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Social Protection in Myanmar: Making the Case for Holistic Policy Reform

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Yoshimi Nishino and Gabriele Koehler

Summary

Myanmar is a country with a very low per capita income and distressing failures in nutrition, health, education, and others areas of social development. Currently, there appears to be some political softening, and in the realm of policymaking, a series of adaptations have been gradually introduced over the past three years. This paper examines vulnerability and poverty dynamics in the country and its evolving social protection framework. Building on pertinent regional examples, the paper makes the case for holistic social protection policy responses in the domains of social transfers for livelihood support and access to finance, education and health access, child protection, protection from exclusion, and as an emergency response. The outlook argues that comprehensive inclusive and ultimately transformative social protection needs to be introduced and could be within reach, as an integral part of deeper systemic reform in Myanmar.

Keywords: vulnerability; poverty; social exclusion; social policy; social protection; Myanmar; Burma; Least Developed Countries.

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Background

Myanmar¹ is a least developed country² with per capita income estimated between US\$ 220 (UNICEF 2010) and US\$ 500 in 2009 (Asian Development Bank 2010),³ a low human development index score of 0.5 (UNDP 2010), and distressing failures in nutrition, health, education, and others areas of social development. An estimated 32 per cent of children under five suffer from malnutrition (UNICEF 2010), 11 per cent of children aged 10–14 are working, and only half the pupils who start primary school at age five complete it. Maternal mortality stands at 380/100 000, double the East-Asia Pacific average (UNICEF 2010). Politically, Myanmar has seen domestic and international critique as an autocratic regime with massive human rights violations, ethnic violence and civil strife (UN 2010). Currently, there appears to be considerable political softening, with the release of some political prisoners and the creation of a National Human Rights Commission, unexpected shifts such as the renegotiation of a contested hydropower scheme (Will 2011b), and most recently the agreement of the leader of the erstwhile outlawed opposition group to rejoin national elections in 2012 (BBC 2011).

In the realm of policymaking, a series of adaptations have been gradually introduced over the past three years. These include a new constitution (2008), the installation of a – nominally – elected parliament at country and state level (2010/11), and some institutional changes in national and sub-national level governance practices (Will 2011b). The institutional reform process under which these developments occurred, called the ‘Seven-step Road Map’ (Ministry of Home Affairs 2007), appears to have been reinforced by the devastating impact of the 2008 Cyclone Nargis, and the ensuing efforts to enhance social security in the broad sense. Myanmar is also experiencing domestic and regional pressures to join broader policy innovations, notably from the Association of Southeast Asian Nations (ASEAN),⁴ including regional social protection trends and initiatives.

In light of these developments, some observers argue that policy space is opening up (Lall 2009; Will 2011a). A significant recent change observed in the policy climate is the increased transparency of policy discussions, such as greater media coverage of parliamentary hearings and debates on social issues; as a result, politicians seem to be more conscious about public opinion. In addition, the ongoing decentralization process of government structures might improve the decision making, reflecting local situations and opinions. As another example, the planning process for the new fiscal budget cycle is engaging local policy-makers.

One area where this policy opening can, and should, be seized forcefully is social protection. This is first and foremost with a view to the normative and rights-based perspective, building on the notion that all citizens globally have a right to social protection, anchored in commitments such as the Universal Declaration of Human Rights (UDHR), the Covenant on Economic, Social and Cultural Rights, and the Convention on the Rights of the Child (CRC). But the opportunity of policy change also needs to be captured for social protection for immediate reasons, such as the low level of human development, the country’s poverty and

¹ Myanmar is the country’s official name, but it widely known in much of the literature as Burma.

² The term refers to a classification system of the UN Committee on Development Policy which defines countries as least developed based on indices of per capita GDP, structural features and vulnerability. Myanmar is one of currently 49 LDCs (UNCTAD 2010).

³ On the methodological difficulties of establishing Myanmar’s per capita GDP, see Myint (2009).

⁴ ASEAN was created in 1967, as an association to support regional cooperation and integration to ‘accelerate the economic growth, social progress and cultural development in the region’ and to ‘promote regional peace and stability’. It comprises founding members Indonesia, Malaysia, Philippines, Singapore and Thailand, as well as Brunei Darussalam, Viet Nam, Lao PDR, Myanmar and Cambodia (ASEAN 2011).

income disparities, dismal outcomes in maternal and child health, and the overall vulnerability and social exclusion. Moreover, the necessity for social assistance became poignantly clear in the aftermath of Cyclone Nargis in 2008, which left the affected people without systemic social transfer support from the government.

Social protection reform, including the expansion of the current social security system beyond the limited formal sector, is technically feasible and financially affordable. Myanmar has in place core institutions such as the Social Security Board, providing social security to the formal sector, and social protection expertise is available in-country as well as in the immediate region. It is a resource rich country with satisfactory economic growth, so that the additional fiscal resources needed for expanding coverage and benefits could be easily mobilized.

This paper briefly reviews global trends on social protection policy as a backdrop for a discussion of poverty and vulnerability in Myanmar based on recent surveys, and sketches out its current social protection architecture. Drawing on examples from other policy practices in Asia, it then offers ideas on a holistic reform of social protection.

1 The current global policy discourse on social protection

The notion that social protection is a human right implies a concern for equity, such that universal coverage is complemented with dedicated social protection interventions, concentrating special efforts on the poorest and other most vulnerable groups. Hence, social protection policies need to be conceptualized and realized in an inclusive fashion, and as often argued, it needs to be ‘universalized’ (ILO 2010, 2011 a and b).

Conventionally, social protection is cast as a policy and programming framework designed to reduce socioeconomic risks and people’s vulnerabilities, with the objective of assuring equitable human development (Samson 2009). Social protection can accordingly be used as a core developmental tool for a range of goals: safeguarding against income shocks; offering minimal socioeconomic security to economically vulnerable groups, notably those living under and around the income poverty line; and, in its more encompassing forms, supporting inclusive growth or contributing to social inclusion. Social protection can also be used to address disparities among population groups, such as gender- or age-based discrimination, or exclusion based on factors such as language, religious affiliation or ethnicity. In its most ‘radical’ form, it can – at least notionally – contribute to supporting social justice and transformation, enabling disadvantaged communities or households to move out of poverty and deprivation, if they become empowered to claim their entitlements, or can acquire productive assets as a result of income transfers. In this vein, social protection has been interpreted as moving on a progressive scale from protective, preventive and promotive to transformative, depending on whether the transfers or services associated with social protection are reactive to concrete shocks or proactively help guard against vulnerability, or even enable vulnerable households to move out of poverty and socioeconomic insecurity. It can also do these things simultaneously.

