



## Internal migrants and social protection: a review of eligibility and take-up

Emma Hopkins, Francesca Bastagli and Jessica Hagen-Zanker

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### Abstract

This literature review assesses the evidence on internal migrants' participation in social protection schemes. Internal migrants often risk being ineligible for social protection owing to a combination of population registration and residency requirements. However, even when eligible, they may in practice not participate. Reasons for non-participation include complex and costly registration requirements, portability constraints and limited enforcement of official policy rules. Such features interact with additional factors such as sector and nature of employment, which are linked to whether a migrant has a contract. Other factors that affect migrants' participation in social protection include limited knowledge and awareness of programmes and language barriers.

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# Preface

This paper is part a series of literature review reports assessing barriers to participation in social protection schemes for female informal workers and internal migrants. The first review focuses on the participation of female informal workers in social protection programmes. The second examines the extension of social insurance to female informal workers. The third discusses internal migrants' participation in social protection programmes. Each paper in the series assesses the extent to which these population groups participate in social protection schemes and discusses the policy implications of extending social protection programmes to these groups.

Ulrichs, M. (2016) Informality, women and social protection: Identifying barriers to provide effective coverage. Working Paper, April. London: ODI.

Holmes, R. and Scott, L. (2016) Extending social insurance to informal workers – a gender analysis. Working Paper, April. London: ODI.

Hopkins, E., Bastagli, F. and Hagen-Zanker, J. (2016) Internal migrants and social protection: A review of eligibility and take-up. Working Paper, April. London: ODI.

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# Abbreviations

IOM	The International Organization for Migration
PDS	Public Distribution System
RBI	The Reserve Bank of India
RSBY	Rashtriya Swasthya Bima Yojana
SJSRY	Swarna Jayanti Shahari Rozgar Yojana

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# 1 Introduction

Internal migration – a temporary or permanent movement within national boundaries – is occurring on a vast scale and is growing. The International Organization for Migration (IOM) (2015) estimates that there are approximately 740 million internal migrants worldwide. Actual numbers are likely to be much higher, as official statistics often fail to capture internal, temporary or circular migrants. It is estimated that, for every international migrant, there are at least four internal migrants (UNDP, 2009), and this ratio increases to 1:10 in South Asia (Ratha et al., 2013). Internal migration in China and India alone exceeds total international migration worldwide (Deshingkar, 2006). In China, 335 million people have migrated from rural areas to cities in the past 20 years (Xu et al., 2011), and India has around 100 million circular migrants (Deshingkar et al., 2008).

Internal migration is increasingly rural–urban (IOM, 2015). The main destinations are megacities and other urban areas, where the majority move for employment purposes (Deumert et al., 2005; UN, 2010). These migratory flows are contributing significantly to the high rate of urbanisation seen in developing countries. Gentilini (2015) finds that 54% of the world’s population, 3.9 billion people, live in urban areas, and this is expected to increase by a further 2.4 billion people by 2050. Arguably, much of this increase will owe to migration: 43% of China’s urban population growth over the 2000–2010 period was attributed to net migration (ibid.).

While urban populations are growing, the share of urban poverty is also increasing. For example, rapid urban growth has made Asia home to the largest share of the world’s slum dwellers (Halfani, 2007). Yet local governments are often ill prepared to receive this large influx of people, and, as such, internal migrants to urban areas are exposed to a distinct set of risks and vulnerabilities. Internal migrants tend to be relatively young and highly geographically and occupationally mobile. They are subject to migrant-specific vulnerabilities – disadvantages they face purely because of their migratory nature – such as lack of household registration, alongside migrant-intensified disadvantages (Sabates-Wheeler and Waites, 2003). These are vulnerabilities that are not exclusive to migrants but that the process of migration intensifies.

Internal migrants tend to be informally employed with low incomes (Watson, 2009), often in the jobs native urban residents refuse. Duong et al. (2011) show that over 70% of migrants in Viet Nam have worked in a ‘3D’ job (dirty, dangerous, difficult). Other risks include low pay, low-quality and uncertain housing, lack of sanitation and safe water, irregular or no access to utility services and generally poor access to basic services (Deshingkar, 2006; Deshingkar and Grimm, 2005; Duong, 2009; MacAuslan, 2011; Song and Appleton, 2008).

Despite high levels of vulnerability and need for social protection, evidence suggests internal migrants are at high risk of exclusion from social protection programmes and represent one of the ‘hard-to-reach’ groups. Compared with other population groups, they may face additional challenges and risk being excluded as a result of a combination of factors, including the ways in which social protection design and implementation practices interact with migrant-specific characteristics.

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This paper asks two main questions: What is the evidence on internal migrants' participation in social protection schemes? And what are the factors that affect internal migrants' participation in such schemes? While the scope of the literature searches was global and covered all areas of social protection, in practice much of the published literature focuses on China, India and Viet Nam and on social insurance. Much of the evidence draws on the big five social insurance programmes in China – pensions, health insurance, unemployment insurance; work injury insurance; and maternity insurance – and the Public Distribution system in India, a social assistance intervention that offers subsidised food.

The paper considers social protection policy design and implementation features that may act as obstacles to or those that facilitate participation and coverage. It also seeks to identify other factors that may affect eligibility and take-up. Based on the review of the evidence, the paper identifies and critically discusses potential policy reforms that can reduce internal migrants' risks of exclusion and ensure they receive adequate social protection coverage.

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# 2 Scope of this review

## 2.1 Methods

The paper is based on a literature review covering the experience of low- and middle-income countries. We considered only studies covering internal migrants, with an emphasis on rural-to-urban migrants<sup>1</sup>. In terms of policy, the review covers formal social protection programmes understood to include social insurance, social assistance and labour market programmes<sup>2</sup>. In order to increase the evidence base included in this review, we also included internal migrants' access to and use of health, education and broader social services in the searches. These studies are included in the discussion wherever they highlight additional information.

Searches were carried out over two databases, alongside expert recommendations and snowball sampling<sup>3</sup>. We covered both peer-reviewed and grey literature. A total of 37 papers were included. Of these, 19 focus on China and 9 on India. A further 5 studies focus on Viet Nam, one on Bangladesh, one on South Africa and one on Kyrgyzstan. The studies retrieved adopt different methodological approaches, and include a mixture of qualitative (7), quantitative (17), mixed-methods (4) and review-based papers (10).

In terms of policy coverage, the social protection interventions discussed in the studies include social insurance (18), social assistance (12), labour regulation (7) and microfinance and basic services, including education and health care (14). The majority of studies thus focus on social insurance and labour laws. The evidence base is much stronger around eligibility issues; there is less of a focus on actual take-up.

Annex 1 summarises the studies included in the review and provides information on the social protection instruments assessed, social protection eligibility and take-up of migrants as reported in the studies.

## 2.2 Concepts

We cover all social protection interventions in this review. Social protection consists of policies and programs designed to reduce poverty and vulnerability, and can include social insurance, social assistance and other interventions. Social insurance programmes require regular contributions and provide insurance against shocks.

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<sup>1</sup> Studies on conflict, refugee or forced migrants were excluded from the review.

<sup>2</sup> Social insurance policies are generally funded through employer and employee contributions and aimed at income/consumption smoothing over the course of people's lifetimes (e.g. unemployment benefits, maternity benefits, contributory old-age pensions). Social assistance policies are generally tax- or donor-financed, explicitly aimed at low-income and/or vulnerable groups, and pursue a poverty reduction objective. Labour market programmes considered include training and job search programmes.

<sup>3</sup> Searches were undertaken between August and October 2015, on both Google Scholar and a university database, with results restricted to include only studies in English. The searches were conducted using combinations of the following search terms: 'migrants/migration', 'social protection', 'social assistance' 'social security', 'transfers', 'internal', 'rural-urban'.

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Social assistance programmes are generally targeted at the poor and non-contributory.

As outlined above, against the backdrop of growing rural–urban population movement and rapid urbanisation, coupled with evidence of rising poverty rates and migrant vulnerabilities in some urban settings, the primary motivations for this review were to 1) synthesise the evidence on internal migrants’ eligibility for and participation in social protection programmes, 2) identify the barriers to participation and 3) examine what has been or can be done to minimise risks of exclusion and promote adequate coverage for internal migrants.

In terms of the social protection policy-related reasons for exclusion from social protection policy participation covered in the review, we distinguish between eligibility rules and the administrative operation of social protection policies and related take-up or non-take-up rates.

**Eligibility rules** set out who is entitled to a programme and can exclude certain groups from social protection. These can include rules set in relation to targeting and conditionality. For instance, in order to be eligible to participate in a programme, individuals or household may have to satisfy certain demographic criteria (e.g. be below/above a certain age or include a household member within a specific age range). With respect to conditionality, mothers who do not comply with health visit requirements and working-age people refusing a job or training may be suspended from programme participation. As we see below, in the case of internal migrants, eligibility is often related to having a specific registration status.

In the case of the **administrative operation of social protection and take-up**, barriers to participation may arise from the implementation of policy in practice. This can mean that, even if a person is officially eligible, they may in practice not participate. Challenges to participating in practice may arise from costs (in terms of e.g. time and money) required for participation and/or from departures from official policy regulation in the implementation of policy on the ground. So, for instance, registration procedures for programme participation with high informational requirements may, in practice, pose a barrier to certain groups for whom access to such information may be limited or too costly to afford.

