



Regional Trends in Care Policy Mapping of 12 countries in Asia

An initiative by
International Domestic Workers Federation

October 2025

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About the report: This booklet has some compiled results and information that have emerged from the Care Policy Mapping exercise that was done across 12 countries/economies in Asia by IDWF Asia: Hong Kong, South Korea, Taiwan, Indonesia, Malaysia, Cambodia, Thailand, Philippines, India, Sri Lanka, Nepal and Bangladesh. This booklet consists of regional trends and country/economy factsheets, identified and produced from the Care Policy Mapping of these countries, to identify care laws and policies and infrastructure in these countries, the current care needs, who constitute care workers, and the care share being borne by these workers, and whether domestic workers are recognised and included in these laws and policies with reference to the ILO 5R framework on Care. The data captured within this report hopes to give a framework for advocacy on domestic workers and care workers' rights in the care economy.



About International Domestic Workers Federation

The International Domestic Workers Federation (IDWF) is a membership-based global organisation of domestic workers. Its goal is to build a strong, democratic and united domestic workers global federation to protect and advance domestic workers' rights everywhere. As of December 2023, the IDWF is made up of 93 affiliates from 69 countries, representing a membership of over 669,000 domestic workers. Most are organized in trade unions and others in associations, networks and workers' cooperatives.'

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DOMESTIC WORKERS FROM THE NATIONAL DOMESTIC WORKERS FEDERATION, INDIA RALLY FOR A COMPREHENSIVE LEGISLATION ON DOMESTIC WORKERS AND REMOVAL OF FOUR PROPOSED LABOUR CODES IN DELHI, 2018

Recognise, reduce, redistribute unpaid care work

Reward and represent paid care work

FOREWORD

“Recognising domestic work as care work is dignifying, and it respects domestic workers’ rights, their contribution and sacrifices to the society, not only politically, but also economically.”

Jec Sernande, migrant domestic worker and Executive Committee Member of Asia in IDWF

Domestic work is essential to the functioning of society. However, domestic work still continues to be a highly feminised sector, with 76.2% of domestic workers being women. Typically considered to be women’s work, domestic work is often undervalued, invisible and not considered “real work”. This has led to the systemic devaluation of domestic work as work, and consequently domestic workers across the world have little to no access to decent work and social protection.

Domestic workers across the world have been reaffirming that domestic work is ALSO care work. In a policy brief released by the International Labour Organisation (ILO), domestic workers consist of 25% of the total global care workforce. Domestic workers do all 4 kinds of care work: paid, unpaid, direct and indirect care work. And yet, domestic workers are not considered care workers and part of the care economy, even while they shoulder a major portion of the care share in different contexts across Asia and the globe.

This lack of inclusion of domestic workers has severe consequences for domestic workers labour and human rights: worldwide, domestic workers are excluded from national labour legislations and national care policy frameworks, and many of them have no legal entitlement to social security. Domestic work still remains among the 5 sectors accounting for the majority of total adult forced labour, and one of the main sectors where child labour is prevalent. As a consequence of multiple forms of discrimination, domestic workers face violence and harassment in the workplace - economic, psychological, physical and sexual abuse.

Therefore, the domestic worker organisations and IDWF Asia felt that a thorough study and analysis of the care economy across Asia was necessary, to understand how the nature of care policies and how they are structured, whether domestic workers are present in those care policies and visions according to the ILO 5R framework: Recognise, reduce and redistribute unpaid care work, and reward and represent paid care work, and the total care share that is being borne by domestic workers.

Our demands as care workers are clear:

RECOGNISE domestic work as care work and recognise domestic workers’ skills, **REDUCE** the care share of domestic workers by giving them access to weekly day-offs, leaves including sick and annual leave, **REDISTRIBUTE** care work between genders and between household and state, and recognise that Care is a public good and a Human Right, **REWARD** domestic workers with minimum wage protection and access to social protection including maternity benefits, and **REPRESENT** domestic workers in the care policy dialogues by ensuring domestic workers’ rights to freedom of association and collective bargaining.

There are two reports produced for this purpose:

1. Booklet titled Regional Trends in Care Policy Mapping of 12 countries in Asia; and
2. Report titled Demystifying Care in Asia for Domestic Workers.

We hope that these reports give you a glimpse of the care economy structures in various countries/economies and how domestic workers continue to be an integral part of the structure, worker base and sustainability of the care economy across these contexts.

With warm regards



Sonia George



Jec Sernande

Executive Committee Members: IDWF

PREFACE

This booklet contains compiled research results and data collected by IDWF in the Care Policy Mapping exercise that was done across 12 countries/economies in Asia: Bangladesh, Taiwan, Hong Kong, South Korea, Nepal, Cambodia, Sri Lanka, India, Thailand, Indonesia, Philippines and Malaysia. The Care Policy Mapping was carried out to supplement our advocacy efforts for domestic workers in the Care Economy in Asia. The research provides data, and lived experiences that strengthen the IDWF's assertion that domestic workers are care workers. As per an ILO brief, domestic workers constitute 25% of all paid care workers. Domestic workers do all four kinds of care work – paid, unpaid, direct and indirect. Given this context, we wanted to document and undertake an analysis of existing care policies in Asia to see if domestic workers were included in them, keeping in mind the ILO 5R framework – recognise, reduce, redistribute unpaid care work, and reward and represent paid care work. We also wanted to determine the share of care work that was being undertaken by domestic workers across different countries and economies.

This booklet also discusses the general trends we have observed in the analysis of this mapping, and it includes a brief factsheet of care statistics pertaining to every country/economy studied. It specifically looks at the 5R framework in each country/economy and analyses which specific aspects of this framework are made available to domestic workers to enable their participation and contribution, and to respect their labour rights, women's rights and human rights while doing so. We have also added the IDWF Care Position Paper and Statement, which conveys our positioning and stance regarding the Care economy. At the end, we have included annexures with reports from the National Consultations on Care that were carried out in 4 ASEAN countries: Indonesia, Malaysia, Philippines and Thailand. More details about these consultations, their purpose and structure can be found there.

IDWF is grateful for the financial support by Oxfam and WIEGO to conduct this mapping study and by SAGE Fund to deliver the report, including layout design and translations. This report has been released in conjunction with 12 country level reports for the mentioned 12 countries of Asia.

We thank the ILO TRIANGLE in ASEAN Programme for their financial support in conducting four national care consultations in Malaysia, Indonesia, Philippines and Thailand in April 2024. The annexes have been funded by the Australian Government through the Department of Foreign Affairs and Trade and the Government of Canada through Global Affairs Canada. The views expressed in this publication are the authors' alone and not necessarily the views of the Australian Government or the Government of Canada.

The IDWF would like to thank the researchers: Justine Lam, the lead research coordinator and author of the regional report; Country Researchers: Justine Lam for Hong Kong, Grace Huang for Taiwan, Peng Choi for South Korea, Wardah Hafidz for Indonesia, Francine Dieckmann for Thailand, Liva Sreedharan for Malaysia, Alladin Esteban Diega for the Philippines, Sokunnara Thlen for Cambodia, Kamya Singh for India, Rangraja Shyamali for Sri Lanka, Bina Devi Rai for Nepal, Md. Habibur Rahman for Bangladesh.

We would also like to thank Saleha Shah, Amna Khan and Myrah Nerine of Oxfam Asia who have been working closely with the IDWF in developing and revising the reports.

The IDWF would like to thank the domestic workers and the Domestic Workers Organisations who shared their inputs in the reports, listed below:

Domestic Caretakers Union, Taiwan (DCU), Taiwan; Federation of Asian Domestic Workers (FADWU), Hong Kong; National House Managers Cooperative (NHMC), South Korea; Korean Domestic Workers Union (KDWU), South Korea; Asosasyon ng mga Makabayang Manggagawang Pilipino Overseas (AMMPO), Malaysia; Persatuan Pekerja Rumah Tangga Indonesian Migran (PERTIMIG), Malaysia; Home Workers Trade Union of Nepal (HUN), Nepal; United Domestic Workers of the Philippines (UNITED), Philippines; Domestic Workers Union (DWU), Sri Lanka; Protect Union, Sri Lanka; Network of Domestic Workers in Thailand (NDWT), Thailand; National Domestic Women Workers Union (NDWWU), Bangladesh; Independent Democratic Association of Informal Economy (IDEA), Cambodia; Association of Domestic Workers (ADW), Cambodia; National Domestic Workers Federation (NDWF), India; Self Employed Women's Association (SEWA), India; Gharelu Kaamgar Sangathan, Gurgaon (GKS), India; Gharelu Kamgar Panchayat Sangam (GKPS), India; Jaringan Nasional Advokasi Pekerja Rumah Tangga (JALAPRT), Indonesia



A DOMESTIC WORKER WASHING CLOTHES BY HAND AT KATHMANDU, NEPAL

TRENDS OBSERVED IN CARE POLICY MAPPING:

- 1 Societies are ageing and old age dependency across the region is increasing8
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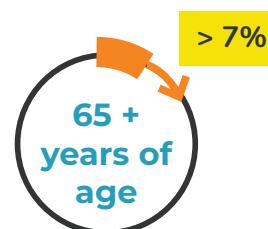
Regional Trends Observed in the Care Policy Mapping Reports of 12 countries in Asia:

An initiative by IDWF

1

Societies are aging and old age dependency across the region is increasing.

Definition of ageing: Countries with more than 7% of the population reaching the age of 65 and above



Out of the 12 countries studied:

- Hong Kong, Indonesia, Malaysia, South Korea, Sri Lanka, Taiwan and Thailand are ageing or aged societies by the above definition
- The remaining five economies (Bangladesh, India, Cambodia, Nepal and Philippines) with populations aged 65 and above constituting between 5.4% to 6.93% of the total population, are also nearing the threshold of becoming “ageing societies”

2

Lack of policy drive to bring care work into the public.

Government policies prioritize home-based care over institutional care



For example, in terms of mentions in laws or policies,

- The 1987 Constitution of the **Philippines** states that “family has the duty to care for its elderly members”
- The Maintenance of Parents Act 2013 in **Bangladesh**, the Senior Citizens Act 2063 in **Nepal**, and the Rights of Elders Act (No. 9 of 2000) in **Sri Lanka** have similar provisions that all emphasise children’s duty to look after their elderly parents or grandparents

Most care policies target the unpaid woman caregiver, reinforcing the notion that care work should stay at home:

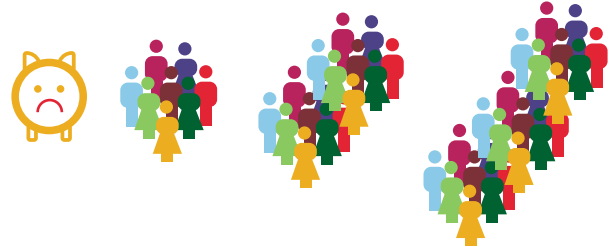
- **Hong Kong** has living allowances for family caregivers.
- **Malaysia** has:
 - Housewives’ Social Security Scheme, administered by the Social Security Organisation (SOCSO) to include “housewives” into the social security scheme; and
 - Retirement Savings Fund for women

- **South Korea** has cash benefits for family caregivers.
- **Taiwan** has allowances for family carers of elderly persons or people with disabilities.

3

State-provided/funded and community-based care services

Severely inadequate to meet the growing demand for care

**Limited coverage of public long-term care for older people**

- Public Care Facilities in **Malaysia** are estimated to cover only 0.4% of older persons with functional limitations for activities of daily living (ADL).
- Data from **Hong Kong** shows long waiting times for 23-40 months for subsidised residential care services in 2022.

Community-based care for older people is still largely underdeveloped

- **Cambodia's** Community-based Older People Development Programme and Family-based Care for Older People Programme have resulted in the creation of 1,646 Older People's Associations across the country, which provide a range of social and welfare services; however, nearly half were found to be inactive.
- In **Thailand**, the extent and quality of community-based services vary greatly across communities, with each volunteer responsible for 60-80 people and working alongside 5-10 other volunteers to cover a whole community.

Lack of accessible and quality child-care services

Public childcare services are also severely inadequate in:

- **Bangladesh**, due to the lack of government-subsidised day care services, with only 32 government-run day care centres across the country.
- **Thailand**, due to the lack of government-assisted options for infants and children up to the age of 3.
- **Indonesia** and **Philippines**, due to low enrolment rate in pre-school education — only 45.6% in Indonesia; and less than half of the children aged 0-6 in the Philippines are enrolled in childcare, kindergarten or Grade 1.

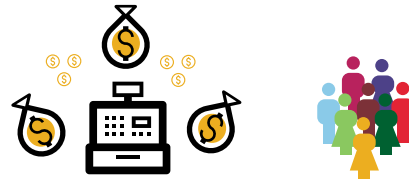
4

Very limited data on disability care and policies

5

Care services in the private market

Quality varies and too expensive for most people



For example,

- Private nursing homes in the **Philippines** charge individual clients between PHP35,000 to PHP 50,000 a month, way beyond the PHP 22,000 average monthly earning of a typical Filipino household of five persons.
- Private day-care services in **Cambodia** cost approximately USD100 per month per child, which are unaffordable to most garment factory workers.
- In **Hong Kong**, many private homes barely meet the statutory minimum requirements for spacing and staff provision, resulting in poor service quality even if the cost is affordable to middle-income families.

6

Family-friendly welfare and labour policies are generally lacking

- In countries where high proportions of the working population engage in informal and precarious employment, such as **India** (93%), **Nepal** (84.6%), and **Sri Lanka** (58%), the majority of workers do not enjoy any of the family-friendly welfare and labour policies set out in the law.



MATERNITY LEAVE

Taiwan — 8 weeks

India — 26 weeks



PATERNITY LEAVE

Indonesia — 2 days

South Korea — 10 days

- Most countries have a disparity in maternity and paternity leave entitlements, with maternity leaves being of significantly longer durations [8 weeks (**Taiwan**) to 26 weeks (**India**) than paternity leaves 2 days (**Indonesia**), for non-government employees, to 10 days (**South Korea**)].

This reinforces the gendered roles that women and men play in childcare, and maintains gendered notions of the “male breadwinner” and “female caregiver”.

Some countries (**Bangladesh, Cambodia, and India**) have no paternity leaves at all.

7

With the push to retain care at the household level and increased labour force participation rate of women, the care burden is being shifted to underpaid informal workers who can work in the households.

Underpaid informal workers increasingly providing care

- **Bangladesh** at least 1.3 million households
- **India** at least 50 million households
- **Thailand** estimated 1.22 million households (2018 study)
- **Malaysia** employs over 90,000 migrant domestic workers (constituting 93.6% of all domestic workers) and a large number of undocumented migrant domestic workers

8

Yet domestic workers have little to no recognition as care workers in these contexts

Domestic workers are mostly women



For example, 83% of the domestic workers in **Bangladesh**, over 80% in **Cambodia**, and 75.5% in **Indonesia** are women, whereas **Malaysia's** immigration regulations specify that only women can be employed as migrant domestic workers.

Based on the ILO 5R framework, domestic workers face:

LACK OF RECOGNITION OF DOMESTIC WORK AS REAL WORK

Exclusion from national labour laws & denial of full labour rights

- **Bangladesh:** Domestic workers are excluded from the Labour Act 2006. Although the Domestic Workers Protections and Welfare Policy 2015 provides guidelines to enhance protections for domestic workers, including requirements for employers of domestic workers to follow the Labour Act 2006, the policy is not legally binding. Violation of the Labour Act 2006 therefore has no legal consequence for employers of domestic workers.
- **Cambodia:** The Cambodian Labour Code largely excludes domestic workers from its regulations. Despite the introduction of a new regulation, Prakas No. 235 on Working Conditions for Domestic Workers, domestic workers are still excluded from key provisions under the Labour Code on working hours and minimum wage.

LACK OF RECOGNITION AND REWARD FOR THE VALUE OF DOMESTIC CARE WORK

Laws and policies dedicated to the protection of domestic workers: lack binding power, or reinforce the undervaluation of domestic work

- **India:** Progress varies across states within India. Leading the country is Kerala, which is amongst the first states to recognise domestic workers in its minimum wage legislation. However, the minimum wage is currently set at Rs. 275 for an 8-hour workday, which is way below the standard (around Rs. 600) for other sectors.

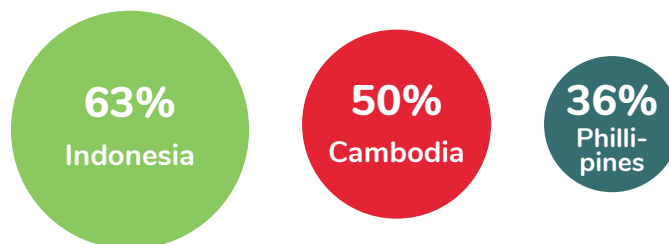
- **Indonesia:** The Minister of Labour of Republic of Indonesia No. 2 of 2015 on the Protection of Domestic Workers does not stipulate working hours, overtime compensation, sickness protections, or coverage by health insurance and public pension. The domestic workers protection bill (RUU PPRT) was first introduced in the House of Representatives in 2010, but it is yet to be tabled for discussion. It was decided that the bill will be part of the 2025 priorities on national legislation by the House of Representatives. What happens in the next session of the parliament remains to be seen.

NO REDUCTION OF WORKLOAD AND WORKING HOURS, WORSENER BY A GENERAL LACK OF LABOUR INSPECTION, AND SICKNESS AND OCCUPATIONAL SAFETY-RELATED PROTECTIONS

Lack of regulation on minimum work conditions and scope of work

- Without formal contracts, domestic workers do not have their scope of work and employment rights clearly defined. Many domestic workers in the region do not have written employment contracts, especially in **Bangladesh, Cambodia, Indonesia, Nepal, the Philippines, and Sri Lanka**.
- The heavy workload is reflected in the long working hours and denial of rest days widely reported across the region. 63% of domestic workers in **Indonesia**, nearly 50% of those in **Cambodia**, and 36% of live-in domestic workers in the **Philippines** work 7 days a week.

WORKING 7 DAYS A WEEK



LACK OF REWARD FOR THE VALUE OF DOMESTIC WORK

Lower pay than other workers: no equal pay for equal work

- In **Indonesia**, generally the salary of domestic workers is only 20-30% of the regional minimum wage.
- In the **Philippines**, the average monthly salary of domestic workers is PHP4,141, which is way below the PHP15,200 minimum wage for regular workers in **Metro Manila**.

LACK OF RECOGNITION OF DOMESTIC WORKERS' CARE NEEDS

Lack of social security protections

- In **Nepal**, the government extended coverage of the Social Security Fund (which includes medical health care, accidents and disability, dependent family and old age protection) to informal workers including domestic workers. However, participation in the scheme requires a contribution of 20.37% of the worker's basic monthly salary, while the burden falls solely on the worker as the government's contribution of 9.37% is not guaranteed.

- In **Malaysia**, under SOCSO, migrant domestic workers are only eligible for the Employment Injury Scheme and excluded from the Invalidity Scheme and Employment Insurance Scheme.

