key features of innovative schemes from countries in the region as well as good practice examples from other developing regions to illustrate gender-responsive social protection programming in practice.

### VULNERABILITY CONTEXT >>

The nine South-East Asian countries studied have a high degree of diversity in terms of population, economic growth and poverty rates as well as gender and human development indicators, with wide variations in terms of child and maternal mortality rates, literacy and school drop-out rates, and labour force participation, for instance. However, with the exceptions of China and Thailand, all of the countries studied fit into the lower half of gross domestic product (GDP) per capita rankings, and all face a high degree of vulnerability vis-à-vis the effects of climate change.

In terms of gender vulnerabilities, women in the Asia and the Pacific region are over-represented in the informal economy (more than 8 out of 10 working women are in vulnerable employment compared with more than 7 out of 10 men), and thus often have little or no entitlement to social protection. Women are also more vulnerable to the impacts of climate change and typically have fewer resources to mitigate risks or cope with the aftermath of weather-related crises. Women and young girls are particularly vulnerable to the many different forms of gender-based violence, including domestic violence, trafficking, and sex-selective abortions.

In addition, specific groups of women in the region face particular vulnerabilities that are largely ignored by social protection programmes and policies. The above-mentioned groups include migrant women, women from ethnic minorities, refugee and stateless women, female-headed households, and older women.

## DELIVERING SOCIAL PROTECTION IN DIVERSE CONTEXTS >>

Governance contexts across the region are also very diverse, as are country histories of implementing social protection. Some countries (especially China and Thailand) have longstanding and increasingly large-scale safety nets while others have nascent social protection systems and much more limited resource bases with which to expand social protection programming.

The social protection instruments in place cover social insurance and health insurance schemes, social assistance (including cash and asset transfers, subsidy programmes and public works schemes) and social services for particularly vulnerable social groups (for example, people living with disabilities and survivors of gender-based violence and trafficking). They range from the very large (China's New Rural Medical Cooperative Scheme had enrolled more than 830 million people by late 2009, and Indonesia's Raskin rice subsidy programme targeted more than 17 million households in 2012) to the very small (Timor-Leste's *Bolsa Da Mae*, a conditional cash transfer targeting poor female-headed households with young children, reached approximately 15,000 beneficiaries in 2011). Large-scale conditional cash transfer programmes (including the Philippines' *Pantawid Pamilyang Pilipino Program* or 4Ps, which aims to reach more than 5 million poor households by 2015) are becoming increasingly popular as a policy instrument frequently modelled on Latin American schemes.

Although some countries have relatively well-developed social insurance systems (China and Thailand and, to a lesser extent, Indonesia, the Philippines and Viet Nam), many social security schemes typically only cover formal sector workers in towns and cities. Consequently, the vast majority of those in the informal economy, including a disproportionate number of women, are left without any form of social protection.

*“Despite recent efforts to expand coverage and improve quality, millions of people across the region continue to lack access to social protection.”*

Most countries in the region still have a considerable way to go to achieve the standard laid out in the International Labour Organization (ILO)'s Social Protection Floor (SPF) Initiative. However, Thailand and, to a growing extent, China are notable exceptions, having made remarkable strides over the past decade towards providing universal healthcare, education, income security, pensions, and essential services for all citizens. Indonesia and the Philippines are also moving in the right direction, with sizeable conditional cash transfer and health insurance programmes reaching an ever-growing proportion of the population. Similarly, Viet Nam has introduced free healthcare for poor families and all young children, while its poverty programming provides a basic income for much of the population living under the most impoverished conditions. Less wealthy countries, some of them emerging from decades of conflict, have made less progress. Existing programmes tend to be almost entirely donor-funded, with limitations in coverage and quality. Despite plans by individual governments to significantly expand social protection coverage, a great deal more is required to bring these plans to fruition.

## COMMON CONSTRAINTS >>

**Resources:** Poorer countries in the region have less fiscal space and weaker human resource bases for effective implementation of social protection programmes. Furthermore, the level of benefits provided is often insufficient to meet even basic needs. Some governments (e.g. Lao PDR) are beginning to merge existing schemes to reduce duplication and rationalise resources. Other countries have been reliant on NGO-run and funded programmes that offer very limited coverage.

**Governance and coordination:** Many countries have fragmented schemes involving different government agencies competing for limited funds, sometimes offering similar benefit packages and targeting the same beneficiaries. Lack of coordination, inadequate data and weak targeting mechanisms have led to duplication of effort and wasted resources, with high rates of leakage to the non-poor and under-coverage of the poor contributing to overall low impact.

The different governance contexts in the region also shape the diversity of social protection programming and policies. In democratising countries such as Thailand, elections have proved an important catalyst for the introduction or expansion of social protection schemes. Conversely, in single-party states such as China and Viet Nam, government apprehension of social instability arising from marginalised populations or groups faced with losing benefits has created a similar impetus for expanded social protection initiatives. Countries emerging from protracted conflicts such as Cambodia, Lao PDR, Myanmar and Timor-Leste face particular challenges in implementing social protection due to weak governance structures and capacity.

**Monitoring and evaluation:** Data are scarce across the region, particularly sex- and age-disaggregated data. Consequently, little is known about the needs of specific vulnerable groups. Many countries have no central, unified beneficiary database. These countries are limited to only basic data on the number of beneficiaries for each scheme and the amount of assistance received (in cash or in kind). Few schemes have complaints and feedback mechanisms or use participatory approaches to involve beneficiaries in evaluating impact.

## GENDER-SPECIFIC CONSTRAINTS >>

**Few social protection strategies are informed by a gender lens:** Few countries in the region have comprehensive national social protection strategies in place to guide gender-responsive programmes or policies and to exploit potential synergies by developing links with complementary programmes and services, especially those tackling social risks and vulnerability (e.g. legal discrimination, rights awareness and discriminatory social norms). Developing such a strategy would enable countries to ensure the application of a gender-sensitive lens at every stage of the programme and policy cycles.

Currently, the absence of an overall strategy is leading to incoherent systems. In Indonesia, for example, while the conditional cash transfer programme incorporates strong gender-sensitive design features and is expected to promote more equal gender relations within the household, the large-scale Raskin

rice subsidy programme does not take into account the significant gender inequalities concerning food allocation within the household.

*“Simply targeting women or girls risks reinforcing traditional gender roles and responsibilities, overlooking important lifecycle and relational vulnerabilities that restrict opportunities for women and girls’ broader economic and social empowerment.”*

## Limited gendered vulnerability assessments:

Vulnerability assessments typically overlook gender-based violence and the gendered impacts of climate change as well as the situation of migrant, refugee and stateless women. All gendered vulnerability assessments must be specific to the local and national context while at the same time recognising the cross-cutting vulnerabilities affecting women in the region and constraining opportunities for women's social and economic empowerment, such as the following:

- **Sexual exploitation and gender-based violence**, for example, is a growing problem. Younger women and undocumented migrants are particularly vulnerable to trafficking, while other forms of gender-based violence (such as sex-selective abortions in China, for example) are on the rise.
- Poor women are also more vulnerable to the impacts of **climate change**, typically lacking decision-making power within the household, having fewer resources to cope with shocks and having less access to information on how to survive and mitigate climate-related disasters.
- In the case of **ethnic minority women**, linguistic and cultural barriers can exacerbate the discrimination and marginalisation they experience, frequently resulting in poorer health and education outcomes. In some areas, ethnic minority women and girls are also more vulnerable to sexual violence.
- **Refugee and stateless women** are particularly vulnerable groups, often lacking the residence or citizenship status that confers key social, economic and political rights.



- **Older women**, particularly widows, are frequently at greater risk of poverty and ill-health due to less opportunity to save and accrue assets throughout their lives. Millions of older women in the region are now also the main caregivers for grandchildren after their adult children have migrated to find work, but few receive any state support.
- With little or no access to adequate reproductive health services, which may have a critical bearing on their future life chances, **younger women** are often more vulnerable.
- Accounting for approximately half of all documented migrants, with much larger proportions in some countries, **women migrants** (whether internal or cross-border, documented or undocumented) are also particularly vulnerable. Across the region, the millions of women who earn their livelihood in the informal economy (many of them as domestic workers) also face particular vulnerabilities, working long hours for low and irregular pay without the protection of labour laws.
- In some countries (such as Cambodia and Timor-Leste) **female-headed households** are also disproportionately vulnerable to poverty, with fewer opportunities in life and poorer outcomes.

**Implementation deficits:** There appears to be a critical disconnect between gender-responsive programme design and programme implementation, partly due to uneven capacities and poor coordination between national and sub-national governments (especially in the context of growing decentralisation). Too often, there is little or no investment in tailored capacity-building for programme implementers and local officials to integrate gender-related programme features into daily work practices. Moreover, little effort has been invested in tracking gender-sensitive budget allocations, with similar deficient investment in disseminating information with beneficiaries and wider communities to raise awareness of gender-sensitive programme features and the reasons behind them.

**Programme accountability shortcomings:** With the exception of conditional cash transfer (CCT) programmes in Indonesia (PKH and PNPM) and the Philippines (the 4Ps), few social protection programmes in the region include gender-disaggregated impact indicators. Thus, it is difficult to assess their impact on the well-being of women and girls and men and boys, even though the programmes may have had explicit gender-related objectives or broader goals aimed at reducing poverty and vulnerability. Donors and governments alike, however, are increasingly requiring programmes to develop rigorous monitoring and evaluation (M&E) systems. Even so, beneficiary feedback and grievance mechanisms are either absent or inadequate, and very few programmes use participatory approaches to M&E such as community scorecards, social and gender audits, which could generate valuable data to inform improvements in programme design and implementation.

#### REPLICATING REGIONAL INNOVATIONS TO DELIVER QUICK WINS >>

Across the region, these programming gaps indicate that gender-responsive social protection remains weak. There are, however, some good examples of innovative gender-responsive programming that could be built on to achieve short-term and longer-term gains in other countries.

- In the Philippines, the 4Ps conditional cash transfer explicitly includes gender considerations in its design. The programme is also piloting a **convergence strategy** in conjunction with two other major government programmes to help beneficiaries graduate, one in support of community-led creation of assets and another designed to help women start small income-generating projects.
- Thailand is increasingly recognised as a regional and even international leader in providing **social health insurance**, which includes maternal healthcare as well as extensive coverage for HIV-related treatment and services.

- While health insurance and benefits such as sick pay, maternity leave, disability care and retirement pensions are usually out of the reach of **informal economy workers**, Indonesia, the Philippines and Thailand now allow informal workers to voluntarily participate in contributory social security systems. Although uptake has been low to date, the response could be improved with some programme modifications. In the Philippines, domestic workers are now entitled to the same benefits as formal sector employees, paving the way for equal access to social security and social assistance.
- Historically, few social protection schemes have targeted **migrants**, either in home or destination countries. Nevertheless, a growing number of good practice examples have been introduced, with China, Indonesia, the Philippines, Thailand and Viet Nam all extending pension and health schemes to migrant and rural workers. Despite the low uptake (partly because migrants cannot usually afford regular payments into schemes and partly because there is limited portability of benefits), these moves represent a step in the right direction towards addressing the major gap in provisions for migrants.
- In the case of **older women**, two key initiatives stand out in Thailand: universal health coverage and the recent extension of pension coverage. Given that ill-health is often a primary driver of vulnerability and chronic poverty, especially for women, and older women in particular, the above-mentioned initiatives should be regarded as a cornerstone for national gender-responsive social protection systems.
- Despite particular vulnerabilities, major gaps remain in the provision of social protection for **ethnic minority women**, especially in the Mekong sub-region and Western China. Viet Nam's Program 135 social assistance initiative aims to narrow the gap between ethnic minorities and the rest of society through supporting infrastructure development, agriculture, access to basic services and capacity-building for local officials. While the programme has achieved

a dramatic expansion in access to health, education, credit, roads and markets, some underlying gendered socio-cultural norms (particularly language barriers and conservative views about women's roles) that limit its transformative impact have yet to be addressed.

#### LEARNING FROM GENDER-RESPONSIVE GOOD PRACTICE IN OTHER REGIONS >>

The report presents the following three international examples of gender-responsive good practice:

- Bangladesh (the NGO-implemented Challenging the Frontiers of Poverty Reduction–Targeting the Ultra-Poor (CFPR/TUP) programme)
- Ethiopia (the government's Productive Safety Net Programme)
- Mexico (the *Estancias Infantiles para Apoyar a Mujeres Trabajadoras* programme providing childcare subsidies for low-income working mothers).
- All three programmes adopted a gender lens at the design phase, starting with a gendered vulnerability analysis to help identify and address the specific gendered vulnerabilities facing women in each context. In Ethiopia, the design of the Productive Safety Net Programme (PSNP) recognises the unique needs of pregnant and lactating mothers, and female-headed households. Mexico's *Estancias* programme has an explicit focus on supporting women's dual responsibilities within the productive and care economies. Moreover, the programme also provides micro-entrepreneurship opportunities for women whose labour market opportunities are otherwise constrained. And Challenging the Frontiers of Poverty Reduction (CFPR) in Bangladesh is one of the few social protection programmes explicitly aimed at addressing the gendered social dimensions of poverty, with thorough dissemination of information about the legal rights of women and girls (e.g. against exploitative dowry practices and gender-based violence).

Nevertheless, even these three programmes have faced implementation challenges, with mixed overall impacts. For instance, the transformative potential of the PSNP has not been realised due to a lack of awareness among participants of its innovative gender design features, and capacity and awareness deficits on the part of local-level programme implementers. Although the CFPR has empowered women financially, with improvements in self-confidence and social networks, it has not challenged the cultural norms that limit women's opportunities and life chances, such as inadequate education, limited access to land and other assets, confinement to low-paid jobs, and social customs such as child marriage.

#### ENTRY POINTS FOR UN WOMEN AND PARTNERS TO PROMOTE MORE GENDER-RESPONSIVE SOCIAL PROTECTION IN SOUTH-EAST ASIA >>

##### 1. To address critical gaps in data collection and knowledge:

- Support gender-sensitive vulnerability assessments for all new social protection programmes and provide guidance for bodies tasked with updating vulnerability assessments for existing programmes.
- Support national efforts to improve gender-disaggregated data collection and analysis.
- Establish a dedicated webpage containing resources and guidance on gender-responsive social protection in the region.
- Establish an online community of practitioners among UN Women country offices and invite partners dedicated to gender-responsive social protection.
- Organise study tours to enable countries with fledgling social protection systems to learn from those with more advanced systems.

##### 2. To strengthen partnerships and improve collaboration and coordination:

- Support women's organisations in piloting gender social audits and other participatory monitoring and evaluation (M&E) methods to promote learning on gender-sensitive programme governance and accountability.
- Support government partners in developing gender-responsive legal frameworks for social protection.
- Lead on the development of an inter-agency South-East Asia action plan to promote gender-sensitive social protection initiatives, including how best to engage with the ILO's Social Protection Floor Initiative.
- Identify areas for collaboration within donors' ongoing programme cycles.

##### 3. To build the capacity of those designing, implementing and participating in social protection programmes:

- Develop training on gender-responsive social protection programming tailored to local realities for those involved in designing and implementing programmes at national and sub-national levels.
- Support behaviour change communication (BCC) initiatives among programme participants about the gender-sensitive features of social protection programmes and their underlying rationale.

##### 4. To promote innovation in gender-sensitive social protection:

- Support innovative programming with embedded and rigorous monitoring and evaluation systems that explicitly recognise the vulnerability of women and girls to gender-based violence and the impacts of climate change.
- Support pilot projects targeting specific groups of vulnerable women (especially informal economy workers, migrants, domestic workers, older women) and designed to link up with complementary programmes and services to address key knowledge and evidence gaps.

##### 5. To strengthen capacity for gender-responsive monitoring and evaluation:

- Support the development of gender-responsive indicators for programmes under development (e.g. Viet Nam's pilot CCT programme and Myanmar's pilot health insurance schemes) and all social protection programmes.
- Support the development of gender-responsive budgeting by building on existing initiatives (including from other sectors). This could include developing good practice guidance and exploring incentive-based funding for local governments undertaking gender-responsive budgeting.

- Strengthen capacity for reporting and analysis of M&E data disaggregated by sex, age and other factors; explore how programme implementers can elicit gender-responsive data given current data shortcomings.
- Support pilots of gender social audits for more established social protection programmes to generate learning about appropriate methodologies and approaches.



# 1. INTRODUCTION

Since the late 1990s, social protection has become an important policy response to high levels of poverty and vulnerability in developing countries, gaining significant momentum among governments and donors as a result of evidence demonstrating its positive impacts on reducing poverty and vulnerability (Barrientos and Hulme, 2008). Social protection interventions have emerged as a buffer against severe economic shocks or continued chronic poverty in developing countries, especially among vulnerable groups. The East Asian crisis in 1997-1998, for instance, prompted strong national policy commitments to social protection in several countries in the region, notably Indonesia, South Korea and Thailand. Some South Asian countries have a longer history of social protection programmes dating back to before independence. These are now being extended through a range of innovative, large-scale programmes such as India's national public works programme.

For this reason, and particularly in the wake of the global Triple F crisis (food, fuel and financial) in late 2000s, social protection has become an important component of poverty reduction approaches in many countries. Most interventions, however, focus on a short-term safety net approach by smoothing income and consumption. While this is an important objective, there have been calls for social protection to go beyond the symptoms of poverty and address the longer-term, structural causes of poverty (Devereux et al., 2011). However, only limited attention has been given to the importance of social inequalities such as gender inequality, which play a significant role in perpetuating poverty (Jones and Holmes, 2011).

Many social protection programmes have simply targeted women and/or girls without considering the possible change pathways required to bring about empowerment and gender equity. Evidence indicates that the role of gender in social protection is a complex issue affecting the types of risks programmes seek to mitigate, the choice of programme approach, awareness-raising strategies, public buy-in, and

programme outcomes (Holmes and Jones, 2013). Moreover, evidence also shows that targeting women or girls alone risks reinforcing traditional gender roles and responsibilities, overlooking important lifecycle and relational vulnerabilities that curtail opportunities for women and girls' broader economic and social empowerment.

The United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) also notes how social protection programmes that lack a gender lens risk overlooking both the importance of women's contributions to informal social protection and potential synergies: "women's activities related to household management and caring responsibilities, assigned on the basis of traditional gender roles, act as significant default contributions to social protection when formal systems are inadequate" (2011: 12). In short, while social protection should not be seen as a panacea for addressing gender inequalities and their role in perpetuating and entrenching other inequalities, there is an urgent need to apply a gender lens to social protection programmes to strengthen their impact (ibid).

## 1.1 KEY DIMENSIONS OF GENDER-RESPONSIVE SOCIAL PROTECTION >>

Within this broader context, the following five reasons explain the urgency of applying a gender lens to social protection policies and programmes:

- a) Realising human rights: As enshrined in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the ILO's Social Protection Floor Initiative (see Box 1; Molyneux and Thomson, 2011), the right to social security is a core human right.
- b) Delivering monetary value: Considering gender differences and dynamics makes for more effective programming and better use of limited resources (DFID, 2011).

- c) Helping achieve the Millennium Development Goals (MDGs) given the cross-cutting nature of social protection in addressing economic and social risks and vulnerabilities (Holmes and Jones, 2009; OHCHR, 2007).
- d) Promoting growth with resilience, which the international community has highlighted as critical to overcoming the current global economic malaise (Holmes and Jones, 2010a).
- e) Achieving social cohesion through inclusion is particularly important for countries that have experienced conflict (UNESCAP, 2011).

Gender-responsive social protection entails more than just simply targeting women and girls (although

this can be an important component, depending on the context); it requires: a gender-sensitive mapping of economic and social risks and vulnerabilities; integrating a gender perspective into the design of social protection instruments (social assistance, social insurance, social services or social equity measures); and assessing the gender dimensions of programme implementation. This involves giving consideration to gender awareness and gender mainstreaming capacities, monitoring and evaluation (M&E) tools and indicators, linkages to complementary programmes addressing other types of risks or vulnerabilities, and the gendered dynamics of the political economy.

### BOX 1: KEY INTERNATIONAL RIGHTS FRAMEWORKS PERTAINING TO SOCIAL PROTECTION AND GENDER EQUALITY

An emergent global approach to the values underpinning modern social protection policies is evident throughout the international conventions on which they are based (Norton et al., 2001: 1). According to the United Nations (UN), social protection is rooted in shared "fundamental values concerning acceptable levels and security of access to the means of meeting basic needs and fulfilling basic rights, including secure access to income, livelihood, employment, health and education services, nutrition and shelter" (UN ECOSOC, 2000: 4).

This belief appears in the UN's earliest documents. Article 22 of the Universal Declaration of Human Rights (UDHR), for example, states that all people have the right to social security. And Article 25 specifies that the right to social security includes the right to "a standard of living adequate for the health and well-being of himself [sic] and of his family including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (UN, 2012a). UDHR addresses gender equality as well, calling for "the equal rights of men and women" (ibid).

The International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted in 1966 and brought into force a decade later, builds on the UDHR's foundation but has several notable extensions. For example, Article 9, which addresses social security, specifically mentions social insurance as a basic right; Article 11 calls for the "continuous improvement of living conditions" (OHCHR, 2007). ICESCR also calls for "(s)pecial measures of protection and assistance... on behalf of all children" and, while re-stating the UDHR's gender equality mandates, broadens them with the notion that those special measures should also "be accorded to mothers during a reasonable period before and after childbirth" (ibid).

Adopted in 1979, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has gender equality at its core, with Article 11 calling for signatories to ensure that women have equal rights to "social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work". Article 2 specifies that in order to protect women from discrimination by non-state actors, the state must enshrine gender equity in law and abolish customary practices that disadvantage women (UN, 2009). Article 11 also further promotes gender equity through social protection by calling not only for special support for pregnant women and maternity benefits for women following birth, but also access to family planning and the provision of public benefits facilitating the combination of work and family responsibilities (ibid).

The International Labour Organization (ILO)'s regulatory frameworks take a similarly rights-based approach to social protection and gender equality (Barrientos and Hulme, 2008). Defining social protection as a basic entitlement, the ILO developed the Social Protection Floor (SPF) Initiative, which, drawing on the UN Conventions above and the ILO's Decent Work Agenda, includes guarantees of basic income security and universal access to key services including health, education, and water and sanitation (ILO, 2011). The SPF Initiative is supported by 19 UN agencies and partners. It lays out a set of policy measures, largely based on the recent experiences of diverse developing countries, which highlight the role of social protection in "relieving people of the fear of poverty and deprivation" (ibid: xxii). The SPF, because it "provides an opportunity for a comprehensive review of the basic social protection systems in any country", offers a unique opportunity to address gender equality concerns, including women's "limited voice and representation in terms of social dialogue", their labour market restrictions and their heavy care burden (ibid: 59).

## 1.2 REPORT OVERVIEW AND METHODOLOGY >>

The purpose of this report is to present research on existing social protection policies and frameworks in South-East Asia, highlighting good practices in response to the specific needs of women and girls and identifying entry points for engagement in this area by UN Women. The report includes a consideration of the Social Protection Floor (SPF) Initiative, which aims to provide a framework to guarantee income security and access to essential social services for all, with particular attention to vulnerable groups while protecting and empowering people across the lifecycle.

Section 2 presents a brief overview of the South-East Asian context focused on key dimensions of poverty, vulnerability and gender inequality to place the country reviews in context.

Section 3 provides a regional-level overview of national social protection systems, considering the types of instruments countries have employed to date, the extent to which national social protection systems approach the standard of the globally accepted ILO Social Protection Floor, and a brief discussion of governance challenges facing the introduction of social protection in the region.

Section 4 then discusses the extent to which national social protection systems in South-East Asian countries have embedded a gender-responsive approach in design and implementation.

Sections 2 to 4 contain detailed country mapping findings presented in the Appendices in the interest of space and readability. Each country review includes a review of the gendered vulnerability context and goes on to consider the degree to which the national social protection system has reached the most vulnerable women and girls and contributed to their empowerment through social protection programmes and policies. A range of issues are considered, including coverage, the capacity of programmes to ensure equal access to services, and the extent to which programmes consider gender differences (among girls and boys, women and men) in design and/or seek to address the traditional gender roles acting as barriers to women's empowerment.

Because it was beyond the scope of the report to undertake any primary research, the analysis presented is limited to an in-depth review of programme documentation. As a result, the discussion focuses predominantly on programme design and the extent to which programmes address key gender vulnerabilities identified in each country rather than on implementation and impacts. As discussed in the recommendations (Section 6), gender vulnerabilities are obviously an important knowledge gap that UN Women could play a strategic role in filling over time.

In order to provide useful policy and practice recommendations to UN Women, including approaches to and sequencing of engagement with different political counterparts (governments, NGOs, international agencies and donors) and the fulfilment of relevant international regulatory frameworks, Section 5 presents examples of good practice from social protection programmes that incorporate a strong gender perspective into programme design in three countries: *Estancias*, the subsidised childcare programme for working mothers in Mexico; the 'Challenging the Frontiers of Poverty Reduction: Targeting the Ultra-Poor' (CFPR-TUP) programme run by BRAC in Bangladesh; and the Productive Safety Net Programme (PSNP) in Ethiopia.

Finally, Section 6 concludes with recommendations to improve existing social protection systems and schemes to assure the achievement of national targets for gender equality and women's empowerment, including identifying potential advocates or 'champions' inside and outside government in pursuit of a gender-responsive approach to social protection.

## 2. POVERTY, VULNERABILITY AND GENDER INEQUALITY IN SOUTH-EAST ASIA: AN OVERVIEW

The countries of South-East Asia are diverse (see Table 1), ranging from Timor-Leste, with a population of slightly over 1 million, to China, with a population of more than 1.3 billion. The gross domestic product (GDP) per capita ranges from \$706 in Timor-Leste to \$4,613 in Thailand (2010 figures), with most countries having reached the lower-middle income threshold of \$1,006. Poverty rates also vary widely. In China, less than 3 percent of the population lives below the national poverty line; in Cambodia, however, nearly one in three people live below the poverty line, and in Timor-Leste, it is nearly one in two people. The Multidimensional Poverty Index (MPI), which reflects factors other than income that contribute to poverty, indicates similar diversity, ranging from .006 in Thailand to .36 in Timor-Leste. Some countries have lower rates of malnutrition, such as Viet Nam (10 percent) and the Philippines (13 percent), while others have higher rates, such as Cambodia (25 percent) and Lao PDR (22 percent).

South-East Asian countries also share many similarities. For example, only Thailand does not fall in the lower half of GDP per capita rankings (in 2010, using UN figures, Thailand was ranked 95 out of 193 countries). While the region's economic output per person tends to be higher than Africa's, it remains low, with most countries ranked as low-middle income. In 2010, for example, Cambodia was ranked 162 out of 193 countries, and the Philippines was ranked 131. Although relatively positive given economic development levels, the region's human development indicators are also similar. With the exception of Myanmar (.483) and Timor-Leste (.495), all of the countries in the region fall into the category of medium human development. In comparison with 2010, the countries all showed improvement in 2011.

