

SOCIAL PROTECTION for HOMEBASED WORKERS

“Only one in five people in the world has adequate social security coverage...Lack of social security coverage is largely concentrated in the informal economies of the developing world, which are generally a larger source of employment for women than for men.” (ILO website, Facts on Social Security).

Access to adequate social protection is a basic human right. It is also widely considered to be instrumental in promoting human welfare and social consensus on a broad scale, and to be conducive to and indispensable for fair growth, social stability and economic performance, contributing to competitiveness.

Social Protection is one of the four strategic objectives of the [Decent Work Agenda](#) that define the core work of the ILO. Since its creation in 1919, it has actively promoted policies and provided its Member States with tools and assistance aimed at improving and expanding the coverage of social protection to all groups in society and to improving working conditions and safety at work. The ILO has set out three main objectives reflecting the three major dimensions of social protection:

1. Extending the coverage and effectiveness of social security schemes
2. Promoting labour protection,

which comprises decent conditions of work, including wages, working time and occupational safety and health, essential components of decent work.

3. Working through dedicated programmes and activities to protect such vulnerable groups as migrant workers and their families; and workers in the informal economy. Moreover, the world of work's full potential will be used to respond to the AIDS pandemic, focusing on enhancing tripartite constituents' capacity

SOCIAL PROTECTION consists of “POLICIES AND PROGRAMS THAT SEEK TO REDUCE POVERTY AND VULNERABILITY TO RISKS AND ENHANCE THE SOCIAL STATUS AND RIGHTS OF THE MARGINALIZED BY PROMOTING AND PROTECTING LIVELIHOOD AND EMPLOYMENT, PROTECTING AGAINST HAZARDS AND SUDDEN LOSS OF INCOME, AND IMPROVING PEOPLE'S CAPACITY TO MANAGE RISKS.”

(NEDA SDC Resolution No. 1 s. 2007, Philippines).

AROSS Declaration 2013 - Reclaiming our Future, Restoring the People's Dignity

As social problems rage across Asia with poverty prevailing amidst so much wealth for a few, deepening inequality and the prevalence of joblessness within and across countries, workers continue to be trapped in precarious work arrangements and hostile working conditions.

It is against this backdrop that the participants of the 4th **Asian Roundtable on Social Security**, gathered in Manila in 2013 and called for social protection that goes beyond safety nets for select segments of society. Participants from the

labor and social movement are demanding the right of all citizens to social protection that restores dignity and balances the economy.

Social protection is more than ensuring that no one in society falls without any social assistance but it is first and foremost a program to secure the people's well-being. Social protection is all about ensuring a dignified living for all and securing a future freed of uncertainties arising from job, income, social, economic and environmental insecurities.

Social protection should be inclusive and transformative. It is non-discriminatory and encompasses all individuals, regardless of gender, age, ethnicity, race, citizenship, religious belief, caste, political affiliation and employment status. The body called for the adoption of macroeconomic policies that support social protection, living wage and sustainable livelihood, health care and pension benefits for all, family-centered social services and labor market policies, provision of tools for working in a highly globalized economy, and unemployment insurance. (cont'd next page)



PHILIPPINES' Initiatives on Social Protection

Components of social protection in the Philippines include (1) LABOR MARKET PROGRAMS that enhance employment opportunities while protecting the rights and welfare of workers; (2) SOCIAL INSURANCE to mitigate income risks by pooling resources and spreading risks across classes; (3) SOCIAL WELFARE interventions to support the minimum basic requirements of the poor, and reduce risks associated with unemployment, resettlement, marginalization, illness, disability, old age and family care; and (4) SAFETY NETS as stop-gap mechanisms or urgent responses that address effects of economic shocks, disasters, and calamities on specific vulnerable groups.

Homenet Philippines (Homenet Phil) has taken on advocacy initiatives for greater protection in the workplace through promotion of occupational safety and health, reproductive health and rights, awareness on sexual harassment and other forms of violence against women and children. It works towards a vision of a society that recognizes the human rights of all workers, both formal and informal, women and men, without any discrimination based on gender, class, ethnicity, sexual orientation, age, and other differentiating factors, towards the social, political, and economic empowerment of homebased workers through their own organized groups and networks. Homenet Phil's mission is to facilitate the consolidation of all homebased workers, particularly women, in the country, and develop their capability to effect changes in policies, legislation, programs and services.

Homenet Philippines has been very active in advocacy and other activities on social protection. Through PATAMABA, it sits in the in NEDA-SDC Sub-Committee on Social Protection and has actively participated in the formulation of the Framework Plan in 2011. It has representation in the various fora on cheaper medicine and Philhealth Law amendments. It actively participated in the activities on Social Protection for the Workers in the Informal Sector, facilitated by the Social Security System (SSS) and the Department of Labor and Employment (DOLE.)

Since 2012, several meetings and consultation dialogues with SSS were attended by five sub-groups representing the informal sub-sectors (vendors, non-corporate construction workers, small transport workers, homebased workers and other IS workers). Five priority issues and concerns were identified and recommendations were forwarded for doable interventions for each of these sub-sectors. These meetings also identified leading offices or organizations that could provide appropriate interventions. Specified areas of support for each of the agencies/organizations were identified to facilitate the implementation of the suggested interventions. As a result of these initiatives, HN Phil-

ippines facilitated enrolment of 19 Homenet Phil members in Philhealth.

Several initiatives to push for the passage of the MACWIE (Magna Carta for Workers in the Informal Economy), which has a strong chapter on social protection, were done both at the local and national levels. Homenet Phil participated in hearings on MACWIE in both houses of Congress in 2014.