As explained above, the review also aims to identify additional factors, such as ones specific to migrant population groups, which may interact with social protection policy design details to pose additional challenges to social protection participation. These may include migrant-specific features (that are exclusive to migrants) and/or migrant-intensified disadvantages (that the whole population may face but migrants may feel more strongly). For example, the concentration of internal migrants in specific sectors of work may help identify and explain some of the challenges to social protection take-up the internal migrant group faces.

## 2.3 Social protection policies covered in the review

### *China*

A total of 19 studies focus on China; of these, 14 consider social insurance programmes. Within social insurance, there are five major programmes, referred to as the ‘urban five’: an old-age pension; health care insurance; unemployment insurance; work injury insurance; and maternity insurance. These schemes are contributory. In the past, eligibility was dependent on having local urban household registration (see Section 3.1), a labour contract and stable, formal and/or state sector employment but the eligibility requirements have now been eased. State insurance policies are usually managed at the municipal or province level, with a combination

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of individual and employer contributions. Individual contributions are put into individual accounts, but employer contributions are added to local social pools set up for each jurisdiction. As social insurance programmes are run within these jurisdictions, there are variations between each, despite central government guidelines. Of the 14 studies analysing social insurance, 11 evaluate multiple types of insurance and 3 focus on a single insurance type (either pension or health care).

A total of four papers focus on China's biggest social assistance programme: the Minimum Living Standards Guarantee programme – also known as Di Bao (Chen et al., 2006; Gentilini, 2015; Gustafsson and Quheng, 2011; Leung, 2006). Di Bao is means-tested and transfers are set at the difference in income levels of beneficiaries and the municipality-stipulated poverty line. Mean transfer levels range from RMB 270 (around 42 USD) (Chen et al., 2006) to RMB 295 per year (46 USD) (Gustafsson and Quheng, 2011).

Finally, going beyond core social protection, a number of papers consider labour regulations and broader social services. A total of three papers focus on labour regulation (Becker and Elfstrom, 2010; Fang and Dwen, 2008; Ngai et al., 2010), mainly the 1995 Labour Law and the 2008 Labour Contract Law. Another paper evaluates broader social services – namely, health services and education (Tuñón, 2006).

In general, studies tend to focus on the east of China, as this is the destination of many migrants, with Guangdong (five), Jiangsu (five) and Tianjin (four) the most studied provinces – although studies usually focus on more than one province. Four of the papers utilise national datasets, such as the Chinese Household Income Project, and a further six papers review China's social protection at a national scale.

### ***India***

Ten studies evaluate social protection in India. Among these, seven cover some aspect of the Public Distribution System (PDS) and internal migrants' access to and use of it (Bhan et al., 2014; MacAuslan, 2009, 2011; Mahadevia, 2009; Mitra and Singh, 2011; Subbaraman et al., 2012; UNESCO, 2013). The PDS is a public, non-market system of procuring, transporting, storing and 'selling' essential goods through Fair Price Shops, which is universal on paper. There are three 'ration cards' available, which offer access to subsidised food at differentiated prices, dependent on income levels: the 'non-poor card', the 'poor card' and the 'very poor card' (see Box 1 for more details).

The Reserve Bank of India (RBI) (2012) analyses the Swarna Jayanti Shahari Rozgar Yojana (SJSRY) scheme, which aims to alleviate urban poverty, increase skills and training and encourage communities to tackle poverty through community groups. There are five major components of the SJSRY, including the Urban Self-employment Programme, the Urban Women Self-help Programme, Skill Training for Employment Protection among the Urban Poor, the Wage Employment Programme and the Urban Community Development Network.

Gentilini (2015) considers access to the old-age pension, disability pension and widows' pension in Delhi. These are means-tested transfers, at the value of USD 16 per month, made to those over 60 years of age, the disabled and widows or separated women in distress respectively.

Stephenson and Matthews (2004) consider utilisation of maternal health care services among rural-to-urban migrant women and urban and rural resident women, mainly in terms of prenatal check-ups and hospital births. Rajasekhar et al. (2011) also looks at access to health care in Karnataka, evaluating the Rashtriya Swasthya Bima Yojana

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(RSBY) health insurance program, whereby a registration fee is paid to enable access to medical treatment for up to Rs. 30,000 per household per year. This is a cashless system that enables beneficiaries to access ‘empaneled hospitals’ that provide treatments based on smartcard technology.

Four studies evaluate broader government services that fall outside the core function of social protection. Bhan et al. (2014) consider a wider range of government services, including access to water and environmental services and decent work, alongside education and health care. Subbaraman et al. (2012) and Mitra and Singh (2011) also evaluate the provision of government services, including water, sanitation and education, in Mumbai and Utter Pradesh, respectively. Mahadevia (2009) looks at a range of government services in Gujarat, including subsidized health care, subsidized shelter programmes and access to public schools.

Of the studies on India, three have a focus on Delhi (Gentilini, 2015; MacAuslan, 2009, 2011), two on Maharashtra (Stephenson and Matthews, 2004; Subbaraman et al., 2012), and one each on Karnataka (Rajasekhar et al., 2011), Utter Pradesh (Mitra and Singh, 2011) and Gujarat (Mahadevia, 2009).

### ***Viet Nam***

A total of five studies consider internal migrants’ access to social protection in Viet Nam: Dang et al. (2003), Duong (2009), Duong et al. (2011), Mubiru (2014) and UN (2010). Dang et al. (2003) consider access to the Hunger Eradication and Poverty Reduction programme, which includes low interest loans, free health care and exemptions from school fees. This covers only formally registered populations and excludes temporary or unregistered migrants.

UN (2010) considers general government services including health, education and poverty reduction services. Duong (2009) and Duong et al. (2011) consider health care services, education and housing policy in greater detail. Similarly, Mubiru (2014) evaluates migrants’ access to education, health care and health insurance, in two regions, Go Vap (Ho Minh Chi City) and Duong Kinh (Hai Phong). Both health care insurance and free health care insurance cards for children under six are evaluated. Finally, Duong (2009), Duong et al. (2011) and UN (2010) all consider the Viet Nam Labour Code (labour regulation), alongside other services.

Dang et al. (2003), Duong (2009), Duong et al. (2011) and Mubiru (2014) all study the destination of Ho Chi Minh City, and Duong (2009) and Duong et al. (2011) also include Ha Noi as a destination. Mubiru (2014) also discusses Duong Kinh in Hai Phong.

### ***Bangladesh***

On Bangladesh, Seeley and Gardner (2008) examine the Vulnerable Group Development programme, a scheme targeted at women that entitles the holder to food rations, schooling stipends and disaster relief, as well as a number of other social protection programmes. However, all of these are examined in fairly general terms and without reference to specific data.

### ***Kyrgyzstan***

A single paper evaluating social protection and internal migrants in Kyrgyzstan is included in the review. Hatcher and Balybaeva (2013) evaluate access to education, health care and general social services for migrants in Bishkek.

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### *South Africa*

Finally, Deumert et al. (2005) consider social protection in South Africa. They look at internal migrants to Cape Town and their eligibility for and utilisation of public services, including employment and health care services.

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# 3 Internal migrants and social protection eligibility and take-up

This section examines findings on internal migrants' eligibility and take-up of social protection and differences in eligibility and take-up between migrant groups. Formal eligibility for social protection programmes varies. In many cases, internal migrants are at least on paper eligible for social protection provided in urban areas, but this can depend on 1) whether social protection is restricted to specific geographic areas, 2) whether there are specific population registration requirements and 3) whether eligibility is restricted to those employed in particular sectors. In practice, these regulations and registrations can limit eligibility. As such, we find that take-up of social protection by internal migrants varies considerably, but is on the whole lower than that of urban residents'.

## 3.1 Eligibility for social protection

The papers reviewed highlight how social protection eligibility rules may compound internal migrants' risk of exclusion from social protection and affect take-up rates. In particular, in the cases reviewed, rules concerning geographic or area (urban/rural) coverage, (related) residency requirements and sector/type of employment can intersect with migrant-specific characteristics to determine their eligibility to social protection.

In some countries, eligibility to social protection is restricted to specific **geographic areas**, distinguished in terms of urban and rural areas. In Bangladesh, China and Viet Nam, social protection policy is designed to reach particular population groups by area. Typically this involves the provision of separate social protection programmes for rural and urban areas. In some countries, they are the result of an explicit strategy of population mobility control (this is the case for instance in China see Nielsen et al., 2005; Tuñón, 2006). What this means in practice, is that when migrants move from rural to urban areas, they can end up being ineligible in both urban and rural areas.

This comes out most clearly in the case of China, where social protection is restricted to specific geographic areas. China operates a household registration system known as the Hukou, whereby citizens are given an agricultural or urban registration, depending on their place of residence. The provision of essential goods and services, including social protection, is tied to Hukou registration. Rural Hukou holders are eligible for farmland in villages, whereas urban residents are eligible for social protection tied to their workplace. Such practices lead to differential rates of social protection coverage for rural and urban residents. Using a nationally representative dataset, Song and Appleton (2008) find social protection coverage rates at 64% for urban and 1% for rural residents.

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Internal migrants with a rural Hukou are ineligible for urban social insurance and social assistance (Chen et al., 2006; Leung, 2006; Gutafsson and Quheng, 2011; Gentilini, 2015). The challenge encountered by rural-urban migrants, with an agricultural Hukou, is that they are not eligible for urban work-unit based social insurance schemes or social assistance, but – having migrated - also no longer have access to farmland (Tuñón, 2006). Recent policies in China have attempted to reform the system (more on this below) and the Hukou status is now more flexible than previously, with increased and more accessible channels to change registration (Ngai et al., 2009).