TABLE 1: ECONOMIC AND HUMAN DEVELOPMENT INDICATORS IN SOUTH-EAST ASIA

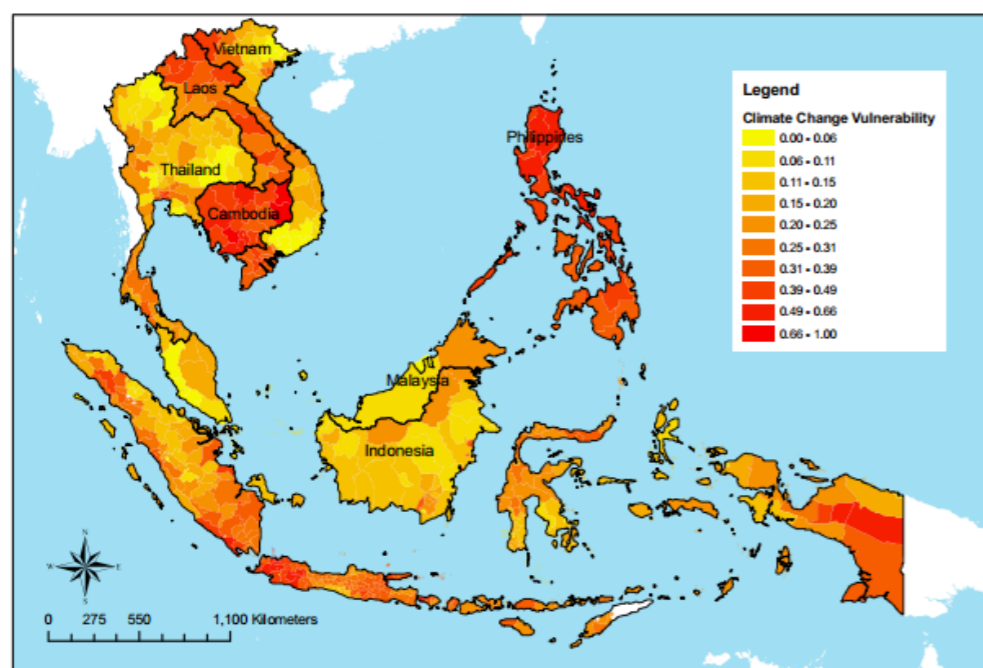
COUNTRY	POPULATION 2010 (IN MILLIONS)	2010 GDP/ CAPITA IN CONSTANT 2005\$	2010 GDP/ CAPITA (RANK)	POPULATION BELOW THE NATIONAL POVERTY LINE 2000-2009	POPULATION % IN MULTI-DIMENSIONAL POVERTY	POPULATION UNDER-NOURISHED (% 2007)	MULTI-DIMENSIONAL POVERTY INDEX (MPI) (YEAR)	HUMAN DEVELOPMENT INDEX (HDI) 2011 (RANK)	INCOME GINI CO-EFFICIENT 2000-2011
Cambodia	14.14	\$1,943	\$797 (162)	30.1	52	25	0.251(2005)	0.523 (139)	44.4
China	1,341.34	\$6,810	\$4,354 (102)	2.8	12.5	10	0.056(2003)	0.687 (101)	41.5
Indonesia	239.87	\$3,880	\$2,949 (119)	14.2	20.8	13	0.095(2007)	0.617 (124)	36.8
Lao PDR	6.2	\$2,298	\$1,048 (153)	27.6	47.2	22	0.267(2006)	0.524(138)	36.7
Myanmar	47.96	n/a	\$876 (158)		31.8		0.154(2000)	0.483 (149)	n/a
Philippines	93.26	\$3,560	\$2,140 (131)	26.5	13.4	13	0.064(2008)	0.644 (112)	44
Thailand	69.12	\$7,672	\$4,613 (95)	8.1	1.6	16	0.006(2005)	0.682 (103)	53.6
Timor-Leste	1.12	\$832	\$706 (166)	49.9	68.1	31	0.360(2009)	0.495 (147)	31.9
Viet Nam	87.85	\$2,875	\$1,183 (149)	14.5	17.7	11	0.084(2002)	0.593 (128)	37.6

Source: UNDP 2011a, UN National Accounts Main Aggregates Database 2012 (<http://unstats.un.org/unsd/snaama/selbasicFast.asp>)

Another key regional similarity is a high level of vulnerability vis-à-vis the effects of climate change. That vulnerability, which is a function of exposure, sensitivity and adaptive capacity, places much of the region at extreme risk (Yusuf and Francisco, 2009). Of the seven cities identified by Maplecroft's Climate Change Vulnerability Index (CCVI) (2013) as having the highest risk, five (Manila, Bangkok, Yangon, Jakarta and Ho Chi Minh City) are located in South-East Asia. An analysis by the Economy and Environment Program for Southeast Asia (EEPSEA) identifies the risk factors behind this vulnerability. The Philippines, for example, is "not only exposed to tropical cyclones...but also to many other climate-related hazards especially floods...and droughts". Jakarta is "highly sensitive because it is among the most densely-populated regions", and "almost all the provinces in Cambodia are vulnerable due to their low adaptive capacity" (Yusuf and Francisco, 2009: 13).

Poor people in the region are particularly vulnerable to the impacts of climate change. They have higher exposure because they are often "forced to live on the most marginal lands, fragile soils, steep slopes and flood-prone areas in both rural and urban areas because they have less access to land than others" (Nelson, 2011: 6). In rural regions, poor people are more likely to be clustered in areas suffering from land degradation caused by over-use, which contributes to flooding and erosion while reducing agricultural yields. Ad-hoc urban settlements housing an increasing proportion of the region's poor people are largely comprised of "sub-standard housing in exposed locations" (Loster and Reinhard, 2012: 83; see also Davies et al., 2009). As discussed in Box 2, the poor, and particularly poor women, are also more vulnerable to the impacts of climate change "because of the roles they are ascribed in the household or due to the nature of the livelihood options open to them" (Nelson, 2011: 6).

FIGURE 1: CLIMATE CHANGE VULNERABILITY MAP



Source: Yusuf and Francisco, 2009

## BOX 2: VULNERABILITY TO CLIMATE CHANGE AND ITS EFFECTS ON POOR WOMEN

Throughout the South-East Asian region, women and girls are responsible for collecting most of the water and fuel used by their families (Davies et al., 2009; UNDP, 2009). As these resources become depleted, the United Nations Development Programme (UNDP) reports that family livelihoods will be affected as yields drop on subsistence farms often run by women and "... responsible for 70–80 percent of household food production" (2009: 7); it also means that women will have even less time to seek other paid work.

Given that women are also the primary caregivers in the household, they also bear the brunt of escalating food prices and rates of illness brought about by climate change. For example, a recent report from the Asian Development Bank (ADB et al., 2011) states that wheat yields in the region are expected to fall by over 40 percent, and 30 percent of Viet Nam's rice-growing area may be affected by rising sea levels. Combined with flooding and other climate-related weather extremes increasing the "risk...of water-borne diseases", these changes have the potential to make it even more difficult for women to fulfil care-giving responsibilities (UNDP, 2009: 8). This becomes even more evident when a disaster strikes, with women's options for escape and survival constrained

by children's needs and capacities. Using data on 141 countries from 1981 to 2002, Neumayer and Plümper (2007) found that natural disasters lowered the life expectancy of women more than men. Furthermore, the above-mentioned effect grows stronger with increasing disaster severity. There is also a strong correlation with socio-economic status – i.e. the higher a woman's socio-economic status, the weaker the effect on the gender gap in life expectancy. Similarly, Peterson (2007, quoted in UNDP, 2010) found that women, boys and girls were more than 14 times more likely to die during a disaster than men.

Finally, the most marginalised people typically have the least adaptive capacity, thereby increasing vulnerability to climate change and its impacts. For example, poor people's livelihood options are constrained by "existing patterns of poverty and inequality" (Nelson, 2011: 7) with "limited or no access to insurance and financial services to help them recover from crises" (Pierro and Desai, 2008: 123). Gender also plays a key role in adaptation, or a lack thereof. The Food and Agriculture Organization of the United Nations (FAO), for example, notes that women have limited decision-making authority (FAO, 2007) with fewer resources to cope with shocks and less access to information (Lambrou and Piana, 2006). In Viet Nam, for example, women "are less likely to have their names on land use certificates which are required to access (larger) loans" (Nelson, 2011: 121).

## 2.1 GENDER-SPECIFIC POVERTY AND VULNERABILITIES >>

The South-East Asian countries included in this study are also highly diverse in terms of gender and human development indicators (see Table 2). For example, Gender Inequality Index (GII) rankings are all solidly mid-range, varying from .51 in Lao PDR, which ranks 107 out of 146, to .21 in China, which ranks 35 out of 146 (UNDP, 2012a; UN Data, 2011). The Social Institutions and Gender Index (SIGI) rankings are comparable, ranging from 13 out of 86 for the Philippines to 49 out of 86 for Lao PDR. China (42), Viet Nam (42) and Myanmar (44) all rank comparatively well (OECD, 2012).

Child mortality varies significantly across the region, though most countries are again mid-range. The child mortality rate among girls aged under five years ranges from a low of 11 per 1,000 live births in Thailand to a high of 56 in Myanmar; the rate among boys ranges from 13 to 69. In some countries, there is

also a serious sex imbalance at birth. With a sex ratio imbalance close to 118 – one of the highest levels ever in the country – China is "today the major contributor to the growing sex imbalances at birth" (Guilmoto, 2012: 19). Viet Nam is also offering "a threatening scenario"; although the imbalance started less than a decade ago and the problem remains modest at a national level, the sex ratio at birth has already passed 120 in the heavily urban Red River Delta (ibid).

Life expectancy data for countries in the region are similarly diverse, with China, Thailand and Viet Nam exceeding the global average of 71.8 years for women and 67.6 years for men, and Cambodia, Lao PDR, Myanmar and Timor-Leste lower than average (in Cambodia, the average man's life expectancy is a full 10 years below the global average).

This pattern is repeated with the maternal mortality ratio (MMR). While the global average stands at 210 maternal deaths per 100,000 live births, and the regional average for developing countries is 83 per 100,000, China stands out with an MMR of only 37. Viet Nam and Thailand have also been very successful at reducing maternal mortality. On the other hand, the MMR of 470 in Lao PDR is nearly six times the regional average. And in Timor-Leste, the MMR is nearly four times the average. Globally, a total of 40 countries were classed as having a high maternal mortality ratio in 2010 (defined as MMR  $\geq$ 300); only four were outside sub-Saharan Africa – Lao PDR and Timor-Leste, along with Afghanistan and Haiti (WHO et al., 2012).

Regional adult literacy rates, which were approaching 94 percent in 2010 according to the World Bank, far exceed the global average of 84 percent. Men's rates are higher than women's in most cases; in Lao PDR, the difference is quite large at 19 percent (63 percent versus 82 percent). Timor-Leste, however, has the region's lowest literacy rates: less than 60 percent of men and only 43 percent of women possess basic literacy skills.

South-East Asia also stands out globally for its labour force participation rates. While global averages are 77 percent for men and 51 percent for women, regional rates are nearly 81 percent and 65 percent, respectively. There are, however, significant differences between countries. While nearly 78 percent of women in Lao PDR work, less than half of women in the Philippines were employed in 2010. Similarly, 86 percent of Indonesian men but only 76 percent of Vietnamese men were working in 2010. It is also important to note that women are over-represented in the informal economy (more than 8 out of 10 working women are in vulnerable employment compared with more than 7 out of 10 men in Asia and the Pacific). Thus, women are likely to be excluded from contributory social insurance systems and have little or no entitlement to these kinds of social protection schemes. In many cases, women may receive some entitlements as the spouse or dependent of a male worker, but this tends to reinforce women's dependence on men, which further limits full economic participation (UNESCAP, 2011).

TABLE 2: GENDER AND HUMAN DEVELOPMENT INDICATORS

Country	Gender Inequality Index (GII) 2011 (rank)	Social Institutions and Gender Index (SIGI) 2012 (global rank)	Life expectancy at birth (years) 2009		Under-5 mortality rate (per 1,000 live births) 2011		Under-5 mortality ranking	Maternal mortality ratio (per 100,000 live births) 2010	Adult literacy rate (age 15+) 2001-2009 (%)		Labour participation rate (ages 15+) 2009 (%) (WB 2010)	
			F	M	F	M			F	M	F	M
Cambodia	0.500 (99)	0.120539 (13)	65	57	37	47	62	250	71	85	73.6 (79)	85.6 (87)
China	0.209 (35)	0.238809 (42)	76	72	14	15	115	37	91	97	67.4 (68)	79.7 (80)
Indonesia	0.505(100)	0.174232 (32)	71	66	29	34	71	220	89	95	52.0 (51)	86 (84)
Lao PDR	0.513 (107)	0.259261 (49)	64	62	39	44	63	470	63	82	77.7 (77)	78.9 (79)
Myanmar	0.492 (96)	0.240282 (44)	67	61	56	69	47	200	90	95	63.1 (75)	85.1 (82)
Philippines	0.427 (75)	0.119287 (12)	73	67	22	29	83	99	96	95	49.2 (50)	78.5 (79)
Thailand	0.382 (69)	0.14658 (25)	74	66	11	13	128	48	92	96	65.5 (64)	80.7 (80)
Timor-Leste	Nr	nr	69	64	51	57	51	300	43	59	58.9 (38)	82.8 (74)
Viet Nam	0.305 (48)	0.2387 (42)	74	70	19	25	87	59	91	95	68 (73)	76 (81)

Source: OECD, 2012; UNDP, 2012a; UNICEF, 2012a; World Bank, 2012c; WHO et al., 2012.

Gender-based violence (GBV) within households and elsewhere is another cross-cutting vulnerability experienced by women and girls in the region, but remains inadequately addressed by social protection responses. Unequal gender relations have a significant impact on how gender-based violence is perceived, with many women feeling that husbands' or partners' violent acts are justified, and perpetrators of violence regarding it as a right. Survey evidence indicates that 46 percent of Cambodian women feel that violence is justified (OECD, 2012). In Lao PDR, this figure rises to 80 percent (UNICEF, 2008). Men and women believe a woman's neglect of children to be the most justifiable reason for such violence. Equally important, shame and fear of stigma prevent many women disclosing acts of violence. Despite laws against domestic abuse, only a small minority of cases are brought to the legal and judicial system (see Box 3).

## 2.2 GROUPS OF WOMEN FACING SPECIFIC VULNERABILITIES >>

A number of groups of women in the region are particularly vulnerable, including migrant women, ethnic minority women, older women, stateless women and informal economy workers.<sup>1</sup> The situation of each group is discussed briefly below.

### BOX 3:

#### SOME KEY MANIFESTATIONS OF GENDER-BASED VIOLENCE IN SOUTH-EAST ASIA

In South-East Asia, one in five women aged 15-24 and one in six women aged 40-49 is subject to **domestic violence** from their intimate partners or husbands (WHO/SEARO, 2008). Domestic violence occurs across all social strata, thus indicating that patriarchal ideologies cut across women's social and economic status; even so, some population groups are more vulnerable than others. Violence is more prevalent among the poorest families and those with lower levels of education (ibid). There are substantial variations within the region in terms of the incidence of domestic violence and government responses. The Philippines, for example, has achieved substantial progress in advancing gender equality through laws and policies to protect women, such as the 2004 Anti-Violence against Women and their Children Act. Myanmar, on the other hand, has been less responsive, failing to implement a law criminalising domestic violence.

**Early marriage** continues to affect adolescent girls, with prevalence rates highest among poor families, those with the lowest educational attainments and those living in rural or remote areas. Indonesia (24.2 percent), Cambodia (23.3 percent), Thailand (19.6 percent) and the Philippines (14 percent) have the highest rates of young women married by the age of 18 (UNICEF, 2005).

#### 2.2.1 MIGRANTS

In South-East Asia, migration is primarily economic and increasingly feminised (UN Women, 2013; Ghosh, 2011; ILO and ADB, 2011). Whether moving internally (from rural to urban areas) or internationally (across borders), most migrants in the region are young, unmarried, uneducated and poor, using migration as "a family-based strategy for poverty alleviation" (Migrating out of Poverty, 2013; see also UN Women, 2013). While labour migrants are inherently vulnerable, cut off from social networks and often exempt from labour laws, women tend to be particularly at risk. UN Women (2013) notes, "Most women migrant workers in Southeast Asia are domestic workers", which leaves them isolated and invisible from the larger world (2013: 19). Women are more likely to be undocumented as they face "greater difficulties than men in accessing safe, low-cost and legal migration channels". They are also more likely to be working in the poorly protected informal economy and significantly more likely to be victims of trafficking (UN Women, 2013: 16; also see ILO and ADB, 2011).

The custom of early marriage is more common in rural areas and among ethnic minority communities. In Indonesia, women are also vulnerable to polygamy and dowry marriages, which are cultural practices used to reinforce unequal gender relations. China, on the other hand, suffers from a sex ratio imbalance classed as a form of GBV resulting mainly from sex-selective abortions (UNFPA, 2006).

**Human trafficking** encapsulates another form of physical and sexual violence against women and girls. Individuals are usually trafficked from rural to urban areas or to neighbouring countries. Studies conducted in the Philippines and China indicate internal rather than cross-border trafficking to be more of a problem in these countries. In the Philippines, individuals are trafficked from the rural regions of Visayas and Mindanao to the main cities (UNICEF EAPRO, 2009). Cambodia and Thailand are the main regional centres for cross-border human trafficking. Factors increasing trafficking risks across the region are economic deprivation, low education levels, unsafe migratory practices and impunity. Women and children, especially those from ethnic minorities or rural areas, are more vulnerable to labour and sexual exploitation. Women or young girls who are known to have engaged in sex work are often stigmatised by their families and communities; consequently, they also suffer from social isolation and discrimination.

1. It is important to note that stateless women are also highly vulnerable. Lacking the legal protections inherent in citizenship, stateless persons are particularly vulnerable to poverty, facing significant obstacles in accessing services. Because the majority of stateless populations are small and enshrouded by governmental tensions where data are scarce, but this is an issue that should be routinely considered in the poverty and vulnerability assessments underpinning social protection programme design.

Internal migration tends to be poorly documented and data are scarce (IOM, 2005). However, evidence suggests that “the scale of internal migration is likely to exceed international migration by far” and “there are indicators that...it will become even more important in the future” (IOM, 2005: 12). MFA and UN (2010) estimate that there are 145 million rural-to-urban migrants in China alone, 34.8 percent of whom are women. In some countries, these migration flows are heavily feminised. In Viet Nam, for instance, young women are more likely than male peers to migrate, and to do so at a younger age, primarily due to employment in the garment industry (UNFPA, 2011a; Pierre, 2012). While these jobs offer young women some formal workplace protection, they are ultimately low-paid jobs offering little opportunity for advancement (Pierre, 2012). Furthermore, many of these young garment workers are forced to sign short-term contracts offering no maternity benefits, and contracts are often terminated if the employee becomes pregnant (VGCL, 2011). Working in Lao PDR, Phouxay and Tollefsen have found similar gendered outcomes with “increased FDI [Foreign Direct Investment] in urban industries and active recruitment of women workers in rural areas” leading to “a feminisation of rural-urban migrations to factory work” (2010: 432).

In terms of international migration, UN Women notes Asia’s emergence as a hub for “labour migration through temporary foreign worker programmes (TFWPs), engaging many migrant workers in low-wage jobs” (2013: 7). In 2005, there were 13.5 million migrant workers originating from ASEAN countries; 40 percent of those were working in other ASEAN member states (ibid). Regionally, women tend to represent approximately half of all documented workers, and some countries have markedly higher rates. In 2009, for example, women accounted for nearly 85 percent of all outgoing workers from Indonesia, with 90 percent working overseas as domestics (ibid). In the Philippines, which “has become a quintessential out-migration country”, with 20 percent of its workforce deployed overseas, women make up the majority of international migrants if sea-based migration is excluded (IOM et al., 2008: 15; ADB et al., 2008). Furthermore, the “feminization of migration in Asia, especially Southeast Asia, may

not be accurately captured in migration data because women’s migration tends to be invisibilized and underreported in official statistics” (UN Women, 2013: 11).

As one of the region’s most successful economies, Thailand attracts large numbers of migrants from its immediate neighbours; the UN estimates that over 1.5 percent of its population are documented migrants (UN Women, 2013). However, given that its “migrant workforce is almost entirely derived from informal cross-border flows”, with up to 2 million undocumented workers from Myanmar alone, this estimate does not begin to capture the magnitude of in-migration (ibid: 13). Conversely, an estimated 10 percent of the population in Myanmar works overseas, almost all on an undocumented basis. And in Lao PDR, 85 percent of cross-border out-migration is informal, with women accounting for 70 percent of migrants (ibid).

In addition to the long hours, low pay and lack of protection faced by most migrants in the region, women have unique gender vulnerabilities. For example, “(t)hey are at heightened risk of violence, including sexual and gender based violence”, with domestics “especially at risk of physical and sexual abuse and harassment by traffickers, employment agencies and employers” (UN Women, 2013: 19). Furthermore, “along the Mekong sub-regional corridor and Indonesia-Malaysia border” women are highly vulnerable to human trafficking (Migrating out of Poverty, 2013). Rising numbers of women are also migrating intra-regionally for marriage, “with the typical scenario being a woman from a lower income country such as Viet Nam or the Philippines marrying a man from a higher income country/area in East Asia” (IOM et al., 2008: 164). Finally, because women tend to send more of their income home to their families, they are “all too conscious of what reduced remittances would mean...particularly (on) their ability to afford food and education for their children” (ILO and ADB, 2011: 22). This fear has driven many women who had become unemployed during the recent economic crisis to seek more vulnerable work in the informal economy (ibid).

### 2.2.2 ETHNIC MINORITIES

Ethnic minority women and girls are often particularly vulnerable. As noted by the UN, the “poorest communities in almost any region tend to be minority communities that have been targets of longstanding discrimination, violence or exclusion” (UN ECOSOC, 2006: 16). Often isolated in remote areas with poor infrastructure and limited access to social services, minority women are also excluded from full participation in social and economic life by illiteracy and linguistic barriers. The United Nations Educational, Scientific and Cultural Organization (UNESCO) reports that “(n)early two-thirds of the world’s 796 million illiterate people are women and a high proportion of these are from ethno-linguistic minority communities” (2012: 19). In Viet Nam, for example, over 65 percent of Kinh (the ethnic majority) girls attend upper secondary school, while less than 5 percent of girls from the Hmong ethnic minority group are still enrolled (Government of Viet Nam and UNFPA, 2011a). Similarly, in Lao PDR, the literacy rates of ethnic minority women are half those for women from the majority ethnic group (41 percent versus 79 percent) (CEDAW, 2008). Illiteracy and language barriers often prove a far greater constraint on women’s empowerment and gender equity than economic opportunities. For example, minority women are less likely to access government services, including healthcare. The Asian Development Bank (ADB) reports that in the Philippines, “providers faced more difficulties convincing women from ethnic minority groups to seek treatment” for their pregnancies and deliveries, in part because of “language unfamiliarity” (ADB, 2007: 23). These language barriers often result in far higher maternal mortality rates among women from ethnic minority communities (Hunt and Mesquita, 2010). Ethnic minority women are also more likely to experience sexual violence. In Myanmar, for example, rape has been used as a “means to terrorise and subjugate ethnic minorities” (Governance and Social Development Resource Centre, 2011: 7).

### 2.2.3 OLDER WOMEN

Older women are also particularly vulnerable to poverty, ill-health and over-work (Vlachantoni and Falkingham, 2012; Handayani, 2012). As HelpAge International (2004) notes, women are “less able than

men to save money and accrue assets. More of their work is concentrated in the informal economy, often at a lower wage than men, or paid in kind, not cash” (HelpAge International, 2004: 21; also see Handayani, 2012). This not only impacts women’s ability to plan and save independently for old age, but also minimises their chances of accessing pension schemes available to formal sector workers. Furthermore, the oldest members of any community are more likely to be women who “face a particularly high risk of vulnerability” (Vlachantoni and Falkingham, 2012: 122). While many women have no option but to continue working in old age, gender and increasing frailty make it difficult for older women to earn a living wage (HelpAge International, 2007).

Additionally, many older women increasingly find themselves responsible for providing primary care for grandchildren, particularly in South-East Asia where nearly three-quarters of families are inter-generational (HelpAge International, 2007) and migration of working-age adults is common. The HIV epidemic has undoubtedly played a role in this too. In Thailand, Cambodia and Viet Nam, HelpAge International found that “(o)lder women effectively become a surrogate parent if circumstances require them to provide care to a grandchild or multiple grandchildren, before or after the death of an adult child” (HelpAge International, 2007: 6). These caregiving duties not only have heavy emotional and physical costs but can involve a significant financial burden as well (ibid).

Finally, women are far more likely than men to be widowed in their senior years, partly because they live longer and partly because, in some cultures, women tend to marry men who are substantially older than they are (Vlachantoni and Falkingham, 2012). Widowhood is a highly vulnerable status, not just emotionally and socially but also financially. Women frequently lack a formal title to property and land and risk eviction from their own homes, especially if they have no children (ibid). While the majority of older people in South-East Asian countries live with family, “older women are more likely than older men to live alone, as a result of a lower likelihood of being currently married and a high likelihood of being widowed” (Vlachantoni and Falkingham, 2012: 126).

These specific vulnerabilities faced by older women are evident across the region. In Cambodia, for example, 58 percent of the older population is female and nearly 40 percent of older women are widowed as a result of the Khmer Rouge era (HelpAge International, 2007). The International Labour Organization (ILO) found these older women and children to be particularly susceptible to poverty (ILO, 2012c), with limited access to old age social provisions (HelpAge International, 2007). Kem (2011) found that nearly half of older Cambodian women were continuing to work in order to survive, despite ill-health suffered by many. Furthermore, many were caring for grandchildren who had either been orphaned or left behind when their parents migrated for work.

In China, high rates of internal migration, mostly involving young people moving to urban areas to find employment, have left the agricultural sector increasingly dependent on older women (Dong and An, 2012). Older people who are left behind – estimated to number more than 20 million – have a heavy work burden both at home, where they are often responsible for caring for grandchildren, and on the farm. These older adults are considered one of the “largest disadvantaged groups in modern China”, and have limited involvement in community decision-making (ibid). Other surveys have confirmed that four in five of the older adults left behind are still engaged in agriculture and that less than one in ten receive state support, either in cash or kind (UNDP and IPRCC, 2011; Chang et al., 2011).

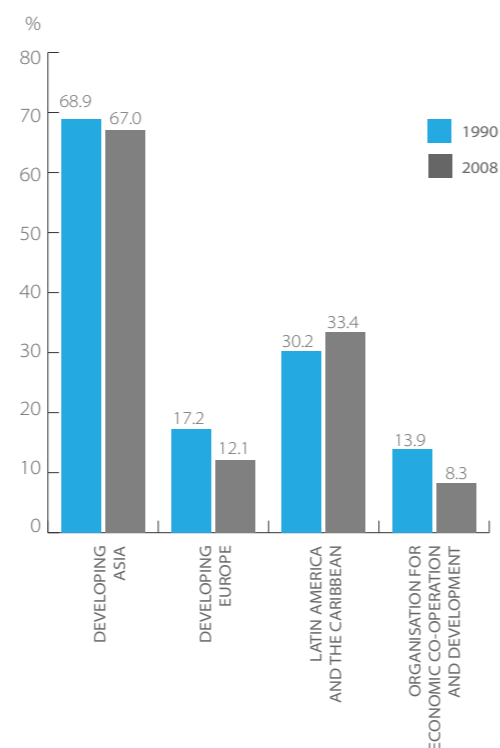
In Thailand, HelpAge International (2007) estimated the poverty rate for older people to be more than double the national average in 2007, with women being disproportionately affected because they comprised more than two-thirds of the population aged 80 and over (ibid). Women were also found to be three times more likely than men to be widowed (45 percent versus 15 percent) and lacked access to formal social security benefits (ibid: 20). In 2009, however, the Thai government introduced a social pension that older Thai women have benefited from,

although a gender-disaggregated impact evaluation has yet to be undertaken.

#### 2.2.4 INFORMAL ECONOMY WORKERS

Globally, women’s participation in paid employment is now at an unprecedented level. As the ILO notes, however, women remain “concentrated in lower quality, irregular and informal employment” (Heintz, 2006: 1, cited in Chant and Pedwell, 2008: 1).<sup>2</sup> As shown in Figure 2, Asia remains particularly dependent on informal employment, especially for women’s work (ADB, 2012). While data, and particularly sex-disaggregated data, are scarce – partly due to difficulties with consistent definitions – estimates of informal employment in South-East Asia range from a low of 40 percent in Indonesia (ILO, 2012d) to a high of 85 percent in Timor-Leste (ILO, 2008) where only one in five women even receives cash wages for her work<sup>3</sup> (NSD, 2010).

FIGURE 2: INFORMAL WORKERS IN TOTAL EMPLOYMENT, 1990 AND 2008



Source: ADB, 2012: 58

Recent research by the Asian Development Bank (ADB) suggests that these estimates are likely to be low; careful sampling in two Indonesian states found “that informal employment is an integral part of the labour market, accounting for 81.9 percent and 75.9 percent respectively of the total employment” and that female workers are “more likely to be involved in informal jobs” (ADB and BPS-Statistics Indonesia, 2011: 42).