A dialogue with PhilHealth Vice President Walter Bacareza was also initiated on May 17, 2012 regarding the increase of Philhealth monthly premium. A position paper was submitted to PhilHealth to defer implementation because there were no consultations, among the sectors, especially on the question of affordability for members.

Homenet Philippines also participated in the round table discussion on social protection for food security. It actively attended a series of consultations called by the Friederich Ebert Stiftung Foundation(FES) on social security and pension.

Homenet Phil is also into awareness raising on disaster preparedness and the impact of climate change. It participated in the consultation workshop on climate change and DRR sponsored by Climate Change Congress of the Philippines and the Department of Agriculture in March 2012. There, programs and projects of the Climate Change Commission and Disaster Risk Reduction Management Council in addressing the preventive and mitigating factors in time of calamities and disasters were presented. Several workshop sessions were likewise undertaken to re-echo DRR and climate change in local DRRM Centers in five areas, namely: Balingasa, Quezon City, Caloocan City, Rizal, Bulacan and Taguig. There is a published material on experiences of *Women Amidst Typhoon and Floods* which has both an English and Filipino version.

Homenet Phil also developed advocacy and campaign materials for the Reproductive Health



16-18 August 2014, Yangon Myanmar, the Roundtable Dialogue to Guarantee Transformative Social Protection and Reclaiming the Social Commons, organized by AEPF - Asia Europe People Forum, with many activists of this region.

Bill, saying no to an increase in premium in PhilHealth and Social Security System contributions, People's Social Protection Agenda and many others.



Homenet Philippines participated in the Department of Social Welfare and Development consultations and Conference on the Philippine Social Protection Agenda. It was also part of the Informal Workers day celebration when the memorandum of agreement on the national convergence program for establishing the social protection floor for informal workers was signed. HBWs themselves have done a great deal in influencing urban planners and policy makers, and are beginning to enter into productive dialogues with city officials,.

AROSS Declaration 2013 ...(Cont'd from p1)

" We condemn corruption in social protection implementation and we oppose privatization and marketization of the delivery of social protection services. We call for greater government subsidy and allocation for social protection programs; in particular, we demand that our respective governments raise their expenditure on social protection programs to an amount not less than 7 per cent of the gross domestic product. We demand for a social protection legislation and implementation that is initiated by a democratic institution of governance with the active participation of its constituents, including the vulnerable and marginalized.

As advocates for social protection for all, we will work aggressively on information building through further research and awareness-raising about social protection through intensified advocacy and campaigns. We will work together and embrace new forms of organizing towards a cross-sectoral collaboration of working peoples' movements across Asia in the struggle for social protection reforms in our respective countries and collectively, in the Asian region. We commit to getting our acts together towards reclaiming our future and restoring the people's dignity! "

(Source: Asia Monitor Resource Center in <http://www.amrc.org.hk>)

SOCIAL PROTECTION FOR ALL

Asian People's Forum 2014, Myanmar

Delegates from various Asian countries including those from Homenet Southeast Asia, Philippines, Indonesia and Thailand attended the ACSC/APF in Yangon, Myanmar on March 22, 2014. A workshop participated in by 71 delegates (49 were females) was organized by Asia Monitor Resource Center (AMRC), Help Age International and HNSEA. Joy Hernandez from AMRC discussed social protection in the context of the grassroots and cited several points. There are deepening inequalities in Southeast Asia with intensifying risks and vulnerabilities particularly for women workers because of the prevalence of precarious work side by side with inadequate social security system.

She cited specific country experiences on social protection such as in Thailand where it has been extended to informal workers but still limited and not at par with their formal counterpart. In Cambodia, the National Social Security Fund though established in 2007 has been very slow in implementation. In the Philippines there is pension, social security, health insurance, housing programs available but the cov-

erage and benefits are still limited. She emphasized the lack of inclusiveness because most of the marginalized are excluded from social protection programs. Social protection is easily accessible only to those who can afford it and therefore opposes the rights-based and non-discriminatory principle. It is not grassroots-oriented because some programs are marketized; i.e. workers' contributions are invested in the private sector.

Ms Hernandez emphasized the need for a more comprehensive program and more democratic processes in social protection bodies where there should be consultative, transparent representation in decision making bodies. It must be empowering, transformative and grounded on reforms anchored on the overall development policy reforms on economic, environment, social and labor. Given the challenges of ASEAN 2015, she called for social protection for all within the context of the different levels of development by country and to set the minimum standard across the region. But broadening the coverage of social protection programs must take into considera-

tion how to reduce risks and vulnerabilities in a world of precarity. Social Protection should cover all types of workers—informal, casual, contractual, homebased, migrants, etc. Social protection schemes must be efficient and easily accessible and civil society must be allowed to actively participate in the design, implementation and monitoring of social protection schemes to ensure responsiveness, transparency and accountability.

Dr. Rosalinda Pineda Ofreneo presented the social protection principles contained in the ASEAN Declaration on Strengthening Social Protection. Key lessons and challenges include having a comprehensive, integrated, participatory and community-based approach schemes, strong partnerships of CSOs with LGUS and other stakeholders, solidarity through a caring and sharing society, working towards a minimum floor for a common standard, and scaling up initiatives to cover livelihood, disaster risk management, and others. What is important is that the ASEAN Declaration should be implemented with full participation of civil society particularly the vulnerable groups. It must address issues on economic, gender, environmental and climate justice towards social transformation.