Policies concerning geographic coverage are commonly linked to **population registration systems**. Residency requirements, in some countries linked to the broader registration system, can have important implications for internal migrants' eligibility to social protection.

Viet Nam also operates a household registration system, imported from China. The Ho Khau system in Viet Nam is a four-tier classification system that ties access to social protection to location. KT1 and KT2 are citizens that hold permanent Ho Khau registration. KT3 and KT4 citizens are classed as temporary residents. KT3 migrants have temporary residence for 6–12 months and KT4 have temporary residence for 1–6 months. Only KT1 and KT2 registration holders – that is, permanent, urban residents – are eligible for all types of social protection. KT3 and KT4 migrants are classified as temporary residents. This has implications also for the sector of work and social protection eligibility – more on this below.

The administrative system involved in changing KT in Viet Nam status is burdensome and not uniformly implemented, making it difficult for migrants to change their status (UN, 2010). Although the 2007 Law on Residence has lessened requirements for the application of permanent registration in cities and removed restrictions on birth registration, implementation and application are inconsistent, deterring migrants from changing their registration status (ibid.). Whereas China has been attempting to reform Hukou since the 1990s, Viet Nam on the other hand has only recently started reforming its registration system (ibid.).

In India, **proof of residency requirements** for several social protection programmes mean migrants are in practice not eligible, although they can request re-registration and change in residency. For example, PDS ration cards are linked to a particular Fair Price Shop. Movement across PDS boundaries requires re-registration and proof of residency (see Box 1) (MacAuslan, 2009, 2011; Mitra and Singh, 2011; Subbaraman et al., 2012). Likewise, registration for social pensions in Delhi and access to government services in slums in Mumbai are subject to residency criteria (Gentilini, 2015; MacAuslan, 2009, 2011; Mitra and Singh, 2011; Subbaraman et al., 2012). For social pensions, migrants must prove five-year residency in Delhi, and access to government services in slums is dependent on proof of residency prior to 1 January 1995 (Gentilini, 2015; Subbaraman et al., 2012). In terms of the Swarna Jayanti Shahari Rozgar Yojana (SJSRY) scheme, an urban training and employment programme, migrants are eligible, subject to a three-year residency criterion (RBI, 2012).

With respect to broader social policy and services, migrants in India are eligible for access to a variety of public services, including education and health care. In the field of education and health insurance, migrants are eligible for free and compulsory primary education (Mitra and Singh, 2011; Subbaraman et al., 2012), and for the RSBY health insurance scheme. However, eligibility is again dependent on registration documents, including proof of residency and legal tenancy (Bhan et al., 2014; Mahadevia, 2009). Similarly, in Kyrgyzstan, Hatcher and Balybaeva (2013)

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demonstrate that migrants' eligibility for social protection is dependent on being registered in their place of residence.

Eligibility is commonly also restricted to particular **sectors of work** and types of employment. In some countries, these rules, in combination with the population registration systems, mean internal migrants are not eligible for social protection. For example, in Viet Nam, only K3 migrants are able to work in the formal sector and are eligible for social insurance. KT4 and unregistered migrants are excluded from all forms of social protection (Dang et al., 2003; Duong, 2009; Duong et al., 2011). In China, migrants with an agricultural Hukou and working outside the formal sector were previously ineligible for any form of social protection (Cheng et al., 2014). The 2008 Labour Contract Law reformed work-based social insurance requirements, meaning all employees need to be registered to a scheme and in possession of a labour contract, regardless of sector. However, it appears that practices associated with the past system continue to be perpetuated (see Section 4.4 on enforcement of legislation).

### 3.2 Social protection take-up

This section discusses evidence on social protection participation and take-up by internal migrants, reporting relevant statistics, where available. As such, it considers actual implementation of policies and the extent to which internal migrants participate in social protection programmes for which on paper they are eligible.

On the whole, the evidence shows that social protection participation rates among internal migrants vary considerably across countries, programmes and sectors of employment. Comparisons of social protection take-up by urban residents and internal migrants commonly highlight the lower coverage rates for internal migrants compared with urban 'natives'. Unsurprisingly, social insurance coverage of migrant workers in the formal sector is significantly higher than that of migrant workers in the informal sector. The remainder of this section reports specific findings on take-up by programme and country.

In **China**, in terms of labour regulation, Fang and Dwen (2008) show that 29% of migrant workers have signed a labour contract, compared with 53% of urban residents. The 2008 Labour Contract Law made labour contracts compulsory for all employers, regardless of whether they were formal or informal sectors. Becker and Elfstrom (2010) find a 7% increase in labour contracts for migrants in the Pearl and Yangtze River deltas since this legislation was introduced, but still only 60% of migrant workers have labour contracts. As Section 3.1 showed, labour contracts are one potential avenue for internal migrant workers to gain access to social insurance. The fairly low coverage of labour contracts jeopardises their ability to do so. This is reflected in coverage rates of social insurance.

On the whole, internal migrants in China have lower social protection coverage than urban residents, yet higher coverage than rural residents. For example, Song and Appleton (2008), using a nationally representative sample, find coverage of any social protection programme to be around 5% for migrants, compared with 64% for urban residents and 1% for rural residents.

Social insurance take-up varies across insurance types, models and locations (Yao and Kim, 2015). Table 1 summarises specific findings on take-up of social insurance. In general, pension and health insurance tend to be the most utilised social insurance schemes and take-up of unemployment insurance is lower compared with other social insurance instruments. However, this varies, also depending on the underlying data and sample (Table 1).

**Table 1: Take-up of migrants of social insurance in China**

Study	Location	Pension insurance coverage	Health insurance coverage	Unemployment insurance coverage	Work injury coverage	Maternity insurance
Fang and Dewen (2008)	Shanghai, Wuhan, Shenyang, Fujian, Xian	8.8%, compared with 76.9% for urban residents	7.5%, compared with 63.9% for urban residents	2.4%, compared with 33% for urban residents		
Li (2008)	Tianjin	5%	6%	3%		
Nielsen et al. (2005)	Jiangsu	52.2%				16.1%
Yao and Kim (2015)	Beijing, Shenzhen, Suzhou, Chengdu	22.5%	23%		29.1%	
Wenyi (2012)	Ten cities	25%				
Xu et al. (2011)	Seven cities	8.5%	11.5%	3.2%	9.1%	2.5%

In **India**, MacAuslan (2009, 2011) argues that, while the PDS programme is supposed to be universal, and to offer full coverage to internal migrant populations, take-up and purchase is low among migrants. Data on actual PDS coverage seem to be limited. Mitra and Singh (2011) find that, for internal migrants to Gorakhpur city in Uttar Pradesh state, 32.3% of the sample did not have a ration card at all. The remaining did have ration cards but they were left with family members in villages. Consequently, none of their sample of migrants in Gorakhpur had access to the PDS. Finally, Bhan et al. (2014) and Mahadevia (2009) argue that uptake of general government services is lower for internal migrants because of difficulties in registration, particularly in the requirements for residency documents, which are often inaccessible for many migrants.

For **Viet Nam**, a number of studies show participation of internal migrants in social insurance is lower than for permanent urban residents. In terms of health insurance, Mubiru (2014) finds 80% and 84% of formal migrant workers in the regions of Duong Kinh and Go Vap were participating in health insurance, compared with 46.9% and 9.4% of informal sector migrant workers. Duong et al. (2011) show only 2% of migrants in their study in Ha Noi and Ho Chi Minh City had social insurance.

### 3.3 Are there differences among migrant populations?

Take-up of social protection is not uniform among different migrant populations. Drawing on evidence mainly for social insurance programmes, we conclude that there are some differences by gender, age, family status, education level and work sector. The following summarises the main findings that emerge from the studies reviewed:

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- While other reviews suggest women are less likely to participate in social insurance (Holmes and Scott, 2016; Ulrichs, 2016), the studies included in this review – focusing only on China – do not find consistent patterns on gender. In a dataset covering seven Chinese cities, Xu et al. (2011) find men are 35% less likely to participate in pension insurance than women<sup>4</sup>; Nielsen et al. (2005), however, find male migrants in Jiangsu province are more likely to participate in medical, unemployment and industrial injury insurance<sup>5</sup>. Yao and Kim (2015) find some differences in participation between men and women, for example higher social insurance participation of women in Shenzhen and Suzhou. They explain that this has to do with women's lower occupational mobility (which facilitates take-up) and their sector of employment. Some sectors of employment, for example manufacturing, have higher take-up rates (see Section 5.1).
  - Likewise, for age there are no consistent patterns. Again for China, Xu et al. (2011) find age does not affect take-up, whereas Nielsen et al. (2005) and Cheng et al. (2014) argue that younger migrants are more likely to participate in social insurance in Jiangsu province and Beijing respectively and Wenyi (2012) finds an increase in age has a positive impact on social insurance participation.
  - In terms of family and marriage, there are two studies on China. Wenyi (2012) finds that being married increases participation in social insurance, and Cheng et al. (2014) find having children decreases participation. This may owe to reliance on children caring for parents in old age (reducing the need for pension insurance), but also the higher expenses of having children, making it difficult to pay insurance contributions (Wenyi, 2012).
  - Five studies on China find that having higher education levels increases participation in social insurance (Cheng et al., 2014; Gao et al., 2012; Wenyi, 2012; Xu et al., 2011; Yao and Kim, 2015). This could be linked to type of employment and sector (see Section 5.1).
  - Finally, perhaps unsurprisingly, there is a positive link between length of stay in the city and participating in social insurance. Stronger and longer the ties to Jiangsu and Tianjin increased social insurance participation (Li, 2008; Nielsen et al., 2005). Xu et al. (2011) demonstrate a similar finding for pension insurance across several Chinese cities but find length of stay does not affect health care enrolment.