LITTLE OR NO RECOGNITION OF DOMESTIC WORKERS' ACCUMULATION OF SKILLS AND EXPERIENCE

- There is no wage structure or system that recognises domestic workers' accumulation of skills and experience in any of the economies examined. **Taiwan** is the only exception with some form of recognition: migrant domestic caretakers who have worked in Taiwan for over 6 years can be recognised as "intermediate skilled domestic caretakers" and will no longer be subjected to any limits on the number of years they can work in Taiwan.

LACK OF REPRESENTATION IN THE CARE AGENDA

Domestic workers' rights to freedom of association, collective bargaining, and collective action are largely restricted.

- In **Bangladesh**, since the national labour laws specifically exclude domestic workers from coverage, domestic workers have no legal right to form trade unions and engage in collective bargaining.
- Domestic workers can form and participate in trade unions in **Hong Kong, India, Nepal, the Philippines, South Korea, Indonesia and Taiwan**.

However, governments rarely or never consult domestic worker trade unions and representatives in policy dialogues relating to care.



A NEPALESE DOMESTIC WORKER TAKING CARE OF AN ELDERLY PERSON IN NEPAL

Care Policy Mapping Factsheets

COUNTRY	PAGE RANGE	
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CARE POLICY MAPPING FACTSHEET

BANGLADESH



1 Growing Care Needs

- The percentage of the population being older people (over 65) was 5.89% in 2022, and this ratio was 4.74% in 2011. Furthermore, it is predicted to reach 11.9% in 2035 and 17.0% in 2050.
- The percentage of the population being people with disabilities is 1.43% in 2022, whereas it was 1.41% in 2011.
- The percentage of the population being children aged between 0-14 years is 28.61% of the total population in 2022, where it was 34.64% in 2011.
- Analyzing the current report of the Bangladesh Bureau of Statistics, 2022 it is found that the dependency ratio at the national level is 52.64%, 56.09% in rural areas, and 45.63% in urban areas; according to World Bank, the age dependency ratio was reported at 47.67 % in 2021.

2 Care Policies and Infrastructure

Overall summary of the national policy on care :

Types of Intervention	Instruments of Care Provision
Monetary benefits	Elderly allowance, maternity allowance, widow allowance, allowance for people with disabilities, financial support for people with serious diseases like cancer, kidney, liver cirrhosis, and other patients etc.
Direct provision of services/benefits in kind	Public and private care centers for elderly Public and private child care centers
Employment related measures	Legal protections against dismissal during pregnancy
Incentives to encourage market provision of care services or through care migration	None
Social protection schemes	None

Salient features of the current care policies and infrastructure

- The Domestic Workers Protection and Welfare Policy (DWPWP) of 2015 outlines several welfare benefits for domestic workers. These include the right to monetary support from employers when sick, and four months of paid maternity leave. It also identifies domestic workers' rights to standard wage, rest, and leisure time.
- The care policies highlight the responsibility of family care.
- There is a general lack of government care services and a long waiting time for those that are available.

2.1 Childcare policies

Types of childcare services	Key features (including: who can access these services?)
Workplace childcare centres	In every establishment, where 40 (forty) or more female workers are ordinarily employed, one or more suitable rooms shall be provided and maintained for the use of their children who are under the age of 6 (six) years. According to the 1995 labor laws, an organization employing 25 or more women has to set up day-care centres.
Publicly-funded/ operated childcare centres	Across the country, the government is running 32-day care centres, and 12 in Dhaka, the capital city.
Community-based childcare centres	12 day-care centres are run by NGOs.
Private, for-profit childcare centres	None
Home-based childcare services	Provided by domestic workers.

Key features of the existing childcare services / policies:

- There are insufficient government-subsided center-based day-care services.
- In the available government subsidized day-care centers, there is:
 - o Lack of proper environment
 - o Lack of sufficient caregivers
 - o Lack of trained nurses
 - o Lack of cleanliness
 - o Lack of adequate rooms
- A maternity-based allowance and widows' allowance is provided under the National Security Strategy 2015.

2.2 Care policies for older people with care needs

Support for older people with care needs includes 3 main categories: public, private and home based.

Types of aged care services	Key features
Publicly-funded/ operated aged care institutions or Community based care aged care services	There are 6 old-age homes, under the social-welfare ministry.
Private, for-profit aged care institutions	No data
Home-based aged care services	Most elderly people have special care at home provided by family members without payment; some receive care services from domestic workers with or without payment or reward.

Key features of the existing aged care services / policies:

- Bangladesh's National Policy for Older Persons, 2013, aims to ensure elderly dignity, address their problems, shift public attitude, and implement programs for their needs. However, these programs are largely insufficient for the care needs of older people.
- The Maintenance of Parents Act, 2013, ensures the safety, social security, and rights of elderly people. It mandates that children, or grandchildren in their absence, provide maintenance and care for their parents and grandparents, placing the responsibility on family.
- Elderly and widow allowance is provided under the National Security Strategy 2015.

2.3 Care-related social protection & employment policies

List of existing protections/ policies (or lack thereof)

- Despite the Domestic Workers Protection and Welfare Policy, 2015 and the Labour Act 2006 stipulating 16 weeks of paid maternity leave (8 weeks before and 8 weeks after delivery), most domestic workers are denied this entitlement, often receiving unpaid or no leave.
- Provisions for paternity leave are absent in the labour act of Bangladesh.
- There are no exact provisions on flexible working hours that cater to workers' care responsibilities.
- According to the Muslim Family Laws Ordinance 1961, there are also legal protections against dismissal during pregnancy, which is for the protection of the woman and the child.

3 People in Care

	Care workers employed in the formal sector	Community-based care workers or volunteers	Domestic workers	Unpaid family caregivers
Who are they?	Care workers working in public elder care and childcare services	No data	The number of domestic workers is 1.3 million which is accounting for around 0.8% of the total labour force of Bangladesh. Out of the total domestic worker population, 420,000 are children and 83% are female.	Mostly the women caregivers in the family such as daughters, wives, mothers.
Working hours	Excluded from standard working time due to no law in place	No data	Domestic workers in Bangladesh are working 79 hours a week with no protections under the labour law.	Women spend 7.3x more time on unpaid care work than men. Women spend 5.9 hours per day on unpaid care and domestic work, while men spend only 0.8 hours per day.
Wages	Wages depend on type of work performed	No data	Domestic workers in Bangladesh earn significantly less than other workers. Approximately 80% of domestic workers earn around BDT 5,000 per month (USD 59) for a 40-hour work week, while the national minimum wage for other workers has been increased to BDT 8,000 (USD 94) monthly.	No wages
Access to social protection	None	No data	In the Domestic Workers Protection and Welfare Policy 2015, it is mentioned that when domestic workers will be sick, they have the right to access welfare benefits, for instance, monetary support from employers, and four months of maternity leave with pay.	None
Representation in policy dialogues on care	None	No data	None, as domestic workers cannot form or register unions.	None

4 The Situation of Domestic Workers

Analysis of care policies and the situation of domestic workers in Bangladesh compared with the ILO 5R Framework for Decent Care Work:

4.1 Recognition in the care agenda

- Bangladesh's Labour Law of 2006 and its care agendas do not explicitly mention domestic workers or care workers. This is because the concepts of "care workers" or "caregivers" are relatively new in Bangladesh.
- The Domestic Workers Protection and Welfare Policy (DWPWP) of 2015 outlines several welfare benefits for domestic workers. These include the right to monetary support from employers when sick, and four months of paid maternity leave. It also identifies domestic workers' rights to standard wage, rest, and leisure time. However, in reality, as the policy is non-enforceable, they remain only on paper.
- Domestic workers' and care workers' care needs are not recognized in Bangladesh, although domestic workers are entitled to maternity leave under the DWPWP.
- There is also no skill recognition policy for skills acquired through training or experience for domestic workers.
- There is no access to formal contracts specifying working conditions.

4.2 Redistribution between households and institutions

- In Bangladesh, the responsibility of care has traditionally rested with families. The care burden is also borne by families due to the lack of proper policies and government-subsidised community care, household care services, proper child care services etc. However, this burden has now largely shifted to domestic workers.

4.3 Reduction of care burden and working hours

- Bangladesh's labor laws do not specify daily working hours, rest periods, or leave for domestic workers. Consequently, the standard maximum of 8 hours of work per day is not applied to domestic workers.
- Domestic workers have to work nearly 79 hours weekly in Bangladesh with no overtime benefits. Child domestic workers often endure excessively long hours, averaging 15.5 hours daily, with some working up to 20 hours per day.
- Domestic workers do not have the right to weekly days off, annual leave, and holidays for cultural and religious festivals.

- About 53.3% of domestic workers surveyed did not get their salary on time and approximately 28.3% responded that their employers pay their salary by combining multiple months' wages in a single payment.

4.4 Reward for excessive care responsibilities, overtime, or accumulation of skills / experience

- Only 15% of domestic workers earned more than Tk. 5,000 monthly (approximately \$59), which indicates that the rest of 85% workers are living below the poverty line.
- Domestic workers often receive significantly lower wages compared to other care workers performing similar tasks. A study revealed that approximately 80% of domestic workers earned less than their counterparts, typically around BDT 5,000 per month (USD 59) for a 40-hour work week. This stands in stark contrast to Bangladesh's minimum wage for other workers, which was raised to BDT 8,000 (USD 94) monthly.
- Domestic workers have access to social protections such as pension, health insurance, employment insurance, etc.
- When unwell, only 7% of workers sought treatment at a doctor or local family health clinic. A significant 60% of employers deducted medical costs from their employees' wages. In light of this, it was unsurprising to find that 67% of workers who visited a health facility had to take out loans to cover their or their family members' healthcare expenses.

4.5 Representation in Policy Dialogues on Care

- Domestic workers are unable to register a trade union, because they are not covered under labour laws.
- Policy makers and the responsible government do not directly consult with domestic workers when establishing care-related policy.

CARE POLICY MAPPING FACTSHEET

CAMBODIA



1 Growing Care Needs

Total Population (2019 Census): 15,552,211

- Males: 7,571,837
- Females: 7,980,374

Total Fertility Rate (2021-2022):

- 2.4 children per woman

Increase in Life Expectancy (2008 to 2019):

- Men: From 60.81 years to 74.3 years
- Women: From 63.66 years to 76.8 years

Population Aged 60 or Older:

- 2019: 8.86%
- Projected for 2030: 12.65%
- Projected for 2040: 16.11%

Children Under 15 Years Old:

- 2019: 29.39%
- Projected for 2030: 24.54%
- Projected for 2040: 19.80%

Individuals Aged 5 and Above with Disabilities (2019):

- 4.89%

Overall Dependency Ratio (Aged 0-14 & Aged 60+):

- 2019: 61.96%
- Projected for 2040: 56.04%
- Projected for 2050: 62.98%

Young Age Dependency Ratio (Aged 0-14):

- 2019: 47.60%
- Projected for 2050: 25.22%

Old Age Dependency Ratio (Aged 60+):

- 2019: 14.36%
- Projected for 2050: 37.76%

2 Care Policies and Infrastructure

2.1 Care Infrastructure in Cambodia

- In Cambodia, unpaid care work (childcare, eldercare, care for people with disabilities, household duties) is mainly the responsibility of women (ILO, 2024).
- Cultural expectations limit women's participation in paid employment, despite some progress in workforce integration (ESCAP, 2022).
- Many women face the dual burden of managing care duties at home while working outside, making it hard to balance both roles (ESCAP, 2022).
- Care infrastructure relies heavily on families, with limited government-subsidized services, long waiting times, and a lack of community-based care options.
- There is a shortage of care providers, especially in residential homes for older people and those with disabilities.
- NGOs, private sector players, international donors and family members are key in providing care services.
- The government, led by the Ministry of Women's Affairs (MoWA), is developing a national action plan focusing on care infrastructure, social protection, services, and employment (MoWA, 2024).

2.2 Childcare Policies and Services

National Policies and Action Plans:

- National Policy on Early Childhood Care and Development (2010) focuses on maternal care, child health, nutrition, early learning, and caregiver education (Royal Government of Cambodia, 2010).
- National Action Plans for Early Childhood Care and Development (2014-2018, 2022-2026) emphasize comprehensive care, nutrition, health, early learning, safety, and responsive care for children from conception to six years (National Committee for Early Childhood Care and Development, 2014, 2022).
- Policy on Alternative Care for Children (2024) aims to protect vulnerable children outside traditional family settings, promote family-based care, and reduce reliance on institutional care (MoSVY, 2024).

Community-Based Initiatives:

- The Ministry of Women's Affairs (MoWA) launched a daycare model for civil servants in 2016, encouraging similar initiatives in other ministries (MoWA, 2016).

Support for Childcare in Garment Factories:

- Development partners, including the World Bank and Japan Social Development Fund, funded 22 childcare centers for garment workers' children to support female employees (World Bank, 2020).

In 2017, Cambodia had 639 residential care facilities (MoWA).

- 406 Residential care institutions
- 25 Emergency homes
- 71 Group homes
- 65 Faith-based care centers
- 72 Boarding schools

2.3 Care Policies and Services for Older Adults with Care Needs

Policies for Aging Population:

- **National Healthcare Policy and Strategy for Older People (2016)** promotes healthy aging through a multisectoral approach (Ministry of Health, 2016).
- **National Aging Policy (2017-2030)** focuses on social welfare, healthcare, and inclusion, particularly addressing the needs of older women (MoSVY, 2017a).
- **Action Plan 2018-2020 implements the National Aging Policy (2017-2030)**, emphasizing financial security, health, active aging, and emergency preparedness (MoSVY, 2017b).

Community and Family-Based Programs:

- Community-based Older People Development Programme promotes health, social engagement, and economic opportunities.
- Family-based Care for Older People Programme supports caregivers with training, home-based care, and financial assistance (MoSVY, 2023a).

Older People's Associations (OPAs):

- In 2018, OPAs provide social and welfare services, especially for women. 1,646 OPAs exist, with 937 active (MoSVY, 2021).

Collaborative Initiatives:

- UNDP Cambodia, HelpAge Cambodia, and MoSVY developed intergenerational and multifunctional elderly associations across nine provinces (MoSVY, 2023a).
- **UNDP Cambodia's Initiative for Aging in Cambodia:** Supported by Australia, Korea, and Luxembourg, the Intergenerational Self-Help Club (ISHC) model links religious institutions and Older People Associations (OPAs) to promote healthy aging through community-based activities in seven provinces, leveraging Cambodia's 5,104 pagodas for sustainable elderly support (UNDP Cambodia, 2023).

Financial Dependency:

- Elderly care in Cambodia is largely funded by international partners, with limited internal financial resources.

2.4 Care-Related Social Protections

- **IDPoor System:** Cambodia's national mechanism for identifying impoverished households eligible for social assistance; categories: Poor Level 1, Poor Level 2, At-risk, and Non-poor (Ministry of Planning, 2024). Benefits for Households: Households with Equity Cards receive free healthcare, school scholarships, cash payments, and subsidies.
- **National Social Protection Framework (2016-2025):** Offers non-contributory and contributory support to vulnerable groups, including pensions and unemployment benefits (Royal Government of Cambodia, 2017).
- **Law on Social Security Schemes (2019):** Covers public and private sector employees, including domestic workers, and details pension, healthcare, and unemployment schemes (Royal Government of Cambodia, 2019).
- **National Social Assistance Programme for Family Package (2023):** Provides monthly allowances for vulnerable families with IDPoor cards (MoSVY, 2023b).
 - o **Basic Allowance:** 34,000 Riel/month, with additional support for specific groups.
 - o **Pregnant Women Benefits:** 80,000 Riel per check-up and 400,000 Riel after birth.
 - o **Impact:** As of January 2024, the program supported 710,000 households, distributing over \$1.3 billion (Phnom Penh Post, 2024).

2.5 Family-Friendly Workplace Policies

Cambodia Labour Law (1997):

- **Maternity Leave:** Articles 182 and 183 grant 90 days at half pay; protection from dismissal due to pregnancy (Ministry of Labour, 1997a). However, the law does not provide for paternity leave, although it allows employees to take up to seven days of special leave for childbirth.
- **Special Leave:** Article 171 allows special leave for family-related issues; specifics on duration or payment are not detailed.
- **Daycare Requirements:** Article 186 mandates on-site daycare or cost coverage for employers with 100+ women; Articles 219 and 220 require nurseries near plantations (Ministry of Labour, 1997b).

Challenges in Compliance:

- Limited data on employer adherence to daycare and nursery provisions.
- Enforcement difficulties in small businesses and informal sectors due to low oversight.
- Some large companies provide on-site childcare or financial support for children’s care.

Data Gaps:

- Insufficient research on compliance with legal standards; targeted surveys are needed for better understanding.

3 People in Care

Care Workers in the Formal Sector	<ul style="list-style-type: none">• No public daycare services; limited functional daycare centers in factories.• Kindergartens offer more affordable care but are sparse; private daycare costs around \$100/month, unaffordable for many garment workers (World Bank Group & Planète, Enfants & Développement, 2021).• No care centers for older people; no data on formal sector care workers.
Community-Based Care Workers/Volunteers	<ul style="list-style-type: none">• Lack of data on numbers; some agencies promote community childcare centers and Older People’s Associations (OPAs).
Domestic Workers	<ul style="list-style-type: none">• Approximately 240,000 domestic workers, mostly women (OXFAM, 2024).• Many work long hours with low pay; 60% earn under \$50/month (Khmer Times, 2017).• Domestic workers earn less than garment workers, who make \$202-204/month (MoLVT, 2023).
Unpaid Family Caregivers	<ul style="list-style-type: none">• 95% of Cambodian women engage in childcare, limiting employment opportunities (ADB, 2023).• Calls for increased male involvement in childcare and more childcare centers for working mothers.

4 The Situation of Domestic Workers

Role and Status of Domestic Workers in Cambodia:

- Domestic workers perform tasks like childcare, eldercare, and housekeeping; over 80% are women due to cultural norms (OXFAM, 2019; ADB, 2023).
- Many face low wages, unstable jobs, and exploitative conditions. Most come from rural areas, moving to urban centers to support their families (UN Women, 2015; Bou & Paul, 2021).

Labor Law Exclusions and Protections:

- Cambodian Labour Code largely excludes domestic workers from protections like working hours, rest days, and minimum wages (UN Women, 2015).

4.1 Recognition in the Care Agenda

- Prakas No. 235 (2018) sets minimum age, written contracts, and NSSF registration for domestic workers but lacks enforcement on working hours and minimum wage (MoLVT, 2018).
- **Social Security Coverage:** NSSF provides pensions, health, injury, and disability insurance but is limited for domestic workers (Royal Government of Cambodia, 2017).
- **Gaps in Protection:** No standardized contracts, wage standards, or paid leave; long hours persist.
- **Need for Reforms:** Urgent need for better legal protections and social security coverage.

4.2 Redistribution Between Households and Institutions

- Families face a heavy care burden in Cambodia due to limited subsidized community care, residential care, and childcare options, alongside a lack of family-friendly workplace policies.