CAMBODIA's Initiatives on Social Protection

Several organic laws have been passed to codify some of the social protection related tenets of the Constitution. The most relevant laws which have been adopted or are currently under consideration include:

- The Labour Law passed in October 1998, embodies most of the ILO conventions on core labor standards, all of which Cambodia has ratified
- The Insurance Law passed in June 2000, provides a legal framework for better regulation of insurance market activities. However, these insurance schemes will benefit only a small proportion of the population in the initial stages and most likely will not be accessible to the poor
- The Law on Social Security Schemes for Persons Defined by the Provisions of the Labour Law passed in September 2002 has been promulgated but not implemented since it requires a sub-decree on the National Social Security Fund (NSSF), which will cover employment injury insurance (EII), the pension scheme, and a short-term benefit system.
- A National Action Plan to Combat Violence Against Women has been developed, and is being implemented in accordance with the Law on the Prevention of Domestic Violence and Protection of Victims adopted in 2005
- The Law on Suppression of Trafficking in Humans and Sexual Exploitation, adopted in late 2007, consistent with the UN Palermo Pro-

tolocol.

The Cambodian Social Security System was established in 1955 but was stopped under the Kampuchean regime in 1975. After the collapse of the regime, Cambodia introduced the Labour Law in 1997 establishing the Social Security Fund in 2002. The National Social Security Fund (NSSF) was established by a decree in 2007 but progress in implementation was slow and only covers occupational accident at work.

The Cambodian Labour Confederation (CLC) has been working to support the international commission on the rights of social security fund as deemed important for the economic and social development of the country. Based on a study made by CLC it was found that there was very little coverage for all workers particularly those in small and medium enterprises, and no coverage of informal and migrant workers. To improve and streamline the delivery system, CLC worked for quick delivery of the social ID card and strengthening capability of medical personnel including facilities improvement. The CLC also pushed for the implementation of the health care system supposedly implemented in 2013.

Homenet Cambodia and AAC initiated a consultation meeting on "Policy for Strategic Intervention" on June 29th 2012 with HBWs from four cities (Phnom Penh, Siem

Reap, Battambang and Poi Pet) the results of which were used as inputs for dialogues with city officials and also to follow up on education and other services for HBWs, and access to health care services using the health equity fund card (HEFC).

On improving access of homebased workers to social protection, HN Cambodia facilitated 9 groups in Siem Reap and Phnom Penh to link with AFH and FHD regarding access to medical services. AAC has a list of HBWs with HEPC and availment of referral services for hospitals are regularly monitored. The NGO Action for Health continues to support sick HBWs with HEFC. Referral hospitals and Health Care Centers are now treating poor HBWs with care and respect. As its major advocacy work, Homenet Cambodia introduces the government scheme on work injury insurance to HBWs and follows up on health insurance and pension schemes for HBWs. HN Cambodia has networked and continues its collaboration with the ministries of labor and health and other institutions that work with the informal sector to advocate for Social Protection and to enable HBWs gain more support and assistance on occupational safety and health. It has also collaborated with the Occupational Safety and Health Department of the Ministry of Labor, Vocational and Technology (MOLVT) which provided OSH training to HBWs and use the local OSH fund to facilitate OSH learning and practice.

Social Protection in LAOS PDR

The social protection programs in the Lao People's Democratic Republic (Lao PDR) support the government's strategy on poverty reduction. Among the social protection programs implemented, the micro- and area based schemes represent the largest proportion of the social protection program in the country, followed by pensions and social assistance.

Before 1990, the government provided social insurance policies for all civil servants, such as pension benefits at a certain age, death and survivor's benefits, invalidity benefit, maternity benefit, and medical care benefit. These policies have been improved and developed to establish a social insurance scheme based on international standards and practices. For private sector employees, a social insurance scheme was introduced in 2000, covering health care, financial allowances for employees who fell ill, work-related accident benefits, and pension benefits. Mandatory membership is required for enterprises with at least 10 employees; for those with fewer employees, membership is voluntary. In 2002, the government, in collaboration with the World Health Organization, initiated the pilot of a community-based health insurance scheme in five areas. Implemented on a voluntary basis, the nonprofit scheme aimed to provide better access to health services through minimum prepayment for the targeted population. It was envisaged as the third pillar to the public and private sector social insurance schemes. In 2006, more than 3,000 families (almost 16,000 people) became members of the scheme.

The government implements the food-for-work as part of its long-term strategy for social protection of the poor population. In particular, this program is geared toward the food security of the rural ethnic areas.

The Lao PDR is also active in promoting various labor market programs to help create jobs for its labor force. Skills development and training were also pursued to improve the skills of the workers. In 2005–2006, almost 19,000 students were provided scholarships in vocational and/or technical skills, teacher training, and higher education. A package of basic social protection in the Lao PDR costs about \$95 million per year, of which the universal health insurance component would cost \$30 million and the maternity programs, including cash transfers and a maternity package, would cost an extra \$9 million. One important social protection scheme is the Health Equity Funds, designed to cater to the needs

of the poorest households and communities that are unable to pay for the cost of health services at public facilities or health insurance premiums at any amount. Formal and informal social protection mechanisms are in place to cushion the negative impacts of the economic crisis and address vulnerability. However, information on the extent of protection provided through the informal mechanism is difficult to determine. **Important features of Lao society include the existence and continuation of different social safety nets, particularly of informal mechanisms based on well-established social norms and expectations. The informal support comes mostly from family, friends, and local communities who are equally vulnerable to small economic risks.**

The ADB Study (*Challenges and Opportunities for Social Protection in the Lao People's Democratic Republic*) says that social protection interventions are in place, but assessing their impact has been difficult. The government and partner international organizations had also set up various vocational training schemes. Many of these interventions were necessary to mitigate poverty, but there was lack of vision and capacity to focus these on areas where they were most needed.