As Chant and Pedwell (2008) note, “increasing global integration and competition has fuelled a ‘race to the bottom’ in which...women in the informal economy find that they are the ‘weakest links’ in global value chains” (ibid: 1). The economic crisis has only exacerbated women’s position. In Cambodia, for example, the crisis put “the brakes on many of the hard-won achievements in moving women out of low-productivity agriculture and into higher-productivity and formal wage employment” (ILO, 2010a: 54). In Indonesia, the ILO estimates that the recent global economic crisis is responsible for moving 2 million workers into the informal economy (2012d).

Informal workers make an enormous contribution to South-East Asian economies, accounting for an estimated 20 percent of gross domestic product (GDP) in Viet Nam, for example. However, informal workers “tend to have low and irregular incomes, long working hours and little access to opportunities for skills development”; they are also “exposed to what is known as ‘working poverty’ and...are more prone to migrate to countries characterized by poor employment outcomes” (ILO, nd). Fuelled by rapid urbanisation and the typically low levels of education of rural migrants, informal jobs such as shop assistants and peddlers often offer a very tenuous means of support for new city dwellers (ADB, 2012). On the other hand, evidence suggests that jobs in rural areas are more likely to be informal (ADB and BPS-Statistics Indonesia, 2011).



PHOTO CREDIT: World Bank

2. The concept of the informal sector introduced by the ILO more than a quarter of a century ago refers to “small-scale, self-employed activities...[that] are usually conducted without proper recognition from the authorities, and escape the attention of the administrative machinery responsible for enforcing laws and regulations” (ILO, 2000). With their “preference for working close to home” and their needs for “flexible working hours, easy entry and exit and low skill requirements”, women in South-East Asia have long been drawn to this sector, which allows them to better balance family needs in terms of time and income (ibid). In 2003, the ILO introduced the idea of ‘informal employment’, which encompasses nearly all of the informal sector but also non-agricultural workers who produce goods for consumption within their own households, as well as domestic workers and employees holding informal jobs in formal enterprises (ILO, 2012b).

3. This is compared with one in three men.



### 3. OVERVIEW OF NATIONAL SOCIAL PROTECTION SYSTEMS IN SOUTH-EAST ASIA

There is significant variation in approaches to social protection across South-East Asia (see Table 3). In general, social protection systems have been characterised by a strong reliance on family and informal support structures compared with limited government expenditures; growing willingness among governments to experiment with and scale up pilot schemes; and, in some newly democratic states, greater mobilisation of civil society, which is playing an increasingly prominent role.

Government-funded programmes and coverage expanded steadily following the Asian economic crisis of 1997-1998, especially in Indonesia and Thailand, which were among the countries worst affected by the crisis. There was a growing commitment towards the provision of reliable safety nets and

gradual moves towards expanding the universality of social insurance and publicly funded schemes (Cook, 2009). There has been further expansion of social protection schemes since the so-called Triple F (food, fuel and financial) crisis of the late 2000s, even though there is mixed evidence about their impact and currently insufficient data on which to base comparisons (Harper et al., 2012). Within the region's poorer countries, challenges in terms of real growth per capita, resource availability and institutional capacity continue to impede the breadth and impact of programming. Before looking in more detail at the extent to which a gender lens has been embedded in social protection systems in the region, a brief overview of the main types of social protection instruments used in the region is provided below in order to contextualise the discussion.

TABLE 3: OVERVIEW OF CORE SOCIAL PROTECTION INSTRUMENTS IN SOUTH-EAST ASIAN COUNTRIES

COUNTRY	NATIONAL SOCIAL PROTECTION STRATEGY	SOCIAL INSURANCE	SOCIAL HEALTH INSURANCE			SOCIAL ASSISTANCE					SOCIAL SERVICES
			Universal	Community-based (CBHI)	Health Equity Fund (HEF)	Conditional cash transfer	Subsidies	Social pension	Feeding programmes	Public works	
Cambodia	√	√		√	√	√	√		√	√	√
China	?	√	√ <sup>5</sup>				√	√ <sup>6</sup>	√	√	√
Indonesia	? <sup>7</sup>	√	√			√	√	√	√	√	√
Lao PDR	? <sup>8</sup>	√		√	√				√	√	√
Myanmar	? <sup>9</sup>	√		(√) <sup>10</sup>	(√) <sup>11</sup>				√	√	√

4. Cook (2009:17) notes that "diversification of household income sources — particularly through migration", alongside "high levels of savings and dependence on kinship networks, rather than significant accumulation of assets, appear to be the main options for improving security available to the poor".

5. More than 95 percent of the Chinese population is now covered by some form of health insurance.

6. The rural pension insurance scheme has a non-contributory component for people over 60 with all family members enrolled in the scheme.

7. Indonesia's National Medium Term Development Plan 2010-2014 (RPJM) aims to sharpen the focus on poverty alleviation through improving the coverage and quality of social protection; in particular, the anti-poverty strategy includes three clusters: household-based integrated social assistance, community empowerment-based social assistance and micro-enterprise development-based social assistance.

8. Social protection has not been adequately integrated in Lao PDR's poverty reduction strategy, nor has it been included among the 30 strategies of the Lao PDR and UN Framework for accelerating progress towards the MDGs; the latest Seventh National Socio-Economic Development Plan 2011-2015 places greater emphasis on social and health insurance and the development of a strong national social insurance system.

9. Following the first social protection conference in the country in June 2012, Myanmar is currently developing a Myanmar Social Protection System in accordance with its Rural Development and Poverty Alleviation initiative (2011-2015). In August of 2012, the new Social Security Law was enacted.

10. A pilot Community-Based Health Insurance (CBHI) scheme is going to be tested in 2012-2013.

COUNTRY	NATIONAL SOCIAL PROTECTION STRATEGY	SOCIAL INSURANCE	SOCIAL HEALTH INSURANCE	SOCIAL ASSISTANCE					SOCIAL SERVICES	
Philippines	? <sup>12</sup>	√	√		√	√	√	√	√	√
Thailand	? <sup>13</sup>	√	√				√	√		√
Timor-Leste <sup>14</sup>	? <sup>15</sup>	(√) <sup>16</sup>	√ <sup>17</sup>		√	√	√	√	√	√
Viet Nam	(√) <sup>18</sup>	√	√		(√) <sup>19</sup>	√	√	√		√

#### 3.1 OVERVIEW OF KEY SOCIAL PROTECTION INSTRUMENTS >>

Formal **social insurance schemes** can be found throughout the region (see Table 4), with Thailand providing a relatively comprehensive social insurance system covering all eight social security categories (sickness, maternity, old age, invalidity, survivors, family allowances, employment-injury and unemployment). China, Indonesia, Lao PDR, the Philippines and Viet Nam also have quite well-developed systems. In most cases, however, coverage is restricted to small populations of typically urban, higher-income civil servants and formal sector workers, often involving the regressive distribution of government welfare spending. Programmes also tend to face a significant degree of fragmentation, with different schemes covering different groups of formal sector workers (e.g. in the Philippines, there are four or five different schemes covering the public sector, the private sector, the armed forces, etc.) (ILO, 2010b).

In the case of **contributory pensions**, while such schemes exist in all the better-off countries in the region, they are often restricted to higher-income civil servants, formal sector workers, the police and the military. Given that many countries in the region have high levels of informal employment (see earlier discussion and Box 4) and a large agricultural sector, most workers are not covered by such schemes, and women are even less likely to be included than men. For example, only around 25 percent of workers in China and the Philippines are covered by contributory pension schemes, while in Indonesia and Viet Nam, the figure is less than 15 percent (Barrientos, 2007, cited in ADB, 2012; ILO, 2012).<sup>20</sup>

**Social health insurance**, however, is an area where there have been considerable advances, with the more industrialised countries all providing universal health insurance. China (over 95 percent) and Thailand (99.5 percent as of 2010) boast exceptionally high coverage (ILO, 2012a; NESDB, 2012) with evaluations finding the latter to have

11. A pilot Health Equity Fund (HEF) targeted at the poor is also going to be tested in 2012.

12. Social protection has been included as part of the social development sector in the latest Philippine Development Plan (2011-2016) by the National Economic and Development Authority (NEDA). NEDA includes a Social Development Committee (NEDA-SDC) which in turn includes the Sub-Committee on Social Protection.

13. The 11th National Economic and Social Development Plan 2012-2016 explicitly includes as its first mission 'to promote a fair society of quality so as to provide social protection and security' and promises that 'social protection will be upgraded and cover all people' as part of creating a just society.

14. The country has been investing more in social assistance programmes.

15. In Timor-Leste, a greater emphasis is placed on social security and social assistance than on social protection. The country's Strategic Development Plan 2011-2030 speaks of the social assistance framework. The Ministry of Social Solidarity responsible for social protection has its own Strategic Plan 2011-2030 under the vision to provide 'social solidarity, social protection and social justice to all in Timor-Leste'; yet the responsible authority within the ministry is the Directorate of Social Assistance, which provides social assistance to vulnerable groups.

16. The law for the establishment of a social security pension scheme was approved in 2011 and a transitional system for public sector workers at retirement age is currently being tested.

17. Health services are free in Timor-Leste, but their quality is poor and utilisation rate low.

18. In 2012, the Government of Viet Nam promulgated Resolution No. 70/NQ-CP (dated 01/11/2012) on the Government's Plan of Action for Social Protection during 2012-2020.

19. The World Bank, UNICEF and the UK Department for International Development (DFID) are currently establishing a pilot.

20. Research on the vulnerabilities of older men and women in South-East Asia suggests that, although older men are more likely to be working in old age compared to older women who are less likely to find paid work, older men have more income from a greater variety of sources than older women. Thus, the latter are more dependent on assistance from either relatives or public grants. Therefore, widowed, divorced or single older women without children are particularly vulnerable to poverty in old age (Devasahayam, 2009, cited in ADB, 2012).

prevented 88,000 households from falling below the poverty line in 2008 (UNDP, 2011b). With the exception of Timor-Leste, lower-income countries have some community-based insurance and/or a health equity fund, but out-of-pocket financing tends to predominate, resulting in large inequities in access and health outcomes (Rannan-Eliya, 2008). Both Lao PDR and Myanmar are, however, increasing efforts to significantly expand health insurance coverage: Lao PDR to more than 70 percent of the population by 2020 (Leebouapao, 2010), while Myanmar recently started testing pilot health schemes with the aim of extending coverage to approximately 75 percent of the population by 2040 (Htoo, 2012).

A number of countries, including China, Indonesia, the Philippines, Thailand and Viet Nam, have also introduced schemes to better integrate informal, migrant and rural workers into pension and health schemes. However, such initiatives have struggled with limited participation due to the absence of employer contributions, the inability of workers on irregular incomes to make regular payments into the scheme, and lack of design sensitivity towards migrant workers who are often not in one location long enough to locate relevant offices and programmes.

TABLE 4: SOCIAL SECURITY STATUTORY PROVISION IN SOUTH-EAST ASIA, 2010

COUNTRY	Statutory programme in place & number of social	Sickness	Maternity	Old age	Invalidity	Survivors	Family	Employment injury	Unemployment
Cambodia <sup>21</sup>									None
China	Semi-comprehensive/7	√	√	√	√	√	None	√	√
Indonesia	Very limited statutory provision/4	In-kind benefit	None	√	√	√	None	√	None
Lao PDR	Limited statutory provision/6	√	√	√	√	√	None	√	None
Myanmar <sup>22</sup>		√	√	Limited	Limited	Limited	None	√	None
Philippines	Limited statutory provision/6	√	√	√	√	√	None	√	None
Thailand	Comprehensive social security/8	√	√	√	√	√	√	√	√
Timor-Leste <sup>23</sup>									None
Viet Nam	Semi-comprehensive/7	√	√	√	√	√	None	√	√

Source: ILO, 2010b.

21. In Cambodia the social insurance scheme for civil servants provides retirement, invalidity and survivors' pensions with invalidity, retirement, employment injury, sickness and maternity allowances; yet it covered only 5 percent of the population in 2010. The social insurance scheme for private sector employees provides only employment-injury benefits.

22. In Myanmar, the government enacted a new Social Security Law in 2012 that provides sickness, maternity, old age, survivors', employment injury, invalidity, unemployment and housing benefits.

23. Timor-Leste is currently establishing a social insurance system, but only a transitional scheme is in place to provide pensions to public sector employees already at retirement age.

Countries in the region are implementing a range of social assistance programmes, typically school feeding programmes, food and service subsidies and public works initiatives, although the latter tend to be limited in scale and scope. Social pensions have been introduced in the better-off countries in response to the challenges of an ageing population, but are yet to be implemented in their less-developed counterparts.

Perhaps the most interesting regional trend is the introduction or expansion of major **cash transfer programmes** in response to regional crises, largely modelled on Latin American schemes. Conditional cash transfer (CCT) programmes have been set up in Cambodia, Indonesia (which runs the largest cash transfer programme in the region and one of the largest globally), the Philippines, and Timor-Leste, with a pilot CCT planned for Viet Nam, too. These programmes have had a strong emphasis on education-related conditionalities (including health), partly due to concerns about access to education and educational attainment. While universal free provision of basic education is common across most countries, access to quality services remains a serious issue, particularly in rural areas and for minority ethnic groups, migrants and girls. In the poorest countries, where large youth populations put extra strain on family budgets, the most common interventions have consisted of school feeding programmes and tuition support or scholarship arrangements typically run by non-government organisations (NGOs). More recently, however, governments have begun to experiment with unconditional and conditional cash transfer schemes to address education gaps, particularly in Cambodia, where a number of education-focused CCTs have been implemented.<sup>24</sup>

Again, there is wide variation in the range of **social services** provided in countries across the region. Such services include legal support, shelter/subsidised housing,<sup>25</sup> health and psychological care, skills and vocational training services, as well as prevention, protection and rehabilitation services to support orphans, youth in challenging circumstances, children and young people on the streets, child labourers, homeless people, people living with HIV or AIDS, people living with disabilities, and survivors of domestic violence and human trafficking. However, such programmes tend to be limited in coverage, poorly advertised and lacking in quality, and with low budgets. While there have been initiatives in parts of the region (e.g. Viet Nam) to initiate social work as a profession to strengthen such services, these remain a fledgling endeavour with much room for improvement (Jones et al., 2010a).

### 3.2 PROGRESS VIS-À-VIS THE ILO SOCIAL PROTECTION FLOOR >>

Considering progress made by countries in the region vis-à-vis the **ILO's Social Protection Floor Initiative** (see Box 4), most still have a considerable way to go in order to attain this aspiration. There are two notable exceptions, though: Thailand and, to a growing extent, China have both made remarkable strides in the past decade towards providing income security and essential services for all citizens. As shown in Table 5, using a 'traffic-light' grid where green represents good progress, yellow represents moderate progress and red represents limited progress, South-East Asian countries are performing unevenly in terms of developing a social protection floor that covers healthcare, income security for children, older people and people living with disabilities, and assistance for

24. Cambodia has implemented a number of education-related CCTs. From 2002 to 2005, the Japan Fund for Poverty Reduction (JFPR) scholarship programme was a CCT-type intervention to improve secondary education for girls and ethnic minority children as part of government efforts to increase secondary school attainment by offering several scholarships to poor children. The transfer was given to poor families on the condition that their daughters were enrolled in school, earned passing grades and were absent without 'good reason' fewer than 10 days a year. The programme's evaluation confirmed that the scholarship recipients had significantly lower socio-economic status compared to non-recipients and found the programme to have actually increased enrolment at eligible schools by approximately 30 percentage points and enrolment at other schools by approximately 22 percentage points; the evaluation also found the positive impact to be greatest among girls from the poorest households (Filmer and Schady, 2006).

A similar CCT-type education initiative is the Child Support Programme (CSP) component of the Cambodian Education Sector Support Project (CESSP) which was implemented by the Ministry of Education, Youth and Sports with financial and technical assistance from the World Bank. Targeted at students in lower secondary education across all provinces, with a particular focus on poor girls and ethnic minority children, the initiative involved the offering of a cash transfer between \$45 and \$60 three times a year to eligible households on the that children did not benefit from any other scholarship, attended school regularly and achieved good marks. An initial evaluation found school enrolment to have increased by 22 percent for boys and 20 percent for girls. There was also a reduction of 12 percent for boys and 9 percent for girls in terms of the likelihood of CSP recipients working for pay, although another evaluation found the CSP did not reach the students from the poorest households. Overall, the CSP benefited approximately 31,500 poor and disadvantaged students, 66.8 percent of whom were girls; thus it improved the gender differential among students in lower secondary education. Recipient households increased spending on girls' schooling, both for girls who were direct recipients and their sisters (Ferreira et al., 2009; World Bank, 2012a).

25. Although important components of basic security in the region, asset-based social protection in terms of land and housing, 'are not generally considered within a core set of social security or protection policies' in South-East Asia. Lack of affordable housing in many countries drives insecurity for urban poor and migrants with important knock-on effects for other social protection interventions and objectives. Affordable housing schemes are relatively rare and often compromised by corruption.

unemployed and poor people. For example, while gaps remain and coverage is often thin, China and Thailand now have programmes providing universal healthcare, education, income support and pensions. With a credible floor in place, both countries are now poised to develop vertical programming to provide higher-quality services. Indonesia and the Philippines are also moving in the right direction, with large-scale CCT programmes for the most vulnerable and health insurance programmes reaching an ever-growing proportion of the population. Similarly, Viet Nam has introduced free healthcare for poor families and all young children. Although its poverty programming tends to be geographically targeted and lack

### BOX 4: THE ILO SOCIAL PROTECTION FLOOR IN A NUTSHELL

While the globalisation of the economy over recent decades has introduced a plethora of opportunities for many people, the transformations achieved have left millions of others highly vulnerable. The recent global financial and economic crisis confirmed this and demonstrated the importance of social protection systems “as social and economic stabilizers of considerable value” (SPF Advisory Group: 41). Accordingly, in April 2009 the UN Chief Executive Board adopted the ILO proposal to launch the Social Protection Floor (SPF) Initiative as one of the nine UN joint initiatives for mitigating the effects of the crisis and accelerating the recovery process.

Based on the principles of social justice and the universal right to social security and adequate living standards, the Social Protection Floor is defined as “an integrated set of social policies designed to guarantee income security and access to essential social services for all, paying particular attention to vulnerable groups and protecting and empowering people across the life cycle” (SPF Advisory Group, 2011: 9). SPF includes the following four guarantees: all people should have access to essential health care services; all children should enjoy basic income security with access to nutrition, education, care and any other necessary goods and services; all adults of an economically active age but unable to earn sufficient income due to sickness, unemployment, maternity or disability should have access to basic income security; and all older adults should enjoy basic income security at least reaching the nationally defined poverty line.

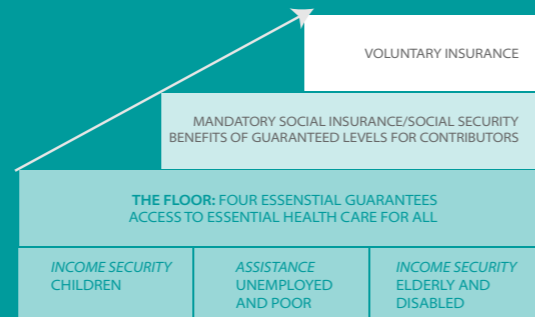
The Social Protection Floor is part of ILO’s two-pronged strategy for the extension of social security coverage (Figure 3). The horizontal dimension, which the Social Protection Floor represents, seeks to provide basic income security and healthcare to the entire population, while the vertical dimension aims at higher levels of income security and health protection.

Moreover, through the establishment of national inter-agency SPF taskforces led by governments and comprised of all relevant actors, the Social Protection Floor Initiative supports and provides guidance to countries in building sustainable social protection schemes and basic social services. These national social protection floors are nationally defined sets of basic social security guarantees that enable and empower all members of a society to access a minimum of social transfers across the life cycle. The diverse needs

preventive capacity, income is provided for many of the poorest people. Lao PDR and Myanmar, on the other hand, have not yet begun to develop a social protection floor, while Cambodia and Timor-Leste also remain at a very nascent stage, even though Cambodia’s National Social Protection Strategy (NSPS) for the Poor and Vulnerable is regarded as a good practice example in terms of design. While these countries have incorporated long-term goals for social protection into some policies and plans, existing programmes tend to be almost entirely donor-funded, with very limited coverage and quality.

and capacities of different countries are recognised at the outset, as is the need for flexibility for each country to implement separate floors and develop vertical extensions reflecting their unique fiscal and policy spaces (SPF Advisory Group, 2011).

FIGURE 3: ILO’S SOCIAL SECURITY STAIRCASE



Source: ILO, 2010d

In addition to “reducing poverty, containing inequality and sustaining equitable economic growth”, a social protection floor can also “lead to greater empowerment and autonomy for women” (ibid: xxiv) as it includes a set of policies aimed at enhancing men’s and women’s capabilities in addition to enhancing employability, notably by providing social transfers (in cash and in kind) to support women’s participation in the labour market. Evidence suggests that women are likely to see improvements in both social status and capacity for economic independence as they gain access to secure incomes and the types of social services provided by the floor, particularly concerning childcare support, skills development and employment counselling. Because women are “disproportionately represented among the poor, and the chronic and extreme poor”, they are more likely to benefit from income security schemes. Nevertheless, the “rights-based approach of the social protection floor plays a further key role in enabling women to participate in the labour market” by ensuring that women are better able to combine paid employment with the domestic responsibilities society traditionally allocates to them (ibid: 58). Finally, the SPF provides a framework for promoting the implementation of a comprehensive maternity protection package for all, including those working in the informal economy, which encompasses compensation benefits, access to child and maternity healthcare, and childcare support among other measures.

TABLE 5: ASSESSMENT OF PROGRESS MADE BY SOUTH-EAST ASIAN COUNTRIES IN ACHIEVING THE FOUR PILLARS OF THE ILO SOCIAL PROTECTION FLOOR

Country	Healthcare for all	Income security for children	Income security for the working age population	Income security for older people and people with disabilities
Cambodia	<ul style="list-style-type: none"> <li>While the Constitution guarantees the health of all Cambodians and progress has been made in recent years towards healthcare provision, largely through Health Equity Funds for the poor and Community-Based Health Initiatives for the near poor, out-of-pocket costs remain high and coverage is limited. To improve access to health and build a coherent health system, the country is planning the introduction of a universal health insurance scheme.</li> </ul>	<ul style="list-style-type: none"> <li>Although the Constitution gives ‘full consideration to children’, there is no real provision for children’s income security. A variety of schemes provide scholarships and several school feeding programmes to encourage attendance, but these largely depend on external funding.</li> </ul>	<ul style="list-style-type: none"> <li>Civil servants and formal employees have coverage against the risk of employment injury and occupational disease. The newly adopted National Social Protection Strategy for the Poor and Vulnerable (2011–2015) aims to provide comprehensive social protection for all.</li> </ul>	<ul style="list-style-type: none"> <li>Social security schemes are largely limited to civil servants and workers at larger private firms. Thus, coverage is low. Civil servants receive retirement benefits under separate social insurance funds. The National Social Security Fund for formal private sector employees currently provides only employment injury benefits, but there are plans for the provision of retirement pensions in the near future. Informal workers do not yet have any old-age protection.</li> </ul>
China	<ul style="list-style-type: none"> <li>With the advent of recent legislation, more than 95 percent of the population have access to health coverage. Annual premiums are as low as \$1.50, but out-of-pocket costs remain high; furthermore, due to high drug prices and limited reimbursement, households in both urban and rural areas are often unable to afford vital medication. The majority of migrant workers and their families also remain excluded from healthcare services</li> </ul>	<ul style="list-style-type: none"> <li>Children are guaranteed free education through ninth grade and poor families have access to education support. However, implementation varies across the country. Recognising this, the government is developing a new integrated child welfare system, which is currently being piloted in 120 villages</li> </ul>	<ul style="list-style-type: none"> <li>Two non-contributory income-guarantee schemes for urban and rural citizens, respectively, provide universal coverage up to the poverty line. Nearly 5 percent of the population depends on one scheme or the other. Funded by a mixture of local and central revenues, implementation remains variable. Excluded, however, are migrants who are also largely excluded from social insurance schemes. The income support allowance provided is kept low; yet the package also includes generous medical, education and housing support that discourage beneficiaries from exiting the schemes.</li> </ul>	<ul style="list-style-type: none"> <li>Since the introduction of the rural pension scheme in 2009, pension coverage has increased significantly; the scheme also includes a component financed entirely by the government. The Social Security Law implemented in 2011 aims to improve old-age protection for migrant workers by enabling portability of pension benefits.</li> </ul>
Indonesia	<ul style="list-style-type: none"> <li>With the enactment of the 2004 National Social Security System Law and the 2011 Social Security Providers Law, the government committed to achieve universal health coverage by 2019. Apart from health insurance schemes for civil servants and formal employees, Jampesdas at the central level and Jamkesmas at the provincial and district levels provide tax-funded coverage for the poor and the near poor by reaching more than a third of the population. A pilot programme also offers voluntary coverage to informal workers. Moreover, Jampersal provides universal coverage for maternity care. However, over 40 percent of all Indonesians still lack health coverage.</li> </ul>	<ul style="list-style-type: none"> <li>A variety of programmes are aimed at children. For example, the Hopeful Family Programme (PKH) is a CCT targeting very poor families in some provinces. BOS provides block grants to ensure that all children have access to free education through the ninth grade. Poor students can also benefit from government subsidies provided from primary to university levels. PKSA provides cash transfers to children with social problems. There is, however, no universal programming aimed at providing income support for families with children.</li> </ul>	<ul style="list-style-type: none"> <li>Jamsostek provides employment injury insurance for all formal private sector employees and fully paid by employers. Employers are also obliged to pay full salary to sick employees and three months maternity leave. The Askesos programme for informal workers provides a lump sum and periodic payments in case of employment injury and disability, and a grant in case of sickness. Another pilot programme for informal workers also includes occupational injury benefits. However, the majority of Indonesian workers are currently without social insurance benefits. The National Medium Term Development Plan intends to target poverty alleviation, but the long-standing rice subsidy programme, Raskin, suffers significant leakage. The National Programme for Community Empowerment (PNPM) focuses on developing infrastructure and improving health and education indicators rather than explicitly reducing poverty.</li> </ul>	<ul style="list-style-type: none"> <li>While the 2004 National Social Security Law aims to provide social security to all, only 13 percent of workers, mostly in the formal sector, have access to retirement pensions. Uptake for informal workers under the pilot extension of Jamsostek has remained low due to the funding requirement for 100 percent worker contribution on a voluntary basis. The JSLU monthly cash transfer offered to vulnerable elderly and the JSPACA cash assistance to the disabled have limited funding and very low coverage.</li> </ul>

