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RESEARCH

Comparing Thailand and the Philippines: a brief overview of social protection initiatives for homebased workers

Introduction [1]

Thailand and the Philippines differ greatly in terms of economic status, legal structure, and the behavior of government institutions, people's organizations, NGOs, trade unions, and other key institutions in society. Even the philosophies of development and attitudes toward social protection appear to be quite different.

In some cases, there are in fact significant differences between the two countries' approaches to dealing with homebased and other informal workers, and the ways in which informal workers might gain access to social protection (e.g., with respect to health care systems). However, in many ways what appears to be on the surface a major distinction between two countries - e.g., with regard to informal workers' coverage by labor laws and the national social security system - begins to fade away when one goes below the surface to look at actual implementation (in other words, there may be a gap between what is stated as a policy, and what can be actually carried out under the circumstances).

The following pages will address some of these differences and commonalities, and will serve as a *very brief introduction* to:

- (1) the regulatory environment in the two countries that affects informal workers;
- (2) general approaches to social protection in Thailand and the Philippines;
- (3) social protection initiatives for formal and informal workers in Thailand; and
- (4) social protection initiatives for formal and informal workers in the Philippines.

The regulatory environment in Thailand and the Philippines

The two countries are, on the surface, quite different in terms of laws and government programs regarding employment conditions, gender equity, forced labor, informal workers, minority groups, and other concerns. For example, the Philippines has a much stronger record of adopting ILO Conventions than does Thailand, and labor organizations - including labor unions - are much stronger in the Philippines, as will be explained below.

Nonetheless, there are important questions regarding the possibility of enforcing existing legislation in both countries, as well as whether other policies and practices may sometimes substitute for a lack of formal legislation. In light of these considerations, the regulatory environments in the two countries may

not be as different as they might initially appear.

In **Thailand**, for example, in spite of the *non-approval to date of half of the Fundamental ILO Conventions (and only 13 overall)*, the new Constitution adopted in 1997 does move in the right direction with respect to education, employment, gender equity, income equality, labor protection, social security, and other key areas of concern. *Moreover, a new Labour Protection Act was enacted in 1997 that is intended to improve working conditions for informal workers, including spelling out the rights of women, child, and migrant workers.* It was expected that both the labor protection and social protection laws that have favored formal workers would effectively be extended to informal workers as well by this time; however, the Asian financial crisis slowed the momentum for extending these laws and programs regarding labor and social protection to the informal economy, and incorporating informal workers remains a problem.

A few steps have been taken in that direction in recent years. For example, in principle, social security benefits have been extended to all establishments with one or more employees as of April 2002, but as always, the likelihood of being able to implement this new policy in informal units (particularly in unregistered ones) has remained an open question. There are also a number of projects that have been initiated by various departments of the national government to help informal workers, and in general, the current government of Thailand has shown itself to be supportive of new initiatives regarding social protection, women workers, informal workers, SMEs, village development, civil society organizations, health and safety, and other related concerns

In the **Philippines**, the successive national governments of recent years have *adopted almost all of the Fundamental ILO Conventions (and 30 overall, with 28 in force)*. *Moreover, the Philippines has had in place since 1992 its DOLE Department Order No. 5 (Rule XIV of the Labor Code of the Philippines on Rules Implementing Book 3 of the Labor Code on Employment of Industrial Homeworkers), which specifies the rights of homeworkers.* The question in the Philippines is not so much the existence of progressive labor laws as much as their enforcement.

One potentially important difference between the two countries is that the labor union movement has for decades been considerably stronger in the Philippines than in Thailand. As stated in a recent ILO study, "While weak trade unionism and relative under-representation are common in Southeast Asia, Thailand has the lowest union density of all." (ILO East Asia Multidisciplinary Advisory Team/Bangkok Area Office, 2000). [2]

The study attributes this to several factors (repression due to military-dominated governments in the past; the role of the government in labor disputes; loopholes in the legal and administrative framework; economic factors, e.g., rural-urban migration in the context of a growth economy, without a long history of an industrial workforce; and cultural and religious factors). Whatever the causes, it has been estimated that the present rate of unionization is only around 3% of the formal workforce. Moreover, it is "guesstimated" that only about 1.6% of the formal private sector workforce is actually covered by a collective bargaining agreement. In addition to the historical problems unions have faced in Thailand, the trade union movement was weakened further by layoffs during the financial crisis. Still, the present government of Thailand was seen as more encouraging of labor organizations than has been true of most previous governments, and NGOs and other organizations supporting the rights of formal and informal workers have been consulted by the current government in Thailand (although tensions between civil society organizations and the current government have clearly increased in recent years).