Recommendations and suggestions of the ADB study says that future interventions or initiatives should help address social protection for the poor, include providing universal primary health care, developing small enterprises, providing universal pensions for the elderly and scholarships for children so they could attend school, providing social insurance to protect farmers against agricultural risk, and supporting public administration governance.

An initial labor market assessment was also developed and formed part of the study. Two workshops, in collaboration with the International Labour Organization, were conducted to discuss interim findings and gather views from national stakeholders. Findings from both workshops were incorporated in the study report. The second workshop highlighted the limited capacity of ministries and other organizations to collaborate. The issue on lack of capacity is one of the reasons that contributed to the limited success of social protection interventions that are mostly targeted to the poor.

In 2004, ADB produced a draft country briefing paper on social protection that indicated the need for a holistic approach to social protection, which targets the poor, and implemented at the community level to deal with

local issues. Although broad central policies are essential, more flexibility and collaboration in implementation will ensure successful targeting of scarce resources.

In the Lao PDR, there are four formal social health-protection systems: the State Authority of Social Security (SASS), the Social Security Organization (SSO), Community Based Health Insurance (CBHI) and Health Equity Funds (HEFs). Coverage of social protection in the Lao PDR is limited. The ratio of health care fund contributors to the total population is only 2.9 %, and the ratio of pension beneficiaries and contributors to the total labor force is only 6.15 %. The main challenges are: the majority of both labor force and population are in low income groups, poor people and engaged in the informal sector; the population is ageing and there will be more old people due to the increasing life expectancy of Lao people; Government revenue is limited, and is insufficient for social assistance within the country. The Lao government is planning to develop a new social protection scheme to increase the coverage of social protection by moving towards merging all social protection systems into a single authority, the National Social Security System, in order to strengthen technical capacity, maximize financial and personnel pooling, increase administrative efficiency, introduce new legislative tools and better inform the public. To increase the coverage of social protection, the author makes four recommendations:

1. to promote economic growth and reduce poverty;
2. to establish social assistance funds for all poor people;
3. to promote more community social protection funds;
4. to promote Lao's traditional and cultural values

(Source: Leebouapao, L. (2010), 'Report on Social Protection in the Lao PDR', in Asher, M. G., S. Oum and F. Parulian (eds.), *Social Protection in East Asia – Current State and Challenges*. ERIA Research Project Report 2009-9, Jakarta: ERIA. pp.346-370.)

Additional Note: Homenet Laos and ECCDA are working towards social protection for the poor and informal homebased workers in Laos. One of the most common programs particularly in the rural areas is the village savings scheme where people are encouraged to save a portion of their income for family and emergency needs.

THAILAND'S Initiatives on Social Protection

Thailand has always been in the limelight when advocacy on social protection is talked about. Homenet Thailand has taken measures to promote income and security for informal workers and has made remarkable achievements since the late 1990s. One of these is its advocacy for the National Health Act which started in 1997 until the government supported the campaign and passed the National Security Act of 2002. It is the first to provide universal health care coverage for all Thais. At present, all Thai citizens can get health services free of charge under the Universal Health Coverage System.

Advocacy work for the Homeworkers Protection Act 2533 started in 2002. The bill was enacted in 2010 but until now HN Thailand keeps on advocating for



enforcement of the law because there are still 8 regulations that are yet to be developed. The Act entitles workers to minimum wage, OSH protection and other fundamental labour rights. There is a tripartite representation comprising of homeworkers, labour experts and the government.

FLEP, Homenet Thailand and other partners lobbied for the Social Security Act to expand the social security scheme to cover informal workers with counterpart contributions from the government. Homenet Thailand advocated for a special policy which was announced in May 2011, by the government of former Prime Minister Abhisit Vejjajiva that provided about 30-percent government contributions to the social security fund of informal workers who are insured under Section 40 of the Homeworkers Protection Act. This policy enables HBWs and other informal workers to get access to affordable social security. Through the campaign done with the IUP and MDG3, about 3,000 HBWs have already applied to this scheme. At the end of August, 2014, about 2 million informal workers have been insured.

Contributions would come in two categories. First, for the 100-baht monthly payment, the government would contribute 30 Baht and the insurer is entitled to sickness, disability and death benefits. Second, for the 150-baht monthly payment, the government would contribute 50 Baht and the insurer is entitled to sickness, disability, death benefits and old-age pension when the insurer finishes his/her 15-year payment and is 60 years of age. Homenet Thailand has been very active in dialogues and discussions with partners and civil society networks to advocate and promote the Social Protection Floor in Thailand and also to advocate for legislation for domestic workers and contracted farmers. The Social Protection Floor calls for same standard and quality of health services for informal workers, providing child allowances, and basic social pension for all. Most of all it pushes for Social Security and employment promotion for all informal workers.

In October and November 2011 many areas in Bangkok were badly hit by floods, the worst hit in the past 50 years. Neeramol Sutipannapong, a homebased worker living in a single storey house in Laksi area earns her living by sewing cloth. Flood water in her house was one meter high which made it difficult for her and her husband, a taxi motorcycle driver, to move sewing machines and motorcycle which are their means of income. Having no other means to work and earn due to flood waters which remained for more than a month, they felt desperate and had to spend all their savings to buy food and other supplies at higher costs during the calamity. They were worried about their family's future and their children's education. With no collateral security to submit - how can she access loans from a private bank? Homebased workers like Neeramol have to resort to borrowing money from an informal money lender with high interest rates, thus, bringing their families back into the debt cycle. Mostly self-employed, homebased workers are poor and have low pay and irregular income. They work hard for long working hours. Most of them could not access social security schemes making them more vulnerable in times of



crisis or illness. It is good that the government of Thailand enacted the National Health Security Law giving all Thai citizens the right to receive health service free of charge. Neeramol found some hope because the government announced that informal workers who are insured under Article 40 can access to credit up to THB50000/- from private banks with 2.5 % fixed interest rate for two years.