Country	Healthcare for all	Income security for children	Income security for the working age population	Income security for older people and people with disabilities
Lao PDR	<ul style="list-style-type: none"> <li>Most citizens lack health coverage. While the national social health protection framework calls for mandatory insurance for the formal sector, community-based health insurance for rural residents and the self-employed, and health equity funds for the poor, coverage rates are low (less than 25 percent, 1.5 percent and 2 percent among those groups respectively). The country is currently taking steps to expand social health protection for all and create a National Health Insurance Fund which will be composed of existing schemes and cover all Lao citizens and residents by 2020.</li> </ul>	<ul style="list-style-type: none"> <li>Outside of school feeding programmes and a pilot nutrition-based CCT, Lao PDR has few programmes aimed at protecting children.</li> </ul>	<ul style="list-style-type: none"> <li>Public and formal sector employees are covered for old-age, survivors' employment injury, invalidity, sickness, maternity and healthcare. As the current social insurance system almost exclusively targets formal workers, it covers only 6 percent of the population. In addition, the few existing social assistance programmes, which are mostly food-for-work schemes, are donor-run and very limited in scope.</li> </ul>	<ul style="list-style-type: none"> <li>Apart from retirement benefits for public and formal employees, there is no protection for informal economy workers and vulnerable older people.</li> </ul>
Myanmar	<ul style="list-style-type: none"> <li>Myanmar's health coverage is extremely low with healthcare provided to insured workers. However, the government has set a target of 75 percent for 2040. In August 2012, the government enacted the new Social Security Law which covers healthcare, including maternity care.</li> </ul>	<ul style="list-style-type: none"> <li>Few programmes target children. These include a small cash transfer programme for large families and a scholarship fund for poor children. Children are explicitly recognised as a vulnerable group under the Rural Development and Poverty Alleviation initiative. Child protection is also addressed by the 2012 Social Security Law.</li> </ul>	<ul style="list-style-type: none"> <li>Myanmar's social protection system is fragmented, underfunded, inefficient and inequitable. However, the new Social Security Law seeks to address poverty and vulnerability in the coming years through the provision of benefits for healthcare, sickness, maternity, employment injury, invalidity, old-age, survivors', unemployment and housing.</li> </ul>	<ul style="list-style-type: none"> <li>A pension scheme is available for some formal sector workers (approximately 1 percent of the population). The programme is being extended to cover informal workers under the new Social Security Law.</li> </ul>
Philippines	<ul style="list-style-type: none"> <li>PhilHealth covers the majority of Filipinos. However, because benefits are low and informal workers must pay the full enrolment fee, only formal workers are adequately covered. As of 2011, PhilHealth was estimated to be reaching 82 percent of the population. This has probably increased subsequently due to a change in policy, which granted free healthcare to 4Ps beneficiaries rather than merely covering enrolment costs for health insurance.</li> </ul>	<ul style="list-style-type: none"> <li>There are a variety of programmes targeting children from poor families, including 4Ps. Enrolment in the programme passed 3 million in 2012 and is estimated to represent nearly three-quarters of the eligible population. Filipino children, who are offered free schooling up to high school, also have access to the Food for School programme.</li> </ul>	<ul style="list-style-type: none"> <li>Benefits provided under the Social Security System (SSS) include old-age, funeral, survivors', invalidity, sickness and maternity benefits. The SSS offers compulsory coverage for formal private sector employees and voluntary coverage for informal workers, but with limited impact among the latter. The Filipino government admits that the current social protection system is fragmented, under-funded and poorly targeted. Examples of other programmes for vulnerable population groups include a rice subsidy programme and public work programmes providing work to poor and unemployed people for the construction of necessary community assets.</li> </ul>	<ul style="list-style-type: none"> <li>The social insurance scheme largely covers formal sector workers. Attempts to integrate informal workers have been stymied by the relatively high cost of monthly contributions in which those on irregular incomes struggle to pay. There is, however, a pension available for older indigent citizens.</li> </ul>
Thailand	<ul style="list-style-type: none"> <li>Thailand has achieved universal health coverage: 75 percent of the population is covered by the Universal Coverage (UC) scheme, which is financed by general tax revenues; another 22 percent is covered by other schemes. Coverage is comprehensive and includes maternity care. However, while registered migrants are legally covered by the scheme, employers often fail to disclose, thereby leaving some without access.</li> </ul>	<ul style="list-style-type: none"> <li>Children are guaranteed 15-year free education. Moreover, 20 percent of children receive a 400-baht monthly allowance because parents are covered by the social insurance scheme. Children of informal workers do not have access to this grant, but do receive free education with access to a number of in-kind benefits, such as food and bicycles.</li> </ul>	<ul style="list-style-type: none"> <li>Thailand aims to provide a full social protection floor for all by 2017. Although formal workers receive higher level benefits (old-age, death, employment injury, invalidity, unemployment, sickness, maternity and child allowance), the government has made significant efforts to extend coverage to informal workers through voluntary social insurance schemes offering sickness, death, invalidity and old-age benefits; regardless, coverage remains low. Migrant workers are particularly disadvantaged, due to lack of portability and incompatibility among several laws, they cannot effectively access unemployment or invalidity insurance. However, poor people have access to several social assistance schemes providing regular cash transfers.</li> </ul>	<ul style="list-style-type: none"> <li>The 500 baht Universal Pension Scheme provides a pension to all older people over 60 years, who are not covered by other schemes and reaches around 77.5 percent of the elderly population. Monthly cash assistance is also provided for disabled people.</li> </ul>

Country	Healthcare for all	Income security for children	Income security for the working age population	Income security for older people and people with disabilities
Timor-Leste	<ul style="list-style-type: none"> <li>Health services, including maternity care, are free to all Timor-Leste citizens, but quality is poor and utilisation rates are low. The distance to medical centres, no transportation, inadequate medical staff and use of traditional health practitioners have also been identified as contributing factors. The government is currently focused on expanding health coverage with mobile health facilities and a community-based approach.</li> </ul>	<ul style="list-style-type: none"> <li>Few programmes are aimed at children. Exceptions include the <i>Balsa da Mae</i> programme, a small CCT programme targeting poor female-headed households with young children and various school feeding schemes.</li> </ul>	<ul style="list-style-type: none"> <li>Since 2010, a Transitional Social Security Scheme has been implemented for civil servants already at retirement age. This scheme is going to be replaced by a universal contributory social insurance system by 2016. Poor Timorese citizens have access to a variety of small-scale social protection schemes. These include a pilot CCT focused on asset building, subsidised rice and food-for-work programmes in food-insecure communities.</li> </ul>	<ul style="list-style-type: none"> <li>All Timorese citizens over the age of 60 or otherwise unable to work are entitled to \$30 a month. A universal contributory social security system, including old-age benefits, is on track to be put in place by 2016.</li> </ul>
Viet Nam	<ul style="list-style-type: none"> <li>Health insurance consists of mandatory (for public and formal employees), fully subsidised (for the poor, children under six, ethnic minorities, the elderly and recipients of social assistance), partially subsidised (for the near poor, students and schoolchildren) and voluntary (for the rest) schemes. Regardless, approximately 40 percent of the population has no health coverage, out-of-pocket costs remain high and the quality of health services in mountainous and remote areas remains low. Nevertheless, the government aims to achieve full population coverage by 2014.</li> </ul>	<ul style="list-style-type: none"> <li>While there is no universal child allowance, the government provides free education and subsidised or affordable healthcare for children. Furthermore, Decree 67 provides cash transfers to orphans and poor single parents. Despite this programming, however, the rates of child under-nutrition and micronutrient deficiency are among the highest in the world, particularly for ethnic minority children. Moreover, children of temporary migrants often have little or no access to education.</li> </ul>	<ul style="list-style-type: none"> <li>Formal employees are covered by compulsory social insurance offering old-age, survivors', sickness, maternity, employment injury and invalidity benefits. Informal workers can access old-age and survivors' benefits on a voluntary basis. However, only approximately 18 percent of the working population is covered. Unemployment insurance coverage is also low at 10 percent of the labour force. In addition, there is a number of scattered and insufficiently funded social assistance programmes, but coverage is very limited at estimates of less than 1.5 percent of the total population.</li> </ul>	<ul style="list-style-type: none"> <li>In addition to compulsory social security for formal workers, a voluntary retirement scheme was also introduced under the 2006 Social Insurance Law. Furthermore, Decree 67 provides a small cash transfer to older people and disabled people without other means of support. Although the transfer is meagre at two-thirds of the nationally defined poverty line and eligibility is limited to only people above 80 years, as much as 30 percent of Vietnamese over 80 are currently covered by neither social insurance nor social pension.</li> </ul>

Note: This table is intended for illustrative purposes only. Green = good progress; yellow = moderate progress; red = limited progress.

Source: <http://www.ilo.org/gimi/gess/ShowCountryProfiles.do?ctx=0>.

### 3.3 GOVERNANCE CHALLENGES >>

Finally, several overriding governance challenges constrain existing social protection systems and policies in South-East Asian countries. According to UNESCAP (2011: 45), social protection systems in the region “are typically fragmented and administratively burdensome”, with few countries boasting a formal national social protection strategy to guide programme choices and exploit potential synergies. These challenges are particularly acute in poorer countries, which rely heavily on networks of NGO-run programmes with limited coverage.

Elsewhere, community-based initiatives are poorly integrated with larger government schemes, which suffer from weak targeting mechanisms and limited coverage. In Indonesia, for instance, poor coordination between government agencies and private insurers tasked with delivering social security programming has led to four separate social insurance funds. In China, Cook (2009) noted that 17 different government agencies were tasked with social protection programming and often competed with one another for resources (ibid).

Major gaps in the provision of social protection persist with regard to ethnic minorities (especially in the Mekong sub-region and Western China), people involved in cross-border migration and trafficking, internal migrants, and people living with HIV or AIDS. Some progress has been made, notably in integrating migrants into mainstream social protection programmes in China and Viet Nam, and providing HIV and AIDS education to migrant communities in Thailand. Overall, however, much remains to be done to extend social protection to these vulnerable groups.

The different governance contexts also play a role in shaping the diversity of social protection programming across the region. For instance, in newly democratised countries such as Thailand, elections have proved an important catalyst for the introduction or expansion of social protection policies (specifically, the Universal Coverage Scheme). Conversely, in autocratic, single-party states such as China, government fears of social instability arising from disgruntled marginalised populations or groups who face losing benefits have created a similar impetus for expanded social protection initiatives. And countries emerging from conflict, such as Cambodia and Lao PDR, face particular challenges in implementing social protection due to weak governance structures and capacity (Cook, 2009).



PHOTO CREDIT: UN WOMEN

## 4. GENDER-RESPONSIVE SOCIAL PROTECTION: A REGIONAL OVERVIEW

Having reviewed the general characteristics of national social protection systems in the region, this section of the report discusses the extent to which national governments have embedded a gender-sensitive approach. To facilitate the analysis, a summary table is presented below describing the extent to which flagship social assistance systems and programmes in the region take gender into account at strategy development, programme design, monitoring and evaluation levels. As previously noted, this analysis is necessarily limited by widespread data gaps on social protection programming and, in particular, gender-related information and evaluations. Hence, the table is intended for illustrative purposes only. Notably, of course, it is very challenging to generalise across a wide variety of instruments in each country. As a result, this assessment is largely based on national flagship programmes for which more information and evaluation evidence are available. Also of note is the fact that implementation dimensions are not included in the summary table because the evidence base is too weak and fragmented to make an assessment, even for illustrative purposes. The narrative, however, does include a brief discussion of implementation strengths and weaknesses.

In general, the mapping indicates some attention (although often quite limited) to tackling gender

inequalities and promoting women’s empowerment within the objectives of national social protection strategies and programmes, but considerably weaker gendered vulnerability analyses to underpin these policy goals. At the design level, there is a relatively good track record vis-à-vis commitment to equal inclusion of men and women in programmes. As discussed in more detail below, however, this is often not the case for specific groups of vulnerable women, especially migrants, stateless women and informal economy workers.

Despite these positive elements, there has been very limited attention given to gender dimensions beyond targeting at the design, monitoring and evaluation stages. Moreover, where women are explicitly targeted, it is primarily in relation to their role as mothers and conduits of child development and protection, rather than aiming to achieve broader empowerment objectives (see discussion of Table 7 on conditional cash transfers, below). The primary exception to this trend is the 4Ps (*Pantawid Pamilyang Pilipino Program*) in the Philippines; through its linkages to complementary and well-established community infrastructure and income-generating projects as part of a so-called ‘convergence strategy’, it aims to promote broader empowerment for women and potential exit strategies from poverty and reliance on social assistance (NEDA, 2011).

TABLE 6: OVERVIEW OF GENDER-RESPONSIVE SOCIAL ASSISTANCE PROGRAMMES IN SOUTH-EAST ASIAN COUNTRIES

Country	National social protection strategy		Social protection programme design		Social protection programme M&E	
	Gender-responsive objectives	Gendered vulnerability analysis	Commitment to equal inclusion of men and women in programmes, including recognition of especially vulnerable groups of women	Linkages to complementary programmes and services	Sex-disaggregated impact indicators	Women's participation in related social audits/ community meetings/ grievance mechanisms
Cambodia						
China						
Indonesia						
Lao PDR						
Myanmar						
Philippines						
Thailand						
Timor-Leste						
Viet Nam						

KEY: traffic light system – gray = weak; red = limited attention; yellow = some but not comprehensive gender-sensitivity; green = gender-sensitive.

TABLE 7: MAIN CONDITIONAL CASH TRANSFER (CCT) PROGRAMMES WITH GENDER CONSIDERATIONS IN SOUTH-EAST ASIA

Programme/ Country/ objectives	Start date	Institution responsible and partners	Expenditure	Target population	Conditionalities and benefits provided	Impact
INDONESIA: <i>Program Keluarga Harapan</i> (PKH) (Hopeful Family Programme)  PKH is linked to the MDGs and was modelled on Latin American CCTs.  Objectives are to improve education, health and nutrition of recipients, access to quality services, and living standards.	2007	Ministry of Social Affairs (Kemensos), World Bank, while ILO/ IPEC (International Programme on the Elimination of Child Labour) was also involved in its second phase, with the aim of tackling child labour.	In 2010, 1,123 billion rupiahs (Rp) (\$143 million); PKH spending is increasing and in 2010 accounted for almost a third of Kemensos expenditures while accounting for less than 5 percent of the total social assistance budget.	Chronically poor households that meet at least one of the following conditions: having a child aged 0-6 years; having a child aged 6-15; having a child under 18 who has not completed primary education; or having a pregnant/lactating mother.  The cash transfer is provided to the mother or another adult woman in the household to improve the likelihood it will be used to meet family needs.  The programme started in seven provinces in 2007, expanding to 18 provinces by late 2011, reaching more than 800,000 households and aiming to reach 5.2 million by 2015.	A quarterly cash transfer between 600,000 rupiahs and 2 million rupiahs (12,000 rupiahs = \$1 in 2007), depending on the number of children and the presence of a pregnant woman in the household based on a number of conditions.  The conditions related to children include the following: *complete immunisation of children under 6 *growth monitoring for all children under 6 *enrolment of all children aged 6-12 in primary school. *enrolment of all children aged 13-15 in junior secondary school with minimum attendance rate of 85 percent  Conditions related to pregnant women beneficiaries include the following: *four prenatal care visits *use of iron tablets *delivery assisted by trained health professionals *two postnatal care visits  Beneficiaries can participate for a maximum of six years.	<b>GENERAL:</b> A recent World Bank report (2012b) found the PKH to have increased income for very poor households, improved nutrition, increased the use of healthcare facilities and increased the number of hours children spent at school; regardless, the programme has not increased school enrolment rates for the very poor and has not led to a significant decline in child labour. Verification and conditionality-monitoring processes have only very recently been established in all 18 provinces; although trained facilitators have been important in the programme's success, they have not been active to the same degree everywhere.  Initial implementation, however, was characterised by targeting errors and concerns over the transparency of the selection process and lack of coordination among implementing agencies. At provincial and local levels, implementation has been undermined by poorly defined financial arrangements, ad hoc and weak monitoring of adherence to conditionalities, lack of needs assessments, insufficient information management, and inadequate training of field-level facilitators.  <b>GENDER IMPACTS:</b> Although not explicitly included in its objectives, PKH was expected to improve the position of women within the household and intra-household gender relations, but qualitative studies have found no such effect: women used the transfer to help meet household needs, which was the traditional area of responsibility; women continue to be responsible for children's health and education, but have been unable to increase access to and control over household resources; bargaining power has not increased, nor has the traditional gender division of labour changed; the transfer has enabled women to meet daily food needs, pay off some debts and help other family members (especially older children); some women even reported using the transfer to buy livestock or make home improvements.  Despite being the cash recipients, women have not been able to use the money as desired; rather, they are restricted by the programme's conditionality and traditional roles in managing household daily expenses; in some cases, programme facilitators have also played a pivotal role in encouraging or even 'compelling' recipients to allocate a share of the transfer to asset accumulation or asset-generating activities; it has thus been suggested that PKH should be linked to other programmes aiming to improve women's economic participation; the programme should also involve husbands, given existing intra-household gender relations and men's traditional primary role in decision-making.  No evidence emerged of any conflict between men and women. In theory, however, the channelling of the transfer to the wife might be perceived as challenging the husband's dominant position in the household; as the transfer was used for household needs and improvements in children's education and health (traditionally areas for which women are responsible) the programme does not seem to have had any impact on gender relations because it has been integrated into the existing gender order of things.

Programme/Country/objectives	Start date	Institution responsible and partners	Expenditure	Target population	Conditionalities and benefits provided	Impact
<p><b>PHILIPPINES: Pantawid Pamilyang Pilipino Program (4Ps)</b> (Building Bridges for the Filipino Family Programme)</p> <p>4Ps is the government's first CCT. It aims to smooth consumption, improve human capital and break intergenerational poverty: it is closely linked to the MDGs.</p> <p>Women are explicitly recognised as a key target group who could benefit directly in terms of improved maternal health and girls' education, but also indirectly by receiving the transfer and increasing bargaining power within the household, improving knowledge and skills through the family development sessions (FDS), increasing confidence and participation in public life, increasing involvement in women's groups and the voice of women, and promoting savings and investment in productive activities.</p>	2008	Department of Social Welfare and Development (DSWD), Department of Health and Department of Education, along with the World Bank and Asian Development Bank (ADB). ADB provided assistance to strengthen 4Ps gender equality outcomes, including gender audits.	39 billion Philippine pesos (Php) (\$913 million) in 2012, accounting for a significant share of the social protection budget. 4Ps and the National Food Authority (NFA) rice subsidy programme together accounted for 0.5 of the GDP and 67 percent of the social protection budget in 2011.	<p>Poor households in the poorest municipalities of the poorest provinces who have a pregnant woman or at least one child aged 0-14. The transfers are provided to the person responsible for the household, usually the mother.</p> <p>4Ps has become the largest social assistance programme in the country; in 2009, it reached 12.4 percent of poor households, with 71 percent of beneficiaries in the poorest 20 percent, who captured 74 percent of all benefits; it also reached 29 percent of the non-poor. 4Ps has been growing. From 360,000 households initially, it aims to reach 4.3 million by 2016. As of July 2012, there were more than 3 million household beneficiaries, including indigenous households.</p>	<p>A monthly health grant of 500 Philippine pesos (\$12) per household and an education grant of 300 Philippine pesos (\$7) for each child aged 6-14 years up to a maximum of three children for 10 months; overall monthly cash transfers between 500 Philippine pesos and 1,400 Philippine pesos (\$32) per household, depending on the number of eligible children.</p> <p>In order to receive the transfers, children aged 0-5 must use health services; children aged 6-14 must take de-worming pills; pregnant women must have at least one prenatal consultation each trimester and deliver with the assistance of skilled personnel; households must attend family development sessions (FDS); children aged 3-5 must be enrolled in day care or preschool with at least 85 percent attendance per month; and children aged 6-14 must be enrolled in school, again with at least 85 percent attendance per month.</p>	<p><b>GENERAL:</b> Quantitative studies found 4Ps to have improved school enrolment of children aged 9-12. DSWD is now linking the 4Ps with its two other major programmes: the KALAHI-CIDSS (<i>Kapit-Bisig Laban sa Kahirapan</i> – Comprehensive Integrated Delivery of Social Service), projects creating assets decided upon by the community; and the Sustainable Livelihood Program (SLP), which helps beneficiaries to start income-generating projects; this 'convergence strategy' is a DSWD innovation designed to enhance the programme's effectiveness and enable beneficiaries to graduate out, which makes the programme globally unique.</p> <p><b>GENDER IMPACTS:</b> Women seem to be actively involved and benefit from the programme, but there has been no gender-specific evaluation to date.</p>
<p><b>TIMOR-LESTE: Bolsa da Mãe CCT Programme</b> (Mother's Allowance Programme)</p>	2008	Ministry of Social Solidarity (MSS), UNDP and World Bank	<p>Granted \$876,153 in 2009, the programme receives only 2 percent of the total social protection budget.</p> <p>An MSS team visited Brazil to learn about the Bolsa Familia scheme and how their own scheme could be improved. A single social registry is being established for better identification of vulnerable households with funding from the World Bank. Although the programme is expanding, it only covers a small share of the total social protection budget and offers the least benefits of all programmes in the country.</p>	<p>Poor female-headed households with young children.</p> <p>The number of beneficiaries has increased from 9,739 in 2009 to approximately 15,000 in 2011.</p>	<p>A monthly cash transfer conditional on children attending school and health clinics in order to help women cope with hardships and be less vulnerable to poverty and exploitation.</p>	<p>No systematic assessment is available to date.</p>

Sources: ADB (nd); Arif et al., 2010; Chaudhury and Okamura, 2012; DSWD, 2012; Fernandez and Velarde, 2012; UNDP, 2012a; UNHRC, 2012; WB, 2012.

## 4.1 CROSS-CUTTING CHALLENGES >>

### 4.1.1 GENDER-SENSITIVE VULNERABILITY ASSESSMENTS

An important cross-cutting area of weakness that merits highlighting is the dearth of in-depth **gender-sensitive vulnerability assessments** underpinning social protection programmes, in turn spilling over into weak gender-responsive programme designs and M&E practices. In particular, the country mapping findings highlight a number of significant programming gaps in terms of tackling vulnerabilities experienced by specific groups of women. These include informal economy workers (particularly

domestic workers) (see Box 5); cross-border and internal migrants (see Box 6); older women (especially given rapidly ageing populations in the region, combined with women's longer average life expectancy; see Box 7); female-headed households, which are disproportionately vulnerable in some countries (such as Cambodia and Timor-Leste, but not in Viet Nam); and women of reproductive age, especially adolescent girls, who often lack access to adequate reproductive and maternal health services. In the Philippines, for example, it is very difficult for women and girls to access contraception and abortion services in public medical centres due to the influence of the Catholic Church.

### BOX 5: WOMEN, THE INFORMAL SECTOR AND BARRIERS TO ACCESSING SOCIAL PROTECTION

In addition to being poorly paid and particularly vulnerable to unemployment and under-employment, informal workers rarely have access to social protection programmes. Health insurance and benefits such as maternity leave, disability care and retirement pensions are most often out of their reach (Batangan and Batangan, 2007). In the Philippines, for example, informal workers frequently struggle just to send their children to school and "have to rely on their meager savings or have to borrow money for medical treatment" if they get sick (ibid: 6). In Viet Nam, the ILO estimates approximately 82 percent of the labour force to have "no social insurance" (ILO, nd). Even in Thailand, which is "spending greater efforts to improve safety, health and working conditions of informal economy workers..." (Siriruttanapruk et al., 2009: iii), "(w)orkers in the informal economy are often unable to access occupational health services" (ibid: 5). In China, however, the ILO notes remarkable progress in the expansion of social protection, including vis-à-vis the "vast informal sector in both urban and rural areas, a large proportion of which include poor and low-income families" (ibid).

Domestic workers are among the most vulnerable of those employed in the informal economy. The ILO (2013a) reports that "(m)ore than 21 million people across Asia and the Pacific – 80 percent of them women – are employed as domestic workers". Notably, this figure does not include girls under the age of 15, who are not only particularly vulnerable but also a popular source of labour. Many Asian domestic workers are from other countries, with poor labourers from Myanmar, Indo-nesia, Lao PDR and Cambodia moving to richer countries such as Thailand and Malaysia to enter domestic service (ILO, 2013b). In South-East Asia, Indonesia is home to the largest number of domestic workers, with 2.5 million, representing almost 4.5 percent of all employed women (ILO, 2013a; 2013b). In the Philippines, where nearly 85 percent of the 2 million domestic workers are women, long hours, non-payment, confinement, physical violence and sexual abuse are common (ADB et al., 2008; ILO, 2013a). Given that 11.5 percent of all employed Filipino women are domestic workers, the magnitude of these issues cannot be overstated (ILO, 2013b).

## BOX 6: MIGRANT WOMEN AND BARRIERS TO SOCIAL PROTECTION

Migrant women often face particularly significant and overlapping vulnerabilities but they tend to be neglected in social protection interventions. Typically denied longer-term protection such as access to old age pensions by both home and destination countries, migrant women often have little access to shorter-term protection such as healthcare, including maternity care, which is crucial (ASEAN, 2011; Center for Education Promotion and Empowerment for Women et al., 2006). Furthermore, because women migrants are particularly likely to lack formal identity documents and, therefore, be confined to the informal economy, they tend to lack access not only to social protection programming but also to legal protections guarding against labour and human rights abuses (UN Women, 2013). Finally, while ASEAN's Declaration on the Protection & Promotion of the Rights of Migrant Workers calls for countries to "facilitate access to...social welfare services" (ASEAN, 2011: 28), UN Women notes that in this area, "governance in Southeast Asia is largely gender-blind" and, therefore, ignores women's specific vulnerabilities (2013: 26).

Migrant workers face a number of barriers to accessing social protection. For example, Pasadilla and Abella note that "most migrant workers fail to qualify for old-age benefits in the countries where they work", primarily because even documented workers in the formal economy are most often admitted on a temporary basis (2012: 4). Lack of portability means migrant workers rarely have access to those benefits once they return home, even if they contribute to the social security systems in destination countries, (ibid). Furthermore, "access to many social services available in host countries is prevented by minimum residency requirements", with undocumented workers again frequently excluded altogether (ibid: 15). Even internal migrants can face barriers to access. In Viet Nam, for example, the International Organization for Migration (IOM) notes that migrants experience difficulty in "accessing accommodation, education for their children, and health care" (IOM, 2012).

Women, however, face particular barriers to accessing social protection. For example, most women in South-East Asia who migrate overseas do so in order to work as domestics (UN Women, 2013), which has a number of important ramifications for protection debates. First, 40 percent of countries around the world specifically exclude domestic workers from labour law, which not only throws the door open to exploitation and abuse, but makes it very difficult for women to access justice (ibid). In the Philippines, for example, of the "1,000 filed cases by migrant workers claiming human rights abuses", less than 200 were acted upon (UN Women, 2013: 20).

Furthermore, while female migrants in the region are satisfying "the unmet demand for care in countries of destination", filling a fundamental gap in social protection in those countries, they frequently leave behind families who "must adapt and find solutions to their own changing care needs", often in countries with limited social protection responses of their own (UN Women, 2013: 8). Given that the temporary contracts under which many women migrants work specifically prohibit them from bringing their children with them, they often have little choice but to leave their own children behind, usually with ageing grandmothers (ibid).

While it is certainly the case that migrants' access to social protection has received inadequate attention (ASEAN, 2011; Pasadilla and Abella, 2012), South-East Asian countries have made some progress. In China, for example, migrants are gradually being included in social insurance schemes. The urban Hukou has been extended to offer residence-based social benefits to migrants. Moreover, while some families continue to have difficulty accessing housing benefits and education, and migrants continue to be excluded from the urban Minimum Living Standard Guarantee Scheme (MLSGS) (Peng and Ding, 2012), pensions and healthcare benefits are now becoming portable to some extent (Zhu and Lin, 2011).

In Thailand, documented migrants now have access to the contributory Social Security Fund, which provides a range of benefits from healthcare to pensions. In addition, a groundbreaking 2012 regulation granted domestic workers the right to a weekly day off and sick leave (ILO, 2013b). However, undocumented workers continue to be excluded from social protection debates and even registered migrants face restrictions, including limited access to HIV treatment (Schmitt, 2012; ASEAN, 2011).

The Philippines, which by regional standards protects the rights of migrants and domestic workers comparatively well, has focused on providing some social protection benefits to its own citizens, even when they are overseas. With 20 percent of its workforce deployed abroad, it allows Filipino workers in other countries to make voluntary contributions to both its social security scheme and its universal health insurance system. This not only allows migrants to plan for their own retirement, but enables them to provide health coverage for their left-behind families.

As the nascent social protection schemes of South-East Asia evolve to cover not just larger populations but more vulnerable populations, including migrants – and undocumented migrants and domestic workers in particular, many of whom are women and young girls – it is also vital to specifically address the needs of trafficked women and children in social protection debates. Despite advances in legislation, human trafficking remains a significant problem across the region, and one that affects women and girls disproportionately. Governments in the region have generally not responded sufficiently to this growing problem, tending to see it through a policing lens rather than addressing the protection needs of those who are exploited by the criminals organising it (ILO and Quality of Life Promotion Center, 2006).