In the Philippines, the unionization rate is higher than in Thailand and unions are very active. The present government of the Philippines has also, in principle, been supportive of both labor organizations as well as employers' organizations - although again, tensions between the present government on the one side and labor unions and civil society organizations on the other have reached an all-time high in recent months.

Nonetheless, with a shrinking formal economy and an expanding number of informal workers, the unionized (and historically unionizable) part of the workforces has decreased sharply in recent years. Significantly, the number of collective bargaining agreements has fallen dramatically in recent years - e.g., in the decade of the 1990s, the number of agreements fell from 2,481 in 1990 to 412 in 1999, with workers covered falling from 230,025 to 64,604 during the same period. Estimates indicate a continuing decline in recent years in the wake of continuing economic and political turmoil and uncertainty.

In spite of these difficulties, there are ongoing discussions regarding whether formal and informal workers can join forces to push for such needs as decent work conditions and social protection. Moreover, it is important to note that in addition to trade unions, various branches of church organizations, along with NGOs, political organizations and other secular organizations, have also been active in the labor rights movement in both the Philippines and in Thailand. In both countries these organizations often act in an important watchdog capacity.

General approaches to social protection in Thailand and the Philippines

Using this as background, we can briefly summarize policies (and begin to approach "actualities") regarding social protection for formal and informal workers in both countries. It should be kept in mind that in the Philippines, there are not only the usual life-cycle risks, and risks associated with illness, disability, and death, but there are also notable risks associated with disasters (due to flooding, typhoons, earthquakes, civil disturbances, and other natural and man-made disasters). Thailand tends to suffer somewhat less from disasters of this sort, but the incidence varies a great deal depending on the year and the region within the country.

In both countries, homebased and other informal workers face chronic illnesses associated with their work, including - depending on their tasks and circumstances - repetitive injuries; respiratory diseases; chronic back, joint and other pain; and other conditions. Moreover, informal workers (particularly those in urban areas) are more likely than others to suffer from diseases and health problems associated with poverty. Squatters, tenants, and other low-income households are likely to live and work in conditions that are typified by overcrowding, pollution, poor lighting and ventilation, and other unsafe, unhealthy and often hazardous circumstances.

As we consider the need of homebased workers for social protection, it is very important to keep in mind that the majority of homebased workers in both Thailand and the Philippines are women, ranging in age from their 20s through 50s on average (in garment production, for example, workers in factories tend to be younger, whereas homebased workers tend to be somewhat older). As low-income women workers, they typically have less access to education, resources, and have few employment alternatives.

Informal women workers, and homebased workers in particular, usually have family responsibilities that further constrain their behavior, and as a result they face lower incomes and irregular employment across the life cycle. They may also have significant gender-related health problems and needs (reproductive and otherwise), and as informal workers they are likely to have had to face in their lifetimes particular difficulties in accessing adequate and affordable social insurance coverage, including health care benefits. *They are thus susceptible to a downward spiral of overwork and lack of adequate care.*

It is important to note that factory work that was available to many of these women has become increasingly scarce in recent years, particularly in the Philippines but in some cases also in Thailand - even long after the Asian financial crisis was declared "over." Moreover, the idea that young women (and men) workers can be employed for certain periods of time and then rotated (fired) in "casualized" factory jobs and other types of informal work, *thus effectively denying them labor and social protection*, has become pervasive in industries that are already low-wage and are focusing on cutting costs further in order to improve competitiveness in domestic and international markets.