Social Security Office helps homebased workers get out of the debt cycle and will enable families to start income activities again without being heavily exposed to money lenders. Social Security Funds are used as collateral to guarantee loans for all types of insurers. The credit scheme for flood rehabilitation of informal workers under Article 40 indicates inclusion of informal workers in government policy. HN Thailand got support from the National Health Security Office to implement a project to promote OSH for informal workers for 2011-2014. OSH for informal workers' issue is addressed through working closely with relevant authorities. According to Poonsap Tulaphan of HN Thailand, "We are on the third year of implementation. At the start we worked with 12 hospitals but this decreased to 10 hospitals on the second year and for this year there is only one. It is really difficult to convince hospitals to work with us. There is also a need to work with other sectors like motorcycle taxi drivers, vendors and other workers to link and work together to advocate for social protection. Thai society acknowledges Homenet Thailand as an active organization which advocates for social protection floor and legal protection of informal workers."

SOCIAL PROTECTION FLOOR

Four-fifths of the global population does not enjoy access to social protection to help them deal with life's risks. Recognizing the importance of ensuring social protection for all, the United Nations System Chief Executives Board for Coordination (UNCEB) adopted, in April 2009, the [Social Protection Floor Initiative](#), as one of the nine UN joint initiatives to cope with the effects of the economic crisis. This initiative is co-led by the International Labour Office and the World Health Organization and involves a group of 17 collaborating agencies, including United Nations agencies and international financial institutions.

It outlines a set of basic social rights, services and facilities that each and every citizen in the world should enjoy. The SPF is made up of two main elements.

The first is ensuring the availability, continuity and access to essential services, such as water and sanitation, food and adequate nutrition, health, education, housing and other social services. The second relates to providing and implementing comprehensive, coherent and coordinated social protection and employment policies by ensuring a basic set of essential social transfers, in cash and in kind, to provide a minimum income and livelihood security for poor and vulnerable populations.

The Social Protection Floor guarantees that all have access to essential health care, children enjoy access to nutrition, education and health care through income security transfers, and all those who cannot earn sufficient income are able to enjoy the basic income security particularly in case of illness or unemployment. Old age pension is also a must.

In the Philippines, many consultations, round-table discussions and dialogues have been held on the Social Protection Floor. The Informal Workers' Day Celebration marked the signing of the memorandum of agreement on the National convergence program for establishing the social protection floor for workers in the informal sector.

Continuing dialogues and meetings with local and national partner agencies have been conducted advocating for the passage of MACWIE (Magna Carta for Workers in the Informal Economy) in the 16th Congress. Likewise, intensive discussions took place focusing on ILC 177 ratification, OSH and transitioning from informality to formality of workers in the informal economy.

Homenet Indonesia's achievements and its initiatives on social protection revolve around its strategy for Homeworkers to have decent life enjoying workers' and women's rights include building the capacity of homeworkers to represent their concerns and to improve their livelihood through organizing. It is active in expanding and strengthening their networking by establishing HomeNet Indonesia as a network organization of homeworkers at the national level; and creating a model social protection for women homeworkers using the existing resources and mechanisms and capacity building on economic alternatives for homeworkers to improve their livelihood.

The second strategy is to strengthen the capacity and network of relevant stakeholders to address decent work deficits faced by homeworkers in East Java by raising their issues at the national level. This is done through campaigns on homeworker issues; increasing public awareness; organizing bipartite and tripartite social dialogue mechanisms; drafting a policy for homeworkers through research and advocacy work conducted jointly with the MWPRI network; and encouraging the formulation of policies/regulations for protection of homeworkers.

HN Indonesia works towards establishment and strengthening of membership based organizations (MBOs) through development of a database on homeworkers. It conducted FGDs and mapping of homeworkers to determine their conditions in 10 provinces in Indonesia. HN Indonesia also works towards popularization of homeworkers' issues to guide organizing activities and advocacy with the government at the local and provincial levels. Coordination meetings of women homeworker groups at local, regional and provincial levels were highly attended. They also focused on organizing and expanding of homeworkers' organizations and women homeworkers cooperative, particularly in East Java, Yogyakarta, Central of Java, West Java, Jakarta, Banten and North Sumatra Province (Deli Serdang and Medan Regency).

Capacity building activities included the conduct of training for regional leaders and members on organizational management, developing administration guidelines, organizing women's groups, gender, woman leadership, advocacy, legal literacy, human and women's rights, Community Based Economic Development (CBED), Social Solidarity Economy and cooperatives for homeworkers, social entrepreneurship, financial management for business, e-commerce, health (education for health and clean life), household budget management. Members have undergone vocational and skills training on food processing, catering, occupational health and safety, nutrition, early childhood development, reproductive health, parenting skills, processing of recyclable materials, poultry, organic vegetable raising, and batik handicraft. There was also job promotion to assist home workers in the putting-out system to become self-employed and thereby get better life and income security.

On advocacy for national policies for homebased workers and other informal workers, HN Indonesia initiates meetings between the women homeworkers groups, local government and stakeholders related to the women homeworkers' issues at municipality/regency and provincial level. There were negotiations about piece rate and social protection (increasing the piece rate, free medical treatment, product equipment) of women homeworkers with the employer. A notable result was the release of support by Perda Malang Regency on protection for vulnerable women, including women homeworkers.