4.3 Reduction of Care Burden and Working Hours

- **Lack of Standardized Hours:** Prakas No. 235 does not regulate domestic workers' working hours.
- **Long Workdays:** Workers often work from 6 a.m. to 8 p.m. or longer.
- **Health Risks:** Chronic fatigue, stress, and weakened immunity due to lack of rest.
- **Need for Protections:** Stronger legal safeguards are urgently needed.

4.4 Reward for Excessive Care Responsibilities, Overtime, or Accumulation of Skills/Experience

- **Lack of Protections:** Domestic workers lack social security benefits and labor protections.
- **Insufficient Enforcement:** Poor enforcement of existing laws results in deprivation of medical, disability, and maternity benefits.
- **Low Wages:** No minimum wage, overtime pay, or salary increases.

4.5 Representation in Policy Dialogues on Care

- **Advocacy Groups:** IDEA and ADW push for union inclusion of domestic workers.
- **Dialogue and Rights:** Coordinated efforts with government and employers to secure better rights and social protection.

CARE POLICY MAPPING FACTSHEET

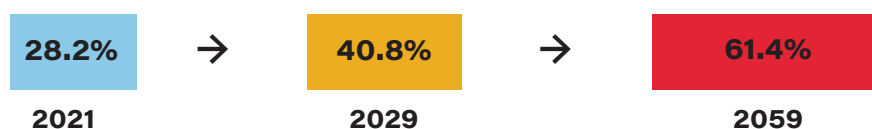
HONG KONG



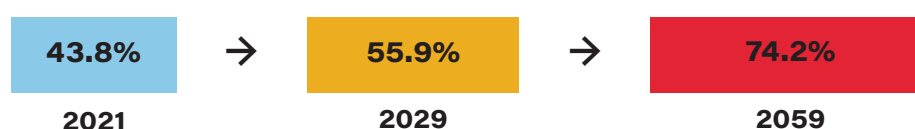
1 Growing Care Needs

	Children	Elderly	People with disabilities	People with chronic diseases
Number in 2020 / 2021	228,994 in 2021	1,451,514 in 2021	534,200 in 2020	1,799,100 in 2020
% of Hong Kong's total population in 2020 / 2021	3.09% in 2021	19.58% in 2021	7.1% in 2020	24.1% in 2020

Elderly dependency ratio¹:



Overall dependency ratio²:



2 Care Policies and Infrastructure

Salient features of the current policies and infrastructure:

- Emphasis on the family's care responsibility
- Shortage and long waiting time of government-subsidised care services
- Lagging development of community care services³
- Constant shortage of manpower in residential care homes

1 Elderly dependency ratio is the percentage calculated by the number of persons aged 65 or above per 1,000 persons aged between 15-64 (MDWs included).

2 Overall dependency ratio is the percentage calculated by the number of persons aged under 15 and aged 65 or above per 1,000 persons aged between 15-64 (MDWs included).

3 Community care services in Hong Kong refer broadly to a spectrum of support services for older people and people with disabilities who reside at home and their caregivers, such as personal care, housekeeping and meal delivery services, rehabilitation, counselling, day respite services and carer support, etc. Service providers are largely non-governmental organisations receiving government funding for the provision of such services.

3 Care policies for older people with care needs

Key principle underpinning elderly care policies: “ageing in place as the core, institutional care as back-up”

Support for older people with care needs includes 3 main categories:

Government-subsidised residential & community care services

- Available only to elderly people with moderate or severe physical impairments
- Long waiting time:
 - **5-6 months** for community care services
 - **Up to 40 months** for residential care services

Private care homes

(accounted for 60 % of the total residential care homes in 2021)

- Lack of space
- Short of manpower
- Lack of government inspection
- Service quality varies, often substandard

Elderly care at home by unpaid family caregivers / domestic workers

Unpaid caregivers and domestic workers bear most of the elderly care responsibilities in Hong Kong, given the shortage and low accessibility of both government-subsidised community, and residential care services

3.1 Childcare policies

Universal childcare

- Public expenditure on pre-primary education services = **0.26% of the GDP** in 2017-18
- Focus primarily on supporting low-income families
- Government-subsidised centre-based day-care services:
 - Very limited capacity
 - Service hours lack flexibility to meet the needs of working parents
- Utilisation rate of community childcare services: below 10%
- Heavy reliance on domestic workers (**46.6%**), private centre-based services (35.7%), and unpaid care by family members (35.2%) based on a study conducted in 2015-2016

3.2 Family-friendly workplace policies

- ✓ 14-week paid maternity leave & 5-day paid paternity leave for eligible employees (paid at the same rate of 80% of employee's usual wages)
- ✓ Legislations against dismissal during pregnancy, sex / breastfeeding / pregnancy / family status discrimination
- ✗ Legislation on standard working hours
- ✗ Public policies on flexible working hours / arrangements to cater for family care responsibilities
- ✗ Public policies on on-site childcare, or childcare near the workplace

3.3 Support for caregivers

*Support and benefits target unpaid caregivers & exclude care workers

- ✓ Living allowance for unpaid carers of elderly persons and persons with disabilities
 - Monthly allowance of HK\$2,400
 - Inaccessible to most caregivers due to strict eligibility criteria and limits on the numbers of recipients
- ✓ Respite care services, but inadequate and difficult to access
- ✗ Public pension for unpaid caregivers and domestic workers

4 People in the Care Sector

Unpaid Family Caregivers	Domestic Workers	Care Workers in Residential Care Homes
389,600 providing home care to family members or relatives with disabilities & chronic diseases in 2020	355,700 hired by households in 2019-2020, including 339,451 migrant domestic workers at the end of 2021	35,558 working in residential care homes in 2022
<ul style="list-style-type: none"> • 59.1% did not have a job • 13.7% quit their job because of their care responsibilities • 25% providing care for over 60 hours per week 	<ul style="list-style-type: none"> • Nearly all local domestic workers are hired as part-time employees, while all migrant domestic workers are full-time • In 2019-2020, providing care work for: <ul style="list-style-type: none"> • 32.5% of households with children under 13 • 11.9% of households with elderly persons aged 60/ above • 26.2% of persons with disabilities / chronic diseases who resided at home and needed personal care support • Working hours: over 13 hours per day / 78 hours per week in 2017 • Median wages in 2019-2020: <ul style="list-style-type: none"> • Part-time domestic workers: HK\$82 per hour • Migrant domestic workers: HK\$4,500 per month 	<ul style="list-style-type: none"> • Median monthly salary in 2022: HK\$14,150 • Salary depends on work nature: Personal care workers earn more than "support attendants" • Median working hours in 2018 (in elderly homes): 54 hours per week

5 The Situation of Domestic Workers

Analysis of Hong Kong's care policies and the situation of domestic workers with reference to the ILO 5R Framework:

5.1 Recognition in the care agenda

- The rights and well-being of domestic workers are absent from Hong Kong's care agenda
- Domestic workers are excluded from:
 - General minimum wage protection if residing with employer (while living-in is mandatory for migrant domestic workers)
 - Protections under the Occupational Safety and Health Ordinance
 - Mandatory pension scheme
 - Social benefits for caregivers
- Care needs of domestic workers are not recognised: not afforded sickness protections in practice, migrant domestic workers are denied affordable public healthcare once out of employment

5.2 Redistribution between households and institutions

- Heavy care burden borne by families due to the shortage of government-subsidised community care, subsidised residential care services, universal and affordable childcare, and family-friendly workplace policies
- Many families outsource their care burden to migrant domestic workers who are paid around HK\$4,500 per month; nearly 90% hiring one domestic worker, which echoes union members' experience that employers tend to shift all care responsibilities of the family to one domestic worker

5.3 Reduction of care burden and working hours

- No legislation on standard working hours
- Research conducted by CUHK shows 70.6% live-in migrant domestic workers working over 13 hours per day
- Live-in requirement for migrant domestic workers worsens working conditions
 - Many are sleep deprived as they work around the clock to take care of young children, people with special needs, and sick or disabled elderly persons
 - Lack of rest due to care responsibilities on rest days & holidays (also because employers and their family members cannot handle the care work)

- Need community care support and respite care services for domestic workers

5.4 Reward for excessive care responsibilities, overtime, or accumulation of skills / experience

- Exclusion from statutory minimum wage protections
- No overtime compensation for care work undertaken on rest days / holidays
- Paid less than other care workers even if performing care work of the same nature (and more work)
- No system or policy for salary increase to account for accumulation of skills and experience of domestic workers

5.5 Representation in policy dialogues on care

- Labour unions and civil society groups with domestic workers' representation have never been consulted on care-related policies

CARE POLICY MAPPING FACTSHEET

INDIA



1 Growing Care Needs

Some important indicators are given in Table 1 below:

TABLE 1: GROWING CARE NEEDS OF THE POPULATION

	2021			2036		
Estimate	India	Delhi	Kerala	India	Delhi	Kerala
Life expectancy in years for males	69.4	73.5	73.5	71.2	74.5	74.5
Life expectancy in years for females	72.7	77.0	79.2	74.7	78.3	80.2
Total Fertility Rate	1.94	1.53	1.79	1.73	1.5	1.8
Children (under 15 years)	34,99,90,000 (25.7%)	44,78,000 (21.8%)	72,47,000 (20.4%)	30,63,74,000 (20.1%)	49,10,000 (18.5%)	65,53,000 (17.7%)
Elderly population (60 years and above)	13,75,70,000 (10.1%)	19,04,000 (9.3%)	58,53,000 (16.5%)	22,74,38,000 (14.9%)	37,77,000 (14.2%)	84,18,000 (22.8%)
Elderly population (65 years and above)	9,30,26,000 (6.8%)	12,51,000 (6.1%)	40,29,000 (11.4%)	15,64,65,000 (10.3%)	25,61,000 (9.6%)	61,95,000 (16.8%)
People with disabilities requiring care or assistance (2011)**	2,68,14,994 (2.21%)	2,34,882 (1.40%)	7,61,843 (2.28%)	No data	No data	No data
Total population	1,36,30,06,000	2,05,71,000	3,54,89,000	1,52,22,88,000	2,65,91,000	3,69,49,000
Care dependency ratio~	59.6	47.9	64.7	58.9	52.9	76.2

Sources:

1. Population Projections Report 2011-2036, MHFW
2. **Data from 2011 Census. No data on the disabled population in India is available after 2011 since no official census has been conducted since the last 2011 Census. <https://www.thehindu.com/news/national/no-accurate-count-of-population-of-persons-with-disabilities-says-parliamentary-panel/article67128970.ece>
3. ~Calculated by the author. Here, Care Dependency Ratio is defined as the number of “dependents” divided by the number of people aged between 15 years and 54 years (healthy life expectancy at 60 years minus 6 years of age) in concordance with ILO’s (2018) definition. “Dependents” is defined as children aged 0-14 years plus persons at or above the healthy life expectancy age (60 years).

2 Care Policies and Infrastructure

Some important indicators are given in Table 2 below:

TABLE 2: CARE POLICIES AND INFRASTRUCTURE IN INDIA

Types of Intervention	Instruments of Care Provision
Monetary benefits	Old age pension (IGNOAPS) Widow pension (IGNWPS) Disability pension (IGNDPS) Maternity Benefits (JSY and PMVVY) Aswasakiranam Scheme (Kerala)
Direct provision of services/benefits in kind	Disabled equipment scheme(?) Rashtriya Vayoshri Yojana Mid-day Meal Scheme Anganwadi Poshan 2.0 ASHA ANM National Creche Scheme for Children of Working Mothers Home for Widows Scheme
Employment related measures	MGNREGA
Incentives to encourage market provision of care services or through care migration	No data
Social Security Measures	Given in Section 2.3

2.1 Monetary Benefits

The Government of India started the National Social Assistance Programme (NSAP) in 1995 as a fully funded Centrally Sponsored Scheme for poor households with the aim of providing financial aid in the case of death, maternity or old age. The scheme is administered by the Ministry of Rural Development in both rural and urban areas and includes five sub-schemes as detailed below:

- **Indira Gandhi National Old Age Pension Scheme (IGNOAPS)**¹: Indian citizens aged 60 years and above and living below poverty line (BPL) are eligible for a monthly pension of INR 200 up to 79 years of age and INR 500 thereafter.
- **Indira Gandhi National Widow Pension Scheme (IGNWPS)**: Under this non-contributory pension scheme, widowed women aged 40 to 79 years from poor families (BPL) are eligible for a monthly pension of INR 300 up to 79 years of age and INR 500 thereafter.

1 Government of India, 2025. <https://www.myscheme.gov.in/schemes/nsap-ignoaps> (URL gated to domestic access)

- **Indira Gandhi National Disability Pension Scheme (IGNDPS):** This sub-scheme was launched in 2009 for persons with disability over 18 years of age belonging to BPL households and having a disability of 80 per cent or more. It pays a monthly pension of INR 300 between 18 to 79 years and INR 500 thereafter and covers physical and mental disabilities.
- **National Family Benefit Scheme (NFBS):** Financial assistance of INR 20,000 is provided to the surviving head/succeeding primary breadwinner of the BPL household in case of the death of the existing primary breadwinner (aged between 18 to 60 years) irrespective of the cause of death.
- **Annapurna Scheme:** A national scheme implemented by state governments, providing food grains free of cost to destitute senior citizens aged 65 and above. Eligible beneficiaries receive 10kg of rice every month.

Besides these, there are two maternity benefit schemes which provide cash assistance to pregnant women as given below:

- **Janani Suraksha Yojana (JSY):** Launched in 2005 under the National Health Mission, JSY focuses on safe motherhood and reducing maternal and neonatal mortality by promoting institutional deliveries amongst women from weaker socio-economic status families such as Scheduled Castes (SC), Scheduled Tribes (ST) and BPL families, especially in low performing states (LPS) in terms of institutional delivery rates.² It is a centrally sponsored scheme integrating cash assistance along with delivery and post-delivery care through Accredited Social Health Activist (ASHAs) who are community level care providers.

In LPS, all pregnant women delivering in government health centres or accredited private institutions irrespective of age and number of children are entitled to INR 1,400 in rural and INR 1,000 in urban areas. In High Performing States (HPS), cash assistance is limited at INR 700 and INR 600 in rural and urban areas, respectively. Additionally, BPL women preferring home deliveries are provided a cash assistance of INR 500. In 2018-19, over 10 million women benefited from JSY (10,596 in Delhi and 108,019 in Kerala). The total spending in the same period was INR 17.8 billion. JSY covers approximately 41 per cent of all pregnancies.³

² <https://pib.gov.in/PressReleasePage.aspx?PRID=1575157>

³ UN Fact Sheet - India

- b. **Pradhan Mantri Matru Vandana Yojana (PMMVY)**⁴: The Government of India adopted 'Mission Shakti' for the period of 2021-22 to 2025-26, an integrated women empowerment programme comprising two sub-schemes 'Sambal' and 'Samarthya'. PMMVY is a component of Samarthya sub-scheme with the objective of providing cash incentive for partial compensation for the wage loss to allow pregnant women to take adequate rest before and after the delivery of the first child, improving health seeking behaviour amongst pregnant women and lactating mothers and promoting positive behavioural change towards girl children by providing additional cash benefits if the second child is a girl.
 - i. PMMVY (all first time pregnant and lactating mothers except those receiving similar benefits, covers 2.5% of all pregnancies - 3 instalments amounting to 5,000 INR).
 - ii. Aswasakiranam Scheme (scheme aimed at providing financial aid to caregivers in Kerala)

2.2 Direct Provision of Services/Benefits in Kind

Rashtriya Vayoshri Yojana: The Government of India has recently launched the Rashtriya Vayoshri Yojana, a government scheme for senior citizens over the age of 60. This initiative is designed to help those senior citizens living in poverty lead a more comfortable and independent life by providing physical aids and assisted-living devices. This scheme specifically targets those who belong to the Below Poverty Line (BPL) category, granting them much needed access to the resources and products that can help them in their everyday lives.

In addition, the central government is funding this scheme entirely, making it a "central sector scheme." In order to avail themselves of the benefits of this scheme, a senior citizen must have a BPL card. This scheme helps support and sustain the livelihood of senior citizens who are living below the poverty line. Moreover, it furnishes them with the essential and appropriate assistance and tools to enhance their quality of life and empowers them to live with respect and autonomy. Overall, the Rashtriya Vayoshri Yojana is an excellent government scheme for senior citizens above the sr citizen age of 60 who are living below the poverty line. It is an excellent initiative taken by the government of India to ensure the well-being of its citizens and to empower them to live a comfortable and independent life.

4 Government of India, 2022. <https://pmmvy.wcd.gov.in/Content/assets/PDF/MissionShaktiGuidelines.pdf> (URL gated to domestic access)

2.3 Childcare Policies

TABLE 3: CHILDCARE POLICIES AND INFRASTRUCTURE IN INDIA

Types of Childcare Services	Key Features and Beneficiaries
Workplace childcare centres	Maternity Benefit Act
Publicly-funded/operated childcare centres	Creche Scheme/Palna
Community-based childcare centres	Anganwadi Poshan Abhiyan
Private, for-profit childcare centres	Private Creche, not-for-profit Mobile Creche, SEWA
Home-based childcare services	Not available

2.4 Care Policies for the Elderly

TABLE 4: ELDERLY CARE POLICIES AND INFRASTRUCTURE IN INDIA

Types of Childcare Services	Key Features and Beneficiaries
Publicly-funded/operated elderly care institutions	Old-age Homes, Multi-generational Homes
Community-based elderly care services	No data
Private, for-profit elderly care services	No data
Home-based elderly care services	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8543622/

2.5 Care-related Social Protection and Labour Policies

(E.g. Paid maternity & paternity leave, wider parental leave, family care leave, employment policies on flexible working arrangements to cater for family care responsibilities, legislation against dismissal/ discrimination based on pregnancy/ family status, cash benefits or social security for family caregivers)

1. ESI Act, 1948 (including family)
2. EPF Act, 1952
3. Gratuity Act, 1972
4. The Building and Other Construction Workers' Welfare Cess Act, 1996
5. The Unorganised Workers Social Security Act, 2008
6. Maternity Benefit Act, 1961 (amendment in 2017 from 12 to 26 weeks)
7. Workmen's Compensation Act 1923 for injury and death benefits (now renamed Employees' Compensation Act) is in the Social Security Code

8. For sickness Workplace policies such as Factories Act 1948, Tea plantation act, Mines Act, Shops and Establishment Act, etc (which are all subsumed under the Code on Occupational Safety, Health and Working Conditions, 2022).
9. Prevention of Sexual Harassment of Women at Workplace Act, 2013 (POSH Act)
10. Family-friendly working arrangements: Creche facilities - legal obligation of employers to provide childcare in the workplace - yes in factories with more than 30 female workers.⁵
11. Leave policies: maternity, paternity, childcare leaves. Leave policies - No paternity leave in India yet.
12. No unemployment allowance in India yet.