This "*casualization*" (or *informalization*) of factory work is a widely recognized phenomenon, and this is making it very difficult for workers - especially women workers - to gain access to social protection, whereas as factory workers they could have been covered in some form in the past. The **relocation of work to homebased sites** has a similar effect: it is very difficult to gain access to "normal" forms of social protection that are usually found where there is a common/centralized workplace. (In a context in which factory work may be shipped out to homebased workers in the middle of the night and no factory or contractor will admit to being the homeworkers' "employer" - in spite of the fact that many homeworkers work consistently over time for the same person or firm - this access is effectively denied.) Moreover, the loss of jobs and job orders in recent years (and the threat of further losses) has made the future for both casualized factory workers and homebased workers particularly unpredictable - and in some cases made them very exploitable.

These trends have affected both countries, and have left informal workers in a very vulnerable state, particularly in the wake of a major debt crisis (affecting the Philippines more than Thailand) and then a financial crisis that has had ongoing repercussions affecting both countries. In both countries, these changes - and the expanding number of informal workers - lifted the veil of "invisibility" of homebased and other workers, and both countries recognize the urgent need to respond by "extending" coverage to informal workers. So how different have the two countries' responses been, with regard to providing social protection for not only formal workers, but informal as well?

Once again, the differences seem to be substantial in theory, but may work out to be a little less clearcut on the ground.

For example, the philosophy of the Royal Thai government emphasizes the role of the *government (on all levels) as it complements and strengthens family and a wide range of community institutions*, rather than substituting for or undercutting the importance of personal and local ties. This may stand in contrast to the philosophy of the successive governments of the Philippines that see that families and communities have important roles in providing social protection, but *stresses the need for and responsibility of public institutions - particularly national-level institutions - to provide care on many fronts to the entire population.*

In other words, with regard to covering informal workers, in Thailand the emphasis has in principle been on the government *supporting family and community or village-based initiatives*, working together with the private sector and civil society. In the Philippines the emphasis has tended to be placed on *extending national programs* (and in some cases local government, private sector and civil society initiatives have also been promoted on a local level), but in principle leaving family and community-based support systems as they are rather than trying to strengthen and work through those institutions. Thus, the focus of social protection programs for informal workers has been in principle more community-based (with national support) in Thailand and nationally-provided (with local and community support) in the Philippines.

This difference in focus would appear to indicate that Thailand has somewhat stronger village-based institutions, so that social protection programs can be expected to depend to a greater extent on those village- and community-based institutions. The differences between the social protection approaches of the two countries may also stem from their different histories with regard to colonization (e.g., with the continuing influence of U.S.-origin institutions in the Philippines).

However, in practice, the differences are not as great as they might seem, since informal workers almost always end up relying on family and friends (i.e., personal ties and networks), and in some cases a *mixture* of local and national programs in both countries, with a great deal of variation across communities. *Close family members, extended family, neighbors, and certain community-based organizations remain the "first line of defense" in the case of perhaps the majority of informal workers in both countries.*

Moreover, both countries have strong national as well as local institutions and programs relative to many developing countries, but the performance of these programs in both countries is uneven. Although there have been notable steps forward, in both countries social protection for informal workers is clearly a "work in progress."

What do we conclude from this?

There is certainly a **stated** difference in approach to social protection, as evidenced by pronouncements, planning documents, and actual programs, and over time the two countries may (or may not) end up diverging greatly from each other. However, perhaps the main difference between the two countries is **economic**: the Philippines continues to have to devote a very large part of the government's budget to debt servicing (as a consequence of post-colonial conditions and debt and financial crises, and continuing debt overhangs), and the current economic and political turmoil in the Philippines sets it somewhat apart from Thailand in terms of what social protection programs the government can finance.

Thus, the ideological or philosophical differences may be far less important than the current economic differences between the two countries. *We find that the two countries - and, potentially, other countries in*

the region - may have a good deal to learn from each other, in spite of the fact that their constraints at the moment are different.

What, then, are some of the main components of the two countries' policies with regard to social protection for formal and informal workers?

