

SAVE THE CHILDREN FUND/UNICEF

MULTI-YEAR, MULTI-COUNTRY RESEARCH PROGRAMME
ON THE IMPACTS OF CASH TRANSFERS ON CHILDREN
IN EASTERN AND SOUTHERN AFRICA

Joint SCUK/UNICEF STUDY Mozambique Country Report

Revised Draft for review

Jennifer Gibson and Carol Watson

19 March, 2009

This is the draft of the country report for Mozambique prepared as part of the research design phase for the joint Save the Children/UNICEF multi-country, multi-year study of the impact of cash transfers on children in Africa.

Table of Contents

TABLE OF CONTENTS.....	II
LIST OF TABLES, FIGURES AND BOXES.....	III
ACRONYMS AND ABBREVIATIONS	IV
I. CONTEXT	1
A. WHO ARE THE MOST VULNERABLE?.....	1
B. WHAT IS THE STATE OF SOCIAL PROTECTION/TRANSFERS IN THE COUNTRY?	3
C. GOVERNANCE AND POLICY PROCESSES RE: SOCIAL PROTECTION	4
II. PURPOSE OF VISIT/STUDY	4
III. METHODOLOGY FOR DESIGN PHASE	4
IV. SOCIAL TRANSFER PROGRAMME DESIGN.....	5
A. BACKGROUND	5
B. COVERAGE.....	6
C. ELIGIBILITY/BENEFICIARIES	7
D. SIZE OF TRANSFER	8
E. FUNDING	8
F. IMPLEMENTATION	8
G. MONITORING AND EVALUATION.....	9
H. OTHER.....	10
V. POLICY CONTEXT: SWOT ANALYSIS	11
VI. KEY STAKEHOLDERS FOR SOCIAL PROTECTION	11
A. GOVERNMENT DEPARTMENTS.....	11
B. DEVELOPMENT PARTNERS AND NGOS.....	12
VII. CURRENT AND POTENTIAL RESEARCH PARTNERS.....	12
VIII. PROPOSED RESEARCH FRAMEWORK FOR THE COUNTRY	13
A. POTENTIAL KEY QUESTIONS	13
B. INFORMATION ALREADY COLLECTED AND USEABLE	13
C. INFORMATION THAT WILL NEED TO BE COLLECTED	14
D. POTENTIAL OPTIONS FOR COLLECTING INFORMATION	14
E. FREQUENCY	15
F. COMPARABILITY ISSUES	15
G. KNOWLEDGE MANAGEMENT	15
IX. PROPOSED FRAMEWORK FOR IMPLEMENTATION	15
A. PARTNERSHIPS.....	15
B. HUMAN RESOURCES.....	15
C. TECHNICAL GAPS AND NEEDS.....	15
D. QUALITY INSURANCE MEASURES (I.E. TRAINING)	16
E. COSTS	16
X. ETHICAL CONSIDERATIONS	16
XI. EVIDENCE-BASED POLICY TRANSLATION: GETTING BUY-IN.....	16
XII. OUTSTANDING QUESTIONS/FOLLOW UP	17
XIII. ANNEXES.....	19

Mozambique Country Report

A. LIST OF PEOPLE MET	19
B. DETAILS OF SITE VISIT: GAZA	20
C. KEY DOCUMENTS AND REFERENCES	24
D. PRESENTATION – STAKEHOLDER DEBRIEFING	26
E. INSTITUTIONAL ARRANGEMENTS FOR DELIVERY OF SOCIAL ASSISTANCE AND SOCIAL SECURITY	29
F. TOWARDS A COMPREHENSIVE EVALUATION OF THE PSA: REVIEW OF COMPONENTS.....	30
G. MAPPING OF EXISTING SOCIAL PROTECTION PROGRAMMES IN MOZAMBIQUE.....	31

List of Tables, Figures and Boxes

Figure 1. Severe deprivation and absolute poverty among children, 2003	1
Figure 2. Absolute poverty among children by province.....	2
Table 1. PSA Direct and indirect beneficiaries 2007	7
Table 2. Increase in PSA benefits: 2007-2008:	8