The transformative approach to social protection is an innovation in social protection theory and policy, and integrates the rights-based perspective into the design and delivery of policy actions. Its emphasis is on vulnerable and marginalized groups who require special efforts to

claim their rights to social assistance and to make use of social services, though the overarching principle is one of universalism – all citizens have a right to social protection (Devereux and Sabates-Wheeler 2004; Sabates-Wheeler and Devereux 2007; Samson 2009).⁵

Social protection, in a frequently used technical taxonomy, is divided into social security and social assistance (ILO). Social security includes contribution-based old-age pensions, unemployment and accident insurance, and contributory health insurance; these forms tend to be concentrated in the formal sector – government service and large private sector companies. Social assistance includes social transfers that are financed through government taxation or official development assistance and thus by definition are non-contributory. Examples include different types of cash transfers to low-income groups (Hanlon, Hulme and Barrientos 2010). Recently, public works schemes – remunerated in the form of cash or food – are being revived and becoming increasingly popular in numerous developing countries, emphasizing sustainable livelihoods, employment and the creation of productive aspects as integral to social protection (see for example UN General Assembly 2010; UN DESA 2009). This recent approach also includes a focus on enabling access to services, both social services as well as services and legislation that are prerequisites to participation and empowerment (Sabates-Wheeler and Devereux 2007; Samson 2009; ILO 2011a and b).

The resurgent concern with social protection has several roots: it is a recognition that poverty is persistent and pervasive in many developing country contexts, and has not been addressed by growth strategies (Sabates-Wheeler and Koehler 2011) and that the majority of the population works in the informal sector as working poor (Kabeer and Cook 2010; Hanlon *et al.* 2010; Samson, van Niekerk and MacQuene 2008; Grosh, del Ninno, Tesliuc and Ouerghi I 2008; Sabates-Wheeler and Devereux 2007; ILO 2011a and b). The notion of social protection thus differs significantly from the social safety net concepts of the 1980s and 1990s, which were primarily conceptualized as reactive and residual. The resurgent concern is also a response to recent economic crises and a cumulation of natural disasters, with even individuals and families above the poverty line, let alone those living in poverty, extremely vulnerable to income shocks, such as rising food prices, health incidents or natural calamities. A third factor in policy-makers' resurgent interest in social protection is the growing body of empirical evidence on the effectiveness of social transfer programmes for reducing poverty and addressing negative social outcomes (Glassman, Todd and Gaarder 2007; Grosh *et al.* 2008; DFID 2011).

2 Vulnerabilities and poverty dynamics in Myanmar

Myanmar – as other low-income countries – is rife with social protection policy challenges. Pervasive chronic poverty and income insecurity, and large, obvious but undocumented cleavages in income distribution (Koehler 2011a) are accompanied by a range of both idiosyncratic and systemic shocks. The most common types of shocks are health incidents; economic and financial problems such as unemployment or a collapse of income, or price hikes for household commodities; social issues; political strife; and problems stemming from natural catastrophes and environmental issues (Table 2.1).

⁵ Some countries are now also making migrants (e.g. non-citizens) eligible for some forms of social protection (ILO 2010).

Table 2.1 A typology of vulnerabilities according to types of shocks and level in Myanmar

Types/levels	Individual or household	Community/group	District/state, national, global
Health	Illness, accident, disability, ageing, death	Epidemic diseases	
Social	Crime, domestic violence, discrimination Divorce, separation, death Migration of main monetary income earner Exclusion in the family, possibly based on gender, disability, etc.	Crime, gang violence, etc. Exclusion based on ethnicity, language, religion, political affiliation	Ethnic and civil conflict, war, other social upheavals Displacement and resettlement
Economic and financial	Unemployment, underemployment, Casual labour, lack of access to land Indebtedness	Resettlement, crop failure, etc.	Economic downturn, financial system failure, external trade and economic problems, sudden increase of prices of essential goods, esp. food and services
Natural/ Environmental	Loss or pollution of water sources, land, etc.	Flood, drought, landslides, pollution and resource contamination, etc.	Cyclones, earthquakes, floods, drought, landslides, etc.

Source: authors, modified from and based on Samson *et al.* (2008); Samson (2009); IHLCA (2009/10).

Findings from two recent Integrated Household Living Conditions Assessment surveys (IHLCA 2004/5 and IHLCA 2009/10) suggest some progress during that five year period. According to the IHLCA 2009/2010 data, about 25.6 per cent of the population were below the poverty line, compared to 32 per cent in the previous survey. Food poverty also reportedly decreased, significantly, from 9.6 per cent to 4.8 per cent. However, this trend is uneven across regions and poverty shows mixed patterns (IHLCA 2011). Other indicators did not improve significantly, and underemployment increased from 33.9 per cent to 37.5 per cent (see Table 2.2).

The IHLCA 2009/10 also reveals further insights on poverty dynamics. Most of the poor are in rural areas, and in large households. Poor people are predominantly those farmers with limited or no access to land, and/or casual labourers. Casual workers, accounting for nearly one fifth of the working population, are particularly vulnerable due to the seasonal nature of employment and the instability of their earnings.⁶ The poverty dynamic – the continuous slipping in and out of poverty situations – is in clear evidence in Myanmar, according to these findings. The number of ‘transitory poor’ is estimated at three times greater than the ‘chronic poor’, which means that a large share of the population is vulnerable and may fall into poverty as a result of various kinds of income shocks, according to the Poverty Dynamics Report (Ministry of National Planning and Economic Development, UNDP, UNICEF and SIDA 2011, henceforth IHLCA 2011). Without sufficient savings or assets, many Myanmar households might also easily slip into poverty as a result of a sudden increase of food prices since, according to IHLCA findings, food expenses accounted for about 70 per cent of

⁶ Population aged over 15 years and over employed in the last 7 days provides information on recent or short-term employment.

household expenditure in 2004/2005 (Ministry of National Planning and Economic Development and UNDP 2007).