There was also awareness raising of homeworkers on the issues related to the putting-out system. This is an important national issue that needs to get support from stakeholders for the ratification of ILC 177/1996. HN Indonesia created a network specifically committed to the movement of homeworkers in the putting-out system in Jakarta. The network (JARPOS) aims to disseminate information on the homeworkers issues in Indonesia and to push for the ratification of ILC 177/1996.

Advocacy for the development of an ILO Convention on Domestic Work involves linking with the other NGOs and domestic worker organization to push for the passage of the draft domestic workers' protection regulation in Indonesia.

Several initiatives to improve access of homebased workers to social protection include strengthening of indigenous social protection for the woman homeworkers' groups through economic activity in order to support family needs (death fund, social fund, health fund, education fund). There was a need to motivate homeworkers to get access to the National Health Security (BPJS program) with government subsidy especially to the poor. In several municipalities (Malang, Tangerang, Mojokerto, Surabaya) there is a local policy to support cost of children's education up to senior high school and free medical treatment. There is also a policy advocacy on homeworkers protection to get access to government programs on economic resources and OSH in East Java, Mojokerto and Malang Municipality, Malang Regency and Jember Regency, Surabaya Municipality.

Networking efforts enabled HN Indonesia to acquire eight computers from the Asean Foundation to support the **Women Homeworkers' School**. There is an ongoing collaboration with Rotary Metropolitan Club, Unlimited and Batik Fractal Company to build **Homeworkers' Business Center** with a social solidarity economy perspective. Strong linkages have been developed with the Trade Ministry to promote and market the homeworkers' products. HN Indonesia has

developed and documented good practices such as the training on emergency relief during disaster in urban areas (in cases of flood, fire, earthquake, eruption). There is also an initiative for a business center for homeworkers in five areas of East Java (Malang municipality, Malang Regency, Batu, Mojokerto municipality and Probolinggo Regency). Another is linking with Women's Crisis Center to address domestic violence and sexual abuse among woman homeworkers and children's cases in East Java and Tangerang. A School for Women Homeworkers was established for leaders in Malang Regency, Malang City and Batu City to provide skills, knowledge and resources to enhance leadership, gain visibility and voice and make decisions to bring about social change and political conditions conducive to employment and decent life. Training and awareness raising on OSH, Ergonomics and Aesthetics of working, selfcare and well being for woman homeworkers were conducted.

Another remarkable achievement is a **program for homeworker's children**. Initially, HN Indonesia established a database of homeworker's children by mapping homeworker's children in Tangerang Banten (type of work, risk of work) to pursue education. An early children's school (3-6 years) was established by the leaders of homeworkers' families. HN Indonesia also organized the homeworkers' children who are 15 – 18 years old and provided them with vocational training on food processing, handicraft and computer literacy. They also provided "Kejar Paket A, B and C" for homeworkers' children who cannot enter formal school. They also established a study group for the homeworkers' children who are 7 – 18 years old. There is also strong advocacy on the homeworker's children rights to the public and the government. A network has been established with the local Children's Forum in Banten to be able to preserve culture among the homeworkers' children.

Indonesia is pursuing a development strategy based on democratic principles and a market-oriented economy. Reforming the social protection system is anchored firmly as one of the government's national priorities in the five-year medium-term development plan and will also continue to play a key role in the 2015-2019 development plan. Social protection is seen as one of the foundations for economic growth and social cohesion. (www.giz.de) Although some initial, positive steps towards reform have been taken, the social protection system is still regarded as widely inadequate. Large sections of the population, such as labourers in the informal sector and people with disabilities, do not have adequate access to social protection.

The Indonesian Government through the National Social Security Law (Law No. 40/2004 regarding the National Social Security System) recognized the right to social security for all in the categories of health, work injury, old age, and death of the breadwinner. After the 2002 amendment to the Indonesian Constitution, it has worked for a more comprehensive social protection program to cover the whole population and significantly applies non-contributory schemes for the poor, contributory schemes for the self-employed and statutory social security schemes for formal sector workers. The Law on Health Social Security Providers (No. 24/2011), elaborating the implementation of the National Social Security System aims to improve coverage among the poorest and most vulnerable. It stipulates the universal health insurance to commence in 2014, while work injury, old age, and death are anticipated to start in 2015. The Social Health Insurance Provider (BPJS Kesehatan) is officially in operation since the first of January 2014. It is tasked to provide health insurance to the whole population, through contributory and non-contributory schemes, and is expected to gradually extend coverage and reach universal coverage by 2019. The Workers' Social Security Provider (BPJS Ketenagakerjaan) is preparing to be launched in 2015.

Until the National Social Security System is fully

operational, the social protection system principally comprises statutory social security schemes for formal workers and a tax-financed social assistance system (public welfare) as part of a broader set of antipov-erty programmes and government subsidies. (ILO)

While waiting for the actual implementation of the NSSS 2004 law, affirmative actions are developed to expand coverage of those that are excluded from the existing system with social assistance and labor market programs.

Program for Informal Workers

The ASKESOS program has been implemented by the Ministry of Social Welfare since 2003. This program is a social protection system targeted to informal workers. The benefit is in the form of income replacement in case the breadwinner, who has not been covered by any other social insurance scheme, suffers from sickness, accident or death. The implementing agency is group of people or a community group assigned by the Ministry of Social Welfare, which aims to increase community participation by providing a community based social insurance. Participants have to pay a monthly premium

of Rp5,000 to the implementing agency that will provide a receipt, adhering to all laws and regulations. Although this program is under social insurance, it is implemented as savings, meaning that the participant will receive a sum of money equal to the premium paid, whether or not the benefit is utilized. The eligibility requirements for individuals to join ASKESOS include: (i) being the main income earner in the family (male or female), mostly as informal workers with a minimum income of Rp300,000 per month; (ii) having been married or between 21 and 59 years of age; and 3) owning an ID card (KTP).