ACRONYMS AND ABBREVIATIONS

ANSA-Africa	Affiliated Network for Social Accounting
ASE	School for Social Action (Portuguese)
AU	African Union
BST	Benefício Social pelo Trabalho (Social Benefit through Work)
CBO	Community Based Organisation
CSO	Civil Society Organisation
CWIQ	Core Welfare Indicators Questionnaire
DFID	Department for International Development ((UK)
DHS	Demographic and Health Survey
DNEAP	Directorate for Studies and Political Analysis, MPD
DPMAS	Direcção Provincial da Mulher e Acção Social (Provincial Directorate for Ministry of Women and Social Action)
EPRI	Economic Policy Research Institute (S. Africa)
FDC	Fundo de Desenvolvimento Comunitario (local NGO)
GAPVU	Gabinete de Apoio à População Vulnerável (Bureau for Support to the Vulnerable Population)
HAI	HelpAge International
HDI	Human Development Index
HIV and AIDS	Human Immuno Deficiency Virus and Acquired Immune Deficiency Syndrome
HSRC	Human Sciences Research Council, South Africa
IAF	Inquerito aos Agregados Familiares (Household Income and Expenditure Survey)
IESE	Instituto de Estudos Sociais e Económicos (Social and Economic Study Institute)
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
INAS	Instituto Nacional da Acção Social (National Institute for Social Action)
INE	Instituto Nacional de Estatística (National Institute of Statistics)
INSS	National institute of Social Security (Port)
IPC	International Poverty Centre, UNDP (Brazil)
IPC-IG	International Policy Centre for Inclusive Growth (formerly International Poverty Centre), Brazil
MCAS	Ministry of Coordination for Social Action
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MF	Ministério das Finanças (Ministry of Finance)
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MMAS	Ministério da Mulher e Coordenação da Acção Social (Ministry of Women and Social Action)
MPD	Ministério da Planificação e Desenvolvimento (Ministry of Planning and Development)
NGO	Non-governmental Organization
OFI	Handicap International
OVC	Orphaned and Vulnerable Children
PARPA	Plano de Acção para Redução da Pobreza Absoluta (Poverty Reduction Strategy Paper)
PASD	Direct Social Action (Portuguese)
PDC	Community Development Programme (Portuguese)
PGR	Income Generation Programme (Portuguese)
PRSP	Poverty Reduction Strategy Paper
PSA	Programa Subsídio de Alimentos (Food Subsidy Programme)
QUIBB	Questionário de Indicadores Básicos de Bem-Estar (Core Welfare Indicators Questionnaire)
RAP	Relatório Anual da Pobreza (Annual Poverty Report)
REBA	Regional Evidence Based Agenda
RHVP	Regional Hunger and Vulnerability Programme
RNE	Royal Netherlands Embassy

Mozambique Country Report

SETSAN	Secretariado Técnico de Segurança Alimentar e Nutrição (Technical Secretariat for and Nutritional Security)
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VAC	Vulnerability Assessment Committee
WB	World Bank
WFP	World Food Programme

Mozambique Country Report

I. Context

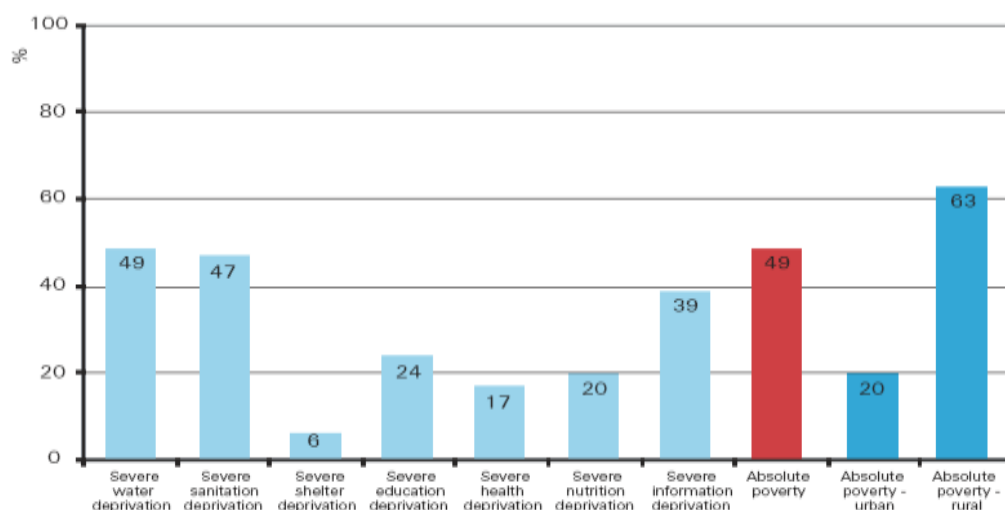
A. Who are the Most Vulnerable?