Idiosyncratic shocks, such as accident or illness requiring hospitalization or long-term medical attention, for example, are equally likely to push poverty households surviving just above the poverty level into poverty, while the poorest households are unable to cope financially, due to the combined lack of social protection mechanisms and the burden of out-of-pocket health expenditure. Larger-scale systemic shocks, such as droughts, floods, cyclones and other natural disasters, or the impacts of civil strife devastate entire populations and can propel them into poverty, and require dedicated, extraordinary measures at nation-state or even international level, to assist the large numbers of persons affected at once. Disasters on this scale also pose special problems because they severely undermine and overstretch traditional coping mechanisms. In Myanmar, flood or drought periodically affects one fourth of the population (Table 2.2), while the 2008 Cyclone Nargis affected 2.4 million people out of a total estimated population of about 58 million.⁷

Table 2.2 Poverty and vulnerability indicators for Myanmar

Indicators	Levels 2004/2005	Levels 2009/10
% headcount under the poverty line	32.1%	25.6 %
% of population under the food poverty line	9.6% (national); 6.1% (urban); 10.9% (rural)	4.8% (national); 2.5 % (urban); 5.6 % (rural)
Households affected by flood or drought	26.3%	13 % of poor are affected by flood 28.6% of poor are affected by drought
Landlessness rate	25%, but 31.8% of those under the poverty line	23.6%
Unemployment rate above 15 years old	3.1%	2.5 %
Underemployment rate above 15 years old	33.9%	37.5 %
Morbidity rate	6.5% during rainy season, 4% in dry season	6.5% during rainy season, 5.7% in dry season
Average land area owned by agricultural household	6.1 acres	6.7 acres

Source: authors, based on IHLCA (2004/2005) and IHLCA (2011).

Interestingly, in terms of a social analysis, the IHLCA survey suggested a complex pattern for vulnerability in Myanmar. For example, in contrast to other low-income countries, female heads of household in Myanmar did not show up as being systematically more affected by poverty. Also, low-income households with better educated members and a resulting higher level of literacy, smaller households with a low economic dependency ratio, and households with lower underemployment rates⁸ demonstrated a potential to escape from poverty over time. Nevertheless, the overall findings and the lack of adequate formal social assistance mechanisms suggest that many households in the informal economy, in rural areas, disaster-prone areas, and in the ethnic minority areas are at high risk of falling into poverty.

In Myanmar, there are considerable regional differences, mainly associated with ethnicity and regional strife (Kivimäki and Pasch 2009). Moreover, risks vary. More empirical evidence

⁷ Estimation based on the last-conducted national census in 1983 and published by the government in its Statistical Yearbooks.

⁸ Underemployment in this context being defined as less than 30 hours worked in the last seven days preceding the survey.

and analysis on this topic will be required to understand the large intra-country differences in terms of poverty, poverty dynamic and trends, and the interface of poverty and social exclusion, and then integrate these findings into the specifics of social protection reform.

3 The legal framework and evolution in social protection approaches in Myanmar

Social protection, whether in the form of social assistance or formal sector social security, has in the past not been a component of an explicit government strategy to address poverty, vulnerabilities and disparities. Historically, there was no comprehensive and strategic government poverty reduction strategy which would address the poor and rural populations until recently. Even in the current poverty strategy, the scope is limited in addressing specific vulnerable groups. Nevertheless, Myanmar does have in place a limited, albeit under-resourced, social security system for the formal sector, as well as a number of fragmented, ministry-based initiatives to provide some forms of social protection to vulnerable individuals, households and communities, including but not limited to those living in poverty (annex table A2).

Myanmar's formal sector social security system has been operational since 1954 as per the Social Security Act.⁹ However, it covers only a small segment of the population – the number of members participating in the system is estimated at 520,000 workers or about one per cent of the population – and the types of provisions (health, disability and retirement) are limited, notably when compared with those offered in neighbouring countries (see Annex table A1). The formal social security system offers two types of benefits: free medical care and cash payment benefits (UNICEF Myanmar 2011). The cash benefits cover six areas: sickness, maternity, funeral, temporary and permanent disability, and survivor's pension. For the free medical care service, there are three Social Security Board (SSB) hospitals and 95 SSB dispensaries where beneficiaries can receive free treatment. Beneficiaries who need further treatment are referred to other hospitals, and receive reimbursement of treatment and travel costs.

Regarding health coverage more generally, the sole insurance provider, Myanmar Insurance, which falls under the Ministry of Finance, does not offer comprehensive insurance for health (other than a small-scale scheme against the risk of snakebite); and the social security system only covers a small number of formal sector workers in urban areas. Households can fall into poverty when severe illness requires outpatient or inpatient care. Although further research is required, it is known that in Myanmar, out-of-pocket payments comprised 87 per cent of the total cost of national health expenditures (Ministry of Health 2010). Recent surveys suggest that household expenditures on health may be about five per cent on average of total household expenditures (IHLCA 2011); however both outpatient and inpatient costs are very high, and at one time were estimated at 37 per cent and as much as 146 per cent respectively, of household monthly expenditures (Kyaing 1995). Where severe illness or accident strikes, most households cope by borrowing money either from their social network, including family, or informal moneylenders. In contrast to other countries in the region, Myanmar has no experience with establishing micro health insurance schemes, although a number of township-based trust funds for the poor are available on an extremely limited scale (UNICEF Myanmar 2010). Government departments have displayed strong interest in providing health insurance covering a larger population, including informal sector

⁹ For a detailed discussion of formal sector social security in Myanmar see von Hauff (2007).

workers,¹⁰ but policies and actual implementing mechanisms remain to be developed. There have been discussions on health insurance issues in the new parliament. A feasibility study of township-based micro-health insurance targeting poor families under the supervision of the Ministry of Health began in September 2011, in the form of a pilot health insurance scheme which will generate further evidence.

With respect to old age pensions, the social security system covers government workers and formal sector employees, while other institutional systems, such as the armed forces, maintain separate systems. There is no mechanism to ensure income transfers to the aged outside of these systems. Previous government policies have resulted in a lack of viable private savings or provident fund options, including as a result of the nationalisation of the financial system during the socialist era, the lack of adjustment of compensation levels to inflation (instead of fixed prices) and repeated episodes of demonetization of the currency. Thus, private savings for those able to accumulate assets tend to take non-monetary forms. In light of these limitations, a number of social security system reforms are now underway; for example, in mid-2011, the government increased the monthly benefit amount in the old age pension to reflect the current economic situation.

Some programmes that relate directly or indirectly to social protection are offered by sectoral ministries. They include cash transfers to families with three or more children, subsidies for medical care for pregnant women, assistance to rural families, or school feeding programmes (annex table A2). Such initiatives serve to alleviate difficult situations for earmarked vulnerable groups. However, at the macro-social level, 99 per cent of the population has no access to predictable social protection, and relies on the few social assistance schemes offered by the ministries, on programmes from civil society organizations, and on traditional, informal community- and family-based systems. Moreover, the current system leaves even those employed in the small formal sector vulnerable due to (a) its limited coverage, (b) because it does not include unemployment insurance, and because (c) the present levels of pension and health insurance benefits are minimal (Annex table A1).