Social protection initiatives for formal and informal workers in Thailand

Regarding government-sponsored and other approaches to social protection in **Thailand**, the following summary statements will provide a brief overview of what is actually a complex set of conditions, with variation throughout the country in terms of administration and effective reach. In comparison with the Philippines, the formal **social insurance program** in Thailand - under the Social Security Act of 1990, administered by the Social Security Office (SSO) - is a much newer and much less extensive program overall. It has been changing and expanding in recent years, but in the past coverage favored certain sectors of the population (including the civil services, the military, certain parts of large-scale private industry, and religious institutions), with the idea that families and communities would provide for the needs of the majority of the population. In recent years benefits have increasingly been extended to smaller enterprises and informal workers.

In Thailand, the program administered by the Social Security Office under the Social Security Act of 1990 was set up initially as a system covering sickness, maternity, invalidity and death. In 1995 maternity benefits were extended from 60 to 90 days, invalidity pensions were extended to life, and survivor grants were added. In 1998 old age pensions and child allowances were added as well. However, it has been estimated that in the late 1990s and early 2000s the national government's program under the Social Security Office (SSO) covered only about 15% of the workforce (formal and informal, mostly the former). It no doubt covers a larger percentage now (estimates vary regarding effective coverage), as compulsory participation was in principle extended from establishments with 20 or more workers in 1991 to 10 or more in 1993, and then to one or more in 2002 (and finally to the agricultural, fishery and forestry sectors in succession).

However, implementation has been a problem, and for this reason most Thai workers have found it necessary to continue to turn to family, community and other (non-SSO) government-sponsored programs and resources when adverse conditions arise. It should also be emphasized that since 1994 self-employed workers have also been allowed to participate in the program on a voluntary basis, but because they must pay both the employee's and employer's shares, the self-employed have for the most part not enrolled in the system.

Apart from the contributory SSO scheme and additional programs covering pensions and health care for civil servants, the Thai government has had over the last few years **social assistance programs** for targeted groups, and **voluntary subsidized health cards** for those not covered by the SSO program (the 30 Baht Scheme has taken on much of this responsibility now). In addition, Thailand has **labor protection laws** on the books; these laws, however, are recognized as being effective primarily in enterprises with more than 100 employees and in some medium-sized firms, and not very effective with regard to casualized/informalized and homebased workers.

Regarding social assistance programs, these include financial assistance (cash benefits for the poor, the elderly without means of support, victims of disasters, and other programs); credit; training for people with disabilities, and other targeted groups; and in-kind transfers such as school lunches, milk, and scholarship and loan programs, and free medical care for low-income families. The Department of Public Welfare, under the Ministry of Labour and Social Welfare, also provides 17 residential homes and 13 social service centers for the elderly. [3] A number of job creation programs have also emerged after the financial crisis, although many of these have now been discontinued.

Some analysts argue that these programs have relied on yearly government budgets and short-term "safety net" funding, and that the allocated amounts per person in social assistance programs are generally seen as inadequate to meet the recipients' needs. Thus, many argue that making some programs more permanent, and expanding the contributory program under the SSO, are potentially much more effective ways to ensure government-sponsored forms of social protection for formal and informal

workers.

Thailand's government also aims to provide universal health coverage within 10-15 years, and the current government instituted the **"30 Baht Health Scheme" (Universal Health Care Coverage)** to begin moving in this direction (with the idea that the subsidized voluntary health and other health insurance programs will be absorbed eventually into one program). [4] Moreover, in the wake of the financial crisis, it was recognized that **employment vulnerability** is one of the key risks faced by workers, and the government began to consider instituting some form of unemployment insurance. At the moment, however, this is still being debated - there are clearly strongly differing opinions on this, and the government has decided against it for now. The failures and successes of employment-related programs that came up in the years following the financial crisis (e.g., of the severance pay policy and the job creation programs that followed the crisis) have also been debated.

The more recent **"One Million Baht" Village (or Community) Fund Project** was also designed as a means to create new employment and income-generation possibilities throughout the country. [5] This was seen as a way to "inject" development funds into community-designed projects, and although it has strong supporters, criticisms have also come up as well regarding the deviations from the original intention of the program that have surfaced in recent years.