Emerging out of 16 years of war and social unrest, Mozambique has made impressive social and economic progress since 1992 and shows promise of meeting several of the Millennium Development Goal (MDG) targets related to poverty reduction, child mortality and health. Nevertheless, almost half (49%) of Mozambican children live in extreme poverty as they continue to suffer from two or more severe deprivations in terms of health, education, nutrition, shelter or other critical areas of survival and development, according to the deprivations-based measure used in the United Nations situation analysis of 2006.¹

Specifically, the report found the following:

- 49 % of children face severe water deprivation, with access only to surface water (e.g. rivers) for drinking or living in households where the nearest source of water is more than 30 minutes away;
- 47 % of children face severe sanitation deprivation, without access to a toilet of any kind in the vicinity of their dwelling, including communal toilets or latrines;
- 39 % of children face severe information deprivation, which means that have no possession of and access to radio, television, telephone or newspapers at home;
- 24 % of children between 7 and 18 years are severely deprived of education, as they have never been to school or are not currently attending school;
- 17 % of children under five years experience severe health deprivation, which means that they have never been immunised or that they have suffered from a severe episode of acute respiratory infection (ARI) that was not treated; and
- 6 % of children suffer from shelter deprivation, living in dwellings with more than five people per room (severe overcrowding).

Figure 1. Severe deprivation and absolute poverty among children, 2003

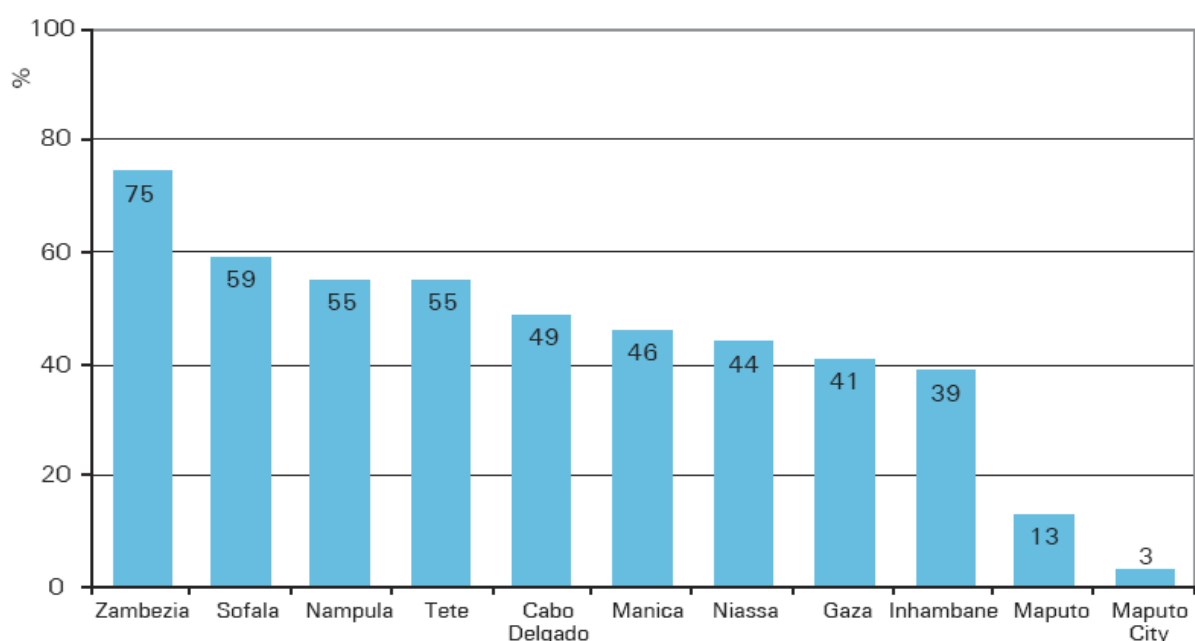


Source: INE/MPD/UNICEF 2005, additional analysis of the DHS 2003

¹ The information in this section is largely drawn from the document *Childhood Poverty in Mozambique: A Situation and Trends Analysis*, United Nations, Mozambique 2006