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On the whole, migrants have both low eligibility for and low take-up of social protection. For example, the Hukou and Ho Khau registration systems still restrict eligibility for many migrants in China and Viet Nam, and residency criteria restrict take-up of social protection in India. The next two sections explore some of the other barriers that affect take-up.

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<sup>4</sup> In Guangzhou Shanghai, Shenyang, Tianjin, Kunming and two medium-sized cities.

<sup>5</sup> Both findings are based on regression findings.

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# 4 What policy design and implementation features affect migrants' participation in social protection?

Social protection policies may be designed in such a way that migration-intensified disadvantages mean migrants are less likely than non-migrant groups to take up social protection. Moreover, policy implementation in practice and gaps between policy design and administration may also lead to obstacles to take-up among internal migrants. Policy features that affect take-up include programme registration requirements, portability of transfers and costs associated with the programme. How the policy is implemented, particularly whether it is enforced, can also affect take-up. We now discuss each of these barriers in turn.

## 4.1 Programme registration requirements

Municipal registration status can be an eligibility requirement for accessing social protection that serves to exclude internal migrants, especially in China and Viet Nam. Requirements for registration in a programme can be an additional barrier to take-up of social protection. Such requirements are not necessarily included to specifically exclude migrants, but unintentionally make it harder for migrants to participate, given migration-intensified disadvantages (such as in procuring the right documents).

This is particularly the case in India, where, despite legal access to the PDS, migrants can be excluded through complicated regulations and administrative requirements (MacAuslan, 2009, 2011). In order to gain access to the PDS, one first has to apply for a ration card within the PDS 'queue', which can be challenging for migrants (see Box 1).

As outlined in the previous section, eligibility for the PDS and other Indian social protection programmes is linked to residency and registration status. For example, within the PDS 'queue', residency criteria mean migrants must reapply for a new ration card with every move across Fair Price Shop boundaries. Given migrants' high levels of mobility, they are subject to regular reapplication and consequently the difficulties and discrimination prevalent in the queue. As migrants also use ration cards as a general identity document (although this is not legally permitted), and as they have to be surrendered when reapplying in a new Fair Price Shop, this creates disincentive for reapplication (UNESCO, 2013).

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Residency and tenancy requirements are in some cases impossible to meet, sending potential applicants into a never-ending bureaucracy loop. For example, Mahadevia (2009) finds access to government services in Gujarat slums is dependent on legal tenancy. To attain legal tenancy, migrants have to provide some or all of these documents: PDS ration card, photo identification card, voter registration card and property tax payment receipt. But in order to gain some of these, legal tenancy may be required. It is not surprising, then, that Gentilini (2005) finds 27% of social pension applicants do not understand the application form or application process. As such, proof of residency requirements are an example of migrant-intensified barriers and can pose a challenge to social protection take-up by internal migrants.

### **Box 1. Case study – the ‘PDS queue’**

The PDS has a complicated ‘queue’ for migrants to gain access to a ration card and subsidised grain distributed through Fair Price Shops. A very poor card gives access to wheat at a price of Rs 2/kg and rice at Rs 3/kg; a non-poor card offers Rs 6.8 and Rs 9/kg, respectively. For the non-poor card, an application form must be filled out and attested to by a government official. The poor and very poor cards have further criteria that need to be met, including verification of income certificates by the district magistrate and food inspector and further government-specified criteria. For the slum non-poor card, there are specific opening times when forms can be collected and submitted. Photos need to be submitted and attested to by government officials. These are requirements alongside proof of residence, which consists of registration deeds, house tax receipts or a ‘no objection certificate’ from a landlord or two witnesses of continuous residence. Costs for the forms can also be up to Rs. 1, although some are available for free on the internet. Application is often complicated and conditions often ambiguous and at the discretion of the decision-maker. Access is further restricted: migrants are often overrepresented in slums and slum-dwellers are eligible only for a non-poor card. In practice, this means the only ration card available to migrants is the non-poor card, and for many the cost and hassle of application means it is barely profitable.

*Source: MacAuslan (2009, 2011).*

Echoing the findings from India, Hatcher and Balybarea (2013) find in Kyrgyzstan that household registration prevents internal migrants from accessing social protection in their place of destination unless they are registered there. However, the processes of de-registration and re-registration are timely, costly and difficult. Necessary documents, particularly residency documents, are often hard to access. Internal migrants living in the capital Bishkek often live in novostoikas, which are newly built settlements in the city, some of which are still illegal, and migrants living in these sections of the city are unable to fulfil the registration requirements to take up social protection.

More generally, migration-intensified disadvantages often occur in the application for social protection. Apart from proof of residency, other official documents that are sometimes required in India or Viet Nam are proof of identity or labour contracts. Sometimes, these must be officially signed and verified (Duong et al., 2011; Gentilini, 2015; MacAuslan, 2009, 2011). Such documents are often not provided to migrants and verification by officials is often difficult for them to access. Finally, registration can also involve direct costs for migrants, for forms, photos, signatures, travel, etc., which migrants may be unable to afford (Duong et al., 2011; Gentilini, 2015; MacAuslan, 2009, 2011).

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## 4.2 Portability constraints

Participation in social insurance involves the regular payment of contributions of employees and employers into the insurance fund and a pay-out in the event of a shock taking place (e.g. health shock). As risks and contributions are pooled, they are designed for a static population. Migrants are highly mobile, in terms of both job mobility and also geographical mobility. As such, participation of mobile populations in social insurance is problematic, as they may move across insurance fund boundaries. Lack of portability – the ability to preserve, maintain and transfer acquired social security rights and social insurance contributions acquired from one social security scheme to another (Cruz, 2004) – can be an issue for migrants. If schemes are not portable, migrants may lose their contributions and entitlements. This can make them reluctant to participate in social insurance in the first place. While portability can potentially also affect take-up of social assistance, the majority of studies have focused on (lack of) portability of social insurance.

The studies included in this review show this clearly. Of all the papers, approximately 17 cite portability as a barrier to migrants' take-up of social insurance.

China's contributory social insurance schemes were designed for the previous Hukou-enabled, stable, state sector-employed urban population, which contrasts with the high mobility and informal employment of migrants (Cheng et al., 2014; Gao et al., 2012; Li, 2008; Wang, 2011; Watson, 2009; Wenyi, 2012; Yao and Kim, 2015). Given the decentralised nature of the social protection system, policies and coverage are not uniform between cities and departments – hence it is difficult to maintain contributory continuity as migrants move between jobs or jurisdictions (Wang, 2011). As a consequence, migrants could potentially hold multiple social insurance accounts across cities, which may act as a deterrent to participation itself (Cheng et al., 2014).

Migrants often struggle to transfer funds between social pools when moving across administrative boundaries. For example, Nielsen et al. (2005) and Watson (2009) show workers are able to close their accounts when they move and withdraw their individual funds, but not their employers' contributions in the social pool. While this difficult transfer prevents financial losses for the city authorities, it acts as a direct cost to the migrants (Li, 2008). Furthermore, it is suggested that these regulations permitting the withdrawal of contributions made are not implemented in practice (Wenyi, 2012). Portability issues also arise in India's PDS. PDS ration cards are linked to Fair Price Shops, so when migrants move across boundaries they have to reapply, at a significant cost (see Box 1) (MacAuslan, 2009, 2011; Mitra and Singh, 2011; Subbaraman et al., 2012; UNESCO, 2013).

In addition to geographic mobility, migrants also have high occupational mobility; only 20–30% of migrants in Wenyi's (2012) sample of internal migrants in eight Chinese cities remained employed by the same company for more than three years. This creates disincentives for both employer and employee participation, and complicates monitoring of social security payments. Disruptions in contributions and accounts compromise contributory continuity, which can jeopardise benefits.

Conversely, India's RSBY health insurance is the only example of a social protection programme in this review that fully incorporates portability. It operates a 'split card' system whereby migrants can access health care from any empanelled hospital in the country, while simultaneously allowing family members in the village to retain their access (Rajasekhar et al., 2011).

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### 4.3 Costs associated with the intervention

Participation in social protection may also entail costs, including opportunity, financial and other, non-monetary, costs. Financial costs include monthly contributions for social insurance or out-of-pocket expenses to be paid at the time of using the benefit, for example for health services. Since migrants are often employed in low-pay, insecure jobs, this can threaten their ability to participate in social protection. The issues identified here are similar to those found for women in the informal economy (Ulrichs, 2016) and for international migrants.

A number of studies on China show a clear link between income and participation in social insurance: the higher the income, the more likely migrants will participate (Gao et al., 2012; Nielsen et al., 2005; Song and Appleton, 2008; Wenyi, 2012; Yao and Kim, 2015). Many migrants are reluctant to give up part of their take-home salary to social insurance contribution, particularly when income is already low as a result of insecure and unstable employment (Tuñón, 2006; Watson, 2009; Wenyi, 2012). Qin et al. (2014) show that, despite eligibility for health insurance, migrants often have a lower level of participation. This is often because they are unable to guarantee contributory continuity, given limited wages and employment instability. High costs are also associated with China's health insurance systems, which often require high out-of-pocket costs, which can deter migrants from seeking treatment (Tuñón, 2006; Qin et al., 2014). For Viet Nam, Mubiru (2014) finds for informal sector workers the cost of purchasing health insurance voluntarily can be very high and hence reduces the likelihood of participation for internal migrants.