## BOX 7: THE IMPORTANCE OF ENGENDERING OLD AGE PENSIONS

Old age pensions are vital in order to safeguard the well-being of older women and their families: "(t)hey are widely acknowledged to be one of the most effective social protection tools to reduce old age poverty" (HelpAge International, 2012) and "can also make a huge impact on the households in which older people live" (Knox-Vydmanov, 2011; see also Suwanrada and Wesumperuma, 2012). Furthermore, there is evidence that pensions are particularly valuable for women because when women "bring resources into the household, they are viewed as valuable family members, rather than as a burden" (HelpAge International, 2004: 34). However, less than 20 percent of the working-age population of Asia and the Pacific is legally covered by a contributory old age pension (ILO, 2010b). The percentages for women are much lower, as they continue to be largely confined to the informal economy, which offers few options in terms of retirement planning. Limited pensions coverage must be addressed by governments in South-East Asia as a matter of urgency. As Vlachantoni and Falkingham (2012) note, the "(r)apid population aging has tremendous implications for the design and delivery of old-age pension protection" (124).

In recent years, there have been some promising developments in the provision of social protection for older people, including older women. While urban Chinese women who worked in the formal economy have long been eligible for pensions (Li, 2012), there has been a non-contributory pension available since 2009 to rural older people whose younger relatives are enrolled as contributory members (Gao et al., 2012). There are also a variety of other social protection programmes capable of providing support in old age. For example, China's Minimum Living Standard Guarantee schemes (one for urban residents and another for rural residents) also ensure that the poorest have access to life's necessities, regardless of age. Other initiatives by local governments target impoverished rural households in poor regions, offering temporary relief assistance in cash or in kind.

The Philippines has several pension programmes. A compulsory, contributory programme benefits public sector workers, with a voluntary scheme for private sector workers. There is also a programme to benefit impoverished older people over the age of 77, the Social Pension for Indigent Senior Citizens. In 2011, the programme benefited nearly 130,000 older citizens across the country; in 2012, it was expected to reach nearly 190,000.

In addition to its two contributory pension schemes, one mandatory for certain groups of formal workers and one voluntary for others, Viet Nam has a means-tested pension scheme for people over the age of 80. It is "targeted at the poor elderly who are not covered by formal pension schemes" and "represents only two-thirds of the nationally defined poverty line" (Hagemejer and Schmitt, 2012: 148). As the proportion of older people who living with families continues to decline (from 80 percent in 1992 to 63 percent in 2008) and "the share of 'skip-generation' families in which only grandparents live with grandchildren" continues to increase, it is vital that Viet Nam addresses both the amount of the pensions and the age limits (Long and Wesumperuma, 2012: 176).

Thailand, on the other hand, has transitioned from a means-tested programme to a universal pension. In 2009, it launched its '500-Baht' scheme where "(a)ll Thai people aged 60 years or older who are not living in public old-people's homes or do not receive permanent income as a salary or pension are eligible" (Suwanrada and Wesumperuma, 2012: 158). While benefits are well below the poverty line, evidence suggests that income poverty among underprivileged older people has not only declined, but also that families have benefited, "partly because many pension beneficiaries directly support their family members" (ibid: 163). Thailand is also developing subsidised savings accounts for all workers "who have not affiliated to any compulsory public pension scheme" (Hagemejer and Schmitt, 2012: 149).

Other South-East Asian countries offer little in terms of pensions. In Lao PDR, for example, where the Constitution grants the right to medical care and assistance in old age, only workers in the formal sector have access to a pension. In Myanmar, the contributory social security scheme is available only for formal sector employees and covers just 1 percent of the population. In Cambodia, "(t)here is no general social pension scheme for older people, with expenditure in this area mainly used for civil service pensions and veterans benefits that reach a small minority" (HelpAge International, 2007: 17).

Furthermore, even where pensions do exist and are available to women, they intrinsically favour men. For example, when women receive pensions on the same basis as men (according to contributory years and earnings and with the same vesting period), the end result is gender-biased because women are mainly employed in jobs with lower earnings and often have interrupted employment history given their reproductive and caring responsibilities (Vlachantoni and Falkingham, 2012; ILO, 2010b). In Asia, for example, "women earn between one-half and three-quarters of men's earnings" (Vlachantoni and Falkingham, 2012: 128).

Equally important from a gender perspective are indexation mechanisms. For women, who usually live longer, if pensions are not indexed to follow inflation rates and wage growth, their levels may not allow for a decent standard of living (Arza, 2012). A related pension problem concerns retirement age: women typically retire earlier than men, either because the law requires them to do so or in order to help care for grandchildren (Vlachantoni and Falkingham, 2012). As previously mentioned, this is particularly the case in Asia, where intergenerational living means that many grandmothers are primary care providers (ibid). In defined-contribution systems, however, this means access to more limited benefits, as women have a shorter working period to save up and a longer retirement period over which their savings will be distributed.



The needs of **ethnic minority** and **stateless** women (see Box 8) are also largely ignored, even though these groups are often especially vulnerable due to overlapping deprivations (economic marginalisation, social stigma and discrimination, spatial vulnerability and limited education and other development opportunities due to linguistic barriers). Yet given emerging evidence on significant diversity among ethnic minority groups in terms of economic and human development indicators and patterns, vulnerability assessments and support should be designed to explicitly assess the gendered needs of particular ethnic minority communities rather than assuming they are a homogenous group (see, Baulch and Vu, 2012; Nguyen et al., 2012; Wells-Dang, 2012).

### BOX 8: THE IMPORTANCE OF INCLUDING STATELESS PERSONS IN SOCIAL PROTECTION DEBATES

Few social protection programmes, whether in South-East Asia or other parts of the developing world, address the needs of stateless persons. In order to ensure that stateless women and their families in the region have access to the social safety nets that are their human right, it is vital that governments, development partners and researchers include stateless persons routinely in the vulnerability assessments that underpin programme initiation, monitoring and evaluation. They must ensure that social protection policy and programme responses address the needs of this extremely vulnerable group at all stages of programme design and implementation – including, for example, when establishing targeting criteria for cash transfers or eligibility criteria for health insurance.

A final cross-cutting gendered source of vulnerability that requires urgent attention within social protection debates, given its potential impact on all women and girls in the region, is the **gendered risks of climate change**. Social protection programming is increasingly viewed as a way of mitigating vulnerability to climate change by reducing “multiple risks and short and long-term shocks and stresses” (Davies et al., 2009: 201). In particular, “adaptive social protection”, which integrates social protection, disaster risk reduction (DRR) and climate change adaptation (CCA), offers the potential to maximise risk reduction for the most vulnerable (Davies et al., 2008; Nelson, 2011). As Nelson notes, “(s)ocial protection efforts respond to some climate-related disasters, but are not responsive to the *long-term* risks posed by climate change” (2011: 38). On the other hand, “(a)

daptation cannot address the root causes of poverty without taking a differentiated view of poverty and vulnerability” (ibid). Working synergistically will not only improve the effectiveness of social protection interventions but also allow them to “play a critical role in reducing the immediate impact of climate change” (Béné, 2011: 67) by using cash transfers to reduce demand for fuel wood, for example. More importantly, argues Béné, these synergies present an opportunity for social protection “not simply to buffer the impacts of climate-related disasters on households’ livelihoods, income, food security and assets, but to be a vehicle of long-term change and development by enhancing the adaptive capacity of households” (Béné, 2011: 68).

Building on Devereux and Sabates-Wheeler’s (2004) transformative social protection framework, social protection interventions can promote climate adaptation in four ways (Chaudhury et al., 2011; Nelson, 2011). First, programmes such as cash transfers offer a basic safety net to the most vulnerable groups who are least able to adapt. Second, formal preventive measures such as livelihood diversification programmes and social insurance schemes can help households reduce the frequency and severity of shocks and prevent them resorting to maladaptive coping strategies. Third, access to micro-savings and credit programmes and agricultural commodities such as drought-resistant seeds can promote resilience in the face of climate change. Finally, by including the most marginalised groups, social protection has the potential to transform the climate change debate – for example, changing the way communities see women’s role in framing and solving problems. As Nelson notes, it is vital not only to identify the “vulnerabilities of poor people and regions exposed to climate change” but to “identify the structures, narratives and power relations which underpin inequality and constrain adaptive capacity” (2011: 47). Using social protection instruments to address today’s vulnerabilities by building poor people’s resilience and adaptive capacity can play a vital role in preparing communities, including women and girls, for tomorrow’s risks.

#### 4.1.2 LINKAGES TO COMPLEMENTARY PROGRAMMES AND SERVICES

Given the multidimensional nature of gendered poverty and vulnerability, there is increasing recognition that in order to effectively promote resilience and well-being, social protection programmes that focus on economic strengthening components in isolation are likely to have a limited impact, especially over time (Holmes and Jones, 2013). For example, the World Bank (2009a) global analysis of conditional cash transfer programmes found that social transfers had very limited impact on health and education outcomes for the chronically poor (as opposed to service access); rather, a more holistic approach to tackling entrenched poverty that addresses family dynamics, parenting skills and socio-cultural norms, among others, is vital. Few of the programmes reviewed in the region have adopted this bundled programming approach in terms of tackling gendered vulnerabilities and poverty experiences. The exception is the Philippines 4Ps cash transfer programme, which combines economic strengthening and basic service uptake with family development sessions for men and women (covering a wide range of topics related to intra-household dynamics and care responsibilities) as well as income-generating support and training as part of what the government terms its ‘convergence strategy’ (for more details, see the Philippines case study in Appendix 6).

#### 4.1.3 IMPLEMENTATION PRACTICES

The global social protection literature identifies a critical disconnect between gender-responsive programme design and programme implementation (see, Molyneux and Thompson, 2011; Jones and Holmes, 2011). Part of the problem relates to **uneven capacities** and **poor coordination between national and sub-national governments, especially in the context of growing decentralisation**, as highlighted by the Overseas Development Institute (ODI) and the Australian Agency for International Development (AusAID) in relation to Indonesia and Viet Nam (Jones et al., 2012; Yumnaet al., 2012). This is a problem in terms of policy processes more broadly, but appears to be particularly acute in the case of gender

mainstreaming initiatives (ibid). Too often, there is little or no investment in capacity strengthening on gender-related programme dimensions; where there is some limited investment, it is not sufficiently tailored to the daily realities and work practices of programme implementers and local officials. The Asian Development Bank (ADB) has launched a very promising Social Protection Index with a number of gender-related impact and expenditure indicators; thus, there is potential for tracking progress in **budget allocations**. With the exception of the Philippines, these initiatives have yet to be routinely embedded in social protection monitoring and evaluation frameworks.<sup>26</sup> There is often a similar lack of investment in awareness-raising and information sharing with programme beneficiaries and the broader public about programme objectives and their underlying rationale.

#### 4.1.4 MONITORING AND EVALUATION

Establishing rigorous monitoring and evaluation (M&E) systems, including impact indicators, is deemed increasingly important among donors and a growing number of developing country governments including Indonesia and the Philippines are developing such systems, with support from the ADB and the World Bank. With the exception of these two countries, very few social protection programmes in the region include gender-disaggregated impact indicators, thereby hindering efforts to assess the effects of programmes with broader poverty and vulnerability reduction objectives as well as those with explicit gender-related objectives, and their impact on the well-being of women and girls and men and boys respectively. There are, however, a few encouraging exceptions: in Indonesia, both the PKH and the PNPM have built-in evaluation systems including baseline and follow-up surveys with quantitative and qualitative components (World Bank 2012b; World Bank 2012e). Given that both programmes have maternal health objectives and depend on active female participation, evaluation has also included gender-specific indicators for assessing women’s participation in programme meetings and activities, while potential spill-over affects other types of community activities (World Bank 2012b; World Bank 2012e).

26. In Indonesia, the latest 2010-2014 National Medium-Term Development Plan (RPJMN) has for the first time integrated gender mainstreaming policies into the planning and budgeting processes, which include gender-disaggregated indicators and targets. In the Philippines, the gender budgeting policy requires government agencies to allocate five percent of annual budgets to gender and development (GAD) programmes and projects.

In addition to rigorous quantitative evaluation methodologies, there is also growing interest in more participatory approaches to monitoring and evaluation of social protection in order to strengthen programme governance, transparency and accountability (Jones and Shahrokh, 2013). Approaches can include community scorecards, social audit methodologies and community grievance mechanisms. With the exception of community supervisory committees in Viet Nam's Programme 135 (see section 4.2) and the participatory gender audits in the Filipino 4Ps aimed at identifying and addressing specific local needs, such approaches have not been widely applied in the region.

#### 4.2 GOOD EXAMPLES OF GENDER-RESPONSIVE PROGRAMMING IN SOUTH-EAST ASIA >>

The regional mapping did, however, highlight some examples of gender-responsive programming features that can be built on and could deliver quick wins if implemented in other countries (these are discussed further in Section 6).

First, a number of countries (China, Indonesia, the Philippines, Thailand and Viet Nam) have made impressive investments in promoting universal coverage of **social health insurance** programmes, and given that ill-health is often a primary driver of vulnerability and chronic poverty (CPRC, 2008) – especially for women (Sen and Ostlin, 2010) – this should be seen as an important cornerstone of national gender-responsive social protection systems. There are still significant challenges in reaching the most vulnerable, ensuring that in practice, women have equal access to these programmes, and securing quality reproductive and sexual health services as part of these schemes. But the programmes nevertheless represent important foundations for tackling health-related vulnerabilities (NSO, 2009). Thailand, in particular, is increasingly recognised as a regional and international leader in terms of social health insurance, which includes, for example, extensive coverage for HIV-related treatment and services (UNESCAP, 2011).

Second, although social insurance systems in the region have major limitations in terms of reaching **informal economy workers**, the mapping exercise identified several programmes in Indonesia, the Philippines and Thailand that allow informal workers to voluntarily participate in contributory social insurance systems. While there remain significant problems with uptake, there are important entry points for further learning and programme modifications. In a related initiative, the Philippines has recently ratified the International Convention on Domestic Workers, which will finally allow domestic workers to enjoy the same benefits as formal employees, paving the way for equal access to social insurance and social assistance.

Third, although **maternity care provisions** are generally below the standard of the ILO Maternity Protection Convention No. 183,<sup>27</sup> it is worth noting that all countries apart from Timor-Leste have such provisions in place (see Table 8). A number of countries include some form of paternity leave (such as seven days' paid leave for fathers in the Philippines) (ILO, 2010c). Of course, the same weaknesses exist as previously discussed in terms of coverage being largely limited to formal sector workers, thereby excluding the poorest and most vulnerable women. Moreover, it is also critical to note that of the nine countries included in the mapping, only Thailand includes a family allowance benefit, indicating very limited recognition of care economy costs and responsibilities (ILO, 2010b).

TABLE 8: MATERNITY SOCIAL SECURITY LEGAL PROVISION AND BENEFITS IN SOUTH-EAST ASIA, 2010

Country	Date law was adopted	Duration of maternity leave		Source of funding	Type of funding	Percentage of wages paid during covered period (percent)
		Period	In weeks			
Cambodia		90 days		Employer	Mandatory	50
China	1951	90 days	13	Social security <sup>28</sup>	Mandatory	100
Indonesia	1957	3 months	13	Employer	Mandatory	100
Lao PDR	1999	90 days	13	Social security	Mandatory	100
Myanmar		12 weeks	12	Social security	Mandatory	67
Philippines	1977	60 days <sup>29</sup>	8.5	Social security	Mandatory	100
Thailand	1990	90 days	13	Employer and social security	Mandatory	100, 50 <sup>30</sup>
Timor-Leste <sup>31</sup>						
Viet Nam	1961	4-6 months <sup>32</sup>	17	Social security	Mandatory	100

Sources: ILO, 2010b; ILO, 2010c.

Fourth, **social protection programmes that address gender-based violence** are scarce, but there are some initiatives that could provide the foundations for strategic linkages with flagship social protection schemes such as cash transfers and health insurance programmes. Indonesia, Thailand and Timor-Leste, for example, have put forward a National Action Plan to address gender-based violence (GBV) in the education, social services, justice, security and health sectors. Indonesia and Thailand also have health policies that focus on GBV: Indonesia has developed an Integrated Crisis Centre in hospitals for victims of GBV, while Thailand has developed a One-Stop Crisis Centre to provide assistance and support for those experiencing GBV (WHO, 2009). In Timor-Leste, the Office for the Promotion of Equality is the entry point for GBV issues and is focusing on introducing legislation and judicial training, gender mainstreaming and promoting a culture of equality through activities such as campaigns and public education. In Viet Nam, the government is addressing domestic violence through its Comprehensive Poverty Reduction and Growth Strategy, its anti-trafficking stance, and its Family Strategy. The Philippines has gone further with a Gender Budgeting

policy that requires government agencies to allocate five percent of budgets to gender and development-related programmes and projects (Kisekka, 2007).

Social services to address GBV have also been initiated across the region. These include gender awareness campaigns, information, education and communication (IEC) materials, and prevention work. In Indonesia, for example, TV advertisements covering issues around forced sex work, domestic violence and trafficking have been aired during primetime. In Timor-Leste, information has been disseminated by using posters, t-shirts and pamphlets (Kisekka, 2007). Medical and psychosocial interventions, legal counselling, and social and community work services are also being implemented across the region, but are often very limited in coverage and severely under-budgeted. Social services also target vulnerable groups such as orphaned children and street children by providing counselling and shelter. There are some services offering counselling, protection and reintegration for people affected by trafficking, but these are often inadequate in terms of quality and coverage.

27. Member States should provide for at least 14 weeks of maternity leave at a rate of at least two-thirds of previous earnings, paid by social security, public funds or in such a manner where the employer is not solely responsible for payment.

28. In China, the social insurance system applies to urban areas and the maternity insurance scheme covers all employees in urban and also state-owned enterprises, irrespective of location.

29. In the Philippines, women have 78 days of leave for caesarean delivery.

30. In Thailand, the employer pays for 45 days at a rate of 100 percent and social insurance for the remaining 45 days at a rate of 50 percent. Social insurance also pays a lump sum as a child birth grant.

31. In Timor-Leste the Constitution guarantees women the right to paid maternity leave.

32. In Viet Nam, working conditions and the nature of work determine the duration of leave.

Fifth, and as highlighted earlier in the report, **ethnic minority populations** in the region often face significant and overlapping forms of economic and social disadvantages. However, few social protection responses explicitly target ethnic minorities or are tailored to the needs of ethnic minority populations. One partial exception is Viet Nam's Programme 135 (P135), which is an example of a social assistance initiative specifically designed to tackle vulnerabilities experienced by ethnic minority populations. It aims to narrow the gap between ethnic minority communities and other communities by supporting infrastructure development, agricultural capacity and marketing, access to basic services, and capacity-building for local officials in target areas. The programme has led to a dramatic expansion in access to health and education, credit services, roads and markets (World Bank, 2009). The programme also contributed to a 6-8 percent reduction in poverty from 2006 to 2008 by supporting minorities with a range of means by which to profit from individual assets, as well as greater women's participation in capacity-building initiatives for officials. The uptake

of social services has improved considerably in P135-II communes where services are both free and of high quality (MOLISA, 2009). Socio-cultural barriers however, remain and include "community levelling and social obligations vis-à-vis 'shared poverty'". And in the case of ethnic minority women in particular, language barriers and conservative gendered norms and expectations have limited the programme's transformative impact (World Bank, 2009b). This limitation has been reflected at a number of levels. By 2010, the percentage of households with male household heads who actively participated in programme meetings was twice that of female-headed households. Similarly, more men than women were involved in programme supervisory boards (IRC et al., 2012), with a reasonable level of participation among women in the capacity-building initiatives targeted at officials (16.2 percent). While this is clearly far from optimal in terms of equity, at least some women are being supported to strengthen their professional capacities (ibid).

## 5. GENDER-RESPONSIVE SOCIAL PROTECTION PROGRAMMES: EXAMPLES OF INTERNATIONAL GOOD PRACTICE

Fortunately, effective social protection programming is not a case of 'one size fits all'. Good practice examples, even the relatively small subset of programmes with a strong gender lens, can be found in a variety of governance contexts and reflect vast differences in both economic needs and cultural constraints. In order to inform this discussion of gender-responsive social protection in South-East Asia and, in particular, the report's concluding section on policy and programme recommendations, this section presents three examples of international good practice covering a range of social protection instruments:

- 1. Childcare subsidies for low-income working mothers:** Designed explicitly to encourage women's economic activity, Mexico's *Estancias Infantiles para Apoyar a Mujeres Trabajadoras* programme, which had reached nearly one million children by 2011, has been found to increase the incomes of 95 percent of beneficiaries (SEDESOL, 2011). It has also shown evidence of positive educational impacts on children (Pereznieto and Campos, 2010).
- 2. Asset transfers to promote economic empowerment:** The Challenging the Frontiers of Poverty Reduction—Targeting the Ultra-Poor (CFPR/TUP) programme run by BRAC, an NGO in Bangladesh, targets extremely poor women with assets such as poultry or horticulture nurseries (Holmes et al., 2010). It also provides a small, time-limited cash transfer and a wide variety of training and support services (ibid). The results have been described as "remarkable" (Das and Shams, 2011) and include not only livelihood diversification and increases in income, but also

better health, increased savings and improved self-confidence (Holmes et al., 2010).

- 3. Public works programmes to promote minimal food security and community-level assets designed to enhance broader economic security:** Ethiopia's Productive Safety Net Programme (PSNP) takes a third approach. Launched in 2004, and designed to provide a safety net enabling the very poor to become more resilient to shocks by building their own asset base, the PSNP provides food and cash transfers in exchange for labour on public works programmes (Hobson and Campbell, 2012). With a variety of gender-sensitive features which recognise the unique needs of pregnant and lactating mothers and female-headed households, the programme has helped smooth food consumption, facilitate school enrolment, provide basic necessities and reduce women's daily time burdens (Jones et al., 2010b). Despite these achievements, the potential transformative effects of the programme design have not been realised due to under-investment in gender-sensitive capacity-building of programme implementers and a dearth of awareness-raising efforts about these features.

As shown in Table 9, each of these programmes demonstrates a reasonable degree of gender sensitivity across the programme cycle, from design to monitoring and evaluation. At the design stage, all three programmes were underpinned by a gendered vulnerability analysis recognising the specific gendered vulnerabilities facing women, and all three were committed to the equal inclusion of men and women. At the implementation stage,



the effectiveness of the three programmes from a gender-sensitive perspective has been more mixed, although there have been attempts to implement the gender-sensitive components of the programme in each case.

Bangladesh's CFPR not only has strong gender-sensitive design features but has also invested in building the capacity of programme implementers and, to some extent, local communities. CFPR has also established linkages to some complementary programmes and services to tackle broader gender inequalities. It is also notable for its efforts in collecting sex-disaggregated indicators in a range of areas to ensure that gender-responsive impacts can be tracked over time. Notably, the CFPR programme is the only one of these three good practice examples that was implemented by an NGO; there may be important lessons to be learned from BRAC's experience about the kind of programme governance and accountability features that facilitate the effective implementation of gender-responsive social protection programming.

Ethiopia's PSNP has a strong gender lens in terms of programme design, but has struggled to apply it during implementation due to limitations in the capacity of implementing staff, limited budgets, and

low investment in raising citizens' awareness about the gender elements of the programme. Although some laudable improvements have been made in successive phases of the programme in response to M&E feedback and learning, there remains considerable room for improvement in developing gender-sensitive M&E processes.

Mexico's *Estancias* programme is noteworthy due to its focus on the care economy and, more specifically, its explicit focus on supporting women's dual responsibilities within the productive and care economies. While many other social assistance programmes focus first and foremost on improving child development indicators, the primary aim of *Estancias* is women's economic empowerment – both in terms of facilitating women's participation in the workforce and in opening up employment opportunities within the care service sector for micro-entrepreneurs. Nevertheless, more could be done at the implementation level to strengthen linkages to complementary services and programmes, build the capacity of implementing officials vis-à-vis gender-responsive programming, and develop gender-sensitive M&E (at present, only a few dimensions of women's empowerment are assessed).

TABLE 9: OVERVIEW OF GENDER-RESPONSIVE SOCIAL PROTECTION COMPONENTS IN INTERNATIONAL GOOD PRACTICE EXAMPLES

Country	National social protection strategy	Social protection programme design				Social protection programme implementation					Social protection programme M&E	
		Gender-responsive objectives	Gendered vulnerability analysis	Commitment to equal inclusion	Recognition of specific gendered vulnerabilities	Capacity building for officials on gender-sensitive programme provisions	Budget allocation to realise gender-sensitive programme provisions	Linkages to complementary programmes and services	Citizen awareness of gender-sensitive design features	Level of compliance with gender-sensitive design features	Sex-disaggregated impact indicators	Women's participation in related social audits/ community meetings/ grievance mechanisms
Bangladesh (CFPR)												
Mexico ( <i>Estancias</i> )												
Ethiopia (PSNP)												

KEY: Traffic light system – red for weak; yellow for some gender sensitivity; green for strong gender-sensitive elements.

## 5.1 ESTANCIAS INFANTILES PARA APOYAR A MADRES TRABAJADORAS – MEXICO >>

### 5.1.1 PROGRAMME OVERVIEW

Mexico's *Estancias Infantiles para Apoyar a Madres Trabajadoras* (Childcare Services for Working Mothers) is a government programme that provides subsidised childcare to low-income parents to free up some time for them to engage in economic activities. The programme is implemented by the Federal Ministry of Social Development (SEDESOL) through its delegations in each of Mexico's 32 states. Initially available to women only, the subsidy is now also available to low-income single fathers (Pereznieto and Campos, 2010). The programme was rolled out in 2007 and is regarded as the world's most ambitious childcare subsidy programme. Originally aiming to reach half a million children in its first six years, SEDESOL figures indicate that by 2011, more than 900,000 children had benefited (SEDESOL, 2011). The programme was designed to help women who are working, looking for work, or enrolled in school by providing childcare subsidised on an income-based sliding-scale for young children (aged 1-4 years)<sup>33</sup> until they become eligible for state-run preschool programmes (Pereznieto and Campos, 2010). Families earning up to 1.5 times the poverty line are eligible for services, with the exception of families who are already eligible for childcare because their jobs are covered under Mexico's social security system (Calderon, 2011). Data indicate that targeting has been very successful, as "(t)he vast majority of enrolled children belong to the lowest income group" (Staab and Gerhard, 2010: 10).

*Estancias* does not provide public childcare. Rather than establishing state-run crèches, the programme offers lump-sum payments to childcare providers to offset start-up costs. It has helped to develop a network of nearly 10,000 privately run home-based day care services as of 2010 (Staab and Gerhard, 2010; SEDESOL, 2011). Mothers can use vouchers to enrol children at whichever centre they prefer (Pereznieto and Campos, 2010).

### 5.1.2 THE MEXICAN CONTEXT

#### Poverty

Despite being the second largest economy in Latin America (after Brazil), poverty remains a key challenge. According to the World Bank, more than 51 percent of the Mexican population lived below the national poverty line in 2010 (World Bank Data, 2012d) and nearly a fifth were classed as extremely poor (World Bank, 2010d). Persistent inequality drives these high poverty rates; in 2008, Mexico's Gini coefficient was 48.3, which the World Bank categorises as 'high' (World Bank Data, 2012d). Inequality is exacerbated by differential access to the social security system. As Calderon notes, "(s)alaried workers, members of cooperative companies, and individuals specified by the executive power" have access to a wide range of benefits, including health and disability insurance and childcare (2011: 5). However, the self-employed and temporary workers lack access to the social security system and are not protected by any safety nets it provides (ibid.).

#### Gender

Mexican women have fewer economic options than men. With higher illiteracy rates, they are less likely to be employed and more likely to be trapped in low-paid, low-skill jobs (Pereznieto and Campos, 2010). In 2008, for example, 78 percent of men but only 41 percent of women were in paid employment (INEGI and INMUJERES, 2008). The one in five Mexican women (nearly 22 percent) who lack basic literacy skills (ibid.) are also hindered in terms of accessing government programmes and services (Pereznieto and Campos, 2010).