A **Family Empowerment Program** program gives assistance to empower vulnerable families, women at risk of economic and social constraints, as well as families with social or psychological problems. The activities in this program are conducted through social welfare family guidance (*Bimbingan Kesejahteraan Sosial Keluarga*), at the Consulting Institution for Family Welfare (*Lembaga Konsultasi Kesejahteraan Keluarga*) and the Center for Family Empowerment (PUSDAKA).



ASEAN DECLARATION ON STRENGTHENING SOCIAL PROTECTION (Cont'd from p 8)

9. Social protection is an investment in people that should be supported by adequate resources in order to empower them to meet their basic needs;

10. Social protection shall be adaptive to the different risks such as lifestyle and individual risks, social risks, and emerging risks and vulnerabilities faced by the region such as, but not limited to, changes in the economy and labour markets and impacts of climate change, disasters and economic crises.

Strategies and Mechanisms

FURTHER STRIVE to foster the following concrete actions towards improved quality, coverage, and sustainability of social protection in ASEAN Member States subject to each ASEAN Member State's national policies and priorities and adapted to the different contexts of ASEAN Member States:

11. Support national policies, strategies and mechanisms to strengthen the implementation of social protection programme, as well as effective targeting systems to ensure social protection services would go to those most in need;

12. Advocate strategies that promote the coverage, availability, comprehensiveness, quality, equitability, affordability and sustainability of various social protection services, including the expansion of social insurance to the informal sector; strengthening social assistance programmes for persons with disabilities, elderly, children and other vulnerable groups; greater access to social protection programmes and services, including vocational trainings as part of active labour market interventions and human resource development;

13. Promote results-based and evidence-based na-

tional assessments and benchmarking of social protection delivery services in ASEAN Member States that would contribute to the progressive implementation, effective monitoring and evaluation, as well as optimum impact of social protection;

14. Explore and develop assessment tools and regional statistical indicators where appropriate to measure the impact of social protection to the holistic development of vulnerable groups for future planning towards available accurate baseline data collection;

15. Allocate adequate financial resources for social protection in line with national targets and subject to the capacity of each Government;

16. Strengthen the capacity of government officials, communities, service providers, and other stakeholders for better responsiveness, coordination and effectiveness of social protection and delivery services at regional, national and local levels;

17. Collectively accelerate the progress towards Universal Health Coverage (UHC) in all ASEAN Member States by strengthening capacity to assess and manage health systems to support UHC through sharing of experiences, information and experts;

18. Foster the involvement of the existing mechanisms of ASEAN sectoral bodies, including the ASEAN+3 Network on Universal Health Coverage, in promoting social protection in the region through projects and activities to support ASEAN Member States in fulfilling the social protection of the people, particularly the poor, persons with disabilities, older people, children and other vulnerable groups;

19. Promote multi-sectoral responsiveness of social

protection through consultations, sharing of information on good practices and policies, knowledge management, cooperation, and coordination on social protection amongst the relevant ASEAN sectoral bodies with the support of the ASEAN Secretariat. In this regard, the relevant ASEAN Ministerial Sectoral Bodies are tasked to convene an inter-sectoral regional consultation meeting involving SOMSWD, Senior Officials Meeting on Rural Development and Poverty Eradication (SOMRDPE), Senior Officials Meeting on Health Development (SOMHD), Senior Labour Officials Meeting (SLOM), ASEAN Committee on Women (ACW), and ASEAN Committee on Disaster Management (ACDM), and other relevant ASEAN sectoral bodies from the economic and political-security pillars should be convened regularly, as much as possible, to promote coordinated and holistic approach;

20. Assign the ASEAN Ministerial Meeting on Social Welfare and Development (AMMSWD), with the support of SOMSWD, as the focal point for inter-sectoral cooperation on social protection at regional level, while acknowledging the different national coordinating mechanisms in ASEAN Member States;

21. Build and strengthen the networking and partnerships within and among ASEAN Member States as well as with Dialogue Partners, UN Agencies, civil society, private sectors, development partners, and other stakeholders in supporting adequate resources and effective implementation of the commitments reflected in this Declaration.

ADOPTED in Bandar Seri Begawan, Brunei Darussalam, this Ninth Day of October in the Year Two Thousand and Thirteen, in a single original copy, in the English Language.



ASEAN DECLARATION ON STRENGTHENING SOCIAL PROTECTION

WE, the Heads of State/Government of the Association of Southeast Asian Nations (hereinafter referred to as “ASEAN”), namely Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People’s Democratic Republic, Malaysia, the Republic of the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand and the Socialist Republic of Viet Nam, on the occasion of the 23rd ASEAN Summit in Brunei Darussalam;

REAFFIRMING our commitment to build an ASEAN Community comprising three pillars, namely the ASEAN Political and Security Community, the ASEAN Economic Community and the ASEAN Socio-Cultural Community that are closely intertwined and mutually reinforcing by 2015;

GUIDED BY the ASEAN Charter which sets out the purposes of ASEAN in particular to enhance the well-being and livelihood of the peoples of ASEAN by providing them with equitable access to opportunities for human development, social welfare and justice;