While overall poverty levels have decreased since 1996/97, existing poverty reduction efforts and other social advances have not benefited everyone equally: according to the deprivations-based analysis, the proportion of children living in poverty is greater in rural areas (63 %) than in urban areas (20 %), and there are significant differences among provinces (for example 3% of children in the capital Maputo living in absolute poverty compared to 75% of children in the northern province of Zambezia, but significant inequalities are also found within districts. In families where the head of the household has no education, 68% of children are living in absolute poverty, compared with 11% households where the head has secondary or higher education. Inequalities are also gender-based: female-headed households – which represent a third of all households in Mozambique – are poorer than families headed by men.

Figure 2. Absolute poverty among children by province



Source: INE/MPD/UNICEF 2005, additional analysis of the 2003 DHS

The HIV and AIDS pandemic is one of the greatest threats to Mozambique's development. There are about 1.7 million people living with HIV and AIDS – 58% are women. As parents continue to die, the number of orphaned children is predicted to rise to 626,000 in 2010. Life expectancy is also expected to fall from 37.1 years in 2006 to 35.9 years by 2010. The country's 1.6 million orphans – of whom more than 380,000 have lost their parents to AIDS-related illnesses – are among the most vulnerable of population groups, facing a number of risks. These include risks of sexual exploitation and abuse, hazardous child labour, early sexual debut and marriage, dispossession of property, poor access to basic services, poor school attendance and performance and poor emotional and mental health. Children living in child-headed households are particularly vulnerable. Mozambique is also prone to natural disasters – particularly droughts and floods, which intensify vulnerabilities of the population.

Mozambique Country Report

B. What is the State of Social Protection/Transfers in the Country?

An overview of existing social protection arrangements in Mozambique compiled in 2006² outlines the following main categories:

- obligatory social protection (social security)
- basic social protection (social assistance delivered through government institutions)
- complementary social protection (social security and social assistance delivered through non governmental bodies)

The legal and policy framework for social assistance includes a number of policies, action plans and laws focused on vulnerable groups, principally:

- National Policy for Social Action
- Strategy of Social Action for Children
- Policy and Implementation Strategy for People with Disabilities
- Policy and Implementation Strategy for Older People
- National Action Plan for Orphans and Vulnerable Children
- Draft law for Social Protection

Responsibility within the government for social assistance (basic social protection) is borne by the Ministry of Women and Social Action (MMAS) and its implementing arm, the National Institute for Social Action (INAS). INAS implements five principal programmes, targeting the absolutely poorest and destitute and runs a limited number of residential institutions. The programmes are grouped in two categories:

- 1) Programmes and provision targeting the absolutely poorest with no capacity to carry out activities for their own support:
 - ◆ Food Subsidy (PSA)
 - ◆ Direct Social Action (PASD)
 - ◆ Social units i.e. residential institutions for older people, for orphans etc
- 2) Programmes targeting the absolutely poorest with some capacity to carry out activities for their own support:
 - ◆ Social Benefit for Work (PBST)
 - ◆ Income generation (PGR)
 - ◆ Community Development (PDC)

The targeting basis for the Food Subsidy, Direct Social Action and Social Benefit for Work programmes and social units are individual poor people. The Income Generation programme targets on the basis of households or groups of households (associations etc.) The Community Development programme targets the poorest or most disadvantaged communities.

Support is provided in the form of cash in the Food Subsidy programme and the Social Benefit for Work programme. Support is generally provided in kind in the other programmes. Support in the Community Development programme is provided through varied interventions, such as community gardens or provision of social infrastructure.

² This section is based largely on information drawn from Johnson, 2006: *Royal Netherlands Options Paper for Social Protection (draft)*; some of the information may be out-dated; an update is currently underway in country through a World Bank stock-taking.