The immediate goals of the Ninth National Economic and Social Development Plan (2002-2006) include, among other considerations, expanding social security to more effectively cover older persons, farmers, **and informal workers of all types, including the self-employed and homeworkers**. Moreover, the stated goal includes understanding risks and vulnerabilities so as to respond more adequately, particularly in the case of vulnerable groups.

Again, the King's philosophy of development - reflected in this Plan - sees the government as playing a key role that strongly supports, but does not take the place of, family and community-based approaches to social protection. This may mean, in practice, that *government funding of social protection programs could be channeled increasingly not only into government initiatives, but also community-based programs and initiatives, as seems to be the trend*.

In fact, with respect to **"informal" and other non-governmental methods** of accessing social protection, there are already a great number of local schemes sponsored by occupational groups, CBOs, and other civil society organizations. For example, **credit unions** that are part of a nationwide system are locally-responsive; these have been successful in providing funds for emergencies and credit in the face of job losses, and tentative start-ups as a response. [6] **Local savings groups** and *community-based and occupationally-based organizations (e.g., networks of homebased women workers)* can also help mobilize support for those who need it, and are trying to bring members into programs that can reduce risks and provide a stable support system for those who will inevitably need different types of help. [7] The national government has also stepped in to try to regularize community-based programs - helping to prevent irregularities - and strengthen such local institutions as the **Funeral Funds** initiatives in local communities. [8]

The idea is to strengthen these relatively "informal" ventures, and then ultimately be able to arrive at an effective mixture of formal and informal approaches to social protection, bringing in a wider range of groups and organizations - potentially including government bodies, employers, unions, occupational groups, CBOs, NGOs, and other civil society organizations - in a way that does not undercut the role of personal relations based on family, community and friendship ties. This will be important as a way to respond to different types of contingencies, particularly those faced by the most vulnerable groups in society. The role of the national government is thus not to provide all services, but to provide key (especially large-scale) services, and back up and regulate when necessary the more specific local and community-based initiatives aimed at particular groups - e.g., helping meet the needs of particular types of informal workers (including homebased workers).

Social protection initiatives for formal and informal workers in the Philippines

In contrast to Thailand, where the Social Security Scheme still covers effectively a relatively small percentage of the total workforce, in **the Philippines** the Social Security System (SSS), when grouped

together with the Government Security Insurance System (GSIS) for government employees, is said to cover up to one-half of the total workforce. Both the SSS and GSIS programs are mandatory for "formal" workers in the public and private sectors, but they are in principle open to informal workers as well on a voluntary basis.

In fact, the Philippines Constitution and Labor Code make it clear that what we now call social protection should, by law, apply equally to both formal and informal workers. However, *in reality, the great majority of informal workers - including a large number of "casualized" factory workers as well and homeworkers - do not participate in SSS*, in spite of the stated desire of successive governments to ensure universal coverage. A general lack of trust in the system, the limited benefits, and the informal workers' lack of desire to make regular voluntary contributions out of what are already very low and irregular incomes are seen as some of the many reasons for this. [9]

Still, examples of *organized groups of informal workers* who have chosen to participate in the SSS program - and who pioneer such programs as an **Automatic Debit Account (ADA)** in order to ensure continuity in contributions to the program - point to the importance of advocacy work, if participation of homebased and other informal workers in SSS is to be expanded. The advocacy work may include attempts to *combine indigenous community-based social protection mechanisms (e.g., the *damayan*, or mutual aid association) with the national programs (SSS and others) in order to meet the needs of informal workers, including homebased women workers.* [10]

Regarding coverage: the SSS gives cash benefits for *retirement, death, disability, maternity, illness, and old age*. There is also a related program covering *work-related injuries*, the Employees Compensation Commission (ECC), but this is only open to workers with clear employer-employee relationships since the employer is required to make contributions. In addition, the PAG-IBIG Fund (Home Development Mutual Fund) serves as a source of low-income loans, and loans for disasters, emergencies, housing and education, although in practice this usually serves as a *provident fund* with payment upon retirement, death, disability, or emigration, or after contributions have been paid continuously for 10-15 years.