As mentioned, there is now an opening of policy space: even if marginal, policy shifts in government policy and institutions are discernable, and there are signs of a growing recognition of the need for social protection mechanisms and programmes to confront the high prevalence of poverty and vulnerability. For example, the legal framework of the 2008 Constitution lists a number of social protection objectives as responsibility of the State, though the text stops short of providing statements of rights or entitlements for the citizens of Myanmar. There is a national plan for rural development through infrastructure development and/or credit provision as related to poverty reduction. A Poverty Reduction Committee was created under the leadership of Ministry of National Planning and Economic Development in 2011. There is also the recently convened Economic Advisory Group charged with looking at poverty, its causes and policy responses (Myint 2011). An Inter-Agency Working Group for Social Protection of Children (IAWG-SPC) was established under the leadership of UNICEF and Department of Social Welfare in April 2009 and brings together more than 20 departments and several ministries which are concerned with children's rights. The IAWG-SPC discusses the links between social protection and the broader policy context, including poverty reduction policy, constitutional and legal framework, and the social security system, as well as health insurance.¹¹ For example, since its inception, the IAWG has deliberated on

¹⁰ The Inter-Agency Working Group for Social Protection of Children discussed health insurance on several occasions (October 2009, January 2010, July 2010) as one of the most important aspects of social protection for Myanmar. The recent IAWG meeting on micro-health protection confirmed the urgent need for Myanmar to work on this health protection issue for equity.

¹¹ As presented by the implementing ministries/departments in an Inter-Agency Working Group for Social Protection of Children (IAWG-SPC) meeting on social protection in January 2010.

the social security system and the legal framework several times. The social security scheme is now under revision, with proposals, for example, to augment the benefits and improve the provisions for maternity leave, perhaps administratively the easiest area to tackle with an immediate reform, and with expected positive health and nutrition direct impacts for new-born and very young children. There is also a suggested amendment to the law on social security to expand coverage to informal workers and the families of members as well as towards more comprehensive support. These changes signal an emerging interest in social protection in policy circles in the Myanmar Government.

4 The case for holistic policy approaches: some policy references for Myanmar

Myanmar's social protection reforms can draw on social protection initiatives in neighbouring countries for ideas and evidence, in term of both strategies and approaches, building on economic and institutional similarities. There is also some soft political pressure on the government, for example via ASEAN processes or the UN regional commission. The ASEAN Socio-Cultural Community Blueprint (2009), adopted at the thirteenth ASEAN Summit in 2007, for example, formulated a commitment to improve the well-being and the livelihoods of the citizens of the ASEAN region through poverty alleviation and expanded social protection coverage. Some examples of actions include proposed in the Blueprint include launching surveys, exchanging insights on good practices, establishing networks of social protection expertise, and looking into policies that extend existing social insurance systems to the informal sector. As Annex Table A1 illustrates, social security is well established in other countries in the Asian region, with core elements in place in all countries. While the patterns of areas covered are similar, benefit levels, coverage rates and the effort as a share of GDP diverge and vary widely. Some recent policy innovations in the region are used by way of illustration or reference.

Beside regional pressure, the IHCLA survey findings on poverty and vulnerability, the policy initiatives and experiences in the region, and the global resurgence in social protection, can help propel some ideas for social protection reform in Myanmar. In the past, the Myanmar Government did not subscribe to social protection in the form of cash, especially cash transfers, despite the positive impacts of such interventions reported from other countries, because it views these as creating dependencies. A mere cash transfer may not be a culturally preferred choice, and this has been discussed in the Inter-Agency Working Group for Social Protection of Children.

At this juncture, however, Myanmar can make informed policy choices and decisions. It can design social protection policies with an eye on the entire spectrum of protection, prevention, promotion and transformation, and the country might be inclined to do this for at least four reasons.

- From a rights-based perspective, all citizens have a right to social protection. In a society with skewed income distribution, a large informal sector, and significant issues around regional disparities and ethnicity, social protection can assure that vulnerable groups are assured of coverage. The new constitution is a foundation for further legal reforms around social protection initiatives.
- The necessity for social assistance mechanisms was underlined by the impact of the 2008 cyclone, and there is now some well-documented evidence, from systematic monitoring and evaluation, on the usefulness of pilot programmes including cash transfers for livelihoods (UNICEF 2011).

- The social protection system in Myanmar is far less developed compared with neighbouring countries, exerting pressure to advance. Myanmar is a resource rich country with satisfactory economic growth, so that the fiscal resources could be easily mobilized. The fiscal deficit is estimated at approximately 3 per cent of GDP, social security at 0.1 per cent of GDP (latest available year) and there are abundant foreign exchange reserves (IMF 2007), suggesting ample space for additional expenditure heads.
- It is technically feasible, because social protection expertise is available in-country, and regionally.

Myanmar urgently needs to develop a comprehensive social protection system. To do so, it needs to develop holistic social protection policies, supplementing the existing social security system with a broader scheme of social assistance, and establishing institutional mechanisms to replace *ad hoc* and disconnected social protection programmes led by various actors and agencies. The current fragmented system (Annex table A2), with a number of social protection initiatives situated in different ministries with various interpretations of social protection, is inefficient and inequitable, because entitlements become opaque to the intended beneficiaries, and resources are scattered rather than bundled and directed strategically at the key vulnerabilities. Myanmar could, at this juncture in its political development, follow the global trend of systematizing the social transfer architecture, creating a holistic system – it could transcend the conventional policy divisions and use social protection reform to show the interconnections between social protection policies and broader social policy. Such a holistic policy approach would capitalize on the synergies across policy domains. Myanmar could also, at least gradually, universalise social protection. Social protection policy needs to be linked with the larger poverty reduction strategy and integrated into socioeconomic policies so as to become transformative. It is essential that the Ministry of National Policy Planning and Economic Development draft a dedicated poverty policy that emphasizes social protection; this will need to be developed in tandem and consultation with relevant sectoral ministries. Policies could be introduced towards full-time employment in decent work conditions, including minimum wage and basic social security provisions, provisions for paid maternity leave, and work safety standards, with a view to generating sufficient income, based on global core labour standards. This would also require active labour market policies (OECD DAC 2009a and b). Such policies also need to enforce child protection policies such as the Child Law of 1993.