In most programmes support is provided on a one-off or fixed short term basis. The Food Subsidy programme provides on-going financial support on a monthly basis.

C. Governance and Policy Processes re: Social Protection

A 3-pillar social security system is outlined in the Government of Mozambique's 2007 Social Security law. The first pillar is basic social protection (under the direction of the Ministry of Women and Social Action – MMAS); the second pillar is social insurance (under the Ministry of Labour); and the third pillar is constituted by complementary social protection initiatives undertaken by a variety of stakeholders, including the private and voluntary sectors.³

II. Purpose of Visit/Study

The one-week country visit to Mozambique was conducted as part of the design phase for the development of a five-year, six-country study being planned by Save the Children and UNICEF to assess the impact of social transfer programmes on child development outcomes in Eastern and Southern Africa. The overall goal of the study is to contribute high-quality evidence to influence policy formulation and to improve the design of social transfer programmes that will achieve positive impacts on child well-being in particular and poverty reduction for children and their families more broadly. Mozambique has been identified for inclusion in this research, along with Kenya, Ethiopia, Rwanda, Malawi and Tanzania.

During the design phase of the study (October 2008-March 2009), country visits undertaken by a two-member team consisting of lead researcher and research advisor aim to:

- Develop a clear understanding of the country's transfer programme(s), their management and operational structure;
- Consult with key stakeholders in country on the design of the framework, the development of indicators and methods for collecting and disseminating relevant data;
- Document details of the country's transfer programme (including data collection systems); identify information gaps; and recommend potential options for filling those information gaps

III. Methodology for Design Phase

During the week-long visit, the Research Team undertook the following:

- 1) Interviews were carried out with representatives of key government ministries, NGOs engaged in social protection work, and international organisations to better understand how the programme(s) work, what key questions stakeholders have regarding impacts upon children and what the key debates regarding social protection in country are. (See *Annex A* for a complete listing of stakeholders interviewed).
- 2) The research team presented the main outlines of the study and fielded questions on it at a meeting of the Members of PARPA Social Action Working Group (chaired by UNICEF and co-chaired by DFID) which includes key social protection stakeholders.
- 3) Site visits were carried out to see the relevant programmes in action. During the site visits, the research team held focus group discussions with beneficiaries and interviews with local officials and staff involved in implementation of the transfer. In Mozambique, site

³ From Barrientos (2008) 'Comprehensive evaluation of the Programa de Subsidio Alimentario (PSA)' (draft),

Mozambique Country Report

visits were conducted in two districts in Gaza Province: Chibuto (villages of Mudaba – participating since 1998; and Mutchekiwa – participating since 2008); and Chokwe (village of Matuba, since 2008 and a peri-urban area of Chockwe, since 2001). (See *Annex B* for detailed information on the site visits).

- 4) The Research Team also met with potential local research partners to garner interest in the project and assess capacity to carry out different aspects of the proposed framework. In Mozambique, given the short time frame for the visit, the team was only able to meet with one potential partner- Metier Research; a planned meeting with the institute for Social Economic Studies (IESE) was not able to take place.
- 5) A debriefing meeting was held at the UNICEF office for presentation of the findings of the research team, clarification of outstanding issues, and further inputs from UNICEF. (See *Annex D*) for a presentation of the issues discussed at this meeting. (Jennifer to elaborate if needed and/or to add an additional annex with specific notes from the meeting)
- 6) In addition to the various meetings and the site visits and workshop, the Research Team also consulted key background documentation, project plans and assessments and M&E plans, in order to better understand gaps in the existing monitoring systems and how the proposed research could complement what already exists. (See *Annex C* for a list of key documents consulted)

This report of the Mozambique country visit, compiled using the information obtained during the visit, will be shared with the study's external advisors for technical comments and with all stakeholders at country level for further discussion and feedback. (Some feed-back has also been provided during a meeting in Nairobi, in March 2009, drawing together representatives from all 6 countries involved in the study as well as the research team, Save the Children/UNICEF steering committee and external advisory board).⁴ Based on this meeting and feedback, the research outline will be revised and finalized, in line with emerging issues and work on the research designs from the other countries involved in the study, with an overall research framework developed to guide and integrate the effort.