Regarding **medical benefits**: these are offered to all workers registered with the SSS, and are administered through the Philippine Health Insurance Corporation (PHIC, or **PhilHealth**). Informal workers are, in principle, able to join either through the Individually Paying Program (IPP) or the Indigent Program (IP) - the former if they make at least P1000 a month, on a voluntary basis. However, those who make less than P1000 a month or who have not registered their enterprises (and who do not qualify as "indigent") are without even the possibility of voluntary participation. The SSS also lacks an effective mechanism for collection, so even the informal workers who initially join the SSS and PhilHealth programs often let their coverage lapse. (The ADA was initiated as a direct response to this problem.)

As a result, one study estimated that only 3.8% of self-employed (and informally employed) workers were registered with SSS, and even fewer with PhilHealth. In fact, there is a perception even among formal workers (under compulsory membership) that there has been a "clear lack of enforcement and compliance monitoring."

In addition to SSS and PhilHealth, there are organizations such as the Philippines National Red Cross that can provide very low-cost accidental death, burial and hospitalization assistance to informal workers. To what extent these programs can supplement in an effective way other national and community-based programs needs to be determined.

It is important to realize that in the Philippines as well as Thailand, most informal workers - including homebased workers - are much more likely to turn first to families, other relatives, friends and communities to meet their needs, even though these ties are not likely to be enough in times of serious problems. Particularly during the years of economic troubles such as debt, financial and other crises - which, in the Philippines, are chronic and very serious issues in recent decades - some *local community-based organizations* (especially in the form of cooperatives) and some *local governments* have initiated local savings-based loan programs, health care, death/funeral benefit, and other programs. [11]

As expected, some of these local initiatives have been more successful than others. However, they clearly cannot handle the whole task of social protection by themselves, particularly with regard to long-

term or catastrophic risks. Moreover, many of the community-based programs have important weaknesses due to the limited size of membership, lack of technical expertise, a lack of information dissemination, and above all, the fact that they may be attempting to operate in a poor economic context that makes a household's ability to consistently sustain contributions very difficult.

Recommendations thus need to focus on combining local initiatives with national programs, and combining economic (job and income security) with other social protection initiatives. *Organizing homebased and other informal workers into networks or other forms of organization* is also an important part of ensuring access of informal workers to the social protection programs that exist, and to convey what types of changes are needed.

It is clear that the main risks faced by homebased workers in both countries have to do with illness, death, and other life reversals, but what needs to be brought out is that these problems have to be seen within a context of, for many, poverty and overwork, in unhealthy working and living environments. Not only the homebased worker, but other family members and relatives are also likely to be trying to live and work in difficult (and sometimes dangerous) environments. Moreover, where family and social problems, conflict and violence (including violence against women) are present, the risks move to a level that is likely to have profound physical and emotional consequences.

The approach to social protection therefore needs to be comprehensive, and not piecemeal. For every community, and for different types of informal workers, the "mix" of personal, community-based, local and national social protection responses will be different, and the "mix" will be effective only with true community participation, inclusive of all. (There may even be differences according to religious and cultural group - e.g., modifying programs according to the needs and practices of Muslims, Christians, Buddhists, Indigenous communities, and others). These are local decisions, to be carried out with national coordination and support. Moreover, although "social protection schemes" can be discussed on their own, they ultimately cannot be discussed separately from broader policies (economic policies, peace initiatives, gender policies, laws and practices regarding ethnic and other minorities, and others) that are so closely tied to the "society" that is seeking "protection" from serious reversals. After all, it is the lack of adequate broader policies that is responsible for many of these reversals in the first place.

This, then, has to be the real goal of social protection initiatives - to not just come up with initiatives that will provide some kind of response to the problems that will inevitably arise in a very risky and vulnerable environment, but also to act to *make the environment itself less risky*. In this way, it may be possible to not only deal with vulnerability, but in a more profound way make informal workers less vulnerable - i.e., less subject to the losses of job and income, illnesses, loss of home and property, and other primary concerns that can have a serious impact on families for years, increasing the likelihood of future impoverishment and vulnerability.