Gao et al. (2012) argue that high contribution rates also discourage employers from participating. Furthermore, in China, the conditions required to apply for an urban Hukou are not attainable for most migrants, as they require significant financial investment, such as the purchase of an urban house or investing to a certain value (Nielsen et al., 2005). Hence, the costs associated with changing registration status can constitute a barrier to take-up of social insurance.

Registration can also have costs for migrants, for example in terms of the costs for forms, signatures, etc. (MacAuslan, 2009, 2011). There is a registration fee of Rs 30 (less than \$1) for India's RSBY health care insurance scheme. Although this is the only registration cost associated with the scheme, it can still prevent some migrants from accessing (Rajasekhar et al., 2011).

### 4.4 Enforcement of legislation

When legislation is not enforced, migrants and other groups may not be able to participate, despite formal entitlement. In the literature, this is shown particularly for China. Implementation of labour legislation in China is patchy (Tuñón, 2006). Nielsen et al. (2005) argue that, although five urban social insurances are legally compulsory for all formal employers, according to the 1995 Chinese Labour Law, most municipal governments turn a 'blind eye' to companies that do not provide social insurance, in order to retain attractiveness for investment. Furthermore, despite reforms around eligibility for social insurance, discrimination still occurs on the basis of Hukou status, and is particularly apparent in the employment and labour contract status of migrants (Gu et al., 2007; Nielsen et al., 2005; Wang, 2011; Watson, 2009).

Additionally, Gao et al. (2012), Wang (2011) and Watson (2009) state that employer participation is not strictly enforced. Leung (2006) and Wang (2011) argue that neither social security schemes nor employers are willing to take responsibility for migrants' social security, as they view migrants as temporary workers. Although the government has started to tighten law enforcement, firms are often fraudulent in

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paying social insurance contributions, misrepresenting wages and numbers of employees in order to lower payments. This reduces both migrants' access (owing to mis-registration, etc.) to social insurance and also their participation (through misrepresentation of wages). The transient nature of the migrant workforce also makes it difficult to track payments (Nielsen et al., 2005; Watson, 2009). Finally, Wenyi (2012) shows that local governments still follow local policies despite a national scheme to improve social insurance portability.

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# 5 What other factors affect migrants' participation in social protection?

A number of other barriers reduce migrants' participation in social protection programmes. Foremost, sector and formality of employment are linked to whether a migrant has a contract and consequently is eligible for and able to enrol in social insurance. Some industries and enterprises are more likely to enrol migrants on a social insurance scheme, for example those that are particularly prone to accidents or have higher levels of regulation. Other factors that affect migrant's participation in social protection include knowledge, language and perceptions of migrants and social networks.

## 5.1 Formality and sector of employment

Informal employment disadvantages migrants' access to social insurance, as labour laws often do not cover the informal sector. The main route of access to social insurance is often through formal employment. However, although formal employment is important in gaining access to social protection, labour contracts and the nature of the enterprise also influence the likelihood of internal migrants participating in social protection.

Those working in the **informal economy** often lack entitlement to social insurance. As migrants are overrepresented in the informal economy, this can be a particular challenge for them. Among the case studies covered in this review, migrants in China and Viet Nam, in particular, are disadvantaged by this, as social insurance is distributed through formal work unit-based entitlements (Gao et al., 2012; UN, 2010). In China, the social security system was designed for urban residents in fixed employment in state enterprises, and is hence inadequate for the majority of urban workers in private firms today (Wang, 2011).

Informal workers can access social insurance only if they have a **labour contract**. The other side of the coin is that having a labour contract leads to an increase in social insurance participation (Cheng et al., 2014; Duong, 2009; Gao et al., 2012; Qin et al., 2015; Yao and Kim, 2015); some argue that for Chinese internal migrants it has one of the largest impacts take-up of social insurance, even more than Hukou status (Cheng et al., 2014; Gao et al., 2012). In both Viet Nam and China, a labour contract in principle means migrants are covered by labour legislation and are eligible for social insurance; however, as we saw in Section 4.4, such legislation is not always enforced. For instance, for Viet Nam, Duong et al. (2011) show 94% of migrants surveyed in Ha Noi and Ho Chi Minh City work in the informal sector, and only 5%

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of these have a labour contract. Their level of participation is also correspondingly low: only 10% have accident insurance provided by their employers and only 2% have social insurance.

Finally, some evidence from China shows **type of sector or ownership of enterprise** can also affect participation. Migrants are overrepresented in private or small businesses in China: Xu et al. (2011) find 67.6% of their sample of migrants is employed in a private or small business. As these are more difficult to supervise, migrants are less likely to participate in social insurance (ibid.). Furthermore, there is a growing trend towards self-employment among migrants, and as both employer and employee contributions are required, self-employed migrants are less likely to participate (Yao and Kim, 2015). Both Xu et al. (2011) and Gao et al. (2012) find workers in manufacturing are more likely to participate in social insurance. Xu et al. (2011) argue that this is because manufacturing is more likely to be state-owned. Conversely, Li (2008) finds that the services industry in Tianjin city has higher social insurance participation than the construction industry.

Furthermore, ownership of the enterprises employing migrants affects their participation in social insurance. In general, it seems state-owned enterprises or enterprises with some foreign influence (e.g. joint venture companies) are more likely to treat migrant workers the same as urban native workers (Cheng et al., 2014; Nielsen et al., 2005; Wenyi, 2012; Yao and Kim, 2015). Joint ventures are subject to higher levels of regulation, administration and policy enforcement, such as international labour standards (Gao et al., 2012; Xu et al., 2011). For instance, Yao and Kim (2012) find females in sino-foreign enterprises are over 200% more likely to participate in work injury and medical insurances than other enterprises.

## 5.2 Awareness, language and perceptions

Awareness of the existence of schemes, the application process and its objectives and benefits is essential to participation. A number of studies in this review show migrants have lower knowledge than non-migrants and are therefore less able to take up social protection. Limited awareness, low confidence and not speaking the right language are not necessarily unique to internal migrants, but these barriers are likely to be more magnified for migrants. Again, these are similar barriers as those faced by international migrants (Sabates-Wheeler and Feldman, 2011).

Wenyi (2012) finds only 4.1% of migrants in her sample across 10 cities in China know basic details about pension insurance; 66.5% have not even heard of it. Li (2008), however, finds 71% of Tianjin migrants have heard of pension insurance, but few have heard of unemployment or health insurance. Whereas the media was found to be effective at disseminating basic details about social insurance schemes, according to respondents, government and employers gave the most useful information (ibid).

Migrants may lack knowledge not only about the scheme itself and its benefits but also on the registration requirements. Cheng et al. (2014) find migrants in Beijing have poor awareness and information on the importance of labour contracts in accessing social insurance. The 2004 Viet Nam Migration Survey revealed that 48% of migrant participants believed they did not have permission to register and change their KT status, which limits take up government services, including social protection (UN, 2010). Similarly, in Delhi, MacAuslan (2009, 2011) finds lack of knowledge of local bureaucracies among migrants leads to a lack of confidence and ability to join the appropriate queue and present information correctly.

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A language barrier can also hinder social protection access and participation. Deumert et al. (2005) find that the dominant language of the formal sector (including health care) in Cape Town is English or Afrikaans. However, the majority of internal migrants speak Xhosa, and consequently migrants struggle to access and participate in social protection.

Negative perceptions of government are also an issue, in China particularly. A history of exclusion and discrimination through Hukou has led to high levels of distrust of the government among rural migrants (Li, 2008). This has influenced their willingness to utilise the urban social insurance programmes available to them. Nielsen et al. (2005) show previous pension schemes had no reliable sources of funding, low benefits and embezzlement of funds; as such, a fear of not receiving benefits in the future led to non-participation by migrants (Watson, 2009; Wenyi, 2012). Xu et al. (2011) argue this distrust is more pronounced when participant contributions are required, such as in the contributory insurance schemes prevalent in China.

### **5.3 The role of informal social networks**

Many first-time migrants, for instance in Bangladesh, China and South Africa, rely on informal social networks to get to a city and to find accommodation and employment and obtain informal social protection (Deumert et al., 2005; Seeley and Gardner, 2007; Tuñón, 2006). Some authors argue that informal social networks can act as a barrier to accessing social protection. For instance, Li (2008) shows that social networks in Tianjin may reduce migrants' willingness to participate in social insurance, such as by spreading negative or misleading information. This is particularly apparent where non-participation is the norm.

However, at the same time, it is important to be cautious in interpreting these results, as reliance on social networks can also be the result of limited eligibility for formal social protection, patchy implementation of programmes or other barriers. Further research is needed on this.

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# 6 Conclusion

## 6.1 Main findings

This literature review has focused on two main questions: What is the evidence on internal migrants' participation in social protection? What are the factors that affect internal migrants' participation in social protection? The scope was global, but in practice most of the evidence found focused on Asia. A total of 37 studies were included, the vast majority of which looked at China. A number of studies covered India and Viet Nam, and there was one study each on Bangladesh, Kyrgyzstan and South Africa. In terms of policy coverage, the social protection interventions discussed include social insurance (18), social assistance (12), labour regulation (7) and microfinance and basic services, including education and health care (14).