All the aforementioned acts, barring the Unorganised Workers' Social Security Act (UWSS) 2008, are applicable to only formally employed workers in the organised sector which constitutes merely 7 per cent of the Indian workforce, leaving out the majority (93 per cent) outside the purview of social security.

3 People in Care

TABLE 5: PEOPLE IN CARE IN INDIA

	Care Workers Employed in the Formal Sector	Community-based Care Workers or Volunteers	Domestic Workers	Unpaid Family Caregivers
Who They Are	None	ASHA/AWW/AWH/ ANM - considered "volunteers" officially, not workers	Local and Migrant	Mostly women whether or not in paid employment and older family members
Working Hours	None	No data	Live-in DWs: Live-out DWs: full time and part-time (from affiliate interviews)	(from TUS 2019)
Wages	None	Honorarium payments, no salaries	(from affiliate interviews)	None
Access to Social Protection	None	Yes	-	None
Representation in Policy Dialogues on Care	None	Through unions	Through unions	None

5 According to UNICEF - family friendly policies in South Asia, India Information Sheet: <https://www.unicef.org/rosa/media/15891/file/India.pdf>

4 The Situation of Domestic Workers

Adopting the ILO 5R Framework to analyse the national care policies and situation of domestic workers:

I. Recognition in the Care Agenda

India, as such, does not yet have a unified Care Agenda. Domestic workers are included in neither the labour justice agenda nor the issue of care workers since the status of being a “worker” has not been accorded to them in legislations/policies in the national and most state contexts. Domestic workers can avail care schemes and services meant for the public at large but have no dedicated policies as a group.

In Kerala, however, the situation was found to be different as there exists a State Domestic Workers’ Board (under UWSSA?).

II. Redistribution between Households and Institutions

In terms of the redistribution of care between households and institutions, domestic workers play a key role in performing necessary care work for slightly affluent families which allows them to work in the conventionally “productive” sectors of the economy and bridges the vacuum left by inadequate state provisioning of care services.

III. Reduction of Care Burden and Working Hours

There is no specific policy regulating the working hours or compensation for the work performed by domestic workers.

IV. Reward for Excessive Care Responsibilities, Overtime, or Accumulation of Skills/Experience

There is no reward for accumulation of skills/experience or overtime work performed by domestic workers as it is primarily viewed as a private matter within employer households.

V. Representation in Policy Dialogues on Care

Domestic Workers’ Unions and Coalitions have been engaging in policy discussions and the draft Domestic Worker policy with different government actors but there is no formal bipartite or tripartite arrangement which includes representatives of domestic workers in the formulation of policies.

CARE POLICY MAPPING FACTSHEET

INDONESIA



1 Growing Care Needs

- Indonesia is at the threshold of becoming an aging country.
- It is estimated that by 2050, the elderly population will reach 74 million or around 25 percent of the total population.
- Life expectancy has increased dramatically, from 45 in 1970 to 69.2 for males and 73.6 for women in 2019. At the same time, the birth rate has declined, resulting in an ageing population.

2 Care Policies and Infrastructure

Overall summary of the national policy on care (examples: target low-income households, emphasizes the family/ household's responsibility in care, etc.)

Types of Intervention	Instruments of Care Provision
Monetary benefits	None
Direct provision of services/ benefits in kind	<p>In 2021, 48.67 per cent of elderly received health services through the 33, 679 Posbindu, an Integrated Community Health Care Facility.</p> <p>There are 2,258, 26 government owned, and 2,232 non-government day care centres for children.</p> <p>Universal Health Coverage is provided under the National Health Insurance Scheme (<i>Jaminan Kesehatan Nasional: JKN</i>). By 2019, more than 220 million individuals (85%) had joined the JKN.</p> <p>There is an education cash transfer initiative (Program Indonesia Pintar - PIP) for children aged 7-18 from poor/vulnerable families.</p>
Employment related measures	<p>The social security system covers employees in establishments with 10+ employees or a monthly payroll of at least IDR 1 million</p> <p>Pension funds for civil servants.</p>
Incentives to encourage market provision of care services or through care migration	None
Social protection schemes	<p>0.1% are covered by an attempt of a social pension, which provides extremely vulnerable elderly such as bedridden and chronically ill.</p> <p>Elderly people who are the recipients of the non-contributory social security programs or social assistance (<i>Bantuan Sosial or Bansos</i>), constitute only 2 percent of all social security program recipients.</p>

Salient features of the current care policies and infrastructure

- 85% of the population in Indonesia is not covered by any pension scheme.
- Only around 12 percent of elderly people have access to contributory social security schemes, including pension funds for civil servants.
- Cultural preferences and data indicate that the care work in Indonesia is most likely in the hands of women, either family members or female domestic workers.

2.1 Childcare Policies

Types of childcare services	Key features (including: who can access these services?)
Workplace childcare centres	None
Publicly-funded/ operated childcare centres	26 government-owned daycare centers in Indonesia The number of Early Childhood Education Facilities (PAUD) is 187,211 units, with 4,693 thousand caregivers Education Cash Transfer Programme (Program Indonesia Pintar - PIP) for children aged 7-18 from poor/vulnerable families
Community-based childcare centres	236000 Posyandus (community based health facilities providing services for mothers and children, such as immunisation, family planning services, pregnancy check-up, child growth and development, etc.
Private, for-profit childcare centres	None
Home-based childcare services	None

Key features of the existing childcare services / policies:

- Children living in female-headed households experience higher poverty rates than those living in male-headed households.
- There are 44% of day care centres with no legal status, 13.3% have no regular schedule, 12% have no organisational structure, 18.7% have no work program, 25.3% have no standard operational procedure, 29.3% has no vision/mission, and 66.7% have no certified caregiver.
- One-third of children at the PAUD age do not have access to education service.

2.2 Care policies for older people with care needs

Types of aged care services	Key features (including: who can access these services?)
Publicly-funded/operated aged care institutions	<p>The social security system covers employees in establishments with 10+ employees or a monthly payroll of at least IDR 1 million</p> <p>Non-contributory social security programs or social assistance (Bantuan Sosial or Bansos)</p> <p>Universal Health Coverage is provided under the National Health Insurance Scheme (<i>Jaminan Kesehatan Nasional: JKN</i>). By 2019, more than 220 million individuals (85%) had joined the JKN</p>
Private, for-profit aged care institutions	None
Community-based aged care services	<p>The Ministry of Health states that in 2021, 48.67 per cent of elderly received health services through the 33, 679 Posbindu, which are Integrated Community Health Care Facilities, organised and run voluntarily, mostly by women in the community</p> <p>Older people's associations are promoted by Ministry of Health, aiming at encouraging voluntary community-based groups of the elderly to provide monthly health checks, health-related activities such as elderly exercise etc.</p>
Home-based childcare services	Cultural preferences and data indicate that care work is most likely to be in the hands of women, either family members or female domestic workers

Key features of the existing aged care services / policies:

- 12 percent of elderly people have had access to contributory social security schemes, including pension funds for civil servants.
- Elderly people who are the recipients of the non-contributory social security programs or social assistance (Bantuan Sosial or Bansos), constitute only 2 percent of all social security program recipients.
- The Executive Director of The PRAKARSA, a research policy and advocacy institution, described the government's vision as "more focused on developing resources for the needs of economically productive age groups".

2.3 Care policies for people with disabilities

- Although Indonesia ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2011 through the issuance of Law No. 19/2011 and has passed the Disability Law (Law No. 8/2016), very few policies have been implemented and very little practical progress has been made to ensure the rights of people with disabilities.
- Although there is access to social protection schemes, especially the non-contributory schemes—such as ASPD (Asistensi Sosial Penyandang Disabilitas: Social Assistance for Persons with Disability) these schemes, which are government funded, cover less than 1% of the total population of people with disabilities.

- There is also a disability grant under the Indonesia Conditional Cash Transfer Program (*Program Keluarga Harapan: PKH*), which currently covers 300,000 individuals with disabilities

2.4 Care-related social protection and employment policies

E.g. Paid maternity & paternity leave, employment policies on flexible working hours to cater for family care responsibilities, legislation against dismissal/ discrimination based on pregnancy/ family status, cash benefits or social security for family caregivers

List of existing protections/ policies (or lack thereof)

- In Indonesia, 85% of the population lacks pension coverage, with only 0.1% benefiting from a limited social pension that covers the most vulnerable elderly demographics.
- Indonesia has 3-month maternity leave for all formal employees, and 2-day paternity leave for non-government employees.
- Indonesia has no on-site childcare facilities at workplaces, and lacks flexible work arrangements for workers with care responsibilities.

3 People in Care

	Care workers employed in the formal sector	Community-based care workers or volunteers	Domestic workers	Unpaid family caregivers
Who are they?	In 2017, 10 million Indonesian migrant workers, 60% women, with over 75% being low-skilled, primarily maids and babysitters	Mostly run by women	Mostly women from disadvantaged social economic backgrounds. Minister of Public Work states that 75.5 % of workers are female and 25% are children	Caregiving for the underage and elderly, especially the sick elderly, is in the hands of women family members
Working Hours	8 working hours	No specification	Live-in domestic workers work for a minimum of 16 hours with standby included. -Live-out domestic workers work for 6 hours *in both cases overtime is not compensated by the employer	None
Wages	IDR 4.9 million per month, with overtime pay for those working on public holidays, and paid sick leave	No Available Data	Live-in domestic workers' salary ranges from IDR 1,2 million to 2,5 million/ month (around USD 80-100) Live-out domestic workers receive between IDR 800 thousand to IDR 1 million Salary for a babysitter ranges from IDR 2.5 million per month (for a novice) to IDR 3.5 million/month Salary for care worker for the elderly ranges from IDR 2 million to IDR 3.5 million per month, based on experience	None

Access to Social Protection	No Available data	Universal Healthcare Coverage, paid by the government for poor/ vulnerable groups or paid independently	Domestic workers can access BPJS (Employees Social Security System) as an unpaid worker, and register independently through their employer, though it is not mandatory for the employer to do so	Universal Healthcare Coverage, paid for by the government for poor/ vulnerable groups or paid independently
Representation in Policy Dialogues on Care	No Available Data	No Available Data	No available data	No available data

4 The Situation of Domestic Workers

Adopting the ILO 5R Framework to analyse the national care policies and situation of domestic workers:

4.1 Recognition in the care agenda

Whether domestic workers' rights and care needs are recognized in the national care agenda / policies

- Migrant workers numbered 3.44 million in 2022, and remitted USD 3,252 billion in 2019. As an important concession due to the scarcity of domestic jobs and the remittance they contribute, migrant domestic workers are recognised as a priority in the national agenda. The Migrant Worker Protection Law (Law No.18/2017) enacts and reinforces policies to provide end-to-end protection to overseas workers.
- In contrast to their important contribution to the domestic daily life of the majority of families in Indonesia, in-country domestic workers do not enjoy privileges such as health and life insurance, standard working hours, and a working-age limit. There is no protection law that prevents the violation of their human rights, and these domestic workers bear the heaviest load of care work resulting from the growing demand for care for children and the sick elderly.

4.2 Redistribution between households and institutions

- Only around 12 percent of elderly people have access to contributory social security schemes, including pension funds for civil servants, and those who are recipients of non-contributory social security programs or social assistance (Bantuan Sosial or Bansos), constitute only 2 percent of all social security program recipients.

- One-third of underage children do not have access to the education service (PAUD). In 2019 one in every seven girls married before the age of 18, and the total number of child workers amounted to 0.94 million.
- The current non-contributory social protection schemes that are tax-funded by the government cover less than 1 per cent of the total population of people with disability.

4.3 Reduction of care burden and working hours

- Domestic workers do not have access to limited working hours, day-offs, sick leave, and access to care policies such as maternity benefits.

4.4 Reward for excessive care responsibilities, overtime, or accumulation of skills / experience

- In general, the salary of in-country domestic workers is only 20-30 per cent of the regional minimum wage in each province.
- Compared to babysitters and elderly caregivers, whose salaries are based on experience, there is no skills recognition scheme that applies to domestic workers.
- Most domestic workers are not entitled to overtime compensation.
- Only on Tuesday, 21 March 2023, The House of Representatives approved the domestic worker protection bill as a House initiative, after 19 year-long-gestation, a step closer to being passed into law.

4.5 Representation in policy dialogues on care

- Domestic workers unions are not formally recognised by the government, hence they have no involvement in public decision making that pertains to their rights.

CARE POLICY MAPPING FACTSHEET

MALAYSIA



1 Malaysia's Growing Care Needs

LIFE EXPECTANCY

	Male	Female
1970	61.65 years	64 years
2017	72.7 years	77.4 years
Increase	15.2%	17.3%



In 2020, the elderly (people over 65) comprised over 7.2 of the Malaysian population, making Malaysia an ageing society.

FERTILITY RATE

The average number of children born per woman dropped to 2.1 between 2010-2015.



MAIN CARE PROVIDERS



2 Care Policies and Infrastructure

Most government care policies are targeted at low-income households, based on a set of eligibility criteria.

Type of intervention	Instruments of care provision in Malaysia
Monetary benefits	<ul style="list-style-type: none"> Cash assistance to targeted households and care providers
Direct provision of services or benefits in kind	<ul style="list-style-type: none"> Government funded, operated care services, including children's homes, care and nursing homes for the elderly
Employment-related measures	<ul style="list-style-type: none"> Legislation on employment, including on maternity and paternity leave, provision of flexible work arrangements Government programmes that encourage flexible work arrangements, employment re-entry opportunities
Incentives to encourage market provision of care services or through care migration	<ul style="list-style-type: none"> Fiscal measures such as tax deduction and financial grants for the private sector to establish childcare centres at the workplace Labour migration policies that allow for the hiring of migrant domestic workers
Social protection schemes	<ul style="list-style-type: none"> Introduction of social protection schemes targeting women outside the formal labour market who provide unpaid care Expansion of coverage to include domestic workers

2.1 Salient features of the current care policies and infrastructure

- There is limited coverage of both public and private care services usually accessed by destitute or well-off families.
- Care work is often performed by untrained persons/ family members.
- Fewer women are represented in the workforce due to the need to perform carework, therefore female care providers are unlikely to benefit from employment-related care policies or access to social safety nets.
- Carer leave policies do not take into consideration the diversity of family situations (ie: ageing parents, adopted children) which results in unavailability.
- There has been an increase in social security programs targeting women who are unpaid care providers.
- There are limited social security programs that target domestic workers as care providers.

2.2 Childcare policies

THERE ARE FIVE CATEGORIES OF CHILD CARE CENTRES IN MALAYSIA

Workplace Childcare Centres	Institutional-based childcare centres	Community-based childcare centres	Home-based childcare centres	State-based childcare centres
<ul style="list-style-type: none"> • These are childcare centres established at workplaces or provided by the employer at a suitable premise • Private sector employers are incentivized to provide workplace childcare centers. Incentives include: <ul style="list-style-type: none"> • Employers entitled to 10% tax exemption on the cost of building the childcare centre for a period of 10 years • Employers entitled to tax deduction on expenditure incurred for the provision and maintenance of these childcare centres 	<ul style="list-style-type: none"> • Run by the private sector or non-governmental organisations 	<ul style="list-style-type: none"> • Set up to benefit low-income families • The government provides a grant of RM55,000 to establish community-based childcare centres 	<ul style="list-style-type: none"> • Small scale centres which receive between four to nine children at a particular period 	<ul style="list-style-type: none"> • Set up to provide services to vulnerable sections of the population, including low-income groups

- Childcare services in Malaysia are provided by the formal and informal sectors.
- Government childcare policies focus primarily on supporting low-income families.
- Childcare centres are not able to adequately meet the needs of parents; ie: lack of workplace-based childcare centres to support working women.
- Formal childcare costs remain unaffordable to many families driving them to use caregivers in the informal sector including domestic workers.

2.3 Elderly care policies

THERE ARE THREE CATEGORIES OF AGED CARE CENTRES IN MALAYSIA

Publicly owned, financed and operated care services	Privately owned and financed, for profit care services	Private not-for-profit and mixed models
<ul style="list-style-type: none"> • Provided by the government • It also incorporates home help services, activity centres and transport services and healthcare services for older persons • Services target the destitute 	<ul style="list-style-type: none"> • Regulated and unregulated • Including live-in or daily care 	<ul style="list-style-type: none"> • Private provision of services financed through public grants or public donations and delivered by non-governmental organisations

- The government of Malaysia has highlighted the importance of promoting inclusive, productive and healthy ageing.
- Institutional aged care covers only 0.4 percent of older people in Malaysia.
- Private residential care homes cover less than 5 percent of potential demand.
- Small coverage of both public and private aged care services show that most aged care needs are unmet or informally met through home care provided by domestic workers or family members.
- Formal home and community-based aged care services are centred mostly in urban areas.
- Public care homes and nursing homes are usually available to destitute older persons.
- Private sector care services are likely to be accessed by well-off families.
- Low-income or middle-income families who cannot access public aged care services and do not have the financial means to pay for these services rely on informal care providers or unpaid care by family members.

2.4 Care-related social protection policies

- To mitigate the impact of caregivers performing unpaid care work, particularly outside the formal labour market, the Malaysian government has introduced policies targeted at increasing the access of caregivers to social protection schemes. Below are key protection programmes in Malaysia that target women who are unpaid care providers:
 - **Retirement savings fund for women** – a form of pension scheme. Women can contribute a minimum of RM5 a month into a retirement savings account and it is matched by a RM40 contribution from the government.
 - **Housewives' Social Security Scheme** – inclusion of 'housewives' into the national social security scheme administered by the Social Security Organisation (SOCSO) – RM10 per month.
 - Domestic workers are not fully covered under the SOCSO scheme.

3 People in Care

	Care workers employed in the formal sector	Community-based care workers or volunteers	Domestic workers	Unpaid family caregivers
Who are they?	-	Health workers	<p>Informal care providers for low-income and middle-income families.</p> <p>40% of personal care and domestic workers in aged care are women and aged 40 years or more.</p> <p>93.6% of domestic workers are migrant workers.</p> <p>Immigration laws mean that only women from an approved list of countries can work as an MDW in Malaysia.</p>	Women in the household, for low-income and middle-income families who cannot access public services and cannot afford private services
Working hours	No Data	No Data	No legislation to regulate working hours	None
Wages	No Data	No Data	No minimum wage protection	None
Access to social protection	No Data	No Data	Domestic workers are partially covered under SOCSO, Foreign Workers Hospitalisation and Surgical Insurance Scheme	Housewives Social Security Scheme, Retirement Savings Fund for Women
Representation in policy dialogues on care	No Data	No Data	No right to freedom of association	None

3.1 The situation of domestic workers

Adopting the ILO 5R Framework in analysing Malaysia's care policies and the situation of domestic workers:

Recognition in the care agenda

- The rights and well-being of domestic workers are largely absent from Malaysia's care agenda through exclusions from:
 - o Fundamental labour law provisions under Malaysia's Employment Act (1955) including annual leave, sick leave, public holiday entitlements, overtime wage, and maternity benefits
 - o Minimum wage protection
 - o National standards of employer-provided accommodation
 - o Pension schemes
 - o Social protection scheme (SOCSO) – only partial coverage provided to domestic workers
- Care needs of migrant domestic workers are not recognized, as migrant domestic workers do not receive subsidized healthcare services in Malaysia.