[1] This overview is based on a paper originally written to serve as part of the introduction to a WIEGO- and ILO-sponsored study entitled "Social Protection for Workers in the Informal Economy: A Case Study of the Garments Industry," by Homenet Thailand's Daonoi Srikajon, Homenet Southeast Asia's Rosalinda Pineda Ofreneo, and Donna L. Doane. It will be further updated and may be included as part of the introduction or as an appendix in the Ford Foundation-sponsored Southeast Asia study (Thailand and the Philippines).

[2] ILO East Asia Multidisciplinary Advisory Team/Bangkok Area Office, 2000. "Decent work for all: targeting full employment in Thailand." Bangkok: International Labour Organization.

[3] Most of the programs in Thailand for the elderly are administered by the Department of Public Welfare (the DPW, part of the Ministry of Labour and Social Welfare), as well as the Ministry of Public Health. Assistance for the disabled is also administered primarily through the DPW and its Committee on Rehabilitation of Disabled Persons (CRDP), as well as the Ministry of Education. One study reports that although the disabled are receiving more help in terms of education than they did in the past, the private sector remains reluctant to employ those with disabilities (only about half of enterprises with more than 200 employees have complied with legislation requiring them to hire those with disabilities, as of 2000 - cf. The Royal Thai Government, "Social development in Thailand: a national report for the special session of the General Assembly on the outcome of the world summit for social development," Geneva, 26-30 June 2000. Bangkok: The Royal Thai Government). Many have also questioned the adequacy of funding for programs for the elderly and disabled. However, the movement in recent years has been to try to provide more services to the

elderly and disabled through local and national programs, even though these service have traditionally been provided by family members and the local community.

[4] Cf. the Thailand country study for more on the 30 Baht Health Scheme, and how it has been received by the homebased workers interviewed for the study. The public health system has been giving free medical care to persons over 60; low-income persons and their families; the very poor; disabled persons; students; children under 12; retirees; and religious leaders - altogether covering 30 million persons. The voluntary (500 Baht) health card scheme has in the past covered another 10-12 million persons; 4.5 million were covered under the SSO compulsory scheme; and the civil service scheme covered over 7 million as of 2000. The 30 Baht Health Scheme has changed the health picture, however, and the pros and cons of the 30 Baht Scheme are currently being debated, although the response from low-income groups has been generally favorable.

[5] Cf. the Thailand country study regarding the pros and cons of this initiative aimed at both development and welfare concerns, from the point of view of homebased workers.

[6] Credit union cooperatives are also discussed in detail in the Thailand country study.

[7] This point is explored in detail in both the Thailand and the Philippines country studies.

[8] Cf. the Thailand country study for more on this community-based but government-"regulated" source of social protection.

[9] The following will present, in summary form, some of the points made in Maria Eufemia C. Yap, "Extending social protection to the informal section," July 2001 (for the International Labour Organization, Manila, Philippines). Regarding the drawbacks of the current SSS system, Yap also argues that the system is fragmented, is distrusted by much of the general public, and is financially on questionable ground. In addition, she cites the low and unstable incomes of informal workers, the lack of awareness of social security rights, and relative satisfaction with indigenous schemes (such as savings and credit clubs called *paluwagan*) as contributing to low voluntary participation rates. Other weaknesses that she discusses include the lack of coverage of persons with disabilities, overseas workers, and persons with HIV/AIDS. Yap is hopeful that the national and local governments may be able to work more with community-based cooperatives and others in the future to make the system more accessible to informal workers and less *ad hoc*, but she is not convinced that the private insurance industry will agree to be involved in efforts to extend benefits to informal workers.

[10] Cf. the Philippines country study for an examination, from homebased workers' points of view, the Social Security System (SSS), PhilHealth, Red Cross, *damayan*, automatic debit account (ADA) system, and several other key programs and initiatives.

[11] Cf. the Philippines country study as well for a more detailed consideration of community-based housing, community-based health microinsurance programs, and expanded forms of the *damayan* as well as other locally-based initiatives.