The review highlights how social protection eligibility rules may compound internal migrants' risk of exclusion and affect take-up rates, for instance as a result of a combination of population registration and residency requirements. However, even when migrants are eligible for social protection, they may, in practice, not participate. This review shows that, in fact, internal migrants are often eligible for social protection on paper but take-up is often lower than that of urban 'natives'.

The papers reviewed provide examples of the ways in which obstacles to participation and take-up by internal migrants in practice emerge from social protection policy design and administration factors, including complex and costly registration requirements, portability constraints, limited enforcement of official policy rules and costs associated with participation. Such features interact with additional factors such as sector and nature of employment, which are linked to whether a migrant has a contract and is eligible for and able to enrol in social insurance. Other factors that affect migrants' participation in social protection include limited knowledge and awareness of programmes and language barriers.

A number of important areas not covered in these studies require further research. First, there is a strong geographical bias towards China and to a lesser extent Viet Nam and India. Further research is necessary on internal migrants' participation in social protection in Sub-Saharan Africa, Latin America and Central Asia. It would also be useful to explore the barriers to participation in closer detail. Whereas much of the literature focuses on legal and physical access to social protection, with some exceptions there is less focus on 'political access' – the negotiations, bargaining, threatening and pleading that take place in the application of those rules (Sabates-Wheeler and Feldman, 2011). Finally, we need to consider differences between different subgroups in greater detail, for example those with and without regular registration status, to look at different migrant groups (e.g. economic migrants vs. refugees and displaced) and to better understand the role gender plays in mediating access.

## 6.2 Policy implications

Internal migrants are a particularly vulnerable group, often living in unsafe and unregistered housing, more likely to be working in the informal economy in irregular

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and dangerous jobs and earning lower incomes than natives. Despite a greater need for social protection because of these migrant-intensified risks and vulnerabilities, on the whole this review finds they are less likely to participate in schemes than local residents. A number of policy implications emerge from the papers in this review, all focused on extending coverage for internal migrants: 1) enforcement of existing legislation; 2) improving knowledge on social protection among migrants; 3) increased affordability; 4) adjustment of registration requirements; 5) adjustment of eligibility criteria and residency requirements; and 6) increasing portability.

However, we need to keep in mind the context in which such reforms would take place. High migration inflows put great pressure on infrastructure, social services and city budgets (IOM, 2015). Urban planners often have a fixed budget to spend on social programmes, including social protection, and may be unwilling or unable to extend coverage to informal migrant workers. With some exceptions, city and municipal governments do not prioritise the inclusion of migrants (ibid.). Much like with international migration, policy-makers may prefer to spend resources on the 'native' poor. As such, we need to be realistic about what policy change can be achieved in the short to medium term. Policy implications here are thus ranked from high priority immediate policy implications to steps potentially more feasible in the medium to long term.

Initial policy measures should focus on enforcement of existing legislation and improving knowledge on social protection among internal migrants, so they can access the programmes they are already eligible for. Focus should also be given to making participation more affordable. Future policy reforms could extend eligibility by adjusting registration, eligibility criteria and residency requirements, and help make social protection more portable.

### ***Enforcement of legislation***

This review has shown that the legislation to allow migrants access to social protection is already in place for some schemes; however, access and participation are restricted for migrants, given the lack of enforcement.

In terms of Viet Nam, UN (2010) and Duong et al. (2011) argue that more uniform implementation of the Law on Residence would allow migrants to change their registration status at place of destination and give them access key social and economic resources. In China, migrants do have legal access to social insurance and are protected by labour legislation (particularly since the 2008 Labour Contract Law), but migrant participation in these programmes is still low. Enforcement would likely cause an increase in migrant participation in social insurance schemes (Becker and Elfstrom, 2010). Sanctions for non-compliance need to be imposed, but focus also needs to be on the processes of signing contracts, to avoid 'blind' contracts being signed (ibid.). MacAuslan (2009) proposes that rule-makers and administrators of the PDS system in India be trained, assisted and informed on migrants' situations to increase take-up of migrants.

### ***Improve knowledge***

One barrier to social protection participation identified was lack of knowledge about entitlement and registration processes. As such, improved dissemination and outreach to harder-to-reach groups like migrants is required to ensure they are aware of and understand the registration of social protection systems. This will need to include a consideration of the various channels that can potentially be used for outreach and their pros/cons in reaching migrant workers.

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Wenyi (2012) suggests that, while the media is able to transfer basic information about social protection, Chinese employers and government need to do more to improve information flows. However, there is a disincentive for employers to sign up employees for social insurance, so compliance needs to be improved; this could include sanctions for non-compliance (Becker and Elfstrom, 2010). Community outreach workers and education programmes could be more effective in increasing migrant knowledge (Xu et al., 2011). In some countries, limited awareness is linked to language barriers (as is often the case for international migrants). In South Africa specifically, language training and translation services need to be extended to all citizens to ensure migrants are not disadvantaged when they attempt to access services and employment (Deumert et al., 2005).

### ***Improving affordability***

Affordability is a major barrier to migrants' participation in social protection, particularly given their prevalence in informal employment and consequent low wages. There are a number of options to make social insurance more affordable, including introducing a flat premium not tied to wages, a stratified contribution system and top-up systems (Holmes and Scott, 2016).

Both Watson (2009) and Wang (2011) have argued for the lowering of current levels of social security contributions to improve access for migrants in China. Wang (2011) argues for the reduction of contributions with differentiated pay and benefit scales that allow migrants to participate in social insurance at a level suitable for them. Despite lower contribution thresholds meaning that migrants will receive lower benefits from their insurance, it will increase participation among migrants, so they would at least have some level of protection.

### ***Eligibility criteria***

A barrier to accessing social protection in both China and Viet Nam is their household registration systems. Both China and Viet Nam have begun to reform their household registration systems. While abolishment of the system would improve access for migrants to social protection, they are both complex and integrated systems of both social and economic importance, and large-scale reform would be difficult and require an extended time-frame.

Gradual reforms of these household registration policies should be encouraged, and, if the requirement for urban household registration in China, or KT1 or KT2 registration in Viet Nam, is removed, social protection coverage of internal migrants will increase (UN, 2010). However, this will need to be accompanied by a complete overhaul of the social protection system, as it is currently organised locally rather than nationally (Tuñón, 2006). It should also be kept in mind that not all migrants in China are in favour of changing the Hukou, as they are reluctant to give up land rights (ibid.).

### ***Registration requirements***

Registration requirements make it more difficult for migrants to access social protection. By making registration easier and more accessible for migrants, migrant participation in social protection should increase.

In India, registration in the PDS social assistance scheme is complicated because of the difficulties inherent in the 'queue'. Making ration cards portable would reduce the need for reapplications. In China, in order to access social insurance schemes, migrants need to be registered by an employer (Wang, 2011). If they are allowed to register and manage their social security accounts themselves, migrants will be able

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to participate regardless of informal sector work, lack of contract or non-compliance of enterprises in registration (Wang, 2011).

### ***Portability***

Migrants are a highly mobile population. Their high mobility contrasts with the non-portability of the social protection system: improving portability could encourage participation of migrants. At the same time, portability can be at odds with the objectives of social insurance systems that rely on the pooling of risks and contributions across a fairly fixed group. Furthermore, with social protection decentralised in many places, such as China, the non-comparability of systems makes portability very difficult to implement. There are some lessons from international migration, where achieving portability is also a challenge. Only a small number of countries have been able to make their systems portable across countries; others simply pay out past contributions as lump sums when migrants exit the system (Sabates-Wheeler et al., 2011).

Some reforms have taken place in the case study countries that have helped improve portability. For instance, in China some reforms have taken place, however so far with limited success. Wenyi (2012) shows local governments in some cities in Guangdong province were hesitant to implement the portability policy, given the loss of local government funds, and more than 95% of migrants cancelled their pensions and withdrew their contributions. Maharashtra state in India is so far the only one that has trialled a mobile ration card systems to allow the PDS to be accessed at all Fair Price Shops (Deshingkar et al., 2008).

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# Annex 1: Studies included in the review – country and programme coverage, eligibility and take-up details

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
<b>BANGLADESH</b>							
Seeley and Gardner (2007)	Bangladesh		Vulnerable Group Development cards (Social Assistance)	Entitle holder to food rations, schooling stipends and disaster relief	Eligible	Participation depends on good contacts and relationship with officials	No information
<b>CHINA</b>							
Becker and Elfstrom (2010)	Guangdong, Jiangsu China	367 interviews with migrant workers in Pearl River Delta and Yangtze River Delta 23 interviews with executives and businesses nationally	Labour Contract Law (2008) (Labour Regulation)	Mandated labour contracts, social insurance and wage and hour provisions for <i>all</i> employees	Eligible	Lack of legislative enforcement and manipulation in contract signing decreased participation	49.5% migrants covered by social insurance
Chen et al. (2006)	China	China Urban Household Short Survey (2003/04) for 35 cities, with a total sample of 76,000	Di Bao (Social Assistance)	Heavily decentralised transfer Means-tested to ensure income meets municipal-stipulated poverty line	Eligible if in possession of an urban household registration	No information	No information