The disadvantaged economic position of Mexican women has a variety of drivers, one of the strongest of which is cultural attitudes. For example, more than 60 percent of women report that they need their husband's permission in order to seek paid employment (Pereznieto and Campos, 2010). Furthermore, the magnitude of women's domestic responsibilities and the time required to fulfil them makes employment outside the home difficult. More than 95 percent of Mexican women but less than 60 percent of Mexican men report having domestic

<sup>33</sup> *Estancias* also provides care for disabled children up to the age of six.

responsibilities. Finally, given that men are expected to be the family breadwinner, many families see little reason to invest in their daughters' education – including the girls themselves. Given Mexico's high adolescent pregnancy rate, many girls clearly forgo investment in long-term futures and move instead towards early family formation (ibid).

### The policy environment

Mexico's policy environment is generally supportive of gender equality. The Federal Law on Equality between Women and Men was enacted in 2006. The Programme for Equality between Women and Men was launched in 2008. And the National Development Plan (NDP) (2007–2012) explicitly outlines the need to eliminate all gender-based discrimination (Pereznieto and Campos, 2010). As is often the case, however, implementation remains uneven and is often ineffective despite a relatively strong legal framework and policy environment (ibid).

#### 5.1.3 GENDER-SENSITIVE PROGRAMME DESIGN FEATURES

*Estancias* was, as Pereznieto and Campos note, “explicitly designed to fulfil a gender equality objective” rather than to meet child development goals (2010: 34). While assuredly accomplishing both, international attention has remained focused on its success in relation to that original objective. In May 2012, the programme received second prize in the UN Public Service Awards under the category of ‘Promoting Gender-responsive Delivery of Public Services’ (PV Angels, 2012).

Based on the NDP having identified the “need to facilitate women's access to labour markets through the expansion of the Network of Childcare Centres to Support Working Mothers” (Diario Oficial, 2009), *Estancias* primarily addresses women's economic empowerment and has no explicit goals for women's social or political empowerment (Pereznieto and Campos, 2010). While the programme enables more women to find stable, paid employment, often leading to increased incomes, it also highlights their “marginalisation in domestic and caretaking roles” (ibid: 34).

In addition to helping low-income mothers enter the labour force, *Estancias* directly provides employment for tens of thousands of women. Most childcare centres are run by women and the vast majority of assistants are local young women (Pereznieto and Campos, 2010). Given reimbursement rates and government policy, however, these jobs are notably low-paying and do not confer access to the social security system (Staab and Gerhard, 2011).

#### 5.1.4 PROGRAMME IMPACTS

##### Individual level

Despite Staab and Gerhard's observation that *Estancias* “has been criticized for providing a low-quality service to low-income families”, evaluation evidence suggests that mothers are generally happy with the programme (2011: 1087). According to a 2009 external evaluation, “99 percent of beneficiaries replied they were satisfied with the service and felt *Estancias* to be a safe place to leave their children while they worked” (SEDESOL, 2010, cited in Pereznieto and Campos, 2010: 36). Another study found that nearly three-quarters of mothers rated the programme “very good” (ibid.).

While evidence is mixed in terms of the programme's reach, there have been positive impacts on women's employment. For example, a gender impact evaluation (SFP, 2009, cited in Pereznieto and Campos, 2010) found that nearly 95 percent of women reported an increase in income as a result of the programme. Those who were previously not in paid employment were able to find paid employment, and those who were already in paid employment had been able to seek more stable, higher-paid employment (Santibañez and Valdes, 2008; Calderon, 2011). However, a recent evaluation (CIEE, 2012) found that, while beneficiaries were nearly 20 percent more likely to be employed for an average of an extra 24 hours each month, *Estancias* had no impact on income, “possibly because beneficiary respondents underreported their income for fear of losing the benefits of the program” (ibid: 2). Similarly, while Pereznieto and Campos (2010) found beneficiaries to have reported higher self-esteem as a result of ability to contribute to household income, the CIEE evaluation found “(n)o significant effects... on mental health indicators for mothers, as measured

by psychological scales of empowerment, stress or depression”, except for those mothers who had been working prior to their enrolment in the programme and reported higher empowerment (CIEE, 2012: 25). Because *Estancias* is limited to low-income families, however, the work undertaken by women is mostly low-paid and almost always in the informal sector (Pereznieto and Campos, 2010).

Pereznieto and Campos (2010) found that women were pleased with the programme's impact on their children, most of whom would not otherwise have had access to quality preschool care. Mothers reported being “pleasantly surprised at the impact the childcare centre has had on their children, as opposed to them staying at home or being cared for by a friend or relative” (ibid: 37). The CIEE (2012) evaluation, on the other hand, found few positive impacts on child development indicators, at least for the full sample of children.<sup>34</sup> Younger children (under two and a half years of age) showed increased personal-social behaviour, while older children had increased communication skills. No detrimental effects were found in any age group.

Finally, for the tens of thousands of women who have created or found jobs in Mexico's burgeoning childcare sector, *Estancias* has had a significant impact. More than 5,000 women have used the programme to establish themselves as micro-entrepreneurs, opening new centres under government supervision (Pereznieto and Campos, 2010). Because these women are “mandated to undertake regular training, not only in pedagogical and childcare practices but also in business management”, the programme has the potential to be genuinely transformative (ibid: 39). Furthermore, many more women (and young women in particular) have found employment as childcare assistants; by 2009, the programme was credited with creating nearly 46,400 jobs almost entirely for women (INMUJERES, 2009).

The programme has also had some positive impacts on men, albeit probably unintended (Calderon, 2011). As with the women themselves, husbands of women beneficiaries spent less time on childcare

and housework once their children were enrolled in a day care centre. Interestingly, men who were already employed were more likely than the husbands of non-beneficiary women to switch to better-paid jobs; unemployed husbands, on the other hand, were less likely to find employment, presumably because their wives already had jobs (ibid.).

##### Household level

Because *Estancias* has only recently been rolled out across the country, intra-household impacts are difficult to assess. According to Pereznieto and Campos (2010), most women reported that household decision-making was a shared process even before the advent of the programme, thus leaving little space for any improvements to be evident at this early stage. On the other hand, the study was able to identify some signs of change. Women in one focus group discussion, for example, noted that women in abusive relationships ought to have more freedom to leave as a result of the programme. Others noted more engagement from their husbands in terms of sharing domestic responsibilities. Not surprisingly, and given that the programme does not include any objectives for empowering women socially or politically, there is little evidence of changes in gendered attitudes. Men, for example, reported that they were only “allowing” their wives to work in order to raise household income; if poverty were not an issue, they would prefer their wives to stay at home (ibid.).

##### Community level

As Pereznieto and Campos note, “The design of the *Estancias* programme was informed by a principle of community co-responsibility through which women would support each other to be better able to seize opportunities to increase their income and contribute to developing social networks” (2010: 40). Despite this intention, the programme design did not include mechanisms to put this principle into practice, and there is little evidence that the programme is fostering such networks. While the owners of some childcare centres have developed into “community focal points for women”, this has depended more on the personality of those owners than activities as part of the programme itself (ibid: 41).

34. A national evaluation in April 2011 raised similar concerns about the quality of early child development (Coneval, 2011).

### 5.1.5 BUILDING A STRONGER PROGRAMME

While *Estancias* has been relatively successful in achieving its objectives, there remains scope for strengthening its gender-sensitive design features. As the programme becomes more established, it could begin to play a key role in shifting gender norms. For example, it could promote a more equal division of labour within the household, encouraging men to do more of the childcare and housework as their wives begin to earn independent incomes. It could also link women with a range of complementary services such as skills training, counselling and information on domestic violence. The programme could also begin to extend its coverage by providing more hours of childcare each day to give women even greater flexibility.

There is also scope to strengthen the quality of childcare provided by *Estancias*. Although a law was passed in 2012 that tightened regulations for childcare providers, monitoring and evaluation of childcare centres has been weak. According to Staab and Gerhard (2011), while *Estancias* provided care for more than half of all eligible children, it received only one-quarter of the childcare budget. Social security-funded childcare, on the other hand, covered approximately 40 percent of the population and consumed nearly three-quarters of the budget (ibid.). The CIEE evaluation, which offered an overall “good assessment” and found centres to be “caring, safe [and] hygienic” (2012: 43), made specific recommendations about methods for improving child outcomes, such as using small-group instruction to stimulate children (rather than merely entertaining them) and training staff in child development.

Additionally, as the *Estancias* programme is itself becoming a large employer of women, it is important that the programme properly rewards and remunerates women’s care-giving work, rather than further contributing to women’s marginalisation. As Staab and Gerhard note, there are “serious doubts on the proper recognition and compensation of professional care work in the Mexican context” (2011: 1,088). Ensuring that childcare providers are decently paid and have access to the benefits of the formal employment system seems only fair. Finally, as previously mentioned, there is tremendous potential

to use childcare centres as neighbourhood hubs linking women with one another, providing them with not only material and emotional support but also opportunities to explore their options and roles in a changing society.

## 5.2 CHALLENGING THE FRONTIERS OF POVERTY REDUCTION, TARGETING THE ULTRA-POOR (CFPR-TUP) – BANGLADESH >>

### 5.2.1 PROGRAMME OVERVIEW

The Challenging the Frontiers of Poverty Reduction (CFPR) programme was introduced in 2002 by BRAC (then known as the Bangladesh Rural Advancement Committee), a national non-government organisation (NGO). BRAC works with extremely poor rural households in order to improve their economic and social capabilities. Working outside of the government’s national safety net programmes, CFPR “was designed to ‘push down’ with instruments specially designed to help the ultra-poor build their livelihoods and develop their human capabilities, while ‘pushing out’ to remove the wider socio-political constraints to their development and to raise the profile and priority of ultra-poverty within the wider society” (BRAC, 2009, cited in Holmes et al., 2010: 19).

CFPR is an asset transfer programme; a key component involves giving women in beneficiary households ownership of assets worth between \$112 and \$210, such as poultry or horticulture nurseries (Holmes et al., 2010). By the end of 2009, 272,000 women had received an asset transfer (ibid.). However, the programme includes a broad range of components, which clearly reflects its transformative goals. In addition to receiving assets, women also benefit from intensive training and support in asset management, subsidised health and legal services, social development training, access to water and sanitation, and the development of a supportive community network (ibid.). To ensure that women are not forced into distressed asset sales while waiting for these new assets to become productive, CFPR also includes a small cash allowance (approximately \$4.20) for 18 months (ibid.).

CFPR has two components: the Specially Targeted Ultra Poor (STUP) programme targets the poorest of the poor and involves the above-mentioned asset transfer; and the Other Targeted Ultra Poor (OTUP) programme supports marginally less deprived beneficiaries with loans rather than assets. In order to be eligible, households must satisfy at least three of the following conditions: (1) have no able-bodied male worker; (2) be land poor; (3) have a working woman; (4) have working school-aged children; and (5) have no productive assets (Holmes et al., 2010). Households receiving government support are explicitly excluded.

A pilot version of CFPR currently underway in the Dhaka slums attempts to mitigate urban women’s extreme poverty (BRAC, 2012a). In addition to the asset transfer, women are receiving training in enterprise and life skills development.

### 5.2.2 THE BANGLADESHI CONTEXT

#### Poverty

As Bangladesh’s economy has grown, its overall poverty levels have fallen from 57 percent in 1992 to 32 percent in 2010 (World Bank Data, 2012c). Despite this progress, however, an increase in inequality over the same time frame<sup>35</sup> has marginalised the poorest of the poor and precluded their participation in the opportunities engendered by economic growth (UNICEF, 2009). Of the approximately 50 million poor Bangladeshis, approximately one-quarter are characterised by the government as ‘extremely poor’ (Planning Commission, 2005). Largely rural and landless, the ultra-poor spend one-third of their income on rice (World Bank, 2007). As landlessness increases while alternative job opportunities do not, more families are being trapped in poverty that subsequent generations are unable to escape. Significant regional disparities are also evident. Unnayan Shamannay (2008) reports that more than 85 percent of the population of the river islands in the northwest are poor and nearly 80 percent are extremely poor.

#### Gender

Recent changes in the Bangladeshi economy have had far-reaching social consequences, particularly for women, who are increasingly engaged in the cash

economy as well as the agricultural sector. However, the lives of most Bangladeshi women remain tightly restricted by cultural norms that confine them to low-paying segments of the labour market or their homes. Women are constrained by a lack of education, limited access to assets such as land, and customs such as child marriage. In 2006, for example, Matin et al. (2008) found that less than 10 percent of all women and 3 percent of younger women had their names on legal land ownership documents. Furthermore, in rural areas, “women are largely unable to independently access markets and productive resources” (Holmes et al., 2010: x); only 38 percent of younger women feel safe going out in their own settlement area (Holmes et al., 2010). Finally, the rates of maternal mortality and low birthweight babies (important indicators of maternal malnutrition) remain very high (Bordia Das, 2007; World Bank, 2009).

#### The policy environment

Bangladesh has “a relatively good legal and policy environment to promote gender equality” (Holmes et al., 2010: 18) and the Bangladeshi government has “made strides in integrating gender mainstreaming tools, such as gender budgeting” (ibid.). The largest challenge is implementation. While there is general awareness of gender and the cross-cutting nature of its impacts, resources for tackling inequality remain limited, as does an understanding of how to approach implementation (ibid.). By contrast, civil society and NGOs in Bangladesh have a strong reputation. BRAC in particular is globally recognised as genuinely exceptional in terms of both scale and governance capacity, ensuring that all staff receive training on gender, which is vital to the success of the CFPR programme (Holmes et al., 2010: xi).

### 5.2.3 GENDER-SENSITIVE PROGRAMME DESIGN FEATURES

CFPR is one of the few social protection programmes that is built on a solid understanding of the gendered dimensions of poverty and explicitly attempts to address them (Holmes and Jones, 2013). A variety of features highlight CFPR’s commitment to women’s empowerment and gender equality. For example, recognising that women typically have neither assets nor economic power within the household, the programme targets women and provides an asset

<sup>35</sup> The Gini coefficient in Bangladesh rose from 27.6 in 1992 to 32.12 in 2010.

transfer combined with training designed to protect the value of that asset. Furthermore, understanding that money alone is insufficient to raise women's status, CFPR works to improve women's social capital by involving women in village poverty reduction committees and raising awareness about gendered issues such as child marriage, dowry and gender-based violence. As BRAC (2009, in Holmes et al., 2010: 19-20) notes, "(t)he programme for both strategic and practical reasons targets the ultra-poor women as they are the most deprived and it can greatly empower them by building a sustainable livelihood for them. The intervention is done for the household and the transfers take place through a female member of the household."

BRAC also recognises that it is often still unacceptable for women to interact with men; as a counter measure, BRAC has ensured that nearly 40 percent of CFPR's field workers are women (Holmes et al., 2010). Furthermore, the Research and Evaluation Department is responsible for monitoring and evaluation, while maintaining a panel dataset not only to track socio-economic indicators but also to measure women's empowerment.

It should be noted, however, that while CFPR is in many ways centred on gender, it fails to address the social norms that typically preclude women from making household decisions or participating in the labour force. The programme does not, for example, address educational deficits or facilitate non-farm employment. Moreover, it largely assumes that women's economic empowerment automatically translates into broader empowerment over time.

#### 5.2.4 PROGRAMME IMPACTS

##### Individual level

CFPR has had important economic benefits for beneficiaries and their families. The evaluation of phase one, which enrolled 100,000 ultra-poor households from 15 districts, found significant improvements in beneficiaries' physical, financial, human, natural and social assets (Rabbani et al., 2006). Research from the Overseas Development Institute (ODI) has had comparable results, finding that beneficiaries were able to "diversify livelihood strategies" and thus improve financial portfolios, as well as smooth consumption during the rainy season, which was typically a time of hunger and

unemployment (Holmes et al., 2010: 21). Das and Shams (2011) note that participation in the programme has had "remarkable" positive impacts on per capita income, which BRAC (2012a) reports has not only been stable over time, but has increased. Beneficiaries had more livestock (not surprising given the asset transfers) and were more likely to lease land for cultivation, improving their food security as well as potentially generating a surplus for sale (Das and Shams 2011; Ahmed et al., 2009).

This increased income was found to have cascading impacts. For example, beneficiaries were able to increase both the quantity and quality of diets, consuming significantly more calories and protein compared with non-beneficiaries (Haseen, 2007). Similarly, participant families not only increased health expenditures, but reported more 'sick-days' off work, indicating a newfound luxury of not working when ill (Ahmed et al., 2006; BRAC, 2012a). Participants were also able to significantly increase savings (Das and Shams 2011; Ahmed et al. 2009), building their own safety net as well as investing in improved sanitation to benefit the whole household (Ahmed et al., 2009).

The programme has also increased women's self-confidence. Women in ODI's study reported that they felt "equipped with improved skills to support their household out of poverty" and could "design their own future and that their poverty should not be an obstacle" (Holmes et al., 2010: 23). They also reported feeling increased dignity. CFPR's awareness-raising activities have also had a positive impact; for example, while only 11 percent of women knew the legal age of marriage for girls at the beginning of the programme, 31 percent of beneficiaries knew the law by 2009 (Das and Shams, 2011).

##### Household level

Data suggest that women's newfound access to assets through the programme has had some positive impacts on their decision-making power within the household (Naznee and Selim, 2005). Women reported a "clear sense of ownership over the TUP asset and felt this gave them a greater voice in the household" (ibid: 6). Able to contribute to household purchases, the women reported receiving greater respect from family members as well as more control over the money they earned with their TUP asset

(Holmes et al., 2010). Men reported that they were more likely to listen to opinions offered by their wives and to support out-of-the-home employment due to the benefits brought to the family (ibid.). ODI found no evidence that intra-household tensions were exacerbated by programme participation.

Despite the above-mentioned, there is little concrete evidence to suggest that programme participation has benefited women at the intra-household level (Holmes et al., 2010). For example, aside from excursions to the BRAC office, women continue to face significant restrictions on mobility, leaving them dependent on male family members in order to earn an income from their asset (ibid.). Furthermore, interviews with mothers and daughters highlighted that early marriage effectively ends any choices a mother makes about her daughters' lives, as all decisions are made by the girl's husband and in-laws after marriage (ibid.). Finally, interviews with men indicated that, while men may report listening to their wives' opinions, they still fundamentally believed they "have the final decision in the household, and that they are 'allowing' their wives to be in the programme for the benefit of the household" (ibid: 24).

##### Community level

Women report being able to increase their social capital by participating in CFPR's training programmes and village poverty reduction committees (Holmes et al., 2010). Developing and strengthening ties to one another, to neighbours, to BRAC staff and to local committees enabled the women to draw on larger networks for both social and financial support. As one woman noted, "(n)ighbours now think that if they give us something we can pay it back" (female focus group participant, ibid: 24). The positive effects of participating in the programme are also visible in women's perceived social status within the community (ibid.). Women beneficiaries and family members reported receiving more respect from communities and were more likely to be invited to community events due to their participation in CFPR.

The weekly training exercises are not, however, necessarily paying off in terms of furthering women's social development. Women report remembering teachings about child marriage and dowry, for example, but are unable to act on those teachings

because such practices are "deeply embedded in the culture and economics of communities" (Holmes et al., 2010: 28). As one older woman noted, "the truth is we hardly do whatever we have learnt" (ibid: 11).

#### 5.2.5 BUILDING A STRONGER PROGRAMME

CFPR has not fully realised its transformatory goals (Holmes et al., 2010). While it has been very successful from a financial standpoint and improved women's self-confidence and social networks, the programme has not fundamentally eroded the customs that limit women's opportunities and life chances. By focusing on women's traditional household activities, the programme has not challenged either the social norms or the lack of skills that keep women from undertaking more lucrative employment (ibid.). Furthermore, while it explicitly addresses women's limited intra-household decision-making power, its approach is fundamentally based on a 'trickle-down' theory, assuming that increases in income will somehow translate into greater voice for women. As this is not necessarily a valid assumption, more attention needs to be paid to building new paths to women's empowerment.

As mentioned earlier, although women have received development-oriented learning and are increasingly aware of their rights, this has not translated into action (ibid.) – principally because their behaviours are so tightly bound by tradition that they are unable to act on this knowledge. In order to create space for women to deviate from customary expectations, it may be prudent to include local leaders and men in CFPR rights awareness meetings as a way of initiating broader community discussions on issues of gender roles and rights. However, it would be important to ensure that these meetings were skilfully facilitated to promote opportunities for women to speak and discuss solutions to the gender injustices they face.

Finally, CFPR has had no visible impact on children's education (Ahmed et al., 2009). To some extent this is not surprising, given that the programme has not earmarked support specifically for education. Given what we know about education and the impacts accruing across generations in terms of poverty reduction, especially for girls and women, including educational support as a programme component may ultimately be more effective in addressing the

needs of ultra-poor women than addressing their needs for healthcare and sanitation.

### 5.3 PRODUCTIVE SAFETY NET PROGRAMME (PSNP) – ETHIOPIA >>

#### 5.3.1 PROGRAMME OVERVIEW

Introduced in 2004 with the support of a large donor consortium, the Productive Safety Net Programme (PSNP) forms a central component of the Ethiopian government's food security strategy. Reaching more than 7.5 million chronically food-insecure individuals, the PSNP is designed to smooth household consumption through food and cash transfers, protect households from greater exposure to future shocks and dependence on aid and create community agricultural and infrastructure assets (through public works projects) to encourage sustainable development outcomes (Government of Ethiopia, 2004).

Beneficiary households with available labour receive cash or food in return for participation in public works designed to build community assets such as markets, roads, clinics, schools, irrigation structures and as part of water and land restoration projects. Public works projects typically take place early in the year between January and February to ensure that sufficient household labour is available for agricultural production activities later in the year. Households unable to participate in public works projects (for example, due to pregnancy/breastfeeding, disability, illness or old age) receive direct support through cash and food transfers (typically wheat, maize and cooking oil) (Gilligan et al., 2008).

The PSNP operates alongside two additional components of the food security strategy. One is the resettlement programme, which helps families based in the Ethiopian highlands relocate to the more land-abundant lowlands. The second is the Other Food Security Programme (OFSP), which provides households with a package of agricultural extension, fertiliser, credit and other services to enable them to build up assets and thus eventually graduate out of the PSNP (ibid).

#### 5.3.2 THE ETHIOPIAN CONTEXT

##### Poverty

The 2011 UNDP Human Development Report ranked Ethiopia 174 out of 182 countries on the Human Development Index, which puts it among the very poorest countries in the world. Ethiopia's gross national income (GNI) per capita at purchasing power parity (PPP) is \$971 per year, with 39 percent of the population living below the international poverty line of \$1.25 a day (UNDP, 2011a). Poverty is more severe in rural areas, particularly in Ethiopia's remote food-insecure regions, where households are especially at risk of shocks due to difficult agro-climatic conditions, limited access to markets and formal insurance mechanisms, poor infrastructure and land degradation (Dercon et al., 2007). Despite strong economic growth over the past decade and a relatively low Gini coefficient, a high rate of population growth (Ethiopia has a population of 80 million with an estimated growth rate of 2.9 percent) means the development challenge facing the country will remain significant for the foreseeable future (Jones et al., 2010b; UNDP, 2011a).

##### Gender

Poverty and vulnerability are highly gendered across Ethiopia. Women perform between 40 percent and 60 percent of all agricultural labour (World Bank, 2008), but have unequal access to resources and capacity-building opportunities. Local labour markets are also deeply divided along gender lines, with women systematically earning lower rates due to discriminatory perceptions of their work capabilities; this is reflected in women's average hourly wages, which are typically a third lower than that of their male counterparts (Sharp et al., 2006; Kolev and Suárez Robles, 2010). As Quisumbing and Yohannes (2004) note, 26 percent of men participate in off-farm labour markets, while only 14 percent of women have similar access. In the wage labour market, the figure is 9 percent for men and only 2 percent for women. Female-headed households are particularly labour poor compared with male-headed households; moreover, they have fewer opportunities for direct access to land and greater reliance on external hired labour; as a result, they are more vulnerable to household-level shocks and more dependent on food aid (AfDB, 2004).

Discriminatory gendered practices, although varying by region, remain entrenched across Ethiopian society. There is a pronounced gap in literacy rates for men and women and secondary school enrolment is significantly higher for boys. Women's health also remains vulnerable, with high fertility and maternal mortality rates (UNICEF, 2012b). Gender-based violence, including rape, abduction, early marriage, female genital mutilation (FGM), and familial violence, is common in Ethiopia. Women living in polygamous households face particular challenges in accessing legal defence against domestic violence. Both child labour and trafficking remain significant and highly gendered (Jones et al., 2010b).

##### The policy environment

Ethiopia's Constitution is informed by international legal standards on gender equality, as are national policies such as the Poverty Reduction Strategy Paper, the 2008 Ethiopian Women's Package for Development and Change and the 2006 National Action Plan for Gender Equality (although limited inter-sectoral coordination of the PSNP has constrained opportunities for greater synergies) (UNICEF, 2012b; Jones et al., 2010b). Gender equality is also a central pillar of the country's 2000 Federal Family Code, which contains provisions against domestic violence and harmful traditional practices, including early marriage and FGM. Moreover, the government has recently implemented a revised land registration process designed for greater gender parity that encourages greater security of tenure among women and now permits joint certification of husbands and wives in most regions (ibid; Quisumbing and Yohannes, 2004).

#### 5.3.3 GENDER-SENSITIVE PROGRAMME DESIGN FEATURES

The design of the PSNP reflects a concerted gender sensitivity approach, with several innovative examples of good practice. Jones et al. conclude that the programme's overall design reflects "a relatively strong focus on women's role in agriculture and food security, paying attention to women's specific needs and vulnerabilities on a number of levels" (2010b: 22).

The programme design acknowledges the fact that women face unique challenges in terms of labour deficits within female-headed households, different

physical labour capabilities between women and men, higher levels of time poverty, and the need for childcare support, among other things (Holmes and Jones, 2013). A number of the PSNP's provisions directly address these challenges, including work exemptions for women who are more than six months' pregnant or nursing an infant, flexibility to enable women to structure their work hours around family obligations, and the provision of staffed childcare facilities (Jones et al., 2010b).

The PSNP's design also promotes women's participation in programme governance at all levels (Sharp et al., 2006). Over time, the government has sought to respond to evaluation data and stakeholder feedback by addressing the constraints that prevent women from increasing their level of participation (Jones et al., 2010b). Furthermore, a gender-sensitive approach guides the choice of many types of community assets created by public works activities. These include community water and fuel wood sources designed to reduce women's time poverty, and using public works labour to help cultivate land held by labour-constrained female-headed households (ibid). The PSNP also supports women's access to savings and credit schemes by linking them to such mechanisms on 'graduation' from public works (Holmes and Jones, 2013).

However, evaluations clearly indicate room for substantial improvement in the PSNP in order to better address gender inequality within Ethiopia (AfDB, 2004; Newton, 2007; World Bank, 2010a; Jones et al., 2010b). Several key challenges in design and implementation are discussed below.

#### 5.3.4 PROGRAMME IMPACTS

As Holmes and Jones (2013) note, the impact of the PSNP on women has been mixed, with strong positive impacts felt at the individual level, but weaker impacts at the intra-household and community levels. They argue that the PSNP's transformative potential has been limited by insufficient efforts to promote women's meaningful participation in the programme, insufficient attention towards addressing limited gender rights awareness at the household and community levels, and unequal gender relations still common within food security and agricultural productivity (Jones et al., 2010b). This is partly due



to inadequate resources being allocated for capacity-building and raising awareness of the PSNP's gender dimensions among officials at national, state, district and community levels – an issue compounded by lack of capacity among government structures dealing specifically with women's issues (ibid; Bisewar, 2008).

#### Individual level

At the individual level, evaluation evidence points to positive impacts felt by PSNP participants in terms of their ability to smooth food consumption patterns, facilitate school enrolment, provide basic necessities, and reduce women's daily time burdens (Jones et al., 2010b). Improved child nutrition has also led to better student concentration in the classroom (ibid). For pregnant and lactating women, providing direct support has proved particularly important; there are, however, considerable variations in terms of the duration of support offered, and how comfortable and empowered women feel in demanding rights to this programme entitlement (ibid; Frankenberger, 2007). Participants have also identified a number of intangible gains since joining the programme with men and women both expressing greater feelings of confidence in ability to cope with external shocks and provide for the food security and well-being of their families as a result (Jones et al., 2010b).