A holistic approach could include the following efforts across the key domains of social policy.

4.1 Social transfers including livelihood support or public works schemes, combined with employment creation

Social transfer programmes, such as conditional cash transfers, child grants and pensions, have been introduced *inter alia* in China, Indonesia, Mongolia and Thailand, with successful outcomes (Grosh *et al.* 2008; Kabeer and Cook 2010). Nepal introduced a child benefits scheme in 2009 that covers all children younger than five years in the poorest region of the country and all children younger than five years living in so-called 'low-caste' households with low incomes in the entire country, with a small cash benefit and for two children per household. Some countries, such as China, Bangladesh, Maldives and Nepal, introduced social pensions to which citizens are entitled when reaching old age; these social pensions are non-contributory and tax-financed and are an effort at income redistribution and old age security (Koehler, Cali and Stirbu 2009).

A number of government-initiated income-generating and livelihood programmes designed to improve the living conditions of poor households are in place, such as the social assistance

programme of the Agricultural Services (Annex table A2). In a transformative approach to social protection, decent work conditions are an important complementary pillar (OECD DAC 2009a and b). While the labour law (1949) provides for some protection and minimum standards in terms of working hours, benefits and so forth, these apply only to formal sector employment for enterprises of a certain size. Hence, the most vulnerable informal sector workers do not benefit from their provisions. Incomes from unskilled wage labour (especially casual labour) may be less than is required to maintain minimum standards of living. There is *de facto* no minimum wage and such legislation needs to be introduced. The current legal framework covering workplace injuries holds employers liable, although it is limited because it excludes informal or self-employed workers and farmers. It is also limited to a private law obligation without public sector involvement in ensuring adequate protection is provided by the system. Injuries and loss of income-earning ability incurred outside the formal employment context are not covered. Such provisions need to be introduced urgently.

Again, some ideas might be gleaned from neighbouring countries. Thus, some countries have introduced public works schemes recent years as 'right to work' schemes and with provisions for complying with decent work criteria, such as a minimum wage and certain workplace benefits. Examples include the employment guarantee schemes in India, Bangladesh, Nepal and Pakistan (Koehler 2011). The Mahatma Gandhi National Rural Employment Guarantee Act, introduced in India in 2005, guarantees rural households a minimum number of working days per year (100) at the minimum wage in public works schemes. If work is not made available, households are entitled to a cash transfer. Thus, the Government is responsible for offering at least minimum employment and incomes to the poorest rural households (Ministry of Rural Development, Government of India 2005). Social protection strategies can look beyond direct employment schemes towards supporting the creation of employment opportunities, for instance in small and medium business development or remunerative self-employment, based on market analyses.

With the majority of the population of Myanmar living in rural areas, it is important that social protection include strategies to cover informal workers and the rural population, especially farmers without land or with only small area of land, to protect them from seasonal poverty. Strategies can take the form of microcredit for farmers, livelihood programmes (such as public works schemes at minimum wage and in line with core labour standards) or cash transfer programmes. Such approaches can be integrated into rural and agricultural development policies and need to be combined with skills and capacity building and vocational training strategies, reinforcing current initiatives, such as those of the Agricultural Services and the Ministry of Social Welfare (annex table A2).

4.2 Social protection for education access

Investment in human development, especially in basic education, is proven to help break inter-generational poverty, and access to quality and inclusive education for current cohorts of schoolchildren is a key policy to overcome vulnerabilities.¹² At the same time, social protection interventions are needed to enable children to complete their schooling even if the household encounters shocks. In addition to the current school meal programmes, some forms of education-related social transfers, such as scholarships to poor students' families for their successful transition from primary to secondary school, might be an acceptable as well as effective approach for Myanmar. Food-for-education transfers are already in place in some parts of the country, implemented by the World Food Programme.

¹² Similarly, the education sector needs to introduce an inclusive educational policy, such as instruction in minority languages, and enabling compulsory education.

4.3 Child-focused or Child-sensitive Social Protection

Children need to receive special attention in social protection policy reform, because they are particularly vulnerable, relying on parents and other caregivers and society more generally for their survival and development up to certain age. Currently, the Ministry of Social Welfare, Relief and Resettlements, in collaboration with other relevant ministries, is developing a national plan of action for children which will incorporate a plan for social protection for children. The special emphasis on 'child-sensitive' or 'child-focused' social protection, as an inter-sectoral approach, is introduced to make the plan more comprehensive and effective, and to respond to age-specific vulnerability. There will also need to be a link to the overall poverty reduction strategy.

4.4 Health insurance

Health coverage urgently needs a comprehensive reform, as most citizens are outside the purview of health insurance, and health incidents without former social protection increase socioeconomic vulnerability, given the limited governmental resources for the health sector. Micro-insurance, especially health micro-insurance, could be an entry point, to provide informal workers and their family members with an initial protection from shocks and hazards. A pilot health insurance scheme is now being considered to explore the potential. One format, currently piloted on a small scale, is township-based health insurance, which is a community-based form of social protection. In the long run, taxed-based subsidy for health insurance would probably be the option of choice.

Laws and regulations from countries in the region, establishing either social health insurance or micro-health insurance, can offer ideas. In Thailand, for example, universal health coverage was introduced after exploring several options for health protection, including community-based health insurance. In early 2011, the Thai cabinet in addition announced a set of social welfare measures that include the rural economy and the urban informal sector. The extended social security scheme covers informal workers and provides credit access and subsidies for electricity and fuel. Health protection reforms are also underway in other neighbouring countries, including Vietnam, Lao PDR and China, which may be of interest to Myanmar.

4.5 Access to financial services

A complementary form of social protection that, if well designed, can be transformative in nature is a functioning credit system. Presently, access to credit in Myanmar is extremely limited, especially in rural areas that are not well served by the banking system. Due to restrictive monetary policy, loans for productive purposes carry extremely high interest rates. It is also common to borrow money whenever there is an unexpected social expenditure, such as medical or educational costs. Despite such needs, there are no pro-poor and developmental lending or microcredit policies or measures to support various forms of financial institutions. It is therefore worthwhile, in a wider social protection context, to explore the legal and policy frameworks related to credit. It is also interesting to note that agriculture lending has recently increased significantly, a process that deserves support. Under poverty alleviation and rural development initiatives, the improvement of micro-credit has been recently discussed.