Reduction of care burden and working hours

- There is no legislation in Malaysia that regulates the working hours of domestic workers. This means that many are forced to work long hours to care for elderly persons, young children, and people with special needs.
- Legislation that does not provide for a paid day off for domestic workers results in an absence of community care support for domestic workers.

Redistribution between households and institutions

- Due to the small coverage of both public and private care services (usually only accessed by destitute or well-off families) most families bear the responsibility of caregiving within the household.
- The lack of labour protections and ineligibility of domestic workers under minimum wage entitlements enable Malaysian households to shift care responsibilities on to domestic workers who have no control over their pay, working conditions or scope of responsibility.

Reward for excessive care responsibilities, overtime, or accumulation of skills/ experience

- Domestic workers are excluded from statutory minimum wage protections and are therefore paid less than other care workers.
- Domestic workers are excluded from fundamental labour rights protection mechanisms and are therefore unable to obtain payment for overtime work performed.
- There is no recognition of skills and experience that domestic workers gain from performing care responsibilities.

Representation in policy dialogues on care

- There are no registered trade unions in the domestic work sector in Malaysia. Several attempts have been made to register a domestic workers union, but they were rejected.
- Despite this limitation, the organizing of migrant domestic workers has occurred to a certain extent, through organizations such as The Association of Nationalist Overseas Filipino Workers in Malaysia (AMMPO), a Filipino domestic workers organisation, and Persatuan Pekerja Rumah Tangga Indonesia Migran (PERTIMIG), an Indonesian domestic workers organisation. These organisations have mobilised and organised domestic workers through micro-level organising.
- Through these organisations, domestic workers have been able to advocate for the expansion of SOCSO to include migrant domestic workers. However, the coverage obtained remains limited.

CARE POLICY MAPPING FACTSHEET

NEPAL



1 Nepal's Growing Care Needs

	Children (aged 14 years or below)	Elderly (aged 65 years or above)	People with Disabilities
Population	8,115,575	2,021,714	6,54,782
Per Cent	27.83	6.93	2.2

Working age group		Dependency ratio		Employment/ Work	
15-59	8,579,760 (61.96%)	Elderly dependency ratio:	10.63 %	Informal work	84.6% out of employed
15-64	19,027,289 (65.24%)	Overall dependency ratio:	53.28 %	Informal sector	62% out of total population

2 Care Policies and Infrastructure

Key Features of existing Care Policies

- High priority placed on social protection policies
- Social Security Allowances: Senior Citizen's Allowance, Single Women's Allowance, Child Grant, Disability Grant, Endangered Indigenous Group Allowance
- Social Insurance: Pension and gratuity benefits, the Employees' Provident Fund and the Citizen Investment Trust
- Other Social Insurance: Disability compensation, maternity leave, work-related injury, sickness and survivors' benefits, senior citizen free health care services, social health security programme
- Other Social Assistance (cash and in-kind): scholarships, midday meals, school feeding programmes, Safe Motherhood Programme, Prime Minister Employment Programme, President Woman Upliftment Programme
- Less emphasis on physical infrastructure to support care work
- Labour market interventions: Youth and Small Entrepreneur Self-employment (YSEF) Fund, Enhanced Vocational Education and Training (EVENT) II

- Extension of contribution-based social security schemes for workers in the informal economy and self-employed
- Difficulties enrolling in contribution-based social security schemes for all workers in the informal sector

Care policies and services for older people with care needs

- Senior citizens are entitled to a monthly allowance, access to healthcare services, reserved seating on public transportation, commuting concessions, and priority access to public services.
- The *Senior Citizens Act, 2063 (2006)* places primary responsibility for the care of elderly individuals on family members.
- Unpaid family caregivers or domestic workers bear the majority of elderly care responsibilities at home.
- Despite provisions under the *Senior Citizens Rules, 2065 (2008)* for the establishment of care centres for neglected or abandoned elderly individuals, no substantial government initiative has been observed to operationalize such facilities.
- Efforts by local governments to implement the *Senior Citizens Fund* and establish *Senior Citizens Clubs* remain inconsistent and fragmented.
- Elderly individuals residing in rural regions face the risk of forfeiting their monthly allowance if they are unable to visit the bank within the designated fiscal year.

Childcare policies

- National immunization programme for infants
- Scholarship schemes for: Girl children, street children, daughters of martyrs, freed Kamalaris (former bonded girl labourers), children from endangered and marginalised communities and destitute families
- Free education up to the secondary level in community schools
- Continuous public expenditure on pre-primary education and midday meals
- Persistently high school dropout rates, despite sustained investment
- Reports of child labour exploitation and questionable practices at certain child-care homes; longstanding gaps in enforcement and oversight

Family friendly workplace policies

- The Labour Act 2074 has ensured the provision of sick leave, maternity leave and mourning leave as a matter of right of every working person, except domestic workers.
- Like other labourers, domestic workers are entitled to a right to celebrate festivals as per their culture, religion or tradition.

- There have not been definite standard working hours set for domestic workers.
- No policies exist on flexible working hours to cater for family care responsibilities.
- Domestic workers, particularly women, often face the necessity of leaving their jobs during pregnancy or postpartum periods, resulting in a complete loss of income.
- The absence of formal maternity leave provisions for domestic workers highlights a critical gap in labour protections and social security coverage.

Support for caregivers

- No significant support and benefits are available to unpaid as well as paid caregivers.
- Informal workers and informally employed workers cannot easily participate in any contribution-based social security scheme.

3 The Situation of Domestic Workers

Analysis of Nepal's care policies and the situation of domestic workers with reference to the ILO 5R framework (recognise, reduce, and redistribute unpaid care work, and reward and represent paid care work):

Recognition in the care agenda

- The Labour Act, 2017 attempts to encompass domestic labour/workers, and the government has extended contribution-based SSF to informal workers, including domestic workers since August 2023. However, neither the Labour Act, 2017 nor the SSF scheme particularly defines domestic workers in the Nepali context.
- General minimum wage guarantees are not ensured for domestic workers employed in homes, thereby affecting their eligibility to join the SSF scheme.
- In some cases, the government allows the domestic workers to join the SSF scheme by covering the entire 20.37 per cent contribution of their basic salary if the former fails to contribute its 9.37 per cent share.

Redistribution between households and institutions

- Since a large proportion of working age Nepali citizens are in foreign employment while many youth travel abroad to study, women are disproportionately engaged in care work while also tackling a heavy workload.
- The government does not promote public or private physical infrastructure to support care work. Hence, most families bear the responsibility of caregiving within the household.

Reduction of care burden and working hours

- No legislation defines domestic workers, the nature and scope of their work, working hours, leave facilities and payment systems.
- Live-in domestic workers are particularly susceptible to excessive workloads, inadequate rest periods, and instances of wage-related exploitation. The lack of oversight and legal safeguards exacerbates their vulnerability to abuse and unfair treatment.

Reward for excessive care responsibilities, overtime, or accumulation of skills/experience

- Until a separate minimum wage is determined for domestic workers, the minimum wage applicable to all workers is extended by default to domestic workers too. However, the allocation of minimum wage for part-time and live-in domestic workers is unregulated.
- The absence of a regulated basic salary structure complicates the calculation of the mandatory 11% contribution required for Social Security Fund (SSF) enrolment. This ambiguity disproportionately affects live-in domestic workers, and makes their inclusion in the SSF scheme challenging.
- The precarious and unstable nature of working arrangements poses a significant risk to the sustainability of domestic workers' enrolment in contribution-based Social Security Fund (SSF) schemes. High levels of vulnerability and frequent job discontinuity undermine their prospects of consistent participation and long-term coverage.
- The provision of reward for those who accumulate experience or skills is not defined.

Representation in policy dialogue on care

- The voices of labour organisations and civil society groups are not well heeded by the government.
- The Fifteenth Plan (FY 2019/20 – 2023/24) included aims to collect sex-disaggregated data of domestic and care work done by women. However, the results are unknown.

CARE POLICY MAPPING FACTSHEET

PHILIPPINES



1 Growing Care Needs

Show the trends/ latest figures available:

- The Philippines is a young society, as per UNDESA 2015 global population prospects.
- The country registered an overall dependency ratio of 57% in 2020, or, for every 100 working-age population there were about 57 dependents of which 48 are young and 8 are old dependents.
- People aged 60 years old and above made up 8.5%, or 9.2 million individuals. About 55.5% of this age group are females and 44.5% are males¹.

9.2 million
60 + years



55.5%



44.5%



- By age group, 30.7% were under 15 years of age (young dependents), while those in the working-age or economically-active population (15 to 64 years) are 63.9% and those in age groups 65 years and over are 5.4%.
- Filipino children aged 0 to 4 were estimated to be at 11 million.

2 Care Policies and Infrastructure

OVERALL SUMMARY OF THE NATIONAL POLICY ON CARE (examples: target low-income households, emphasizes the family/ household's responsibility in care, etc.)

Types of intervention	Instruments of care provision in the country
Monetary benefits	P1,000 a month for 4 million poor and indigent Filipinos
Direct provision of services or benefits in kind	None
Employment-related measures	Earning related pensions for government and private sector retirees 105-day maternity leave, which can be extended to 1-month unpaid leave 7-day paternity leave
Incentives to encourage market provision of care services or through care migration	Senior citizen ID discount - 20% on restaurants, transportations and medicines, 5% on grocery
Social protection schemes	Social pension for the poor and elderly

1 Claire Dennis Mapa. *Age and Sex Distribution in the Philippine Population: 2020 Census of Population and Housing* [2022-322] Philippine Statistics Authority [2022]

Salient features of the current care policies and infrastructure

- The affordability of hiring domestic workers allows people both in lower and upper income groups to offload their household duties and join the workforce.
- Article XV, section 4 of the 1987 Constitution of the Philippines states that the “family has the duty to care for its elderly members”.
- The majority (75%) of economically dominant Filipino senior citizens were not covered by social security, particularly retirement plans.
- Women spend on average 6.5 hours a day on care as primary activity, while men spend only 2.4 hours; men on average have 5 hours of paid work in a day, while women only have 2.6 hours.

2.1 Childcare policies

Types of childcare services	Key features (including: who can access these services?)
Workplace childcare centres	None
Publicly-funded/ operated childcare centres	<p>As early as 1977, a law² required each barangay³ to have at least one childcare center. In 2011, about 4,570 of the total 42,026 barangays did not have childcare centers</p> <p>The Department of Social Welfare and Development runs up to 46 residential care facilities for children, with an average of 50 beds each, National Centre for the Mentally Challenged, having 490 beds to accommodate disabled children</p> <p>Local Government Units (LGUs) also run 63 residential facilities for children</p>
Community-based childcare centres	None
Private, for-profit childcare centres	197 residential care facilities, operated by 177 private agencies
Home-based childcare services	None

Key features of the existing childcare services / policies:

- A study by the Southeast Asian Ministers of Education Organization found that only 20 percent of the intended children benefitted from center-based childcare services.
- For staff members of childcare centres, there are the Child Development Teachers (CDTs) who are required to have finished a degree in early childhood or elementary education and Child Development Workers (CDWs) who are allowed to have finished any 4-year degree.

2.2 Care policies for older people with care needs

Types of aged care services	Key features (including: who can access these services?)
Publicly-funded/ operated aged care institutions	4 government-funded nursing homes (DSWD) in the country or the elderly whose family could not afford the cost of private home cares Senate Bill No. 737, seeks to establish nursing homes for neglected and abandoned Filipino elderly in every city and municipality
Private, for-profit aged care institutions	It is currently served by 20 to 25 private nursing homes, with a combined capacity of 300-500 beds
Community-based aged care services	None
Home-based aged care services	Domestic Workers or Unpaid Caregivers

Key features of the existing aged care services / policies:

- Private nursing homes charges their individual clients between P35,000 to P50,000 a month, which is far above the P22,000 average monthly earning of a typical Filipino household
- Existing state-funded nursing homes only cater for Filipino elderly who were outright abandoned by their (usually poor) families.
- Article XV, section 4 of the 1987 Constitution states that the “family has the duty to care for its elderly members” and the state “may also do so through programs of social security.

2.3 Care-related social protection & employment policies

List of existing protections/ policies (or lack thereof)

- 55% of Filipino elderly have no pension whatsoever, while 29% have earning related pensions (government and private sectors retiree) while only 16% is covered by social pension.
- For the poorest individuals, the government is distributing to some 4 million indigent elderly Filipinos P1,000 a month, an amount barely enough to buy the cheapest and most basic maintenance medicines.
- In the 2018 Longitudinal Study of Ageing and Health in the Philippines, 57.3% of Filipino elderly were estimated to have experienced some or considerable difficulty in meeting basic needs such as food, medicines and other necessities.

2 Philippine Official Gazette, Presidential Decree 1567 [1978]

3 Smallest basic political unit in the Philippines

3 People in Care

	Care workers employed in the formal sector	Community-based care workers or volunteers	Domestic workers	Unpaid family caregivers
Who are they?	Child Development Teachers (CDTs) are required to have a degree in early childhood or elementary education while Child Development Workers (CDWs) are allowed to have finished any 4-year degree	Barangay Health Volunteers (BHV)	Government estimates that there are 1.4 million Filipinos working as DWs ⁴ and majority of them (more than 1 million) work on live out arrangement, while the remaining are live-in or staying at their employers' houses. Out of these 1.4 million domestic workers, 4% or 4,500 are child domestic workers, and 0.4% are below 15 years old	Women in the family
Working hours	No information	Normal hours of work: 8 hours per day and access to rest day (Source: An Act mandating the appointment of barangay health workers in barangays, and providing for their duties and responsibilities, compensation and benefits, and for other purposes, Government of Philippines)	The Kasambahay Law enacted in 2013, ⁵ prescribes a formal written contract between the employer and the domestic worker (DW) with 8 hours of work a day. 36% of the live-in domestic workers work 7 days a week, without a rest day	Highlights of the findings include women spending on average 6.5 hours a day on care as a primary activity while men spend only 2.4 hours
Wages	CDTs and CDWs are supposed to have similar wages of P20,000 a month in 2018 but CDTs' salaries have remained low, with that of CDWs being much lower, in many instances only honorarium, of P1000.00 up to P8,000.00 a month	Hazard Allowance, Subsistence Allowance for BHVs who render services within the premises of isolated barangay health stations, overtime pay for overtime work (Source: Republic Act 7883, Philippines)	The Kasambahay Law enacted in 2013, ⁶ prescribes a formal written contract between the employer and the domestic worker (DW), with a minimum wage of P5,000 a month in Metro Manila. Minimum wage not prescribed for other regions in the Philippines. The 2019 survey revealed that average monthly salary of domestic workers is P4,141, with the lowest P2,681 in BARMM (Muslim Mindanao) to P5,958 in Metro Manila	Unpaid
Access to social protection	None	Pension, longevity pay ((Source: An Act mandating the appointment of barangay health workers in barangays, and providing for their duties and responsibilities, compensation and benefits, and for other purposes, Government of Philippines)	Of the 1.4 million, only 2.5%, or 35,000 individuals, have written employment contracts, and 83% of the 1.4 million are not covered by any social security benefit	None

4 DOLE-National Wages and Productivity Commission. DOLE and PSA survey: 1.4 million kasambahays in the country, 72% on live-out arrangement. DOLE website news release

5 RA 10361. Passed during the Philippine 15th Congress, Third Regular Session [2013]

6 RA 10361. Passed during the Philippine 15th Congress, Third Regular Session [2013]

Representation in policy dialogues on care	None	They have the right to self-organise and form their own unions, but their participation in policy dialogues related to care is unknown. (Source: An Act mandating the appointment of barangay health workers in barangays, and providing for their duties and responsibilities, compensation and benefits, and for other purposes, Government of Philippines)	Domestic workers can form their own unions, and have been represented in some wwnational level policy dialogues in care	None
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4 The Situation of Domestic Workers

Adopting the ILO 5R Framework to analyse the national care policies and situation of domestic workers:

4.1 Recognition in the care agenda

The Kasambahay Law (Domestic Workers Act) enacted in 2013⁷, prescribes a formal written contract between the employer and the domestic worker (DW), with a minimum wage of P5,000 a month in Metro Manila, 8 hours of work a day, including a rest day at least once a week. But domestic work is still not viewed as work or care work. Of the 1.4 million DWs, only 2.5%, or 35,000 individuals, have written employment contracts. Also, only about 41 percent of domestic workers are aware of the existence of Kasambahay Law.

4.2 Redistribution between households and institutions

The government estimates that there are 1.4 million Filipinos working as DWs⁸ and the majority of them (more than 1 million) work on a live out arrangement, while the remaining are live-in or staying at their employers' house. Out of these 1.4 million domestic workers, 4% or 4,500 are child domestic workers, and 0.4% are below 15 years old. This suggests that the Philippines still relies heavily on domestic workers to provide paid care at the household level.

4.3 Reduction of care burden and working hours

36% of live-in domestic workers work 7 days a week, without a rest day.

⁷ RA 10361. Passed during the Philippine 15th Congress, Third Regular Session [2013]

⁸ DOLE-National Wages and Productivity Commission. DOLE and PSA survey: 1.4 million kasambahays in the country, 72% on live-out arrangement. DOLE website news release

4.4 Reward for excessive care responsibilities, overtime, or accumulation of skills / experience

The wage for DWs has only improved to Php 6,000 a month since 2013, at significant disparity with the minimum wage for regular workers in Metro Manila which is currently Php570 (USD 10.19) a day or Php 15,200 (USD 308) a month.

However, the 2019 survey revealed that average monthly salary of domestic workers is P4,141, with the lowest P2,681 in BARMM (Muslim Mindanao) to P5,958 in Metro Manila.

4.5 Representation in policy dialogues on care

Only about 41 percent of the domestic workers are aware of the existence of the Kasambahay Law, thereby making it difficult to unionise them. Nevertheless, in the Philippines, the organizing work among local domestic workers was pioneered by the Labor Education and Research Network (LEARN).

LEARN has helped the organizing efforts of domestic workers in selected areas of Metro Manila, and paved the way for the organization and eventual registration of the UNITED Domestic Workers of the Philippines (UNITED) as a formal union of domestic workers. UNITED and LEARN are now partner organizations, with the latter providing trainings for DWs as needed by the union. UNITED currently has a total of 6,392 members nationwide, according to Maia Montenegro, the organization's General Secretary. UNITED has participated in several care debates and advocacy events at the National Level.

A National Level Consultation on Care to create a Platform of Demands was organised by IDWF along with the ILO. The group consulted included UNITED, other care workers unions, national trade unions, Public Services International Philippines (PSLINK), UNIPRO Philippines, and other labour groups,. This Platform of Demands then fed into creating the IDWF Position Paper on Care and both of these documents were presented at the ILC Session on Decent Work and the Care Economy 2024.