MINDFUL of the primary goal of the ASEAN Socio-Cultural Community is to contribute to realising an ASEAN Community that is people-centred and socially responsible with a view to achieving enduring solidarity and unity among the nations and peoples of ASEAN by forging a common identity and building a caring and sharing society which is inclusive and harmonious where the well-being, livelihood, and welfare of the peoples are enhanced;

RECALLING the Cha-am Hua Hin Declaration on the Roadmap for the ASEAN Community (2009-2015) that recognised the role of social protection in enhancing the well-being and livelihood of the peoples of ASEAN;

FURTHER RECALLING the collective commitments of ASEAN in, among others, the Bali Declaration on ASEAN Community in A Global Community of Nations; Cebu Declaration Towards One Caring and Sharing Community; ASEAN Human Rights Declaration; Bali Declaration on the Enhancement of the Role and Participation of the Persons with Disabilities in ASEAN Community; Proclamation of the ASEAN Decade of Persons with Disabilities (2011-2020); Towards an Inclusive Society; Joint Declaration and ASEAN Roadmap on the Attainment of the Millennium Development Goals in ASEAN; Brunei Darussalam Declaration on Strengthening Family Institution: Caring for the Elderly; Ha Noi Declaration on the Enhancement of Welfare and Development of ASEAN Women and Children; Declaration on the Commitments for Children in ASEAN; Resolution on the ASEAN Plan of Action for Children; Declaration on the Advancement of Women in the ASEAN Region; ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers; as well as in the work programmes of the relevant ASEAN sectoral bodies;

ACKNOWLEDGING the commitments of individual ASEAN Member States to the Universal Declaration of Human Rights, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child (CRC), Convention on the Rights of Persons with Disabilities (CRPD), and other related international instruments that ASEAN Member States are parties to;

NOTING the concept of “Regional Policy Advocacy

on Social Protection: An Agenda for ASEAN Community 2015, Toward an ASEAN Social Protection Framework” initiated by Cambodia during the 8th Meeting of the ASEAN Socio-Cultural Community Council on 25 October 2012 in Phnom Penh, Cambodia; recommendations of the 6th ASEAN GO-NGO Forum for Social Welfare and Development and 7th ASEAN Senior Officials Meeting on Social Welfare and Development (SOMSWD) held on 20-22 September 2011 in Bangkok, Thailand, as well as the 7th ASEAN GO-NGO Forum on Social Welfare and Development, and 8th SOMSWD held on 12-14 September 2012 in Ha Noi, Viet Nam, respectively, as well as recommendations of the Regional Workshop on Social Protection and Promoting Social Services for Vulnerable Groups held on 11 September 2012 in Ha Noi, Viet Nam, as well as ILO Recommendation concerning national floors of social protection, 2012 (No. 202);

DO HEREBY:

Principles

STRIVE to adhere to the following principles that are applied in accordance with the domestic laws and policies of respective ASEAN Member States, nationally-defined social protection and its national priorities, and adapted to the different contexts of ASEAN Member States:

1. Everyone, especially those who are poor, at risk, persons with disabilities, older people, out-of-school youth, children, migrant workers, and other vulnerable groups, are entitled to have equitable access to social protection that is a basic human right and based on a rights-based/needs-based, life-cycle approach and covering essential services as needed;
2. Extending coverage, availability, quality, equity and sustainability of social protection should be gradually promoted to ensure optimal benefits to the beneficiaries;
3. Social protection covers, but is not limited to, social welfare and development, social safety-nets, social insurance, social assistance, social services, in ASEAN Member States;
4. Implementation of social protection should be based on respect for fundamental freedoms, promotion and protection of human rights, promotion of social justice, social solidarity, non-discrimination, accessibility, reasonable accommodation, gender equality, social inclusiveness, coherence, and accountability;
5. Implementation of social protection towards progressive realisation in ASEAN Member States is the main responsibility of the respective governments based on national legislations, policies, programmes, strategies, standards and guidelines;
6. Social protection is a cross-cutting issue, hence its implementation requires coordinated and holistic approaches with the involvement of governments, private sectors, development partners, civil society, service providers, and other stakeholders, where appropriate;
7. Family unit and the community are an important element in supporting and delivering social protection services and therefore should be strengthened and preserved;
8. Inclusive and participatory approach should be ensured in the planning, programming and budgeting, implementation, monitoring and evaluation processes of social protection at all levels in the region to realise the strengthening of institutional capacity, transparency and responsiveness to the needs of those concerned;

9. Social protection is an investment in people that should be supported by adequate resources in order to empower them to meet their basic needs;

10. Social protection shall be adaptive to the different risks such as lifestyle and individual risks, social risks, and emerging risks and vulnerabilities faced by the region such as, but not limited to, changes in the economy and labour markets and impacts of climate change, disasters and economic crises.

Strategies and Mechanisms

FURTHER STRIVE to foster the following concrete actions towards improved quality, coverage, and sustainability of social protection in ASEAN Member States subject to each ASEAN Member State’s national policies and priorities and adapted to the different contexts of ASEAN Member States:

1. Everyone, especially those who are poor, at risk, persons with disabilities, older people, out-of-school youth, children, migrant workers, and other vulnerable groups, are entitled to have equitable access to social protection that is a basic human right and based on a rights-based/needs-based, life-cycle approach and covering essential services as needed;
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7. Family unit and the community are an important element in supporting and delivering social protection services and therefore should be strengthened and preserved;
8. Inclusive and participatory approach should be ensured in the planning, programming and budgeting, implementation, monitoring and evaluation processes of social protection at all levels in the region to realise the strengthening of institutional capacity, transparency and responsiveness to the needs of those concerned; (continued on p7)