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
				Mean transfer level RMB 270 per year			
Cheng et al. (2014)	Beijing China	983 surveys of employed or job-seeking migrants	Pension, health care, unemployment, work injury, maternity insurance (Social Insurance)	Both employees and employers pay contributions Pension insurance to treat migrants the same as urban residents (10–15 years of contributions)	Eligible	Labour contracts, higher education, urban household registration and state/formal sector employment increases participation Many migrants do not stay long enough to receive pension insurance benefits	38.3% and 24.1% of urban–urban and rural–urban migrants, respectively, participate
Fang and Dewen (2008)	China	Chinese Labour Survey (2001)	Labour Law (1995) (Labour Regulation)	Mandates labour contracts and pay	Eligible if in possession of formal, written labour contract	No information	29% of migrant workers signed a labour contract (53% of urban residents)
			Pension, health, unemployment insurance (Social Insurance)	Distributed by work units Small cities more open to provision for migrants, large cities concentrate on urban residents	Eligible if in possession of a formal written labour contract	Participation reduced because of prevalence of informal sector employment	7.7% and 6.7% of migrants in large cities have health and pension insurance respectively, compared with 67.7% and 69.2% of urban residents
Gao et al. (2012)	Guangdong, Shanghai, Jiangsu, Zhejiang, Hubei, Chongqing, Sichuan, Anhui, Henan China	China Household Income Survey (2007/08)	Pension, health, unemployment, work injury, maternity insurance (Social Insurance)	Employment-based registration with employer and employee contributions	Eligible if in possession of a formal labour contract	Participation highly dependent on labour contracts and employment sector	5% or less of migrants had any social insurance coverage
			Housing Provident Fund	Mandated employee and employer contributions to personal housing fund accounts to increase			

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
				employees' housing affordability			
Gustafsson and Quheng (2011)	Beijing, Liaoning, Jiangsu, Guangdong, Shanxi, Anhui, Henan, Hubei, Chongqing, Gansu, Sichuan China	China Household Income Project (6,835 households living in 77 cities)	Di Bao (Social Assistance)	Heavily decentralised transfer Means-tested to ensure income meets municipal-stipulated poverty line Mean transfer is RMB 295 per year (around 10% of total income for Di Bao households)	Eligible if in possession of local urban Hukou	No information	No information
Leung (2006)	China	Review	Di Bao (Social Assistance)	Heavily decentralised transfer Means-tested to ensure income meets municipal-stipulated poverty line Mean transfer in Beijing in 2003 was RMB 290 per year	Eligible if in possession of a local urban Hukou	No information	No information
Li (2008)	Tianjin China	70 in-depth interviews with migrants in 2006	Pension, health, unemployment insurance (Social Insurance)	Employment-based registration with employer and employee contributions	Eligible	Participation reduced by lack of knowledge, affordability and influence of social networks	2/70, 4/70 and 3/70 had unemployment, health and pension insurance
Ngai et al. (2010)	China	Review	Pension, health, unemployment, work injury, maternity insurance (Social Insurance)	Mandated by Labour Law (1995)	Eligible if in possession of a formal labour contract	Participation reduced as migrants struggle to access formal employment, hence labour contract	No information
Nielsen et al. (2005)	Jiangsu China	780 surveys with migrant workers in Nanjing, Suzhou,	Pension, health, unemployment, work	Enterprise-based Mandatory under Labour Law (1995)	Eligible	Registration (urban/local), state-owned or foreign enterprise employment and	52.2% of migrants had pension insurance, but

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
		Kunshan, Yizheng, Chuzhou, Changzhou and interviews with urban enterprises and government officials 20 interviews with government officials, enterprise managers, migrants	injury, maternity insurance (Social Insurance)			stronger/longer ties to the city increase participation	only 16.1% had maternity insurance
Qin et al. (2014)	Inner Mongolia, Hunan, Xinjiang, Shandong, Qinghai, Sichuan, Jilin, Zhejiang, Fujian China	2007-2010 State Council URBMI Household Survey Data	Health Insurance (Social Insurance)	UEBMI, NRCMS, URBMI <sup>6</sup>	Eligible for multiple insurance schemes	Lack of affordability and reimbursement, schemes not appropriate (e.g. costs of outpatient treatment) decrease participation	32.5%, 25.65% and 16.75% of migrant workers participate in NRCMS, UEBMI and URBMI, respectively
Song and Appleton (2008)	China	17,000 household from Chinese Household Income Project Survey (2002) National data coverage	Pension, and health insurance (Social Insurance)	Work-unit based Employers legally required to contribute to welfare schemes	Eligible if in possession of formal sector employment or local urban Hukou	Lack of affordability and enterprise ownership reduce participation	Only 5% of migrants covered by some form of social protection, (64% and 1% of urban and rural residents)
Tuñón (2006)	China	Review	Pension, health care, unemployment, work injury, maternity insurance	Contributory insurance schemes	Eligible if in possession of local urban Hukou	Lack of affordability reduces participation	Migrant participation for health insurance

<sup>6</sup> UEBMI (Urban Employee Basic Medical Insurance) covers formal sector workers

NRCMS (New Rural Cooperative Medical Scheme) covers rural population

URBMI (Urban Resident Basic Medical Insurance) covers urban informal sector workers and unemployed urban residents

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
			(Social Insurance)				varies from 10% to 33.3%
			Education (Government Services)	Migrant entitled to same education as urban residents – compulsory nine years of education free	Eligible	In practice have to pay a ‘donation’ and/or higher fees for the same schools as urban children	Nearly half of migrant children do not go to school and 9.3% drop out
Wang (2011)	China	Review	Pension, health, unemployment, work injury and maternity insurance (Social Insurance)	Three insurance structures: urban, new insurance systems, rural social endowment insurance <sup>7</sup>	Eligible if in formal employment	Distrust of the system, longevity of payments, non-portability and unstable employment reduce participation	No more than 20% of migrants are affiliated to basic social security system
Watson (2009)	China	Review	Pension insurance (Social Insurance)	Employer and employee contributions into individual accounts and local social pools for 15 years	Eligible if in possession of a local urban Hukou or formal employment	Distrust of the system, priority of migrant spending, non-portability and appropriateness reduce participation	Approximately 17% of migrants had pension insurance in the urban scheme
Wenyi (2012)	Jiangsu, Zhejiang, Hunan, Gansu, Chongqing, Hebei, Tianjin, Henan, China	3,862 questionnaires as part of the Migrant Workers’ Old Aged Security and Socio-Economic Status (2009) surveys undertaken in Kunshan, Wenzhou, Chenzhou, Lanzhou, Chongquin, Ouzhou, Beijing, Tianjin, Zhengzhou, Xuzhou	Pension insurance (Social Insurance)	Employer and employee contributions into individual accounts and local social pools for 15 years	Eligible	Lack of knowledge, written labour contracts and affordability reduce participation	24.9% of respondents participated in pension insurance

<sup>7</sup> Urban – incorporated into urban insurance structures  
New insurance systems – compressive system especially for migrant workers  
Rural social endowment insurance – rural insurance schemes

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
Xu et al. (2011)	Guangdong, Shanghai, Liaoning, Tianjin, Yunnan China	3,024 surveys conducted for the Social Policy for the Transition of China's Rural Labour to Urban Areas project in Guangzhou, Shanghai, Shenyang, Tianjin, Kunming and two medium-sized cities	Pension, health, unemployment, work injury and maternity insurance (Social Insurance)	Health care, pension and unemployment insurance require both employer and employee contributions Maternity and work injury insurance require contributions only from employers	Eligible	Lack of knowledge and type of employer/industry reduced willingness to participate	11.5% participated in urban health care, 9.1% in work injury, 8.5% in pension, 3.2% in unemployment and 2.5% in maternity insurance
Yao and Kim (2015)	Hebei, Guangdong, Jiangsu, Sichuan China	2,671 questionnaires from the Survey of Chinese Rural Migrant workers and Social Protection conducted in Beijing, Shenzhen, Suzhou and Chengdu	Pension, health and work injury insurance (Social Insurance)	Three models: inclusive, independent, comprehensive <sup>8</sup>	Eligible	Participation highly correlated with labour contract	Shenzhen had highest coverage at 45.4% with work injury insurance, and Beijing with lowest, with only 5.5% participating in pension insurance
Gentilini (2015)	China	Based on Wang and Glinaskaya (2014)	Di Bao (Social Assistance)	Heavily decentralised transfer Means-tested to ensure income meets municipal-stipulated poverty line	Eligible if in possession of a local urban Hukou	No information	Conservative estimates show 10% of migrant workers would be eligible if included

<sup>8</sup> Inclusive – migrants join the urban social insurance system designed for urban residents

Independent – specific social insurance system for migrant workers whereby they can chose what insurance types to participate in

Comprehensive – specific social insurance system for migrant workers whereby they have to participate in pension, health and work injury insurance (provided by commercial insurance company – others are government-funded)

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
<b>INDIA</b>							
Gentilini (2015)	Delhi India	Based on Bhattacharya et al. (2014)	Indira Gandhi National Old-Age Pension Scheme (Social Assistance)	Monthly transfer of \$16 (or \$24 for those above 70 or from minorities)	Eligible if age is $\geq 60$ , annual household income is $< \$94$ and resident of Delhi for 5+ years	Cost and time delays, difficulties in obtaining supporting documents, understanding forms and applications reduce participation	Three schemes covered 25 million beneficiaries in 2012
			Indira Gandhi National Disability Pension Scheme (Social Assistance)	Monthly transfer of \$16	Eligible if disabled (physical/mental), aged 0–60, annual household income is $< \$1,172$ and resident of Delhi for 5+ years		
			Indira Gandhi National Widow Pension Scheme	Monthly transfer of \$16	Eligible if widow, separated or women in distress, aged 18–60, with an annual household income of $< \$750$ and resident of Delhi for 5+ years		
Bhan et al. (2014)	India	Review	Tenure and housing, minimum access to water	General social provision for urban residents	Eligible if not from JJ clusters,	Participation reduced owing to difficulty in obtaining	No information