In each country, either UNICEF or Save the Children, has been designated as the lead agency for the design phase of the study. In Mozambique, the UNICEF office is currently assuming the lead role for the coordination of stakeholders around this research project. During this design phase, it is expected that Save the Children and UNICEF at country level will bring together and continue to engage with a multi-stakeholder reference group for the study, based on current work underway as well as discussions and stakeholder meetings conducted in the course of the country visit.

IV. Social Transfer Programme Design

A. Background

The Food Subsidy Programme (PSA) originated in 1993, in war-torn Mozambique – its initial aim to provide 'emergency'-type support to destitute urban households following the ending of state-subsidized rations for basic commodities available during the years of conflict.⁵ The programme initially targeted i) destitute older people with no capacity to support themselves and no other sources of support; ii) disabled people living in extreme poverty; iii) women heading households

⁴ Additional information and insights from this meeting were gained during discussions and interactions with the country team, including the international research partner from International Poverty Centre (IPC).

⁵ Information for this section is drawn from Johnson (2006); and Johnson and Selvester (2006), along with other documents

and living in extreme poverty; and iv) malnourished pregnant women (maximum six months support). The initial rationale for limiting coverage to urban areas was that social cohesion in these areas had broken down where as extended family and community support mechanisms could still provide support to destitute community members in rural areas. Practical considerations of the government's reach and capacity for delivery were also a factor.

Over the decade and a half of its existence, PSA has remained a keystone of government social assistance: the programme has passed through successive phases of geographic expansion, restructuring (particularly in 2004), targeting (with addition of the chronically ill), and augmentation of benefits, with coverage now including all district capitals (towns with populations of around 10,000 people) and some administrative posts (sub district level) in many provinces.

Overall objectives of the programme are to:

- provide direct assistance to individuals or groups of individuals permanently unable to work;
- create minimum conditions for survival and of access to satisfy the basic needs of target groups in absolute poverty;
- provide psycho-social support to population groups permanently unable to work and living in absolute poverty.

PSA was initially administered through the Bureau for Support to Vulnerable Populations (GAPVU) within the Ministry of Finance, before being transferred – in 1997 – to the newly created Ministry of Coordination for Social Action (MCAS). It is now implemented by the National Institute for Social Action (INAS) under the tutelage of the renamed Ministry of Women and Social Action (MMAS); however INAS maintains administrative autonomy from MMAS as the PSA is funded directly by the Ministry of Finance.

B. Coverage

PSA currently has the largest coverage of all the INAS social protection schemes, reaching around 143,455 direct beneficiaries in 2008 and an estimated 200,000 indirect beneficiaries who are dependents in beneficiary households (factored on an average of 1.7 dependents per household), for a total of around 343,455 beneficiaries in all. The programme currently operates in all district capitals (towns with populations of around 10,000 people) and also now reaches some administrative posts (sub district level) in many provinces, with expansion planned to more rural areas.

In 2006, there were some 96,582 PSA beneficiaries, of whom the majority - 89,819 (92%) were elderly (59,069 women and 30,750 men); 5,606 were disabled, 933 were chronically sick and 222 were female heads of households. Chimoio city in central Manica Province had the highest number of beneficiaries with 10,840, followed by northern Nampula city (Nampula Province) with 8,052 and Beira (central, Sofala Province) with 7,264. Nevertheless, according to MMAS estimates at the time, the elderly population (men over 60 years and women over 55 years old) is approximately 1,000,000 people. If it is considered that only half this population is vulnerable (national statistics classify just over half the overall population as 'absolutely poor'), then at least 500,000 people ought to qualify for the cash transfer. Following the same logic, the PSA may well be reaching less than 20% of its main target group, the vulnerable elderly.

Coverage figures have been rising continuously and a greater focus is being placed on indirect beneficiaries. Table 1 shows both direct and indirect beneficiaries for 2007. Children are included as indirect beneficiaries if orphaned and living with the elderly as their dependents: it is estimated

Mozambique Country Report

that over half (54%) of residents in recipient households are children and children make up a significant proportion (64%) of indirect beneficiaries..