4.6 Natural disaster emergency support

Special social protection mechanisms to mitigate shocks from natural disasters as well as disaster prevention mechanisms need to be introduced and guaranteed, learning from the experience of Cyclone Nargis. One example is UNICEF's cash transfer programme

combined with livelihood training, which was introduced during the recovery period in 2009. The evaluation report cited evidence that sources of household livelihoods had been restored, and also suggested improved socioeconomic conditions; as a result, households improved their support toward child wellbeing (UNICEF 2011). Given the lack of research in this region of Myanmar, the positive empirical findings could form a basis for designing government policy on social assistance support during emergencies.

4.7 Inclusion and protection from discrimination

All societies experience forms of discrimination and social exclusion based on a variety of factors, including income level, occupation, ethnicity, language, religious affiliation or disability. Exclusion processes are systemic but also manifest at the personal level and require a complex web of responses (Kabeer 2010; Koehler 2009). Deliberate social inclusion policy needs to be built into social protection and implemented to assure that no community or individual is excluded from social services, such as education, health care, water and sanitation access, birth registration or national identity cards, or from social assistance to which they ought to be entitled. Examples from other countries responding to gender exclusion include the secondary school stipend targeting girl children in Bangladesh, which is a conditional cash transfer requiring regular school attendance, sufficient school performance and remaining unmarried. In India and Nepal, school stipends are available to girl children or children from the disadvantaged castes to encourage them to attend school while carrying the transaction costs, such as transport, school books and clothing as a form of affirmative action.

Myanmar could examine steps to introduce social protection in a comprehensive format, to redress the many dimensions of vulnerabilities in the country and to improve its inclusion of ethnic minorities and disadvantaged groups. This would require removing barriers that exclude households and communities from income opportunities, adopting policies for inclusive growth, such as employment-intensive development paths, and promoting policies for social inclusion and behavioural change campaigns (Kabeer 2010). Social protection to ensure inclusion of groups excluded from services would be useful; for example, migrants or language minorities should be able to tap special forms of social assistance. Age-specific vulnerabilities too can be addressed by social assistance transfers.

The various social assistance programmes would benefit from some form of coordination of effort and resources or some degree of consolidation to ensure better efficiency, oversight and transparency for eligible citizens. For example, this could be in the form of a social protection agency under the cabinet's auspices, reflecting the high policy priority of the issue; another approach could be to create a strong autonomous coordinating body, which can effectively coordinate social protection initiatives conducted by different agencies.

Governments at the local – state and region – levels need to explore their role in social protection. Since they are relatively close to communities, they are well positioned to identify the social protection needs and opportunities. The disbursement of social protection transfers at the state/division and township levels can facilitate access, especially for vulnerable groups. Modalities will need to be discussed carefully in the course of the current decentralization efforts to ensure equality and transparency in the delivery of social protection and to avoid new dependencies, such as on local elites or powerful political officials.

Scaling up social protection needs to be explored, both in terms of increasing the coverage and benefits of the existing social security system and in terms of systematizing the existing system as well as introducing new forms of social assistance. The Ministry of Labour's newly proposed laws for revising the social security system to include informal workers are crucial. For this further expansion, it will be important to have baselines on the socioeconomic

situations and additional analyses of poverty and vulnerability dynamics in order to track and assess the impact as new or more encompassing social protection measures are introduced. National surveys, such as the Multiple Indicator Cluster Survey and the Integrated Household Living Conditions Assessment, are tools available for further analyses.

5 Outlook

This paper has argued that enhancing social protection policy is necessary and also feasible in Myanmar. It is necessary in view of the country's poor performance on human development: the high child and maternal mortality rates, the issues of malnutrition, income poverty and unemployment, and pervasive, ethnically-based social exclusion. It is necessary also if Myanmar wants to comply with and deliver on its domestic, regional and international commitments, ranging from its Seven Step Roadmap, to ASEAN agreements such as the recent Blueprint, to its stated commitments to the UDHR and the CRC.

Enhancing social protection is feasible since there are an – albeit small – social security system and a series of social assistance programmes to build on and upgrade. The fiscal space can easily be mobilized, given Myanmar's commodity resources and currently low taxation rates, which could be increased. And finally, policy space and political will exists, taking the current policy changes and consultative initiatives as an indicator, such as the new passages in the Constitution, the consultations on poverty, the IAWG process, or the intention to immediately reform parts of the social security system (maternity leave, for example). There is political pressure for improved policy outcomes and introducing innovations. This can be expected domestically from the decentralization process which may enable local communities to exert some degree of pressure on policy makers for better social and economic policy outcomes in their constituencies. It appears to be coming now also from the ASEAN processes. Some recent policy initiatives suggest that the government is willing to recognize the pressing issues of poverty levels, inequities and social exclusion. There is momentum to discuss social protection in the Myanmar context because there are ongoing legal reforms related to social security and the social sector, which are trying to respond to the large informal sector as well as the limited quality of social services in Myanmar. We hope that comprehensive inclusive and ultimately transformative social protection is within reach, as an integral part of deeper systemic reform.

Annexes

Table A1 Social security statutory provisions and expenditures (data up to 2008/2009)

	Overall coverage	Sickness	Maternity	Old age	Invalid	Survivor	Family allowance	Injury	Unemployment	Public social security expenditure %/GDP
Bangladesh	v. limited	✓	✓	✓	none	none	none	✓	◆	2.0
Cambodia	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	none	2.4
Indonesia	v. limited	In kind	none	✓	✓	✓	none	✓	none	2.3
Lao PDR	limited	✓	✓	✓	✓	✓	none	✓	none	1.3
Myanmar	n.a.	✓	✓	◆	◆	◆	none	✓	none	n.a.
Philippines	limited	✓	✓	✓	✓	✓	none	✓	none	1.5
Singapore	limited	✓	✓	✓	✓	✓	none	✓	none	6.1
Thailand	comprehensive	✓	✓	✓	✓	✓	✓	✓	✓	4.7
Viet Nam	semi-comprehensive	✓	✓	✓	✓	✓	none	✓	✓	4.9
China	semi-comprehensive	✓	✓	✓	✓	✓	none	✓	✓	6.0
India	semi-comprehensive	✓	✓	✓	✓	✓	none	✓	✓	4.0

◆ = limited provision, x = at least one statutory programme, n.a.= not available

Source: ILO 2010: 204/ 205 and 259, Tables 15 Global statutory provisions and 25 Global Expenditure. These are based on data prepared by the International Social Security Association, in International Labour Organization, World Social Security Report: Providing coverage in times of crisis, ILO, 2010/2011. At: www.ilo.org/publications