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
			and environmental services, PDS, decent work, health care and education (Government Services)		and have proof of residency prior to 1995	documents required for eligibility	
			Access to water (Government Services)	Duty of the state to provide drinking water for citizens	Eligible if not from JJ clusters, and have proof of residency prior to 1995	Participation often reduced for renters as contracts are often not for long enough periods to qualify	No information
MacAuslan (2009)	Delhi, India	Interviews with migrant workers, government officials, activists, etc. in two sum areas of Delhi in 2006	PDS (Social Assistance)	A universal, public programme providing subsidised grains to households using a three-tier ration card system to determine costs	Eligible	Difficulties owing to permanent residence criterion and disadvantages of queue and ration cards	Data show few households purchase from the PDS or purchase fully from PDS
MacAuslan (2011)	Delhi, India	Interviews with migrant workers, government officials, activists etc. in two sum areas of Delhi in 2006	PDS (Social Assistance)	A universal, public programme providing subsidised grains to households using a three-tier ration card system to determine costs	Eligible	Difficulties owing to permanent residence criterion and disadvantages of queue and ration cards	Data show few households purchase from the PDS or purchase fully from PDS
Mahadevia (2009)	Gujarat India	Household surveys in Ahmedabad (4,317) and Surat (4,023)	Subsidised public health care and education, PDS, subsidised shelter programmes (Government Services)	Urban local governments good at addressing sanitation and water needs, but subsidised education and health care in particular are left to the private sector	Eligibility depends on secure tenancy – registration is obtained based on official documents	No information	No information
Mitra and Singh (2011)	Gorakhpur, Uttar Pradesh India	30 migrants randomly sample from each Humayupur, Nauhsur, Shahpur, Mahuwisughpur, Mahedo Jharkhandi,	PDS (Social Assistance)	Ration cards that enable access to subsidised cereals	Eligible	Participation reduced owing to the costs of obtaining a ration card, difficulties in gaining proof of residence documents and bureaucracy	32.33% did not have ration cards at all None had ration cards in Gorakhpur – left

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
		Fertiliser Nagar, Vikas Nagar, Mahewa, Rasulpur, Sahubgani (300 total) Some households selected for further in-depth qualitative case studies and/or interviews	Education (Government Services)	Education is free and compulsory between 6 and 14 years of age	Eligible	and corruption of government Participation reduced owing to direct costs and opportunity costs, language difficulties and 'poverty'	with families in villages 59% of sample were illiterate
Rajasekhar et al. (2011)	Karnataka India	3,647 surveys of eligible households across 22 villages, selected from the Below the Poverty Line list used to identify beneficiaries Interviews with key personnel from 39 empaneled hospitals	RSBY (Health Insurance)	Registration cost Rs 30 per year to access medical treatment for up to Rs 30,000 per household, based on smartcard technology and empaneled hospitals Insurance premiums paid by government to commercial insurance companies to make the system cashless for users	Eligible if there is a household member in the rural area where scheme is running	Participation lowered by difficulties in enrolment (costs, delays, inaccurate information), withdrawal of empaneled hospitals Participation raised by the 'split card' option for migrants and the inclusion of pre-existing medical conditions	68% of eligible households had been enrolled six months after initiation
RBI (2012)	India	No information	SJSRY	Programme to alleviate poverty through skills training and community groups Five programmes: USEP, UWSP, STEP-UP, UWEP, UCDN <sup>9</sup>	Eligible only for UWEP	No information	No information
Stephenson and Matthews (2004)	Maharashtra India	30 in-depth semi-structured interviews with migrant women and rural and urban non-migrant women, in a Khanavde district	Maternal Health Care	Recommended four antenatal visits, universal tetanus immunisation and iron/folic acid supplements and antenatal check-ups	Eligible	Dependent on knowledge and perception, urban assimilation, affordability and social networks	80% of migrant and urban women received antenatal healthcare, compared with 20% of rural women

<sup>9</sup> Urban Self-employment Programme, Urban Women Self-help Programme, Skill Training for Employment Promotion among Urban Poor, Urban Wage Employment Programme, Urban Community Development Programme.

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
		village and a slum in Vashi, Mumbai					
Subaraman et al. (2012)	Mumbai India	Four-year series of studies in Kaula Bandar non-notified slum Statistics from India's National Family Health Survey on notified Mumbai slums	Water, Sanitation, Education (Government Services)	Maharashtra Slum Areas Act (1971) – government must extend basic amenities to slum residents	Eligibility requires proof of residence prior to 1 January 1995, the slum to be recognised by government and to be on city-owned land	Participation reduced by difficulties in gaining proof of residence documents Participation in education reduced by a lack of schools in the Kaula Bandar slum	No information
<b>KYRGYZSTAN</b>							
Hatcher and Balybaeva (2013)	Kyrgyzstan	No information	Access to education, health care, social services, voting (Government Services and Rights)	No information	Eligible if registered in place of residence	Participation is reduced as de-registration and re-registration are difficult, time consuming and costly	No information
<b>SOUTH AFRICA</b>							
Deumert et al. (2005)	Cape Town South Africa	Interviews with 215 household heads 754 surveys from Monash Survey of Internal Migrants to Cape Town (2004)	Employment and health care services (Government Services)	No information	Eligible	Language barriers and informal social networks limit participation	26.7% experienced language difficulties in destination
<b>VIET NAM</b>							
Dang et al. (2003)	Ho Chi Minh City Viet Nam	Qualitative Research from Ho Chi Minh City (SCHK, 1999)	Hunger Eradication and Poverty Reduction programme (Government Services)	Interest free loans, health care, exemption from school fees	Eligible if in possession of a permanent registration	No information	Only 26.6% had obtained permanent registration

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
Duong (2009)	Ha Noi, Ho Chi Minh City Viet Nam	2008 Migration Impact Survey (550 migrants of all types)	Viet Nam Labour Code (Labour Regulation)	Labourers in paid employment must be provided with written labour contracts, covered by labour laws	Eligible if in possession of a formal written labour contract	No information	46% without written labour contract
			Housing Policy	Prevents temporary migrants purchasing and possessing dwellings at destination	Eligible if in possession of permanent registration	No information	93% live in rented dwellings
			Health care (Government Services)	Affordable public health care services	Eligible if in possession of permanent registration	No information	54.3% of migrants self-treat, rather than seeking health care services
			Education (Government Services)	Primary education compulsory and free	Eligible	Preferences given to urban children, meaning classes are often too full to take migrant children	Only 42.6% of migrant children are attending school
				Financial support for primary students and loans for secondary and tertiary education	Eligible if in possession of permanent registration	No information	
Duong et al. (2011)	Ha Noi, Ho Chi Minh City Viet Nam	967 sample of temporary migrants from 2008 Viet Nam Migration Survey in Ha Noi and Ho Chi Minh City Interviews with 100 migrants and 20	Viet Nam Labour Code (Labour Regulation)	Written contracts guarantees protection, including social insurance	Eligible if working in formal employment and in possession of permanent registration	No information	2% of migrants have social insurance

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
		managers, trade union officials and government officials	Housing Policy	Restricts migrants from purchasing and possessing dwellings at destination	Eligible if in possession of permanent registration	No information	935 lived in rented dwelling
			Health care (Government Services)	Affordable health care public services	Eligible if in possession of permanent registration	High costs prevent migrants from accessing health care	88% of migrants self-treat or do nothing when ill
			Education (Government Services)	Primary education free	Eligible if in possession of permanent registration	Have to send children to private schools at higher costs reduces participation	43% of migrant children cannot go to school, 84% because of a lack of permanent registration
Mubiru (2014)	Viet Nam	Based on Munster (2014) ActionAid Viet Nam Report of Access to Social Protection of Migrant Workers in Selected Urban Areas	Health Insurance (Social Insurance)	Free health insurance card for children under six years old	Eligible – universal scheme	No information	No information
				Requirement of Labour Law for formal employees	Eligible	Participation is highly correlated with formal labour contracts Without a labour contract, migrants have to purchase insurance voluntarily – participation reduced by lack of affordability and perception of care	In Duong Kinh and Go Vap, 80% and 84% of formal migrant workers have health insurance, compared with 46.9% and 9.4% of informal migrant workers
			Education (Government Services)	Access varies between locations Access to public schools and to subsidies, exemption from school fees or subsidies for textbooks	Eligible	Participation is higher for formal sector workers because of stable finances and likely higher KT3 status	6.3% and 14.3% of formal and informal migrant workers got support for their children's

Reference	Country	Data	Instrument	Details	Are migrants eligible?	Take-up	Statistics on coverage
							education in Go Vap No formal migrant workers and only 2.2% of informal migrant workers got support for their children's education
UN (2010)	Viet Nam	Viet Nam Migration Survey (2004) National census data	Health care, schooling, HIV care, poverty reduction services (Government Services)	No information	Eligible if in possession of KT1 registration	Lack of awareness and knowledge of re-registration reduces participation	42% experienced difficulties as a result of their non-permanent registration status
			Viet Nam Labour Code (Labour Regulation)	Mandates pay and hours	Eligible if in formal employment	Participation reduced by registration, informal employment and lack of labour contracts	



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**Overseas Development Institute**  
**203 Blackfriars Road**  
**London SE1 8NJ**  
**Tel +44 (0)20 7922 0300**  
**Fax +44 (0)20 7922 0399**