CARE POLICY MAPPING FACTSHEET

SOUTH KOREA



1 Growing Care Needs

Show the trends/ latest figures available:

- South Korea is an ageing society with a rapidly growing elderly population and the world's lowest birth rate.
- As of 2021, the number of children aged at 5 or below is 1,989,455, accounting for 3.8% of total population, and the number of children under 15 is 6,087,471 (11.8% of total population).
- The number of elderly people aged 65 or above is 8,706,561 (16.8% of total population)¹, and is expected to rise to 40.1% by 2050.
- There were 2,644,700 people with disabilities in 2021, accounting for 5.1% of total population².
- A national survey on family (2020) shows that 4.8% of total families have family members in need of care.³

2 Care Policies and Infrastructure

Overall summary of the national policy on care (examples: target low-income households, emphasizes the family/ household's responsibility in care, etc.)

Types of intervention	Instruments of care provision in the country
Monetary benefits	Cash benefits for family caregivers Parental benefit (cash benefit) for those with children below 2 years old Child benefit for all children under school age Childcare allowance for parents not using childcare institutions
Direct provision of services or benefits in kind	Universal long-term care service scheme - in-home care services and institutional care services Public services to assist with daily living, including: <ul style="list-style-type: none"> • Physical activities • House chores • Social activities for people with physical/mental disabilities Free childcare as per the policy basis –This includes financial support for childcare centres (including nursery school) fees for all children aged 5 or below Semi-government supported services for childcare: Childcare support home visit service

1 Ibid.

2 (Ministry of Health and Welfare, 2021a)

3 (Ministry of Gender Equality and Family, 2020)

Employment-related measures	<p>90-days paid maternity leave, 10-days paid paternity leave, parental leave (1 year, 80% of regular wage covered under Unemployment Insurance)</p> <p>Flexible working arrangements, including reduced working hours for employees with children aged 8 and below</p> <p>Workplace childcare facilities</p> <p>Prohibition of unfair treatment/discrimination against employees who use these benefits</p> <p>Family care leave (up to 10 days per year)</p>
Incentives to encourage market provision of care services or through care migration	None
Social protection schemes	None

Salient features of the current care policies and infrastructure

- Insufficient government expenditure on care : only 0.86% of GDP (2020)
- Socialisation of Care as care policy basis: strengthening the government's role in care services and costs, but gaps in care exist to a large extent
- Long-standing M Curve of women's employment rate by age: women often leave the workforce to marry and raise children, and return in middle age

2.1 Childcare policies

Types of childcare services	Key features (including: who can access these services?)
Workplace childcare centres	<p>90-days paid maternity leave</p> <p>10-days paid paternity leave</p> <p>Parental leave(1 year, paid 80% of regular wage via Unemployment Insurance)</p> <p>Flexible working arrangements, including reduced working hours for employees with children aged 8 and below</p> <p>Workplace childcare facilities</p> <p>Prohibition of unfair treatment/discrimination against employees who use these benefits</p> <p>Family care leave(up to 10 days per year)</p>
Publicly-funded/ operated childcare centres	<p>Free childcare as per the policy basis</p> <p>Financial support for Childcare Centres (including nursery school) fee for all children aged 5 or below/ childcare allowance when using childcare institutions</p> <p>Parental benefit (cash benefit) for with children below 2 years old / child benefit for all children under school age</p> <p>Coverage of public care for children:</p> <p>82.0% of children aged at 2 or below, and 97.2% of children aged 3 to 5 (in 2020)</p>
Community-based childcare centres	<p>Semi-government supported services for childcare:</p> <p>Childcare support home visit service- childcare providers (Idolbomi) are employed by public or non-profit institutions, and certified by the government</p>
Private, for-profit childcare centres	Not enough data
Home-based childcare services	Semi-government supported services for childcare: Childcare support home visit service- childcare providers (Idolbomi) employed by public or non-profit institutions, and certified by government

Key features of the existing childcare services / policies:

- In 2020, public expenditure on child care was 0.6% of GDP; and public expenditure on pre-primary child care was 0.5% of GDP.
- 88.8% of children below 6 years of age are receiving public care through childcare facilities.
- Service hours of childcare centers do not address fully the required time for care needs.

2.2 Care policies for older people with care needs

Types of aged care services	Key features (including: who can access these services?)
Publicly-funded/ operated aged care institutions	Universal long-term care service scheme - in-home care services (including day centre care)/ institutional care services / cash benefit for family carers Elderly people receiving public long-term care in 2021 : 899,113 (10.3% of total population aged 65 or above)
Private, for-profit aged care institutions	Not enough data
Community-based aged care services	Still in pilot stage
Home-based aged care services	In-home care provides long-term support for elderly people who can manage day-to-day activities at their own residence but need a caregiver to some degree Services include home visit care, home visit bath, home visit nursing, day centre, and respite care

Key features of the existing aged care services / policies:

- Main government elderly care services are provided through the Long-term care scheme, which is a national insurance-based scheme available to elderly aged 65 or above and people under 65 with geriatric disease (like dementia), Parkinson's, cerebrovascular disease, and those deemed to be in need of help in their daily life.
- As of 2021, there are 85,228 elderly welfare facilities⁴ and 24,953 long-term care facilities.
- There has been a demand for ageing in place and the inadequacy of long-term home care services, has resulted in a pilot programme for community-based aged care services.

4 (Ministry of Health and Welfare, 2021c)

2.3 Care-related social protection & employment policies

List of existing protections/ policies (or lack thereof)

- 90-days paid maternity leave, 10-days paid paternity leave, parental leave(1 year, paid 80% of regular wage by Unemployment Insurance)
- Flexible working arrangements including reduced working hours for employees with children aged 8 and below, and workplace childcare facilities
- Prohibition against unfair treatment/discrimination against employees who use these benefits
- Family care leave (up to 10 days per year)

3 People in Care

	Care workers employed in the formal sector	Community-based care workers or volunteers	Domestic workers	Unpaid family caregivers
Who are they?	Social welfare-related workers (childcare teachers and others) Workers in care and health service (long-term care worker, child caregiver, Personal care assistant for the disabled, Childcare Teacher Assistant) ⁵	In Pilot	domestic chores and childcare helper	Mostly women, Time spent on housework and care by gender: Men – 58 m Women – 2 h 45m Women spend about 2.8 times more than men ⁶
Working hours	35.39 hours per week for social-welfare related workers and 29.34 hours per week for workers in health and care service	No data	28.24 hours a week	Time spent on housework and care: Dual-income households: Husbands -1 h 24 m Wives- 3 h 32 m (2.5 times) Households with preschool children: Men -2 h 15m Women - h 25 m (2.9 times)⁷
Wages (10000 KRW)	212.67 monthly for social-welfare related workers and 129.79 monthly for workers in health and care services	No data	94.58 monthly	No data

5 Caregivers for the sick are classified under the “Workers in Care and Health Services” category. However, in practice many are employed directly by individual households, under informal arrangements, and legally hold the status of **domestic workers directly employed by households**. Among caregivers for the sick employed in nursing hospitals, a significant portion are migrants, primarily of **Korean-Chinese descent**.

6 Statistics Korea, 2024 Time Use Survey

7 Ibid.

Access to social protection	National pension, National health insurance, Unemployment insurance, Industrial accident insurance	No data	Only domestic workers hired through domestic service providers (recruitment agencies)	No data
Representation in policy dialogues on care	Allowed to form unions have access to some policy dialogues on care	No data	Allowed form unions, have right to freedom of association, collective bargaining and collective action	No data

4 The Situation of Domestic Workers

Adopting the ILO 5R Framework to analyse the national care policies and situation of domestic workers:

4.1 Recognition in the care agenda

Domestic Workers generally remain excluded from the application of the Labor Standard Act:

- Since 2022, after the Act on the Employment Improvement of Domestic Workers has been enforced, domestic workers employed with domestic service providers (institutions) have come under the coverage of several labor-related laws.
- The Domestic Workers Act does not apply to domestic workers directly hired by individuals or households, leaving many vulnerable.

4.2 Redistribution between households and institutions

By the 7th Korean standard classification of occupations, the number of domestic workers (including only those classified as 'domestic chores and childcare helpers' (KSCO code-951⁸), and not domestic workers in the public sector like long-term home care workers) was estimated at 106,959 in 2022.

In 2015, there were 218,979 domestic workers in the country⁹ and the number has been steadily decreasing since then. As shown above, the number of workers in care and health services has doubled. It is noted that the scale of care workers, including domestic workers, showed an increasing trend from around 560,000 in 2013 to 660,000 in 2019, while domestic workers overall have decreased.

⁸ Code number for domestic chores and childcare helper is 951 by 7th Korean standard classification of occupations. (Cf. code number for workers in care and health service is 421.)

⁹ (National Statistical Office, 2022)

This comparison is a likely indication that the percentage of care workers in the public sector has steadily increased, since public long-term care workers account for more than 80% of workers in care and health services¹⁰. It shows that socialisation of care work has made progress to some degree¹¹.

4.3 Reduction of care burden and working hours

- Working hours: less protection and shorter working hours than what care workers seek and demand
 - DWs with formal employment are covered by working hour regulations, while DWs directly hired by individuals or households are not covered.
 - Due to mostly working on a part-time basis, DWs with formal employment do not fully enjoy working hour regulations, rest time, or overtime pay.
 - Live-in DWs are excluded from standard working hour regulations.
 - Under-employment, given that average working hours for care workers is less than the amount they want to work.

4.4 Reward for excessive care responsibilities, overtime, or accumulation of skills / experience

- Paid as low as minimum wage
 - DWs with formal employment are covered under minimum wage regulations and equal pay for equal work provision, while DWs directly hired by individuals or households are not covered.
 - Both home visit care workers and directly hired DWs are paid as low as minimum wage, and the wage gap is mainly a result of weekly paid leave available to care workers employed in public care services, and not available to DWs directly hired in households.
 - There are generally no significant salary increases for the accumulation of skills and experience, although long-term care workers receive a long service allowance.

10 There were 450,970 long-term care workers in 2020 (National Health Insurance Service, 2020), while the total number of care workers in care and health service were 526,000 in 2020.

11 (Ji-yeonJang, 2020)

- Partial and Limited Access to social security, social insurance
 - Only DWs with formal employment have the rights and obligations associated with employment-based social security packages, like workers in other sectors.
 - Despite informal working arrangements, such as direct hiring, local DWs do have access to national health insurance(mandatory) and national pension(voluntary), while MDWs don't.
- No ensured Occupational safety and health
 - There is no legally mandated paid sick leave
 - It is almost impossible to gain recognition under industrial accident insurance compensation standards for work hazards faced by care workers (such as musculoskeletal disorders and mental health issues caused by emotional labour).

4.5 Representation in policy dialogues on care

- Representation and collective bargaining rights of domestic workers:
 - DWs are entitled to the three basic labour rights: freedom of association, collective bargaining, and collective action.
 - There is no representation of domestic workers in policy dialogue, and only very limited engagement in the form of discussion tables and, presenting opinion papers with support by Civil Society Organisations or Trade Unions.

CARE POLICY MAPPING FACTSHEET

SRI LANKA



1 Growing Care Needs

Indicator	Total	Male	Female
Mid-year population ('000)	22,037	10,670	11,367
0-4 years	1,893	954	939
5-9 years	1,896	957	939
10-14 years	1,779	899	880
65 years and above	1,727	744	983
Dependency Ratio (2012) ¹	49.40%	No data	No data
Below 15 years	37.70%	No data	No data
Above 64 years	11.80%	No data	No data
Life Expectancy	76.8	73.5	80.7
Persons with Disabilities (2012) as a percentage of total population	8.7%	57%	43%
Percentage of persons with disabilities who are economically active	70.9%	No data	No data

Source: Department of Census Statistics, 2023

2 Care Policies and Infrastructure

Overall summary of the national policy on care (examples: target low-income households, emphasizes the family/ household's responsibility in care, etc.)

Types of intervention	Instruments of care provision in the country
Monetary benefits	<ul style="list-style-type: none"> Samurdhi/Divineguma cash transfer program Elders' assistance program Disability assistance program Scholarships
Direct provision of services or benefits in kind	<ul style="list-style-type: none"> Education assistance programs, such as free school textbooks, school uniforms, and midday meal programmes Nutritional programmes for young children and mothers Disaster relief programmes
Employment-related measures	<ul style="list-style-type: none"> The Employee's Provident Fund (EPF) is a contributory superannuation scheme and the Employee's Trust Fund (ETF) is based on contributions by the employer only. These funds can either be withdrawn in the event of leaving employment for disability affecting employment or they can provide assistance through full or partial withdrawal of benefits, or welfare payments, for an employee in need, i.e. in cases of critical illness.

¹ Dependency ratio is an age-population ratio of those typically not in the labour force to those typically in the labour force. It is used to measure the pressure on the productive population

Types of intervention	Instruments of care provision in the country
Incentives to encourage market provision of care services or through care migration	None
Social protection schemes	<ul style="list-style-type: none"> • Direct employees of the Government, including care workers, are entitled to a number of social security schemes such as the Public Servants' Pension Scheme (PSPS), which is a non-contributory monthly pension, financed by the government budget. • Private Sector: Almost all workers in the private sector are covered by the Employee's Provident Fund (EPF) and the Employee's Trust Fund (ETF) but these are not pension schemes. • No social protection schemes apply to the informal sector including domestic workers.

Salient features of the current care policies and infrastructure

- The National Charter for Senior Citizens (2006), the National Policy for Senior Citizens of Sri Lanka (2006), National Health Policy for Elders in Sri Lanka (2017) recognise the right of elders to adequate care, either within the family, or through institutional arrangements.
- Informal care provided in the persons home
 - By a family member; or
 - A paid care worker/domestic worker); or
- Formal (institution-based) care provided by
 - The state - primarily designed to provide housing for older people who lack shelter (225 elder care homes housing 7100 elders)
 - The private sector – providing both residential facilities and long term care (20 homes)
 - Charitable/not-for-profit organisations – operated by faith-based or charitable organisations

2.1 Childcare policies

Types of childcare services	Key features (including: who can access these services?)
Workplace childcare centres	Not required by law
Publicly-funded/ operated childcare centres	<ul style="list-style-type: none"> • Available in central clusters of larger villages but limited to early childhood education centers. No child care provided other than voluntarily. • Managed at village level by the local government authorities.
Community-based childcare centres	<ul style="list-style-type: none"> • Provided mainly on Commercial plantations, together with the Early Childhood education center as a privately sector discretionary facility.
Private, for-profit childcare centres	<ul style="list-style-type: none"> • Available in urban and suburban centers. Regulated for child protection conditions by the National Child Protection Authority, but the child care aspect is not regulated.
Home-based childcare services	<ul style="list-style-type: none"> • Mostly in rural areas; fee-levying institutions that are largely unregulated.

Key features of the existing childcare services / policies:

- No publicly funded childcare programmes, other than occasional programmes catered toward early childhood education centres.
- The draft National Policy for Child Day Care Centres has not been implemented.
- Domestic workers and unpaid family workers provide the majority of child care services.

2.2 Care policies for older people with care needs

Types of aged care services	Key features (including: who can access these services?)
Publicly-funded/ operated aged care institutions	Primarily designed to provide housing for older people who lack shelter (225 elder care homes housing 7100 elders)
Private, for-profit aged care institutions	Providing both residential facilities and long term care (20 homes) mainly in and around the Western Province
Community-based aged care services	Not available
Home-based aged care services	Care provided by family members or domestic workers

Key features of the existing aged care services / policies:

- The primary responsibility for aged care is placed on children of the elderly, but there are no alternative provisions made for those without familial support.
- Although residential facilities for elders are operated by the State, the private sector, and not-for-profit organisations, there are many who either cannot access or cannot afford such care, and are therefore being cared for in private residences by unpaid family members or domestic workers.
- There are no formal skills acquisition schemes for domestic workers to upgrade skills as caregivers for elders or childcare providers, and they are therefore are unable to convert their experience for higher economic returns.

2.3 Care-related social protection and labour policies**List of existing protections/ policies (or lack thereof)**

- Maternity benefits available to other workers in the formal and informal sector are not available to domestic workers.
- Legislative protections against dismissal due to pregnancy for private sector workers are not available to domestic workers, although any termination of services may be challenged before a Labour Tribunal.
- Free healthcare for all expecting mothers, including regular clinics, vaccinations, laboratory services, nutritional supplements and delivery services are provided; All domestic workers are entitled to these benefits through their local service provider.

3 People in Care

	Care workers employed in the formal sector	Community-based care workers or volunteers	Domestic workers	Unpaid family caregivers
Who are they?	–	–	53572 workers (as of 2017); mostly women	Mostly female family members
Working hours	Not specified			
Wages (10000 KRW)	National Minimum wage applies unless a domestic worker.	Not specified		
Access to social protection	EPF/ETF	Not specified		
Representation in policy dialogues on care	If categorized as a worker/employee entitled to obtain membership in trade unions in order to be represented.		Have the right to join a trade union but face challenges in accessing trade unions or representatives	Not entitled to join a trade union

4 The Situation of Domestic Workers

Adopting the ILO 5R Framework to analyse the national care policies and situation of domestic workers:

4.1 Recognition in the care agenda

Domestic workers have been intentionally excluded from all legislation, even legislation on national minimum wages. There are no standards applicable to the employment of domestic workers in any of the policies relevant to the care sector. Data on domestic workers is not gathered regularly by the national census, and data collections programmes and data are not easily accessible to researchers, decision makers and those representing domestic workers.

4.2 Redistribution between households and institutions

- Institutional support for care needs is considerable, especially with regard to elder care. Legislation has been introduced to compel children to care for their parents, which does not recognise variances such as the economic capacity of the children, migration out of Sri Lanka, and elders without children or close families. The institutional care available is not easily accessible and the regulation of conditions varies by sector.
- Domestic workers are employed to provide care services in households, but there is insufficient data on the number of workers, and type of care provided. The recruitment of domestic workers to fill the gap in availability of institutional care depends largely on the economic and financial capacity of households.

- There are very few public care services and care-related social benefits than can be accessed by domestic workers for their own household needs. Where such services are available outside of the public sector, domestic workers are often unable to afford the high cost of such care due to their low wages.

4.3 Reduction of care burden and working hours

Working hours for domestic workers are not regulated, and they often work longer hours than other workers in both the formal and informal sectors. However, they are not paid overtime for such work, as it is not customary to compensate over the agreed monthly/daily wage. Legislation on working hours do not cover domestic workers.

4.4 Reward for excessive care responsibilities, overtime, or accumulation of skills / experience

- National legislation on minimum wages specifically exclude domestic workers, and they are not entitled to overtime.
- Premium pay for additional work is not associated with domestic work and workers are required to perform any task assigned, even if it is outside the informal agreement at recruitment without any payment other than the salary agreed.
- No other conditions of work, such as accommodation, meals, rest periods, paid leave and health benefits are specified or provided.
- There is no evidence that the salary increases by the level of experience or skills that a domestic worker has acquired,
- Salaries vary by location, such as higher pay in urban centres where there is a greater demand for domestic workers.