Table A2 Current social protection measures in Myanmar

Government departments	Protective	Preventive	Promotive	Transformative
<p>Department of Health (Ministry of Health)</p>	<p>1. Midwives implemented growth monitoring and promotion activities in 325 townships.</p> <p>2. Local NGO (MMCWA) implemented growth monitoring and promotion activities in 99 villages.</p> <p>3. Basic health staff promoted baby-friendly home delivery to increase the exclusive breastfeeding coverage and protect the high Myanmar breastfeeding rate, with the help of community support groups and health volunteers, such as AMW and CHW.</p> <p>*Myanmar adopted the International Code of Marketing of Breast Milk Substitutes, which will be included in the Myanmar Food Law for protecting breastfeeding and infant feeding practices among Myanmar mothers.</p>	<p>Promoted, together with growth monitoring and promotion activities:</p> <ul style="list-style-type: none"> • immunization of infectious disease to all children younger than 5 years • prevention of diarrhoeal disease by safe food preparation and hand washing practice promotion and oral rehydration salts and provision of zinc tablets for treatment of childhood diarrhoea <p>* Hospital-based breastfeeding practice and exclusive breastfeeding were promoted and breastfeeding support groups were set up to help the mothers who have difficulties in lactation</p>	<p>Promoted proper and regular antenatal care:</p> <ul style="list-style-type: none"> • regular weighing to estimate growth of foetus • fully immunized with tetanus vaccine • regular antenatal visits, at least four times before delivery • well-balanced diet • taking iron foliate, at least 180 tablets before delivery • deworming at one time before delivery after 12 weeks of gestation • taking vitamin B1 – a half tablet on alternating days (10mg), one month before delivery • post-natal vitamin A supplementing (200,000i.u) within one month after delivery • post-natal vitamin B1 supplements for three months after delivery. 	<p>1. According to the national strategy on infant and young child feeding, maternity leave for working mothers (both part-time and full-time workers) will be extended from 42 days to longer duration.</p> <p>2. Created places for lactating mothers at their workplaces.</p> <p>3. Established day-care centre for infants.</p> <p>4. Developed National Plan of Action for Food and Nutrition.</p> <p>*Regulation for infant food producer to follow the Codex Alimentarius for producing culturally acceptable, safe, nutritious and low-cost infant food was developed.</p> <p>*Prevention of advertising infant food formula at hospitals, among health personnel and mothers was established.</p> <p>*Health personnel advised not to accept or give infant formula.</p> <p>*Mothers discouraged from restricting their food intake during lactating period.</p> <p>*Exclusive breastfeeding for six months encouraged.</p> <p>*Continued breastfeeding up to two years encouraged.</p>

				<p>*Timely introduction of complementary feeding at six months of age promoted.</p> <p>*Mothers encouraged to eat more than antenatal diet to produce more milk.</p> <p>*Mothers encouraged to give breast milk to their babies frequently.</p>
Department of Social Welfare (Ministry of Social Welfare)	<p>1. Extended cash transfers to mothers of three children.</p> <p>2. Provided cash assistance for volunteer youth centres and pre-schools.</p>		<p>1. Extended microfinance available for MWAF or other partners (WVM, SC).</p> <p>2. Provided vocational training for children in institutional care.</p> <p>3. Provided livelihood training for community members.</p>	<p>Promoted social equity:</p> <ul style="list-style-type: none"> ▪ 1993 Child Law ▪ National Plan of Action for Children ▪ Convention on the Rights of the Child/
Ministry of Education	<p>1. Waived primary education fees for school (MOE+ UNICEF with support for student kits).</p> <p>2. Provided school feeding at early childhood development centres for 15,000 children aged 3-5 years (MOE and UNICEF).</p>	<p>1. ACIS programme post-primary school – CFS</p> <p>2. Supplied essential learning package for 650,000 primary school-aged children, including children from the cyclone-affected areas</p>	<p>1. NFPE EXCEL project</p> <p>2. School health programme established.</p>	<p>Promoted anti-gender-based discrimination practices in education.</p>
Attorney-General's Office				<p>1. Child Law enacted in 1993.</p> <p>2. In 1955, the Young Offenders Act, 1930 was eliminated.</p>
Myanmar Agricultural Services	<p>1. Provided social assistance to improve income for families.</p> <p>2. Provided support through the home garden programme as well as school garden programme.</p>	<p>1. Promoted good agriculture practices for agricultural crops.</p> <p>2. Encouraged hygienic processing of value-added products.</p>	<p>1. Provided training for the value-added products programme and the value-added base for small household families as well as school teachers.</p> <p>2. Extended microfinance programme to small households.</p>	<p>1. Promoted environmental safety.</p> <p>2. Encouraged production of hygienic and nutritional products.</p> <p>3. Increased poor households' income and improved their living standards.</p>
General Administration				<p>1. As focal ministry for Myanmar human rights, worked closely with the MMCWA,</p>

Division				MWAF and other NGOs. 2. Took appropriate measures related to forced labour, child soldiers and child welfare.
Department of Labour		1. Provided subsidy and medical care to pregnant mothers. 2. Provided subsidy for death and accidents. 3. Set up an appropriate insurance programme.		1. Provided leave entitlements, including other entitlements applicable to the labour law. 2. Facilitated Myanmar workers to meet the ASEAN standard.

Source: Inter-Agency Working Group for Social Protection of Children, Naypitaw, July (2009)