However, the impact of capacity-building efforts and awareness-raising about the PSNP's gender-related provisions, both among programme beneficiaries and programme staff, has been very limited. The result has been uneven implementation of key provisions designed to support pregnant and lactating women, provide childcare facilities, and support labour-constrained female-headed households by allocating public works labour to farm their land.

#### Household level

At the household level, participation in the PSNP has led to increases in the quantity, regularity and quality of household food consumption and the ability to meet immediate material needs; this has strengthened resilience in times of drought and periods of low agricultural output, while reducing the need to resort to distress sale or use of assets. In some cases, the PSNP has also reduced the need for women to work in potentially exploitative domestic labour roles (Jones et al., 2010b). Some households have been able to invest further in agricultural inputs and

improved household construction. This is particularly important for female-headed households, which have traditionally had few alternative avenues for such support and who are now often given priority in PSNP targeting decisions due to programmatic quotas (ibid).

The transformative impact of the programme on traditional gender roles and responsibilities has, however, been mixed at best. According to Jones et al., the PSNP "has had limited emphasis on addressing the unequal gender relations in food security and agriculture productivity at the intra-household level" (2010: 22). On the one hand, some women report being accorded more respect from husbands as a result of participation in public works activities, and some men are reappraising traditional attitudes about women's work capabilities after working alongside them at public works sites (ibid.). On the other hand, despite findings from the 2005 Participatory Poverty Assessment showing that "men had absolute control of decisions and income management" in most households (MoFED, 2005), PSNP payment is made on a household basis, irrespective of which member of the family does the work. Qualitative research findings have suggested that PSNP payments to the head of the household, particularly where men might have greater scope for misusing cash-based payments on alcohol and food consumption outside the home, were a source of concern, especially among female programme participants (Jones et al., 2010b). Within polygamous households, PSNP can also contribute to greater dependency of the second wife and her children on the first wife (Government of Ethiopia, 2008). Although there is recognition that female-headed households are especially vulnerable due to a shortage of male labour for performing key agricultural tasks, programme design assumes that adequate adult labour exists to participate in public works activities (Pankhurst, 2009). As Sharp et al. (2006) note, this oversight results in the exclusion of female-headed households with a number of young children and/or sick and disabled family members who are likely to be among those in greatest need of support.

#### Community level

At the community level, the PSNP has successfully created assets to directly improve the lives of beneficiary and non-beneficiary women, such as water harvesting facilities, infrastructure development and land rehabilitation initiatives (Jones et al., 2010b). Programme participation has also led to second-order gains in social capital among beneficiaries: men and women both report enjoying newfound opportunities to access traditional social networks and savings groups such as *edir* and *ekub* (from which they were previously excluded), as well as the capacity to honour voluntary and semi-voluntary community contributions and government taxes. Jones et al. (2010b) argue that such improvements in social inclusion are of particular significance for rural women, given their generally lower levels of participation in village life and limitations on mobility.

Despite these positive impacts, there is, however, a need to strengthen programmatic sensitivity to gender-appropriate conceptualisations of community assets. For instance, the programme continues to focus on the quantity of women participants rather than measurements of meaningful participation, a tendency linked to gaps in budgetary and human resource investment (Jones et al., 2010b). Furthermore, the focus remains firmly on the creation of physical infrastructure such as roads, terraces and water harvest facilities; but there has been insufficient consideration of how these assets meet the diverse needs of men and women, or the appropriateness of a wider range of assets that could improve agricultural productivity and food security (Jones et al., 2010b). However, the government has demonstrated a willingness to reconsider its original conceptualisation of community assets. Moreover, as Holmes and Jones (2013) note, there is now "growing awareness of the value of diversifying the type of public assets created", with schools, clinics, and community education schemes now part of an expanded 2011-2015 phase of asset creation.<sup>36</sup>

#### 5.3.5 BUILDING A STRONGER PROGRAMME

Ethiopia's PSNP has made notable advances in addressing women's practical gender needs, but several aspects of its design need to be improved in order to increase the programme's overall

effectiveness and take fuller advantage of its transformative potential. For instance, greater sensitivity is needed to address the unique socio-economic risks and challenges facing women in male-headed (particularly polygamous) households, as well as the unique needs of female-headed households for activities that better enable women to combine their productive and reproductive roles. More concerted efforts are also required to redress equity issues at public works sites, including reducing pay disparities between men and women and improving programmatic understanding of the unique and complementary skill-sets men and women bring to public work.

In its latest phase (2011-2015), the PSNP has begun to expand its conceptualisation of community assets to include not only physical infrastructure but also assets that develop human capital such as addressing health and nutrition vulnerabilities, especially for people living with HIV or AIDS. This could, however, be expanded to include the provision and promotion of community childcare services. The PSNP could also aim to strengthen linkages with complementary services that help to improve women's situation in various spheres in the longer term, including increasing women's representation in community decision-making processes (particularly regarding asset creation), and increasing their access to education and skills. It could also facilitate improved coordination of inter-sectoral responses to multidimensional and interlocking risks and vulnerabilities. Finally, the programme requires gender-related indicators to be embedded as routine components of monitoring and evaluation processes.

36. USAID Ethiopia, Productive Safety Net Program (PSNP) (<http://ethiopia.usaid.gov/programs/feed-future-initiative/projects/productive-safety-net-program-psnp>).

## 6. POLICY AND PROGRAMME RECOMMENDATIONS

This final section presents a number of policy and programme recommendations, highlighting entry points for UN Women, drawing on the synthesis of the country mapping findings on the extent to which countries in the South-East Asian region are undertaking gender-responsive social protection, as well as the review of examples of international good practice. The recommendations are based on the following five themes:

1. Data collection and knowledge promotion
2. Partnerships
3. Capacity-building
4. Supporting innovation
5. Monitoring and evaluation.

These recommendations are organised in table format for ease of understanding; they are also divided into short-term 'quick wins' and longer-term actions.

TABLE 10: RECOMMENDATIONS VIS-À-VIS ENTRY POINTS FOR UN WOMEN TO PROMOTE GENDER-RESPONSIVE SOCIAL PROTECTION IN SOUTH-EAST ASIA

Area of intervention	Specific activities	Short-term quick wins	Long-term actions
Data collection and knowledge promotion			
	Promote the institutionalisation of gender-sensitive vulnerability assessments.	Support gender-sensitive vulnerability assessments for forthcoming social protection programmes (e.g. Viet Nam's CCT pilot programme and Myanmar's pilot health insurance schemes).  This may entail supporting research on vulnerabilities facing specific groups of women at different lifecycle junctures to overcome critical data gaps that persist for many countries and national sub-regions.	Provide guidance to all bodies tasked with conducting periodic updates of vulnerability assessments in all partner countries to ensure that gender-sensitive vulnerability assessments underpin social protection programming and reforms.  Ensure that efforts feed into broader national initiatives to improve data collection.
	Develop and maintain a webpage to collate and organise information on gender-responsive social protection in South-East Asia.	Establish a webpage linked to the main UN Women regional website for documentation related to gender-responsive social protection in the region, and materials on international good practice. This could include disseminating and building upon existing toolkits and guidance notes on gender-responsive social protection policy and programme design, implementation and M&E.	Maintain and update this webpage to ensure it becomes the 'go-to-webpage' for material in the region on gender-sensitive social protection.
	Establish an online community of social protection practitioners.	Establish an online community of practitioners among UN Women country offices and invite partners in the region to discuss key opportunities and challenges vis-à-vis gender-responsive social protection (building on the 2012 expert meeting in Bangkok).	Maintain a community of practitioners over time and organise periodic face-to-face meetings to share experiences and learning, and develop joint materials.

Area of intervention	Specific activities	Short-term quick wins	Long-term actions
	Organise study tours within the region.	For countries with fledgling social protection systems (Cambodia, Lao PDR, Myanmar and Timor-Leste), support and organise study tours to countries in the region with more advanced social protection systems, especially Indonesia, the Philippines and Thailand, to promote region-wide learning and capacity building.	Over time, support study tours for sub national programme implementers as they are often neglected in relevant capacity-building endeavours, but are critical in ensuring gender-sensitive impacts of social protection programmes.
Partnerships			
	Collaborate and coordinate with government champions.	Support government partners in developing gender-responsive legal frameworks for social protection.	Support expansion of gender-responsive social protection programming in line with vulnerability assessments.
	Collaborate and coordinate with civil society champions.	Support women's organisations in piloting participatory programme M&E approaches such as social audits to promote learning on gender-sensitive programme governance and accountability (e.g. possibly learning from experiences in India with the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)).	Develop good practice guidance on participatory gender-sensitive programme M&E approaches.
	Collaborate and coordinate with UN agencies working on social protection, especially the ILO, UNICEF, and WHO.	Lead in the development of an inter-agency South-East Asia action plan for promoting gender-sensitive social protection initiatives, including how to engage with the ILO's Social Protection Floor (SPF) Initiative.	Support gender audits of partner UN agency initiatives; provide guidance and capacity building as needed.
	Collaborate and coordinate with intra-regional government bodies, e.g. ASEAN.		Support government partners to develop gender-responsive intra-regional legal frameworks for social protection.
	Collaborate and coordinate with donor agencies, especially the ADB, AusAID, DFID, the EU and the World Bank.	Identify areas for collaboration within ongoing programme cycles.	Establish UN Women's reputation as a regional leader in gender-responsive social protection programming.
Capacity building			
	For social protection programme designers	Develop a training programme module for national-level actors to be cascaded via a 'trainer of trainers' approach on gender-responsive social protection programming, building on existing toolkits.	Support and monitor the capacity building of social protection programme designers, including refresher programmes.
	For social protection programme implementers	Develop a training programme module for sub national-level actors to be cascaded via a 'trainer of trainers' approach on gender-responsive social protection programming, building on existing toolkits. Ensure that it is tailored to local realities, especially in the case of decentralisation and challenges of pro-poor and gender-sensitive targeting.	Support and monitor the capacity building of social protection programme implementers, including refresher programmes.
	For programme participants/communities	Support behaviour change communication (BCC) initiatives about gender-sensitive provision of social protection programmes.	Monitor the effectiveness of BCC initiatives.

Area of intervention	Specific activities	Short-term quick wins	Long-term actions
Supporting Innovation			
	Pilot innovative programmes to promote learning on gender-responsive social protection.	In the case of programmes with potential, support pilots that promote gender-sensitive social protection for specific vulnerable groups of women, including informal sector workers, migrants and domestic workers. These should be designed to link up with complementary programmes and services in order to address key knowledge and evidence gaps.	Support innovative programming, with embedded and rigorous monitoring and evaluation systems, which explicitly recognises women and girls' vulnerability to gender-based violence and to the impacts of climate change.
Monitoring and evaluation			
	Support the development of gender-responsive indicators.	Support the development of gender-responsive indicators for forthcoming social protection programmes (e.g. Viet Nam's CCT pilot programme; Myanmar's pilot health insurance schemes).	Support the development of gender-responsive indicators for M&E systems of all social protection programmes/national social protection systems.
	Support the development of gender-responsive budgeting in social protection sector.	Work with existing gender budget initiatives (e.g. in the Philippines) to expand the focus to social protection.	Develop good practice guidance on gender budgeting for social protection systems, including promoting the idea of incentive-based funding for local governments undertaking gender-responsive budgeting in this area (drawing on good practice examples from Brazil and elsewhere).
	Support capacity building for reporting and analysis of M&E data.	Integrate a module within capacity-building programmes for designers and implementers exploring how they can utilise and report on gender-responsive data to overcome weak uptake of gender-disaggregated data collection initiatives.	Monitor the rollout of gender-sensitive data processing and analysis.
	Promote gender social audits and other forms of participatory programme monitoring and accountability.	Support pilots of gender social audits for more established social protection programmes (e.g. Indonesia's CCT programme)	Develop guidance on good practice vis-à-vis gender social audits of social protection programmes.

## BIBLIOGRAPHY

ADB (2007) *Philippines: Women's Health and Safe Motherhood Project*. Performance Evaluation Report, Asian Development Bank ([www.adb.org/sites/default/files/27010-PHI-PPER.pdf](http://www.adb.org/sites/default/files/27010-PHI-PPER.pdf)).

ADB (2012) *Outlook 2012 Update*. Manila: Asian Development Bank ([www.adb.org/sites/default/files/pub/2012/adou2012.pdf](http://www.adb.org/sites/default/files/pub/2012/adou2012.pdf)).

ADB (nd) *Proposed Technical Assistance for Strengthened Gender Impacts of Social Protection*, Social Protection Support Project (RRP PHI 43407-01). Asian Development Bank ([www2.adb.org/Documents/RRPs/PHI/43407/43407-01-phi-oth-03.pdf](http://www2.adb.org/Documents/RRPs/PHI/43407/43407-01-phi-oth-03.pdf)).

ADB and BPS-Statistics Indonesia (2011) *The Informal Sector and Informal Employment in Indonesia* ([www.adb.org/sites/default/files/pub/2011/informal-sector-indonesia.pdf](http://www.adb.org/sites/default/files/pub/2011/informal-sector-indonesia.pdf)).

ADB, CIDA, EC, NCRFW, UNICEF, UNIFEM and UNFPA (2008) *Paradox and Promise in the Philippines: A Joint Country Gender Assessment*. Philippines: Asian Development Bank, Canadian International Development Agency, European Commission, National Commission on the Role of Filipino Women, United Nations Children's Fund, UNIFEM and United Nations Population Fund.

ADB, GGGI and MoFAT (2011) *Social Dimensions of Climate Change: Adaptation, Water, Energy and Green Employment*. Policy Brief. Seoul: Asian Development Bank, Global Green Growth Institute, and Ministry of Foreign Affairs and Trade of the Republic of Korea.

AfDB(2004) Ethiopia: Multi-Sector Country Gender Profile. Abidjan, Côte d'Ivoire: African Development Bank, Agriculture and Rural Development North East and South Region.

Ahmed, A.U., Rabbani, M., Sulaiman, M. and Das, N. C. (2009) *The Impact of Asset Transfer on Livelihoods of the Ultra Poor in Bangladesh*. Research Monograph Series No. 39. Dhaka: BRAC.

Ahmed, S.M., Petzold, M., Kabir, Z.N. and Tomson, G. (2006) 'Targeted intervention for the ultra poor in rural Bangladesh: does it make any difference in their health-seeking behaviour?' *Social Science and Medicine* 63(11): 2899-2911.

Amnesty International (2012) *Annual Report: Laos 2011* ([www.amnestyusa.org/research/reports/annual-report-laos-2011?page=show](http://www.amnestyusa.org/research/reports/annual-report-laos-2011?page=show)).

Arif, S., Syukri, M., Isdijoso, W., Rosfadhila, M. and Soelaksono, B. (2010) *Are Conditionality Pro-Women? A Case Study of Conditional Cash Transfer in Indonesia*. Working Paper, Jakarta: The SMERU Research Institute.

ASEAN (2011) *Migrant Workers' Right to Social Protection in ASEAN: Case Study of Indonesia, Philippines, Singapore and Thailand*. Thailand: Mahidol Migration Centre, Institute for Population and Social Research, Mahidol University.

Barrientos, A. and Hulme, D. (2008) *Social Protection for the Poor and Poorest in Developing Countries: Reflections on a Quiet Revolution*. Manchester: Brooks World Poverty Institute.

- Batangan, D. and Batangan, T. (2007) *Social Security Needs Assessment Survey for the Informal Economy in the Philippines*. Manila: International Labour Office ([www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms\\_125339.pdf](http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms_125339.pdf)).
- Baulch, B. and Vu, H.D. (2012) *Exploring the Ethnic Dimensions of Poverty in Viet Nam*. Background Paper for the 2012 World Bank Programmatic Poverty Assessment, Hanoi: Viet Nam.
- Béné, C. (2011) 'Social protection and climate change', *IDS Bulletin* 42(6): 67-70.
- Bisewar, I. (2008) 'A new discourse on "gender" in Ethiopia', *African Identities* 6(4):405-429.
- Bordia Das, M. (2007) *Whispers to Voices: Gender and Social Transformation in Bangladesh*. Dhaka: World Bank and AusAID.
- BRAC (2012) *Challenging the Frontiers of Poverty Reduction: Targeting the Ultra Poor (CFPR-TUP)* ([www.brac.net/content/challenging-frontiers-poverty-reduction-targeting-ultra-poor-cfpr-tup#.UIVPaMXR5PM](http://www.brac.net/content/challenging-frontiers-poverty-reduction-targeting-ultra-poor-cfpr-tup#.UIVPaMXR5PM)).
- Calderon, G. (2011) *The Effects of Child Care Provision in Mexico* ([www.stanford.edu/~gabcal/JobMarketPaper.pdf](http://www.stanford.edu/~gabcal/JobMarketPaper.pdf)).
- CEDAW (2008) *Consideration of reports submitted by States parties under Article 18 of the Convention on the Elimination of All Forms of Discrimination against Women, Combined sixth and seventh periodic report of States parties: Lao People's Democratic Republic, CEDAW/C/LAO/7*.
- Centre for the Education Promotion and Empowerment for Women (CEPEW); the Research Centre for Gender and Development (RCGAD); the Institute for Family and Gender; the Institute for Social Development Studies (ISDS); The Reproductive and Family Health Center (RaFH); the Research Center for Gender, Family and Environment in Development (CGFED); and the Interdisciplinary Gender Centre (IGC) (2006) *Report of Non-Governmental Organisations regarding: Implementation of the Convention on the Elimination of all Forms of Discrimination Against Women in Viet Nam*, Ha Noi: UN Women, ActionAid Viet Nam and The Embassy of Switzerland to Viet Nam ([http://www.unwomen-eseasia.org/projects/Cedaw/docs/countryreports/vietnam/2007/final%20NGO%20report%20on%20CEDAW%20implementation.Vietnam%202006\\_Eng.pdf](http://www.unwomen-eseasia.org/projects/Cedaw/docs/countryreports/vietnam/2007/final%20NGO%20report%20on%20CEDAW%20implementation.Vietnam%202006_Eng.pdf))
- Chant, S. and Pedwell, C. (2008) *Women, Gender and the Informal Economy: An Assessment of ILO Research and Suggested Ways Forward*. Geneva: International Labour Office ([www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms\\_091228.pdf](http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_091228.pdf)).
- Chaudhury, M., Ajayi, O.C., Hellin, J. and Neufeldt, H. (2011) *Climate change adaptation and social protection in agroforestry systems: enhancing adaptive capacity and minimizing risk of drought in Zambia and Honduras*. ICRAF Working Paper No. 137. Nairobi: World Agroforestry Centre. (<http://www.worldagroforestry.org/downloads/publications/PDFs/WP11269.PDF>).
- Chaudhury, N. and Okamura, Y. (2012) *Conditional Cash Transfers and School Enrolment: Impact of the Conditional Cash Transfer Program in the Philippines*. Philippine Social Protection Note No. 6. Washington DC: The World Bank.
- CIEE (2012) *The Impact of Day Care on Maternal Labor Supply and Child Development in Mexico*, Centro de Investigación en Evaluación y Encuestas ([www.3ieimpact.org/media/filer/2012/10/15/mexico\\_daycare\\_evaluation.pdf](http://www.3ieimpact.org/media/filer/2012/10/15/mexico_daycare_evaluation.pdf)).

- Consejo Nacional de Evaluación de la Política de Desarrollo Social (CONEVAL) (2011) *Programa de Estancias infantiles para Apoyar a Madres Trabajadoras (PEI)*. Government of Mexico: Mexico City. <http://www.google.com.mx/url?sa=t&rct=j&q=estancias%20infantiles%20madres%20trabajadoras&source=web&cd=25&cad=rja&ved=0CDkQFjAEOBQ&url=http%3A%2F%2Fwww.coneval.gob.mx%2Fcmsconeval%2Fw%2Fresource%2FEED%25202010-2011%2FSEDESOL%2FPEI%2FCompleto.pdf%3Fdownload%3Dtrue&ei=UOaOUMitJ5Os8QSV9oAI&usq=AFQjCNEpneH9PYIH3FfL0z93umo0ZnTw>
- Cook, S. (2009) *Social Protection in East and South East Asia: A Regional Review*. Brighton: Institute of Development Studies.
- CPRC (2008) *The Chronic Poverty Report 2008-09: Escaping Poverty Traps*. Manchester: Chronic Poverty Research Centre.
- Das, N.C. and Shams, R. (2011) *Asset Transfer Programme for the Ultra-Poor: A Randomized Control Trial Evaluation*. CFPR Working Paper No. 22. Dhaka: BRAC.
- Davies, M., Guenther, B., Leavy, J., Mitchell, T. and Tanner, T. (2008) 'Adaptive social protection: synergies for poverty reduction', *IDS Bulletin* 39(4): 105-112.
- Davies, M., Oswald, K. and Mitchell, T. (2009) 'Climate change adaptation, disaster risk reduction and social protection' in OECD, *Social Protection, Poverty Reduction and Pro-Poor Growth: Background Papers*. DCD/DAC (2009)15/ADD, Paris: OECD.
- Dercon, S., Hoddinott, J. and Woldehanna, T. (2007) *Growth and Poverty in Rural Ethiopia: Evidence from 15 Communities 1994-2004*. Background Paper for the Chronic Poverty Report 2008-09. Manchester: Chronic Poverty Research Centre.
- Devereux, S. and Sabates-Wheeler, R. (2004) *Transformative social protection*. IDS Working Paper 232. Brighton: Institute of Development Studies.
- Devereux, S., McGregor, J.A. and Sabates-Wheeler, R. (2011) 'Introduction: social protection for social justice', *IDS Bulletin*, 42(6): 1-9.
- DFID (2011) *Cash Transfers: Evidence Paper*. London: Department for International Development, Policy Division.
- Diario Oficial (2009) *Acuerdo por el que Se Modifican las Reglas de Operación del Programa de Estancias Infantiles para Apoyar a Madres Trabajadoras, para el Ejercicio Fiscal 2010*, 28 December.
- DSWD (2012) 'Hardworking mother proves DSWD's convergence strategy works', Department of Social Welfare and Development ([www.dswd.gov.ph/2012/09/hardworking-mother-proves-dswds-convergence-strategy-works/](http://www.dswd.gov.ph/2012/09/hardworking-mother-proves-dswds-convergence-strategy-works/)).
- FAO (2007) *People-centred climate change adaptation: integrating gender issues*. Rome: Food and Agriculture Organization of the United Nations, Gender, Equity and Rural Employment Division (<ftp://ftp.fao.org/docrep/fao/010/a1395e/a1395e00.pdf>).
- Fernandez, L. and Velarde, R. (2012) *Who Benefits from Social Assistance in the Philippines? Evidence from the Latest National Household Surveys*. Philippine Social Protection Note No. 4. Washington DC: The World Bank.

- Ferreira, H.G.F., Filmer, D. and Schady, N. (2009) *Own and Sibling Effects of Conditional Cash Transfer Programs: Theory and Evidence from Cambodia*. Policy Research Working Paper 5001, Washington DC: The World Bank.
- Filmer, D. and Schady, N. (2006) *Getting Girls into School: Evidence from a Scholarship Program in Cambodia*, World Bank Policy Research Working Paper 3910, Washington DC: The World Bank.
- Frankenberger, T.R. (2007) *Ethiopia: The Path to Self-Resiliency*. CHF – Partners in Rural Development, on behalf of the Canadian Network of NGOs in Ethiopia (CANGO).
- Ghosh, B. (2011) *The Global Economic Crisis and Migration: Where Do We Go From Here?* Geneva: International Organization for Migration.
- Gilligan, D., Hoddinott, J. and Taffesse, A.S. (2008) *The Impact of Ethiopia's Productive Safety Programme and its Linkages*. Washington DC: International Food Policy Research Institute.
- Governance and Social Development Resource Centre (2011) 'Vulnerable groups in Burma and access to services' ([www.gsdr.org/docs/open/HDQ756.pdf](http://www.gsdr.org/docs/open/HDQ756.pdf)).
- Government of Ethiopia (2004) *The Ethiopian Productive Safety Net Program*. Addis Ababa: Government of the Federal Republic of Ethiopia
- Government of Ethiopia (2008) *Contextual Gender Analytical Study of the Ethiopia Productive Safety Net Program*. Addis Ababa: Government of the Federal Democratic Republic of Ethiopia.
- Government of Viet Nam and UNFPA (2011) *Ethnic Groups in Viet Nam: An analysis of the key indicators from the 2009 Viet Nam Population and Housing Census* ([http://vietnam.unfpa.org/webdav/site/vietnam/shared/Publications%202011/Ethnic\\_Group\\_ENG.pdf](http://vietnam.unfpa.org/webdav/site/vietnam/shared/Publications%202011/Ethnic_Group_ENG.pdf)).
- Guilmoto, C.Z. (2012) *Sex Imbalances at Birth: Current Trends, Consequences and Policy Implications*, Bangkok: United Nations Population Fund.
- Hagemeyer, K. and Schmitt, V. (2012) 'Providing social security in old age: the International Labour Organization view' in S. Handayani and B. Babajanian (eds), *Social Protection for Older Persons: Social Pensions in Asia*. Manila: Asian Development Bank.
- Handayani, S. (2012) 'The challenge of rapid aging: development of social pensions in Asia' in S. Handayani and B. Babajanian (eds), *Social Protection for Older Persons: Social Pensions in Asia*. Manila: Asian Development Bank.
- Harper, C., Jones, N., Mendoza, R., Stewart, D. and Strand, E. (eds) (2012) *Children in Crisis: Seeking Child-Sensitive Policy Responses*. London: Palgrave Macmillan.
- Haseen, F. (2007) 'Change in food and energy consumption among the ultra poor: is the poverty reduction programme making a difference?' *Asia Pacific Journal of Clinical Nutrition* 16 (Suppl. 1): 58-64.
- HelpAge International (2004) *Age and security: How social pensions can deliver effective aid to poor older people and their families*. London: HelpAge International.
- HelpAge International (2007) *Committed to Caring: Older women and HIV & AIDS in Cambodia, Thailand and Vietnam*. London: HelpAge International.

- HelpAge International (2008) *Primary Healthcare for Older People: A Participatory Study in Five Asian Countries*. Thailand: HelpAge International.
- HelpAge International (nd) Pension watch: social protection in older age. A comprehensive online resource on non-contributory (social) pensions ([www.pension-watch.net/](http://www.pension-watch.net/)).
- Hobson, M. and Campbell, L. (2012) 'How Ethiopia's Productive Safety Net Programme (PSNP) is responding to the current humanitarian crisis in the Horn' ([www.odihpn.org/humanitarian-exchange-magazine/issue-53/how-ethiopias-productive-safety-net-programme-psnp-is-responding-to-the-current-humanitarian-crisis-in-the-horn](http://www.odihpn.org/humanitarian-exchange-magazine/issue-53/how-ethiopias-productive-safety-net-programme-psnp-is-responding-to-the-current-humanitarian-crisis-in-the-horn)).
- Holmes, R. and Jones, N. (2009) *Putting the social back into social protection: a framework for understanding the linkages between economic and social risks for poverty reduction*. Background Note. London: Overseas Development Institute.
- Holmes, R. and Jones, N. (2010) *Rethinking Social Protection Using a Gender Lens*. Working Paper 320, London: Overseas Development Institute.
- Holmes, R., Mannan, F., Dhali, H. and Parveen, S. (2010) *Gendered Risks, Poverty and Vulnerability in Bangladesh: Case Study of Challenging the Frontiers of Poverty Reduction (CFPR) programme, Specially Targeted Ultra Poor II (STUP II)*. London: Overseas Development Institute.
- Holmes, R. and Jones, N. (2013) *Gender and Social Protection in the Developing World: Beyond Mothers and Safety Nets*. London: Zed Books.
- HRW (2008) *Denied Status, Denied Education: Children of North Korean Women in China*. New York: Human Rights Watch ([www.hrw.org/reports/2008/northkorea0408/northkorea0408webwcover.pdf](http://www.hrw.org/reports/2008/northkorea0408/northkorea0408webwcover.pdf)).
- HRW (2010) 'From the tiger to the crocodile: abuse of migrant workers in Thailand', 24 February, Human Rights Watch ([www.hrw.org/node/88580/section/5](http://www.hrw.org/node/88580/section/5)).
- HRW (2012a) 'Thailand: don't deport pregnant migrant workers', 5 July, Human Rights Watch ([www.hrw.org/news/2012/07/05/thailand-don-t-deport-pregnant-migrant-workers](http://www.hrw.org/news/2012/07/05/thailand-don-t-deport-pregnant-migrant-workers)).
- HRW (2012b) 'An abhorrent trail of abuse', 24 January, Human Rights Watch ([www.hrw.org/news/2012/01/24/abhorrent-trail-abuse](http://www.hrw.org/news/2012/01/24/abhorrent-trail-abuse)).
- Htoo, T.S. (2012) *Health Financing in Myanmar: Protecting the Poor*. Phnom Penh, Cambodia: Regional Forum on Health Care Financing.
- Hunt, P. and Mesquita, J. (2010) *Reducing Maternal Mortality: The Contribution of the Right to the Highest Attainable Standard of Health*, ([www.unfpa.org/webdav/site/global/shared/documents/publications/reducing\\_mm.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/reducing_mm.pdf)).
- ILO (2000) 'The informal sector'. International Labour Organization Regional Office for Asia and the Pacific ([www.ilo.org/public/english/region/asro/bangkok/feature/inf\\_sect.htm](http://www.ilo.org/public/english/region/asro/bangkok/feature/inf_sect.htm)).
- ILO (2008) *Timor-Leste: Decent Work Country Programme 2008-2013*. ([www.ilo.org/wcmsp5/groups/public/---asia/--ro-bangkok/---ilo-jakarta/documents/policy/wcms\\_116154.pdf](http://www.ilo.org/wcmsp5/groups/public/---asia/--ro-bangkok/---ilo-jakarta/documents/policy/wcms_116154.pdf)).