4.5 Representation in policy dialogues on care

- Difficulties engaging with activities outside the workplace pose the main challenge for domestic workers, due to restrictions on movement placed upon live-in workers by employers; DWs are typically not permitted to leave the workplace unaccompanied on a regular basis, other than to travel back to their hometown.
- Even with digital connectivity, these domestic workers face considerable challenges such as a lack of scheduled free time to be able to engage in awareness raising or organising activities online.
- With regard to voting in elections, domestic workers within Sri Lanka are generally permitted to travel to the location where they are registered at election time, as it is unlawful not to provide leave to vote.

CARE POLICY MAPPING FACTSHEET

TAIWAN



1 Growing Care Needs

- The care dependency ratio for Taiwan has continued to increase year by year: the ratio was 42.2 in 2022, and expected to rise to over 100 by 2060.
- It is estimated that the number of Taiwanese citizens aged 65 or above will exceed 30% of the total population in 2039 and will reach 43.6% by 2070.
- Children aged 0-6 represent merely 4.3% of the total population.
- The birth rate in Taiwan is declining; there are less than 200,000 new births a year.
- 829,000 people needed long-term care in 2022, and the figure will reach 1,000,300 in 2026.

2 Care Policies and Infrastructure

Overall summary of the national policy on care (examples: targeting low-income households, emphasizes the family/ household's responsibility in care, etc.)

Types of intervention	Instruments of care provision in the country
Monetary benefits	Nursery subsidy and child rearing allowance for childcare, elderly care allowance for family caregivers who cannot find a job due to caregiving responsibilities
Direct provision of services or benefits in kind	Community-based integrated care service model- for elderly and the disabled
Employment-related measures	No paid parental leave for childrearing; if covered by employment insurance, parents can apply for allowance for parental leave without pay; the state subsidizes 80% of wages, for a maximum of 6 months Employees can request the workplace to reduce working hours by 1 hour per day, or reschedule working hours; it is possible request family leave for 7 days but the employer has no obligation to pay; Parental leave without pay for 2 years, parental leave without pay and subsidized allowance for 6 months
Incentives to encourage market provision of care services or through care migration	Labour migration policies that allow for the hiring of migrant domestic workers
Social protection schemes	None

Salient features of the current care policies and infrastructure

- Childcare policies are mainly to benefit children aged 0-6, and are only available online to Taiwan citizens.
- Long-term care policies aim to provide care services to people with physical or mental disabilities, and destitute persons.
- There are about 54,000 childcare workers, 24,000 care attendants and 49,000 home carers for long-term care services, 435,000 family caregivers and 238,000 migrant domestic workers.

2.1 Childcare policies

Types of childcare services	Key features (including: who can access these services?)
Workplace childcare centres	<p>Workers can apply for no pay parental leave for maximum 2 years (for children under age 3), if covered by employment insurance, parents can apply for allowance for parental leave without pay for a year or more</p> <p>Employees hired by employers with more than 30 employees may request to reduce working time by 1 hour per day or to reschedule working hours. For the reduced working hours, no compensation shall be paid.</p> <p>Each parent may apply for parental leave without pay before any of their children reach the age of 3 years old, for a maximum of 2 years</p> <p>Taiwan nationals can apply for parental leave without pay allowance for 6 months</p>
Publicly-funded/ operated childcare centres	None
Community-based childcare centres	National Childcare Policies for Children Aged 0-6 - Nursery subsidies, for nurseries and community nannies
Private, for-profit childcare centres	None
Home-based childcare services	National Childcare Policies for Children Aged 0-6 - Child rearing Allowance for Full-time home child rearing parents

Key features of the existing childcare services / policies:

- The childcare policies are still designed with keeping childcare under the ambit of the parents, hence policies are aimed to reduce the burden of both parents for childcare.
- Equal parental leave is available to both parents
- Publicly funded childcare is significantly missing, and the community-based alternatives are nurseries or community nannies. The state's childcare policy reflects that it believes that care of children should lie within the family and with parents.

2.2 Care policies for older people with care needs

Types of aged care services	Key features (including: who can access these services?)
Publicly-funded/ operated aged care institutions	The Long-term Care Plan 2.0 policy: Residential care institutions provide all-day care services and accommodations for the elderly with mental or physical disabilities, and destitute aged persons.
Private, for-profit aged care institutions	None
Community-based aged care services	The Long-term Care Plan 2.0 policy: Community-based long-time care institutions - day care centers for the elderly with dementia, community care service stations.
Home-based aged care services	<p>The Long-term Care Plan 2.0 policy: Home-based care services are provided by long-term care institutions, where home carers are dispatched to service recipients' private households, offering care services on an hourly basis</p> <p>Elderly care allowance for low-or middle-income family caregivers, if caregiver cannot seek employment due to caregiving responsibilities.</p>

Key features of the existing aged care services / policies:

- Prioritises care to elderly with disabilities or destitute aged persons
- According to statistics by the Ministry of Health and Welfare, there were 286,000 Long-term Care Plan 2.0 service recipients in 2021¹
- For long-term care services, there are about 24,000 care attendants and 49,000 home carers, while the number of private carers is unavailable

2.3 Care-related social protection and employment policies

List of existing protections/ policies (or lack thereof):

- Workers can apply for no-pay parental leave for maximum 2 years (for children under age 3), if covered by employment insurance, parents can apply for allowance for parental leave without pay for a year or more.
- Employees hired by employers with more than 30 employees may request to reduce working time by 1 hour per day or to reschedule working hours. For the reduced working hours, no compensation shall be paid.
- Each parent may apply for parental leave without pay before any of their children reach the age of 3 years old, for a maximum of 2 years.
- Taiwan nationals can apply for parental leave without pay allowance for 6 months.
- Elderly care allowance for low-or middle-income family caregivers, if caregiver cannot seek employment due to caregiving responsibilities.

3 People in Care

	Care workers employed in the formal sector	Community-based care workers or volunteers	Domestic workers	Unpaid family caregivers
Who are they?	Care attendants at residential institutions Home carers are hired by long-term care institutions and dispatched to service recipients' private household	Nursery workers, nannies, kindergartens, day-care centre workers for the elderly and disabled	Private carers (Taiwanese nationals) providing care support at home or in the hospital Migrant domestic workers from South-East Asia, can be subcategorised into "Domestic caretakers" and "Family Assistants"	Mainly women in the households
Working hours	Taiwan's Labour Standards Act is applicable Normally, 8 hours per day, 40 hours per week, 1 day leave for every 7 days	No data	Taiwan's Labour Standards Act is not applicable 12 hours or 24 hours for private carers 24 hours for MDWs	Taiwan's Labour Standards Act is not applicable

¹ Ministry of Health and Welfare, 2021

Wages	Care attendant: Monthly; on average, more than 1.7 times the basic wage Home carer-Hourly paid; on average, more than 1.6 times the basic wage	No data	Private carers could earn double the basic wage For MDWs, salaries are far below basic wage, as their working conditions are determined by MOUs between COO and COD and no wage protection is guaranteed	None
Access to social protection	No data	No data	None	No data
Representation in policy dialogues on care	None	None	Migrant domestic workers have freedom of association and can form unions. Despite the fact that migrant domestic workers perennially fulfill more than 30% of the long-term care demands, they are not formally recognized as part of the care workforce in the Long-term Care Plan 2.0 policy approved in 2016. They are also not included in manpower deployments and training programs in the aforementioned policy.	None

4 The Situation of Domestic Workers

Adopting the ILO 5R Framework to analyse the national care policies and situation of domestic workers:

4.1 Recognition in the care agenda

Recognition in the Care Agenda: The rights and well-being of domestic workers are largely absent from Taiwan's care agenda through exclusions from:

- Fundamental labour law provisions under Taiwan's Labour Standards act including minimum wage, working hours, overtime pay, public holidays, annual leave, sick leave, tocolysis leave, menstruation leave, maternity leave, miscarriage leave, paternity leave, personal leave, family care leave, marriage leave, bereavement leave, parental leave, retirement benefits, labour pension benefits, severance payment, etc. .

4.2 Redistribution between households and institutions

- The widespread demand for long-term home care services is widely regarded as a reason for lower standard wages and denial of legal holidays for migrant domestic workers.

4.3 Reduction of care burden and working hours

- As the Labour Standards Act excludes domestic workers, basic wage protections in Taiwan are also not applicable to migrant domestic workers. Migrant domestic workers' statutory minimum wage is based on the standardized recruitment contracts negotiated by the Taiwan government and various foreign governments concerned.

- As the Act of Gender Equality in Employment applies to domestic workers, they enjoy 8 weeks of maternity leave.
- Due to the lack of rest and weekly days-off, migrant domestic workers are often prone to long-term health issues.

4.4 Reward for excessive care responsibilities, overtime, or accumulation of skills / experience

- Migrant domestic workers have no access to employment or labour insurance
- Migrant domestic caretakers are under mandatory coverage of the labour occupational accident insurance, but there are many difficulties in applying for eligible benefits.
- As domestic workers work in private households, labour inspectors are unable to enter their workplace without permission.

4.5 Representation in policy dialogues on care

Migrant domestic workers have freedom of association and can form unions. Despite the fact that migrant domestic workers perennially fulfil more than 30% of the demand for long-term care, they are not formally recognized as part of the care workforce in the Long-term Care Plan 2.0 policy approved in 2016. They are also not included in manpower deployments and training programs in the aforementioned policy.

CARE POLICY MAPPING FACTSHEET

THAILAND



1 Growing Care Needs

Show the trends/ latest figures available:

- **22% of the current population of Thailand is over the age of 60;** the current figure stands at 15,773,000 and is expected to increase to 35.8% by 2050
- **3.05% of the current population of Thailand are people with disabilities;** the current figure stands at 2,027,000
- **15% of the current population of Thailand are children below the age of 15;** the current figure stands at 11,127,000
- **The old age dependency ratio will be 50% in 2050**

2 Care Policies and Infrastructure

Overall summary of the national policy on care (examples: target low-income households, emphasizes the family/ household's responsibility in care, etc.)

Types of intervention	Instruments of care provision in the country
Monetary benefits	None
Direct provision of services or benefits in kind	<p>25 public nursing homes under public elder care services</p> <p>In 2020, there were 20,407 learning and childcare development centres registered in Thailand</p> <p>In 2001 there were 67,200 pre-school classes in 29,410 rural primary schools, serving almost 1.4 million children each year</p> <p>There are 10 residential homes for PWD in Thailand</p> <p>Available resources include community-based care, Child Support Grant, School Lunch Programme, Old Age Allowance</p>
Employment-related measures	Maternity leave and benefits
Incentives to encourage market provision of care services or through care migration	None
Social protection schemes	None

Salient features of the current care policies and infrastructure

- The combination of public and private care services do not meet the total demand for care.
- The quality of public care services (for both the elderly and children) are sub-par and understaffed.
- The costs of private care services are very high and therefore cannot be afforded by a major section of the demand population.

2.1 Childcare policies

Types of childcare services	Key features (including: who can access these services?)
Workplace childcare centres	No data
Publicly-funded/ operated childcare centres	In 2020 there were 20,407 learning and childcare development centres registered in Thailand. By 2001 there were 67,200 pre-school classes in 29,410 rural primary schools, serving almost 1.4 million children each year (UNESCO, 2007) The Child Support Grant (CSG) is an unconditional cash transfer for children aged six and under, but is targeted towards the poorest. The School Lunch Program provides free or subsidised meals to students in public schools (65.7%)
Community-based childcare centres	None
Private, for-profit childcare centres	In 2000-2001, children in private kindergartens account for 28% (547,411 children) of the total enrolment figure for pre-primary classes.
Home-based childcare services	None

Key features of the existing childcare services / policies:

- There are no government assisted options for infants and children up to age three.
- There is no trust in the quality of publicly funded centres (3 - 4 age group in particular), there is a lack of transportation; available centres are poorly located and have inconvenient hours.
- ILO (2022e) calculates the childcare policy gap¹ in Thailand at 2.8 years, which is the time between paid leave benefits and universal Early Childhood Care and Education.

1 Universal ECCE starts at 36 months; childcare leave is 3 months, leaving 33 months without cover.

2.2 Care policies for older people with care needs

Types of aged care services	Key features (including: who can access these services?)
Publicly-funded/ operated aged care institutions	<p>25 public nursing homes for older people; 910 elderly persons living in assisted living facilities; rural health services are well established and have contributed to the Universal Health Care (UHC) goals of equitable access and financial risk protection.</p> <p>Coverage of public healthcare in urban settings is poor, due to a weakness of local government in health-care provision - the Bangkok Metropolitan Authority has only 68 health centres serving an official population of 8 million.</p> <p>The Old Age Allowance is a social pension paid to anyone over the age of 60 not covered by formal insurance schemes.</p>
Private, for-profit aged care institutions	<p>800 private nursing homes, run by small for-profit operators with a maximum capacity of 30 beds, while a few larger companies operate homes with a larger capacity. 30,000–50,000 baht per month appears to be the standard price for such services, but they can be more expensive if extra services are required.</p>
Community-based aged care services	<p>Home Care Service Volunteers: there are over 51,000 elderly home care volunteers responsible for nearly 800,000 older persons.</p> <p>The Ministry of Public Health organised more than 1 million Village Health Volunteers, each responsible for 60–80 people and working alongside 5–10 other volunteers to cover a whole community.</p>
Home-based aged care services	<p>Home Care Service Volunteers: over 51,000 elderly home care volunteers responsible for nearly 800,000 older persons.</p>

Key features of the existing aged care services / policies:

- Private nursing-home elder care services are unaffordable to the general public and still a luxury service for wealthier families.
- The extent and quality of services provided by such home care volunteers varies greatly across communities.
- All health services in community care services are covered by the Universal Health Coverage Scheme.

2.3 Care-related social protection and employment policies

E.g. Paid maternity & paternity leave, employment policies on flexible working hours to cater for family care responsibilities, legislation against dismissal/ discrimination based on pregnancy/ family status, cash benefits or social security for family caregivers

Maternity benefits

- All pregnant women are protected from night shift work and cannot be forced to do hazardous work.
- Mothers with no employment-related benefits receive maternity health care benefits from Universal Health Coverage (UHC) .
- All formal sector female employees are entitled to a maximum of 98 days of maternity leave, which is partially paid at a rate of 49 days at 100% of their regular pay, and the remaining days at a rate of no less than 50% of their regular pay.

3 People in Care

	Care workers employed in the formal sector	Community-based care workers or volunteers	Domestic workers	Unpaid family caregivers
Who are they?	Elderly Caregivers, Elderly Paid care assistants, Elderly Care Managers, Child Care Worker, Pre School Teacher	Village Health volunteers	Local domestic workers, migrant domestic workers	Family member, mostly the woman in the immediate or extended family
Working hours	Long, irregular hours, work weekends and holidays	No data	7-15 hours a day for local domestic workers, often more than 14 hours a day for MDWs	No data
Wages	Caregiver with a nursing degree: 25,000 baht per month, full time caregivers without a nursing degree: 8,000-10,000 baht per month, Childcare worker - 41,000-56,1000 baht per month, Pre-school teacher - 37,300-104,000 baht per month	1000 baht monthly	7050 baht per month for local domestic workers, 400-3000 baht per month for migrant domestic workers	No wages - unpaid
Access to social protection	National Savings Fund, Old Age Allowance, Social Security Fund	National Savings Fund, Old Age Allowance,	National Savings Fund, Old Age Allowance, can access Social Security Fund if they join as care worker	None
Representation in policy dialogues on care	No data	No	Excludes domestic workers to right of freedom of association	No

4 The Situation of Domestic Workers

Adopting the ILO 5R Framework to analyse the national care policies and situation of domestic workers:

4.1 Recognition in the care agenda

- Domestic workers are not considered employees under the Labour Protection Act.
- The Ministerial Regulation No. 16 passed in 2024, provided more protection for domestic workers and added to existing coverage of domestic workers under the Labour Protection Act (1998).

4.2 Redistribution between households and institutions

- There are 127,015 migrant domestic workers (84% of whom are women) and in 2022, a survey estimated that the number of domestic workers in Thailand are between 289,760 and 1.4 million. These domestic workers are still shouldering the burden of care in the absence of public care facilities and services.

- Only 17% of children are covered under the Child Support Grant (CSG).
- The State Welfare Card covers 57.2% of the poorest 20% of the population and excludes wage earners.

4.3 Reduction of care burden and working hours

- The new ministerial regulation No 16 states that domestic workers should have an eight-hour workday, like other workers in Thailand, with a one-hour break. If a domestic worker works beyond eight hours, they should be paid overtime.
- However, working hours are still 7-15 hours a day for local domestic workers, and often more than 14 hours a day for MDWs.
- The 2018 Informal Employment Survey reports that domestic workers work 4.1 hours more per week than other workers.
- Many domestic workers, especially migrant workers, provide live-in care, which involves living with the care recipient and providing round-the-clock care as needed.
- Domestic workers now have the right to maternity leave (albeit not fully paid) and it is prohibited to terminate their contract due to pregnancy.

4.4 Reward for excessive care responsibilities, overtime, or accumulation of skills / experience

- No minimum wage law for domestic workers. According to Ministerial Regulation No 16, since April 2024, domestic workers should be paid minimum wage, when previously they were excluded from minimum wage protection.
- Domestic workers who have gained experience as childcare workers are not recognised by the Education Department. There are no policies to recognise skills or experience.
- Domestic workers are not entitled to severance pay, as they are not covered under Section 118 of the Labour Protection Act.

4.5 Representation in policy dialogues on care

- In 2018, the Ministry of Labour issued a regulation allowing domestic workers to form a “group” or “association” for the purpose of promoting their interests and protecting their rights. However, these groups are still not recognised as labour unions and therefore do not have right to collective bargaining.



A YOUNG DOMESTIC WORKER RESTING AFTER A HARD DAY'S WORK



112th Session of the International Labour Conference

Agenda item VI: Decent work and the care economy

June 2024

International Domestic Workers Federation Position Paper

Domestic Workers and the Care Economy

1. Key aspects and components of the care economy

Care is the foundation upon which life itself exists – it is necessary for humans, societies, and economies to function. The IDWF supports the definition of care highlighted in the ILO report¹ on Decent Work and the Care Economy which states that **care work is crucial for the future of decent work, and that it consists of both paid and unpaid work, and it includes direct and indirect care.**

Care work is delivered throughout the life cycle, ensuring sustainability and quality of life. Care is the link between production and reproduction processes since care work is the backbone that makes all other paid work possible. Despite its vital importance, the central place of care in the provision of well-being has remained invisible in the mainstream economy.

The current social organization of care reflects profound inequalities that are rooted in slavery, ownership and disenfranchisement of people from the Global South. Such inequalities are expressed through differentiated social and economic status and positions of power that are often used to exploit the labor of racialized women and girls, migrant women, and women working in informal settings. The unequal organization of care is both a driver and outcome of poverty and structural inequalities, with implications for the rights and well-being of those providing and receiving care.