Table A3 Selected social protection schemes in neighbouring Asian countries

Country programme	Brief description	Beneficiaries
Lao PDR – Civil Servants Social Security Scheme	The Ministry of Labour and Social Welfare operates two types of social security: for public workers (established in 1993) and private workers (implemented from 2001). Civil servants need to pay 6% of their basic salary.	There are currently 141,000 contributors (civil servants, excluding military and security staff and senior government personnel, such as vice ministers and ministers).
Lao PDR – Social insurance	Employees contribute 4.5% of their salary to the scheme, while employers contribute 5%. The scheme currently covers workers in the private sector in Vientiane (2004), but it is to extend to Savannakhet, Thakek and Champassak provinces.	There are 20,000 contributors and 44,000 beneficiaries in Vientiane (2004), including children of contributors up to age 18 years.
Lao PDR – Community-Based Health Insurance Scheme (CBHIS)	The scheme started in 2002; it is contributory and based on family units and covers informal workers.	The scheme extends to 40 villages (2004) with 1,091 families and 6,170 individuals.
Thailand – Civil Servant Medical Benefit Scheme (CSMBS)	The scheme provides fringe benefits and is tax-based system; the comprehensive package covers outpatient, inpatient and private ward care in public hospitals.	The scheme covers 5.4 million government workers, pensioners and their dependants.
Thailand – Social Security Scheme	The scheme provides social health insurance, with compulsory contributions from employers, employees and the Government; the comprehensive package covers outpatient, inpatient, maternal and dental care. The newly proposed system will cover informal workers.	The insurance scheme covers around 8.47 million private-sector employees.
Thailand – Universal Health Coverage Scheme	The scheme extends to Thai citizens not covered by the social security system or the Civil Servants' Medical Benefit Scheme; the comprehensive package covers prevention and promotion services and accredited alternative medicines, with an exclusion list of some services.	Some 47 million people are covered across the nation.
Cambodia – Emergency Food Assistance Project (2008–2011)	The programme provides free food to selected families and those enrolled for the service; it also includes the provision of seeds and fertilizer to smallholder and marginal farmers at subsidized prices.	Some 500,000 residents, or 89,000 households, living in selected urban slums of the country's capital of Phnom Penh and in the seven provinces along the Tonle Sap Basin are estimated to benefit from the programme by 2011.
Viet Nam – Socio-economic Development Programme for Ethnic Minority Areas (SEDEMA) or Programme 135	The programme targets communes and villages in ethnic minority and mountainous areas facing extreme difficulties and located in geographically remote and isolated areas, with harsh natural conditions. The programme entails four components: 1. Market-oriented agricultural production, providing agricultural extension and marketing services to increase household income.	The first phase (1998–2005) covered 2,410 of the country's poorest communes, of which 1,938 were in mountainous areas and 472 in lowland areas, with around 1.1 million households and over 6 million people benefitting.

Country programme	Brief description	Beneficiaries
	<p>2. Community infrastructure development, to improve access by the poor to social services and increases their economic opportunities.</p> <p>3. Capacity building for local officials and communities, to better plan, manage, implement and monitor investments.</p> <p>4. Improved sociocultural livelihoods, providing social services, including safe water and sanitation, and assets like housing and land.</p>	
Philippines – Pantawid Pamilyang Pilipino Program (4Ps)	<p>The programme, administered by the Department of Social Welfare and Development, aims to reduce poverty by providing qualified families conditional cash grants. Only families who keep their children in school and ensure that children and pregnant women get regular health check-ups can receive the cash grants.</p>	<p>Currently the programme covers 255 municipalities and 15 cities in 45 provinces, serving 700,000 households.</p>
China (PRC) – Minimum Living Standards Scheme	<p>The scheme provides cash or in-kind support for poor households whose capital income falls below the local poverty line.</p>	
Nepal – Women’s Health Volunteer Programme	<p>The programme operates in 30 districts and provides funds for the initial stocking of community pharmacies where drugs are provided at subsidized rates. Particularly in localities remote from formal treatment services, the Government sponsors the Women’s Health Volunteer Program that provides training in basic first aid and healthy lifestyle advice to women volunteers. Arrangements have been established in 13 districts also to provide medical (first aid) kits containing a small range of basic pharmaceuticals.</p>	<p>The Women’s Health Volunteer Program has trained and advised some 50,000 women volunteers. Around 250,000 households have received the medical kits.</p>
Pakistan – Employees Social Security Institution (ESSI)	<p>The registered employees can get free medical examinations, clinical tests, medicines and artificial limbs for themselves and dependants as well as long-term support or pension for employees unable to work due to sickness (including TB and cancer for up to one year) or disability. Muslim female registered employees are provided salary of four months after the death of their husband because Islamic law prohibits these women to go out of their home in that period. Survivor’s pension is provided in case of death of the registered employee due to employment injury or occupational disease.</p>	<p>This is a compulsory health insurance scheme for all employees of establishments that employ 10 or more persons in three provinces; in Balochistan, it applies to establishments that employ five persons.</p>
Pakistan – Benazir Income Support Programme (BISP)	<p>This is a non-conditional means-tested programme. To be eligible for benefits, a family must have or be a female applicant who possesses an ID card and has a monthly family income less than 6,000 rupees (US\$67). Also eligible are widowed or divorced women with no adult male in the family and families with a member who is physically or mentally disabled and/or suffering from a chronic disease. Eligibility is verified through a proxy means test.</p>	

Sources: Asian Development Bank, *Social Assistance and Conditional Cash Transfers: Proceedings of the Regional Workshop* (Mandaluyong City, Philippines: Asian Development Bank 2010). Social Protection in Asia Network, Social protection in Asia: research findings and policy lessons www.socialprotectionasia.org/Conf-prgram-pdf/SPA_SynthReport_web.pdf, 2010. Asian Development Bank, Social Protection Index for Committed Poverty Reduction (Mandaluyong City, Philippines: Asian Development Bank, 2010). Asian Development Bank, Social Protection Index for Committed Poverty Reduction Volume 2: Asia (Mandaluyong City, Philippines: Asian Development Bank, 2010). Asian Development Bank, Background reports for Social Protection Index for Committed Poverty Reduction, www.adb.org/Documents/Reports/TA6120/social-protection-index.pdf. Sarah Cook, "Social protection in East and South East Asia: A regional review", Social Protection in Asia (SPA) working papers, 2009 (available online at <http://www.socialprotectionasia.org/pdf/Sarah-Cook-SPA-WP02.pdf>). Naila Kabeer (2009): A review of social protection in South Asia, www.socialprotectionasia.org/pdf/Naila-Kabeer_draft-May09.pdf. Naila Kabeer (2009) in United Nations Children's Fund Regional Office for South Asia, *Social Protection in South Asia: A Review* (Kathmandu, UNICEF, 2009) available online at www.unicef.org/socialpolicy/files/social_protection_in_south_asia_-_a_review_-_unicef_rosa_2009.pdf. International Labour Organization, *World Social Security Report 2010/11: Providing Coverage in Times of Crisis and Beyond* (Geneva: International Labour Office, 2010). World Bank, *Vietnam Development Report 2008: Social Protection* (Joint Donor Report to the Vietnam Consultative Group Meeting, Hanoi, 6–7 December 2007), available online at www.ilo.org/gimi/gess/RessShowRessource.do?ressourceId=18377. International Labour Organization, *Social Security for All: Investing in Social Justice and Economic Development* (social security policy briefings; paper 7) (Geneva: International Labour Office 2009).

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