- ILO (2010a) *Labour and Social Trends in Cambodia 2010*. ILO/National Institute of Statistics, Ministry of Planning, Cambodia ([www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms\\_158511.pdf](http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_158511.pdf)).
- ILO (2010b) *World Social Security Report 2010/2011: Providing Coverage in Times of Crisis and Beyond*. Geneva: International Labour Organization.
- ILO (2010c) *Maternity at Work: A Review of National Legislation: Findings from the ILO Database of Conditions of Work and Employment Laws*. Geneva: International Labour Organization.
- ILO (2010d) *Extending Social Security to All: A guide through challenges and options*. Geneva: International Labour Organization.
- ILO (2011) *Social Protection Floor for a Fair and Inclusive Globalization*. Geneva: International Labour Organization.
- ILO (2012a) 'China's latest revolution: basic health care for all', 3 September ([www.ilo.org/asia/info/public/features/WCMS\\_188582/lang--en/index.htm](http://www.ilo.org/asia/info/public/features/WCMS_188582/lang--en/index.htm)).
- ILO (2012b) *Statistical Update on Employment in the Informal Economy*. International Labour Organization Department of Statistics ([http://laborsta.ilo.org/applv8/data/INFORMAL\\_ECONOMY/2012-06-Statistical%20update%20-%20v2.pdf](http://laborsta.ilo.org/applv8/data/INFORMAL_ECONOMY/2012-06-Statistical%20update%20-%20v2.pdf)).
- ILO (2012c) *World of Work Report 2012 – Better Jobs for a Better Economy*. ILO/International Institute for Labour Studies ([www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_179453.pdf](http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_179453.pdf)).
- ILO (2012d) *Indonesia Decent Work Country Programme 2012-2015*. ([www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-jakarta/documents/publication/wcms\\_189860.pdf](http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-jakarta/documents/publication/wcms_189860.pdf)).
- ILO (2013a) *Domestic Workers Across the World: Global and Regional Statistics and the Extent of Legal Protection*. Geneva: International Labour Office ([www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_173363.pdf](http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_173363.pdf)).
- ILO (2013b) Press release 'Asia leads world in domestic worker numbers, but legal protection, working conditions lag', 9 January ([www.ilo.org/asia/info/public/pr/WCMS\\_201084/lang--en/index.htm](http://www.ilo.org/asia/info/public/pr/WCMS_201084/lang--en/index.htm)).
- ILO (nd) 'Informal economy' ([www.ilo.org/hanoi/areasofwork/informal-economy/lang--en/index.htm](http://www.ilo.org/hanoi/areasofwork/informal-economy/lang--en/index.htm)).
- ILO and ADB (2011) *Women and Labour Markets in Asia: Rebalancing for Gender Equality*. Geneva: ILO Regional Office for Asia and the Pacific, and Asian Development Bank.
- ILO and Quality of Life Promotion Centre (2006) 'The Situation of Migration and Trafficking of Children and Women: A Rapid Assessment'. Unpublished report for the ILO Mekong sub-regional project to Combat Trafficking in Women and Children.
- INEGI and INMUJERES (2008) *Mujeres y Hombres en México*. Mexico City: Instituto Nacional de Estadística, Geografía e Informática (INEGI) and Instituto Nacional de las Mujeres (INMUJERES).
- INMUJERES (2009) *Política Nacional de Igualdad Entre Mujeres y Hombres: Balance y Perspectivas*. Mexico City: Instituto Nacional de las Mujeres.

- IOM (2005) *Migration, Development and Poverty Reduction in Asia*. Geneva: International Organization for Migration ([www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/published\\_docs/books/migration\\_development.pdf](http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/published_docs/books/migration_development.pdf)).
- IOM (2012) 'IOM Viet Nam News', ([www.iom.int.vn/joomla/index.php](http://www.iom.int.vn/joomla/index.php)).
- IOM, UNESCAP, ILO, UNAIDS, UNDP, UNFPA, UNICEF and UNIFEM (2008) *Situation Report on International Migration in East and South-East Asia: Regional Thematic Working Group on International Migration including Human Trafficking*. Bangkok: International Organization for Migration, Regional Office for Southeast Asia ([http://publications.iom.int/bookstore/free/Situation\\_Report.pdf](http://publications.iom.int/bookstore/free/Situation_Report.pdf)).
- IOS (2012) 'Vietnam', The International Observatory on Statelessness ([www.nationalityforall.org/Vietnam](http://www.nationalityforall.org/Vietnam)).
- IRC, CEMA, UNDP and Embassy of Finland (2012) *Impact of Program 135-phase II through the Lens of Baseline and Endline Surveys*, Hanoi: Indochina Research and Consulting, Committee for Ethnic and Mountainous Areas, UNDP and Embassy of Finland.
- Jones, N., Nguyen, N.A. and Presler-Marshall, E. (2010a) 'Mapping the reform process in the public delivery of social protection services in Viet Nam' in *Viet Nam Human Development Report 2010* ([www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7249.pdf](http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7249.pdf)).
- Jones, N., Tafere, Y. and Woldehanna, T. (2010b) *Gendered Risks, Poverty and Vulnerability in Ethiopia: To What Extent is the Productive Safety Net Programme (PSNP) Making a Difference?* London: Overseas Development Institute.
- Jones, N. and Holmes, R. (2011) 'Why is social protection gender-blind? The politics of gender and social protection', *IDS Bulletin*, 42(6): 45-52.
- Jones, N., Tran T. V. A. and A. Malachowska (2012) *The politics of gender and social protection in Viet Nam. Opportunities and challenges for a transformative approach*, London: Overseas Development Institute.
- Kisekka, M. (2007) *Addressing Gender-Based Violence in East and South-East Asia*. Bangkok, Thailand: United Nations Population Fund (UNFPA).
- Knox-Vydmanov, C. (2011) 'Pensions have a positive impact on development', Poverty Matters Blog, 2 May ([www.guardian.co.uk/global-development/poverty-matters/2011/may/02/pensions-impact-development](http://www.guardian.co.uk/global-development/poverty-matters/2011/may/02/pensions-impact-development)).
- Kolev, A. and SuárezRobles, P. (2010) 'Addressing the gender pay gap in Ethiopia: how crucial is the quest for education parity?' *Journal of African Economies* 9(5): 718-767.
- Lambrou, Y. and Piana, G. (2006). *Gender: The Missing Component of the Response to Climate Change*. Rome: FAO, Gender and Population Division ([www.fao.org/sd/dim\\_pe1/docs/pe1\\_051001d1\\_en.pdf](http://www.fao.org/sd/dim_pe1/docs/pe1_051001d1_en.pdf)).
- Leebouapao, L. (2010) 'Report on social protection in the Lao PDR' in M.G. Asher, S. Oum, and F. Parulian (eds.), *Social Protection in East Asia – Current State and Challenges*, ERIA Research Project Report No. 9. Jakarta: Economic Research Institute for ASEAN and East Asia.
- Long, G. and Wesumperuma, D. (2012) Social Pensions in Viet Nam: Status and Recommendations for Policy Responses. In Handayani, S. and B. Babajanian (eds.), *Social Protection for Older Persons: Social Pensions in Asia*. Manila: ADB.

- Loster, T. and Reinhard, D. (2012) 'Microinsurance and climate change' in *Protecting the Poor: A Microinsurance Compendium. Volume II*. Geneva: International Labour Organization and Munich Re Foundation.
- Maplecroft (2012) Maplecroft News ([http://maplecroft.com/about/news/ccvi\\_2013.html](http://maplecroft.com/about/news/ccvi_2013.html)).
- Matin, I., Sulaiman, M. and Rabbani, M. (2008) *Crafting a Graduation Pathway for the Ultra Poor: Lessons and Evidence from a BRAC Programme*. Working Paper 109. Manchester: Chronic Poverty Research Centre.
- MFA and UN (2010) *China's Progress Towards the Millennium Development Goals 2010 Report*. China: Ministry of Foreign Affairs of the People's Republic of China and United Nations System in China.
- Migrating out of Poverty (2013) 'Migration issues in South east Asia' (<http://migratingoutofpoverty.dfid.gov.uk/where/southeastasia>).
- MoFED (2005) *Ethiopia Participatory Poverty Assessment 2004-05*. Addis Ababa: Government of the Federal Democratic Republic of Ethiopia, Ministry of Finance and Economic Development.
- MOLISA. (2009) *Reviewing the Past, Responding to New Challenges: A Mid-term Review of the National Targeted Programme for Poverty Reduction and Programme 135-II, 2006-2008*. Hanoi: MOLISA.
- Molyneux, M. and Thomson, M. (2011) 'Cash transfers, gender equity and women's empowerment in Peru, Ecuador and Bolivia', *Gender and Development*, 19(2): 195-212.
- Naznee, S. and Selim, N. (2005) *Women's Bargaining Power and Extreme Poverty – An Explanatory Study of Gendered Relations of Women in the Targeting the Ultra Poor (TUP) Programme*. BRAC Research Report. Dhaka: BRAC.
- NEDA (2011) *Philippine Development Plan 2011-2016*. Pasig City, Philippines: National Economic and Development Authority.
- Nelson, V. (2011) *Gender, Generations, Social Protection & Climate Change: A Thematic Review*. London: Overseas Development Institute.
- Neumayer, E. and Plümpner, T. (2007) 'The gendered nature of natural disasters: the impact of catastrophic events on the gender gap in life expectancy, 1981–2002', *Annals of the Association of American Geographers* 97(3): 551-566.
- Newton, J. (2007) 'Gender mainstreaming in Ethiopia: translation of policy into practice and implications on the ground'. Paper presented at WeD Conference of the ESRC Research Group on Wellbeing in Developing Countries, Bath, 28-30 June.
- Nguyen, H.T.M., Kompas, T., Breusch, T. and Ward, M. (2012) *Languages, Mixed Communes and Infrastructure: Sources of Inequality and Ethnic Minorities in Vietnam*. Crawford School Working Paper No. 12-06. Canberra: Australian National University.
- Norton, A., Conway, T. and Foster, M. (2001) *Social Protection Concepts and Approaches: Implications for Policy and Practice in International Development*. Working Paper 143. London: Overseas Development Institute.
- NSD (2010) *Timor-Leste Demographic and Health Survey 2009-10*. Dili, Timor-Leste: National Statistics Directorate and ICF Macro.

- NSO (2009) *Philippines National Demographic and Health Survey 2008*. Calverton, Maryland: National Statistics Office and ICF Macro.
- OECD (2012) *2012 Social Institutions and Gender Index: Understanding the Drivers of Gender Inequality*. Paris: OECD Development Centre.
- OHCHR (2007) *International Covenant on Economic, Social and Cultural Rights*, Office of the United Nations High Commissioner for Human Rights ([www2.ohchr.org/english/law/cescr.htm](http://www2.ohchr.org/english/law/cescr.htm)).
- Pankhurst, A. (2009) 'Rethinking safety nets and household vulnerability in Ethiopia: implications of household cycles, types and shocks'. Paper presented at World Conference of Humanitarian Studies, Groningen, 4-7 February.
- Pasadilla, G. and Abella, M. (2012) *Social Protection for Migrant Workers in ASEAN* ([www.cesifo-group.de/portal/pls/portal/docs/1/1219447.PDF](http://www.cesifo-group.de/portal/pls/portal/docs/1/1219447.PDF)).
- PCW (2012) *Expanding Social Protection for Women in Microenterprises and in the Informal Economy: The Partial Subsidy Scheme of PhilHealth*. The Great Women Project, Philippines: Philippine Commission on Women.
- Peng, Z. and Ding, Y. (2012) 'Tackling urban poverty in China; the Minimum Living Standard Scheme and its limitations', *Journal of Poverty and Social Justice* 20(3): 261-276.
- Pereznieta, P. and Campos, M. (2010) *Gendered Risks, Poverty and Vulnerability in Mexico: Contributions of the Estancias Infantiles para Apoyar a Madres Trabajadoras programme*. London: Overseas Development Institute.
- Phouxay, K. and Tollefsen, A. (2010) 'Rural–urban migration, economic transition, and status of female industrial workers in Lao PDR', *Population, Space and Place*, 17(5): 421-434.
- Pierre, G. (2012) *Recent Labour Market Performance in Vietnam through a Gender Lens*. Policy Research Working Paper 6056. Washington DC: The World Bank.
- Pierro, R. and Desai, B. (2008) 'Climate insurance for the poor: challenges for targeting and participation', *IDS Bulletin* 39(4): 123-129.
- Planning Commission (2005) *Bangladesh Poverty Reduction Strategy Paper*. Dhaka: Government of Bangladesh.
- PVAngels (2012) 'Mexican Day Care Wins United Nations Award' (<http://pvangels.com/news-mexico/1031/mexican-day-care-wins-united-nations-award>).
- Quisumbing, A. and Yohannes, Y. (2004) *How Fair is Workfare? Gender, Public Works, and Employment in Rural Ethiopia*. Washington DC: International Food Policy Research Institute.
- Rabbani, M., Prakash, V. and Sulaiman, M. (2006) *Impact Assessment of CFPR/TUP: A Descriptive Analysis Based on 2002-2005 Panel Data*. CFPR/TUP Working Paper 12. Dhaka: BRAC Research and Evaluation Division and Aga Khan Foundation Canada.
- Rannan-Eliya, R. (2008) 'Extending social health provision in the Asia-Pacific region: progress and challenges', in ILO, *Asia-Pacific Regional High-Level Meeting on Socially-Inclusive Strategies to Extend Social Security Coverage*, New Delhi, India, 19-20 May, Bangkok: ILO ([www.ilo.org/public/english/region/asro/bangkok/events/sis/papers/index.htm](http://www.ilo.org/public/english/region/asro/bangkok/events/sis/papers/index.htm)).

- Santibañez, L. and Valdes, C. (2008) *Estudio de Supervisión de las Estancias Infantiles de la Red del Programa de Guarderías y Estancias Infantiles para Apoyar a Madres Trabajadoras*. Mexico City: Centro de Investigación y Docencia Económicas.
- SEDESOL (2011) *Evaluando el Desempeño del Gobierno Federal 2007-2012*, Secretaría de Desarrollo Social, Federal Ministry of Social Development ([www.ceesp.org.mx/sites/default/files/Home/pdf/SEDESOL.pdf](http://www.ceesp.org.mx/sites/default/files/Home/pdf/SEDESOL.pdf)).
- Sen, G. and Ostlin, P. (eds.) (2010) *Gender Equity in Health: The Shifting Frontiers of Evidence and Action*. New York: Routledge.
- Sharp, K., Brown T. and Teshome, A. (2006) *Targeting Ethiopia's Productive Safety Net Programme*. London: Overseas Development Institute.
- Siriruttanapruk, S., Wada, K. and Kawakami, T. (2009) *Promoting Occupational Health Services for Workers in the Informal Economy through Primary Care Units*. ILO Asia-Pacific Working Paper Series. Bangkok: ILO Subregional Office for East Asia ([www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-bangkok/documents/publication/wcms\\_114237.pdf](http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-bangkok/documents/publication/wcms_114237.pdf)).
- Southwick, K. and Lynch, M. (2009) *Nationality Rights for All: A Progress Report and Global Survey on Statelessness*. Washington DC: Refugees International ([www.refintl.org/sites/default/files/RI%20Stateless%20Report\\_FINAL\\_031109.pdf](http://www.refintl.org/sites/default/files/RI%20Stateless%20Report_FINAL_031109.pdf)).
- SPF Advisory Group (2011) *Social Protection Floor for a Fair and Inclusive Globalization*. Report of the Social Protection Floor Advisory Group. Geneva: International Labour Office ([www.ilo.org/public/english/protection/secsoc/downloads/bachelet.pdf](http://www.ilo.org/public/english/protection/secsoc/downloads/bachelet.pdf)).
- Staab, S. and Gerhard, R. (2010) *Childcare Service Expansion in Chile and Mexico: For Women or Children or Both?* Gender and Development Programme Paper No. 10. Geneva: United Nations Research Institute for Social Development.
- Staab, S. and Gerhard, R. (2011) 'Putting two and two together? Early childhood education, mothers' employment and care service expansion in Chile and Mexico', *Development and Change* 42(4): 1079–1107.
- Suwanrada, W. and Wesumperuma, D. (2012) 'Development of the Old-Age Allowance system in Thailand: challenges and policy implications' in S. Handayani and B. Babajanian (eds), *Social Protection for Older Persons: Social Pensions in Asia*. Manila: Asian Development Bank.
- UN (2000) *Report of the Secretary-General to the Thirty-Ninth Session Commission for Social Development, 13-23 February 2001, Enhancing social protection and reducing vulnerability in a globalizing world*, E/CN.5. 2001/2, 8 December.
- UN (2009) *Convention of the Elimination of All Forms of Discrimination against Women, Division for the Advancement of Women*, Department of Economic and Social Affairs ([www.un.org/womenwatch/daw/cedaw/text/econvention.htm](http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm)).
- UN (2012a) *The Universal Declaration of Human Rights* ([www.un.org/en/documents/udhr/index.shtml](http://www.un.org/en/documents/udhr/index.shtml)).
- UN (2012b) *The role of the UN, and other human rights and development actors in advancing the participation of minorities in poverty reduction and development strategies in South East Asia*, Bangkok Consultation, Concept Note, 25 and 26 September ([www.ohchr.org/Documents/Events/Minority2012/conceptNoteBangkokJuly2012.pdf](http://www.ohchr.org/Documents/Events/Minority2012/conceptNoteBangkokJuly2012.pdf)).

- UN Data (2011) Gender Inequality Index and related indicators (<http://data.un.org/DocumentData.aspx?q=HDI&id=273>).
- UN ECOSOC (2000) *Enhancing Social Protection and Reducing Vulnerability in a Globalizing World*. Report of the Secretary-General to the Thirty-Ninth Session of the Commission for Social Development, UN Document No. E/CN.5/2001/\_/, 7 December 2000. United Nations Economic and Social Council.
- UN ECOSOC (2006) *Specific Groups and Individuals: Minorities*. Report of the Independent Expert on Minority Issues to the Sixty-Second Session of the Commission on Human Rights, UN Document No. E/CN.4/2006/74, 6 January 2006. United Nations Economic and Social Council.
- UN Viet Nam and IOM (2012) *Sex Work and Mobility from a Gender Perspective: Findings from Three Cities in Viet Nam*. Hanoi: United Nations in Viet Nam/International Organization for Migration.
- UN Women (2013) *Managing Labour Migration in ASEAN: Concerns for Women Migrant Workers*. Bangkok: UN Women.
- UNDESA (2012) *Population Ageing and Development 2012*, United Nations Department of Economic and Social Affairs, Population Division ([www.un.org/esa/population/publications/2012WorldPopAgeingDev\\_Chart/2012PopAgeingandDev\\_WallChart.pdf](http://www.un.org/esa/population/publications/2012WorldPopAgeingDev_Chart/2012PopAgeingandDev_WallChart.pdf)).
- UNDP (2009) 'Gender and climate change: impact and adaptation', UNDP Asia-Pacific Gender Community of Practice Annual Learning Workshop. Bangkok: United Nations Development Programme.
- UNDP (2010) *Gender, Climate Change and Community-Based Adaptation*. New York: United Nations Development Programme.
- UNDP (2011a) *Human Development Report: Sustainability and Equity – A Better Future for All*. New York: United Nations Development Programme.
- UNDP (2011b) *Sharing Innovative Experiences: Successful Social Protection Floor Experiences*. New York: United Nations Development Programme, Special Unit for South-South Cooperation.
- UNDP (2012a) *Asia-Pacific Human Development Report 2012: One Planet to Share – Sustaining Human Progress in a Changing Climate*. India: By Routledge, for the United Nations Development Programme.
- UNDP (2012b) *Study Tour Brazil and Timor-Leste: A South-South Dialogue on Social Protection*. Brasilia: United Nations Development Programme/International Policy Centre for Inclusive Growth.
- UNDP China and IPRCC (2011) *Policy Study on the Challenges and Responses to Poverty Reduction in China's New Stage*. Beijing: United Nations Development Programme and the International Poverty Reduction Center in China.
- UNESCAP (2011) *The Promise of Protection: Social Protection and Development in Asia and the Pacific*, United Nations Economic and Social Commission for Asia and the Pacific ([www.unescap.org/sdd/publications/social-protection/un-promise-of-protection.pdf](http://www.unescap.org/sdd/publications/social-protection/un-promise-of-protection.pdf)).
- UNESCO (2012) *Language Matters for the Millennium Development Goals*, United Nations Educational, Scientific and Cultural Organization, (<http://unesdoc.unesco.org/images/0021/002152/215296e.pdf>).



- UNFPA (2006) Viet Nam Commission for Population, Family and Children. United Nations Population Fund.
- UNFPA (2011a) *Profile of Key Sex-disaggregated Indicators from the 2009 Viet Nam Population and Housing Census*. Hanoi: United Nations Population Fund.
- UNFPA (2011b) *Socio-Cultural Influences on the Reproductive Health of Migrant Women: A Review of Literature in Viet Nam* ([www.unfpa.org/webdav/site/global/shared/documents/publications/2011/Migrant\\_Vietnam\\_.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/Migrant_Vietnam_.pdf)).
- UNHCR (2012a) *Global Report 2011 – Thailand* ([www.unhcr.org/4fc880b7b.html](http://www.unhcr.org/4fc880b7b.html)).
- UNHCR (2012b) 'Viet Nam' Fact Sheet, September ([www.unhcr.org/50001e799.html](http://www.unhcr.org/50001e799.html)).
- UNHCR (2012) *Report of the Special Rapporteur on extreme poverty and human rights, Magdalena Sepulveda Carmona, Addendum Mission to Timor-Leste, A/HRC/20/25/Add.1*. UN Human Rights Council.
- UNIAP and SIREN (2010) *Mekong Region Country Data Sheets: Human Trafficking 2010*. Bangkok: United Nations Inter-Agency Project on Human Trafficking/Strategic Information Response Network.
- UNICEF (2005) *Early Marriage – A Harmful Traditional Practice: A Statistical Exploration*. New York: UNICEF.
- UNICEF (2008) *Lao PDR Multiple Indicator Cluster Survey (MICS) 2006*. Lao PDR: UNICEF, Ministry of Planning and Investment, and Ministry of Health.
- UNICEF (2009) *Child Poverty, Deprivation and Disparities in South Asia: Some Preliminary Findings and Policy Recommendations*. Discussion Note. Kathmandu: UNICEF Regional Office for South Asia.
- UNICEF (2012a) *Committing to Child Survival: A Promise Renewed*. Progress Report 2012. New York: UNICEF.
- UNICEF (2012b) *Investing in Boys and Girls in Ethiopia: Past, Present and Future*. Addis Ababa: United Nations Children's Fund.
- UNICEF EAPRO (2009) *Reversing the Trend: Child Trafficking in East and South-East Asia*. Bangkok, Thailand: UNICEF East Asia and Pacific Regional Office.
- Unnayan Shamannay (2008) *Research on Health and Safety Nets in Island Chars in Northwest Bangladesh*.
- VGCL (2011) 'Confederation LDVN: Seminar on the Role of Trade Unions to Promote Gender Equality'. Hanoi: Vietnam General Confederation of Labour.
- Vlachantoni, A. and Falkingham, J. (2012) 'Gender and old-age pension protection in Asia', in S.W. Handayani and B. Babajanian (eds), *Social Protection for Older Persons: Social Pensions in Asia*. Manila: Asian Development Bank.
- Wang, D. (2007) 'Rural-urban migration and policy responses in China: Issues and solutions'. Paper presented at the Regional Symposium on Managing Labour Migration in East Asia: Policies and Outcomes, Singapore, 16-18 May.
- Wells-Dang, A. (2012). *Ethnic Minority Development in Vietnam: What Leads to Success?* Background Paper for the 2012 World Bank Programmatic Poverty Assessment, Hanoi: Viet Nam.

- WHO/SEARO (2008) *Prevalence of Gender-Based Violence in the South-East Asia Region*. New Delhi, India: World Health Organization Regional Office for South-East Asia (WHO/SEARO)([www.searo.who.int/entity/gender/data/regional\\_sheet.pdf](http://www.searo.who.int/entity/gender/data/regional_sheet.pdf)).
- WHO (2009) *Combating Gender-Based Violence in the South-East Asia Region*. New Delhi, India: World Health Organization Regional Office for South-East Asia.
- WHO, UNICEF, UNFPA and the World Bank (2012) *Trends in Maternal Mortality: 1990 to 2010, WHO, UNICEF, UNFPA and The World Bank estimates*. Geneva: World Health Organization.
- World Bank (2007) *World Development Report 2008: Agriculture for Development*. Washington DC: The World Bank.
- World Bank (2008) *Ethiopia at a Glance*. Washington DC: The World Bank.
- World Bank (2009a). *Cash Transfers: Reducing Present and Future Poverty*. International Bank for Reconstruction and Development and the World Bank: Washington D.C.
- World Bank. (2009b) *Country Social Analysis: Ethnicity and Development in Vietnam*. Summary Report. Washington, DC: IBRD and World Bank.
- World Bank (2010a) *Ethiopia at a Glance*. Washington DC: The World Bank.
- World Bank (2010b) *Mexico: Country Brief*. Washington DC: The World Bank.
- World Bank (2012a) *Implementation Completion and Results Report No: ICR2291 on credit and a grant in the amount of SDR 5.3 million and SDR 13 million to the Kingdom of Cambodia for the Education Sector Support Project*. Washington DC: The World Bank.
- World Bank (2012b) *PKH Conditional Cash Transfer: Social Assistance Program and Public Expenditure Review 6*. Washington DC: The World Bank.
- World Bank Data (2012c) Data (<http://data.worldbank.org/>).
- World Bank Data (2012d) Mexico (<http://data.worldbank.org/country/mexico>).
- World Bank (2012e) Indonesia's PNPMM Generasi Program: Final Impact Evaluation Report, Jakarta: The World Bank.
- Yumna, A., V. Febriany, M. Suykri, and P. Pereznieta (2012) *The politics of gender and social protection in Viet Nam. Opportunities and challenges for a transformative approach*, ODI Background Note, London: Overseas Development Institute.
- Yusuf, A. and Francisco, H. (2009) *Climate Change Vulnerability Mapping for Southeast Asia*. Singapore: Economy and Environment Program for Southeast Asia (EEPSEA).
- Zhu, Y. and Lin, L. (2011) *The Mobility Patterns of Rural-Urban Migrants and their Social Protection in China: Beyond the Extension of Urban-Based Approaches*. CSP Research Report 01. Brighton: Institute of Development Studies/ Centre for Social Protection.