There is a need to reach a common understanding of the care economy in order to create a conducive policy environment that promotes decent work for workers in care sectors, workers with family responsibilities, gender equality and social and economic justice. An integrated approach recognizes care as a public good rather than as women's responsibility and as a human right². In this line we endorse the ILO's 5 Rs framework that conceives care from a rights-based and gender-responsive approach to public policy that generates citizenship, promotes formalization of jobs and decent work conditions in the care economy.

¹ ILO Decent Work and the Care Economy

<https://www.ilo.org/resource/conference-paper/decent-work-and-care-economy>

² The Centrality of Care and Support from a Human Rights Perspective

<https://idwfed.org/wp-content/uploads/2024/04/HCHR-draft-5-APR-ENG.pdf>

The need for care has been on the rise, the availability of unpaid work to meet household care needs has decreased, and there is a growing need for quality public care services. Domestic workers (DWs) provide services and goods that are socially necessary for the maintenance of the households and the well-being of families, most often in the form of either direct (face-to-face personal care) or indirect care activities (including tasks such as cooking, cleaning, and other work that ensures a healthy and safe living environment). In light of a growing care burden that falls on families (especially on women and girls) a critical portion of the care burden is outsourced to domestic workers. Domestic work enables others to join the labor force and contribute to economic growth.

Domestic workers are a key pillar of the care economy, considering only those employed directly by households; they account for 25% of all care workers. Around the world, 75.6 million DWs are aged 15 years and over³.

Domestic workers have a long tradition of organization and mobilization to recognize care work—performed for households—as work and their rights as workers. This legacy informs the current conceptualization of care work as work, which is also ingrained in the ILO Convention 189 on Decent Work for Domestic Workers. Promoting decent work for DWs must be at the core of a care economy agenda and policy.

2. Gaps in decent work coverage and access to care provisions for domestic workers

The undervalued nature of care work also has ramifications for paid care workers. Despite the relevant contribution that DWs provide to the care economy, societies continue to place a low social and economic value on domestic work; it is often considered unskilled and an extension of women's unpaid care work. Compared to most other wage workers, DWs tend to have lower wages, fewer benefits, and fewer legal or social protections. Very few DWs have labor contracts. They usually have no maternity leave, health care or pension provision. Temporary migration policies and schemes lead to a structural suppression of DWs labor rights. The undervaluation and under-recognition of DWs must change to reflect their invaluable role in supporting households, economies, societies and enable them to enjoy their human rights.

Certain categories of DWs face greater disadvantages. Live-in DWs experience more isolation, less privacy and more limited mobility, work longer hours, and receive a larger share of payments in kind (such as meals and accommodation). Living conditions are frequently poor. They are also more vulnerable to physical/sexual abuse by employers compared to live-out DWs. Many DWs face multiple forms of discrimination due to their gender, race, ethnicity, class, migratory status and other individual characteristics that “intersect” with one another and overlap. Gaps in protection and enjoyment of rights are more pronounced among these groups.

a. Legal exclusion

Domestic workers face high levels of discrimination by law. In several countries, households are not recognized as workplaces, and DWs are not recognized as workers. Worldwide, 36.1% of DWs are excluded from national labor legislation, and 50.1% have no legal entitlement to social security. Nearly half of DWs remain excluded from specific provisions limiting normal weekly hours of work (48.9%). Almost half (46%) are not legally entitled to a minimum wage. A large proportion of women DWs are excluded from maternity leave provisions (46.5%) and entitlements to maternity cash benefits (47.6%), and even more are excluded in practice because of their informal status⁴.

³ ILO. (2024, March). From global care crisis to quality care at home: The case for including domestic workers in care policies and ensuring their rights at work.

https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_916326.pdf

⁴ ILO. (2021). Making Decent Work a Reality for Domestic Workers: Progress and Prospects Ten Years after the Adoption of the Domestic Workers Convention, 2011 (No. 189).

https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_802551.pdf

b. Lack of and insufficient Implementation

In addition to legal exclusion, multiple barriers prevent the implementation of the law and its compliance. Only a few DWs enjoy rights and protection in practice: 81.2% of DWs (61.4 million) remain in informal employment.

c. Skills not recognized

Despite performing a wide range of skilled tasks around the home, domestic work is often dismissed as “unskilled” work (a justification to underpayment and lack of decent working conditions). A study conducted by the ILO in 2023 compared the tasks that DWs perform in homes against the International Standard Classification of Occupations (ISCO) and found that almost all DWs are operating at a medium skill level (level 2), far higher than ‘unskilled’.⁵

d. Child domestic work

7.1 million children aged 5 to 17 years are engaged in child labor in domestic work. This includes 4.1 million children between the ages of 5 and 11 years, 1.1 million children between the ages of 12 and 14 years and 2.0 million children between the ages of 15 and 17 years. They are highly vulnerable to physical, sexual, psychological or other forms of abuse, harassment and violence⁶.

e. Forced Labor

Domestic work is among the five sectors accounting for the majority of total adult forced labor, and one of the main sectors where children in forced labor are found. Domestic workers are the most vulnerable and exploited because of the isolated nature of the work and its close link to trafficking. The share of migrants in the group of people in forced labor is much higher than that of migrants in the overall labor force. Migrant DWs are more prone to forced labor, particularly in countries where they are not protected by law or unable to exercise their rights, or where regular migration channels are restricted by law or practice. Women in forced labor are much more likely than their male counterparts to be in domestic work and to be coerced through wage non-payment and abuse of vulnerability. Indicators of involuntariness include being unable to quit the job, having to stay in the job longer than agreed, and being made to work without overtime pay, among others⁷.

⁵ ILO (2023). Skilled to care, forced to work? Recognizing the skills profiles of migrant domestic workers in ASEAN amid forced labour and exploitation.

https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_885139.pdf

⁶ ILO. (2021). Making Decent Work a Reality for Domestic Workers: Progress and Prospects Ten Years after the Adoption of the Domestic Workers Convention, 2011 (No. 189).

https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_802551.pdf

⁷ ILO, Walk Free, & IOM. (2022, September). Global Estimates of Modern Slavery: Forced Labour and Forced Marriage. ILO.

<https://www.ilo.org/publications/major-publications/global-estimates-modern-slavery-forced-labour-and-forced-marriage>

f. Migration

The growing demand for care in many countries has led to dependency on migrant domestic workers to cover care gaps. Migrant domestic workers (MDWs) are often hired under conditions locals are not willing to accept. Even though their overseas work allows MDWs to support their families, they often lack basic conditions to ensure a safe migration and respect for migrant DWs' human rights and decent work. MDWs working conditions and labor rights are often regulated not by national laws but rather by bilateral agreements (BLAs) and memorandums of understanding (MOUs) between countries of origin and destination, which usually results in discriminatory levels of protection. Temporary migration policies and schemes lead to a structural suppression of MDWs' labor rights. Emigration policies discriminate in some countries against DWs, leading to irregular pathways of migration that increase risks of abuse and exploitation.

g. Violence at work

As a consequence of multiple forms of discrimination, DWs are often subject to violence and harassment in their workplaces: economic abuse, psychological abuse, physical and sexual abuse, verbal abuse and lack of access to appropriate food. An IDWF study⁸ reveals that **eight out of ten DWs suffer harassment and discrimination of some type in their work.**

h. Freedom of association: challenges faced by DWs organizations

In some countries, DWs are not allowed to organize or join trade unions (they fall outside the scope of law due to the definition of workers, workplaces or even employers). MDWs are often excluded. Beyond legal challenges, DWs face practical obstacles to their rights of voice and representation. The nature of the worker-employer relationship and the lack of a counterpart (employer's organization) makes it difficult for DWs to negotiate collective bargaining agreements with their employers.

3. Effective measures towards a sustainable and well-functioning care economy

- ILO Convention 189 sets minimum standards for decent work for DWs. As of May 2024, 36 countries have the Convention: 18 in Latin America and the Caribbean, 11 in Europe, 6 in Africa, and 1 in Asia⁹. That so few countries have ratified the DWs' convention in most regions reflects how challenging it is to reform the sector. C189 should be recognized as a central pillar of a national care policy.
- **Domestic work is care work**, and it plays a crucial role in life reproduction and life sustenance therefore setting the pre-conditions and bases for national economies and societies to function¹⁰.

⁸ IDWF. (2018b, June). Platform of Demands: Violence and harassment against women and men in the world of work. IDWFED.

https://idwfed.org/wp-content/uploads/2022/07/international_labour_conference_107th_session_en.pdf

⁹ These countries are in Latin America and the Caribbean: Argentina, Antigua and Barbuda, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Granada, Guyana, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay; In Africa: Guinea, Madagascar, Mauritius, Namibia, Sierra Leone, and South Africa; In Europe: Germany, Belgium, Finland, Ireland, Italy, Malta, Norway, Portugal, Spain, Sweden, Switzerland; In Asia: Philippines

¹⁰ ILO. (2024, March). From global care crisis to quality care at home: The case for including domestic workers in care policies and ensuring their rights at work .

https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_916326.pdf

DWs should be fully and explicitly recognized as workers, as part of the care workforce and as care providers, covered by national labor codes and protected in equal conditions compared with workers in other occupations. Decent work for DWs should be ensured, as well as access to complaint mechanisms and their right to organize. Discriminatory frameworks and practices they often face should be eradicated.

- **Pathways to DWs formalization should be prioritized and their skills –acquired through training or experience– recognized, valued and fairly remunerated.** Access to skills training linked to formal employment opportunities should be provided.
- **Care must be seen as a human right;** the right to self-care, the right to receive and provide care must be done in conditions that uphold decent working conditions so that providers and recipients of care can fully realize this right. DWs labor rights and social protection should be ensured. As workers with family responsibilities, they should enjoy effective access to social protection benefits and measures, including maternity protection and the full set of rights and mechanisms to ensure their rights to care and to care services.
- Care should be recognized as a **public good**, operating on principles of solidarity, equity and universality and the leadership of the State. Increased public investments in care under a rights-based approach are necessary to ensure decent work for DWs and their access to care.
- Labor shortages in the care sector must be addressed through rights-based schemes, coherent care and migration policies that recognize MDWs' rights to enjoy the same rights as other workers and their entitlement to decent work.
- **Rights-based migration pathways** should empower and protect domestic workers through open work permits covered by labor and social protection regulations while offering permanent residency status in the country of destination and family reunification avenues. Bi-lateral agreements should be based upon C189 standards, MDWs should have access to core labor standards (freedom of association, non-discrimination, OSH, fair wages, access to justice mechanisms and protection from GBVH), social protection, portability of social security benefits and their skills formally recognized for the purpose of determining labor conditions, including wage¹¹. Emigration policies should be developed with a gender lens in order to ensure DWs have their right to a free and safe migration with rights.
- Domestic workers have a long tradition of organizing unions and collective action. The founding of the International Domestic Workers Federation (IDWF) in Montevideo in 2013 revealed the global expansion of the domestic workers' movement, built upon new connections between existing national and regional organizations composed (exclusively) of domestic workers. The IDWF represents more than 670,000 domestic workers through 88 affiliates in 68 countries worldwide. IDWF is the result of domestic workers' long-term mobilization for their rights. **The founding of a global federation of domestic workers is a sign of the growing strength of the movement and a key moment to assess progress for workers long excluded from basic labor protections.** The IDWF has played a vital role in building the capacity of fledgling domestic workers organizations around the world. This has included the founding of new unions of domestic workers in several countries.

¹¹ ILO (2023). Skilled to care, forced to work? Recognizing the skills profiles of migrant domestic workers in ASEAN amid forced labour and exploitation.

https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_885139.pdf

- Institutionalized social dialogue spaces among workers, employers and government are essential to advancing rights and protections. Employers of DWs should be encouraged to create their own organizations as a precondition for expanding social dialogue.
- The regions and countries that have been able to advance and secure labor rights and social protections are those where freedom of association is permitted in law and in practice. Domestic workers are key partners to be consulted for the elaboration of any policy or legal reform concerning their situation and care policies¹².

4. ILO Office related action

IDWF wishes to request the following support:

- Further efforts should be made to ensure the ratification and effective implementation of Convention 189 to address decent work deficits among DWs. IDWF wishes to request the ILO Office to scale up promotional campaigns and technical assistance for Member States that have not yet ratified C189, as well as technical support and guidance on the application of C189 for those Member States that have already ratified C189.
- The ILO should provide technical support, guidance and training to its tripartite constituents to strengthen the capacity for social dialogue mechanisms to address DWs' decent work deficits and effectively guarantee DWs' voice and representation.
- IDWF wishes to request the ILO to provide policy guidance and training to the tripartite constituents on the development of national policy frameworks, roadmaps and action plans on the care economy that promote the incorporation of decent work for DWs and their right to care as a core component of national care policies¹³.
- The ILO has made key contributions to developing comprehensive work on the care economy, providing valuable inputs to promote decent work for DWs. We support the continuation of ILO research and data development in this area and the inputs to be provided to the necessary process to reach a tripartite common understanding of the care economy guided by ILO's 5R framework.

During the IV Congress (2023), IDWF adopted the following Combined Resolution on the Care Economy¹⁴.

¹² The Buenos Aires Commitment, adopted by Latin America and the Caribbean Member States, agreed to "actively support the participation of ... organizations of paid domestic workers ...in the design, implementation and monitoring of care policies"

<https://repositorio.cepal.org/server/api/core/bitstreams/5d94a78a-b8ac-487e-bfba-214ed496c68b/content>

¹³ The ILO "Roadmap: Investing in Care to Make Domestic Work Decent Work", adopted by several Latin American States, provides guidance to achieve decent work in the care sector, particularly for domestic workers.

<https://www.ilo.org/es/publications/hacer-del-trabajo-domestico-un-trabajo-decente-invertir-en-cuidado-una>

¹⁴ IDWF Resolutions adopted in the 4th Congress, October 2023.

<https://idwfed.org/wp-content/uploads/2024/05/IDWF-Resolutions-2023-EN-V.2.pdf>

Domestic Workers as Care Workers, and with the right to Child Care and Elderly Care Support

Based on the resolutions proposed by the IDWF Congress in 2018, the Jamaica Household Workers Union (JHWU), and IDWF affiliates in Asia and the Americas in 2023.

Acknowledging:

That a discussion about the social and economic value of care is being held at a global level and 75.6 million domestic workers (who account for approximately 25% of the global paid care workforce providing both direct and indirect care for private families) constitute a major part of paid care workers across many different contexts.

That in the global debate of care, international organizations, and such as the ILO and the UN, have regarded care as a right—"the right to care"—as fundamental premise for the sustainability of societies and national economies, especially in post-pandemic times.

Recognising:

That the COVID-19 pandemic has evidenced the social and economic value of care. While all economic activities came to a halt, care work never stopped and was essential to save lives and keep households functioning. Despite this, the working conditions of domestic workers have deteriorated (confinement, layoffs, reduced working hours, lower wages, and cancellation of social security registration). In addition, domestic workers have been subjected to harassment and gender-based violence.

That the demand for care for dependent persons (children, older adults, persons with disabilities and sick persons) requires a growing workforce that is properly trained to provide the necessary care.

That a significant number of domestic workers globally are migrant workers (the ILO estimates this at one in five domestic workers worldwide), which comprises 'global care chains'. Migrant domestic workers either work legally in a country or lack the relevant documentation. If they are in informal employment, they are doubly "illegal" due to their migration status and their informal job.

That women have massively entered the labour market yet care responsibilities have not been redistributed in households, which means that women have an excessive daily workload, with the poorest and most racialized women being worst off.

That the right to childcare is recognized in ILO Convention 102 on Social Security, ILO Convention 156 on Workers with Family Responsibilities, ILO Convention 183 on Maternity Protection and ILO Convention on the Decent Work for Domestic Workers as key relevant labour standards.

That older domestic workers face highly vulnerable living conditions, because their jobs developed in poor working conditions with no access to social security, so they do not have access to retirement benefits or their retirement benefits are extremely low, while most of them have no access to free healthcare services let alone to protection and care services, and many of them are living in poor conditions,

That not only are domestic workers providers of care services but also provide unpaid care work for their families and communities, and as a consequence they and their families also have care needs themselves, which should be addressed by societies and governments.

Concerned:

That in the present global Care debate and narrative, the presence, contribution and the care work burden borne by domestic workers is rarely acknowledged.

That the initiatives around Care by the IDWF affiliates are currently isolated from one another and focusing on the national context.

That few governments have developed comprehensive Care policies and programmes to guarantee the right to care for all, the rights of care providers, the co-responsibility of the State, and the required cultural changes. Domestic workers should be part of a comprehensive system that recognizes their rights as care providers and also provides care to all domestic workers needing care.

THEREFORE, BE IT RESOLVED THAT THE IDWF:

Reinforces strategic alliances with the Global Union Federations and the Global Alliance on Care (The GAC) **and forms additional** strategic alliances with other unions, federations, associations of care workers, and coalitions working on care when necessary with the aim of integrating domestic workers into the global “care” agenda – recognizing rights of domestic workers as care workers;

Participates in key strategic meetings with government bodies and departments, UN agencies (including the ILO), civil society and the private sector to amplify the voices of domestic workers and assert our presence in these platforms on the Care economy.

Creates a global, coordinated campaign on Care focusing on the informal sector and domestic workers, leveraging the 5Rs (Recognize, Reduce, Redistribute, Reward and Represent) as a global campaign on care economy.

To Achieve the Objectives where governments recognize all Domestic Workers as Care Workers and implement solutions to provide appropriate care to dependent persons, ensuring that care work is safe, decent, and well-paid, including training and professional development for workers. This includes:

- The integration of domestic workers into a comprehensive care system as care providers and receivers.
- Supporting initiatives and advocacy efforts of affiliates aimed to secure provision of affordable public quality childcare services as part of national social protections systems in the world, if that does not already exist, and to campaign for such policies to be developed and implemented.
- Advocating and ensuring that access to maternity leave benefits for domestic workers are part of the national social protection schemes and are implemented in practice.
- Securing access to retirement benefits for older domestic workers, as well as access to free healthcare services and care programmes, plus policies aimed at eliminating all forms of discrimination affecting older domestic workers’ continued labour.
- Appropriately addressing the housing situation of retired domestic workers.
- Programmes and special protection for migrant domestic workers (including undocumented migrant workers).
- The ratification and implementation of ILO Convention 189 to ensure minimum social and labour protection for all domestic workers.

Reports of the National Consultations on Care done in four countries of ASEAN:

Philippines:

<https://idwfed.org/wp-content/uploads/2025/08/Discussion-Table-Philippines-National-Consultation-on-Care.pdf>

Thailand:

<https://idwfed.org/wp-content/uploads/2025/08/Discussion-Table-Thailand-National-Consultation-on-Care.pdf>

Indonesia:

<https://idwfed.org/wp-content/uploads/2025/08/Discussion-Table-Indonesia-National-Consultation-on-Care.pdf>

Malaysia:

<https://idwfed.org/wp-content/uploads/2025/08/Discussion-Table-Malaysia-National-Consultation-on-Care.pdf>