Table 1. PSA Direct and indirect beneficiaries 2007

Year	2007
Direct	99,716
Indirect	575,912
Children 0-17	366,147
Total	675,627
Children as % of indirect	63.58
Children as % of total	54.19

Source: MMAS briefing

C. Eligibility/beneficiaries

The PSA programme targets population groups who are living in absolutely poverty and have no capacity to work, with the following the key categories:

- The elderly – individuals of both sexes, aged 55 and over for women and 60 and over for men, who are recognised as being permanently unable to work and who live alone or are heads of destitute households;
- The disabled – individuals of both sexes, aged 18 and above, who are recognised as being permanently unable to work and who live alone or are heads of destitute households;
- The chronically sick – individuals of both sexes, aged 18 and above, who suffer from a chronic disease recognised by the medical services, are unable to work and who live alone or are heads of destitute households. (It should be noted that, according to some sources, neither tuberculosis nor HIV and AIDS are included in the list of chronic diseases, but some HIV and AIDS cases do seem to be included);
- Malnourished pregnant women – pregnant women with nutritional problems associated with social risk factors.⁶

In selection of beneficiaries, the following eligibility criteria are used: 1. Age – verified through presentation of the national Identity Card (Bilhete de Identidade); 2. Residence – verified through a declaration signed by the local administrative structure (beneficiaries must be resident in the locality for at least 6 months prior to receipt of benefits; 3. Income – applicable when there is a household member who works or receives any kind of pension. The monthly household income per head at the initiation of the programme was not to exceed 70 Mtn (the previous value of the subsidy); 4. Clinical – this criterion is applicable to people who are disabled, suffering from a chronic illness and pregnant women who are malnourished. In practice, as seen in the coverage figures reported above, it would appear that the destitute elderly form the main category of beneficiary.

Children who are orphans or are in the care of grandparents (after a minimum of 6 months in the elderly person's household) qualify as secondary – or indirect - beneficiaries, though field work suggests that there may be some confusion about this in implementation and problems also arise in

⁶ While this category is included on paper, it is not clear that the programme actually targets these women.

the consideration of registration documents that are required before indirect beneficiaries can be added to enrolments.

D. Size of transfer

While the monthly value of the payment made per beneficiary represented 30% of the minimum wage when the programme was developed in 1993, by 2004 the current maximum level (Mt 140) had fallen to below 10% of the minimum wage (Mt 1,450 for public and private sector employment, except in agriculture). The value of the transfer was revised upwards in 2008 to a minimum of 100 Mt (around US\$ 4.2) and a maximum of 300 Mt. (US \$12.6), with allowances for dependent children revised upwards from 10 to 50 (US \$2). The total value depends on the number of dependents in the household, up to a maximum of 4 dependents.

Table 2. Increase in PSA benefits: 2007-2008:

Household members	Current value 2007 (Mt)	Proposed value 2008 (Mt)
1 (direct beneficiary)	70	100
2 (indirect)	100	150
3	120	200
4	130	250
5	140	300

There seems to be a general consensus that, despite this increase, the benefit is too low as it is not indexed to the minimum wage or cost of living.

E. Funding

Since its introduction, the Food Subsidy Programme has been financed through the State Budget, though this, in turn, is supported through direct budget support from key donors, with DFid and the Dutch earmarking budget-support for PSA from 2008 to support the increased benefit. In 2006 the programme was budgeted at 164,218,000 Mtn (c US\$ 6.3 million); in 2007, this had risen to 188,568,000 Mtn (c US\$ 7.3 million)⁷.

Sustainability of the programme is a concern for government: while DFID has made a 10-year commitment (through budget support), and the Dutch have also pledged support up to 2011, there are fears that the current financial crisis might have a negative impact.

F. Implementation

INAS staff are responsible for **identifying beneficiaries** through a bureaucratic process of home visits, with initial identification at community level carried out by individuals of local standing (paid a monthly stipend and referred to as "*permanentes*") in coordination with community leaders and verification through household visits conducted from the INAS Delegation. Malnourished pregnant women are identified by nurses during pre-natal consultations.

⁷ Data from Programme fact sheet

Mozambique Country Report

Enrolment in the programme involves detailed form filling and requires the potential direct beneficiary (plus all potential indirect beneficiaries i.e. dependent household members) to present valid official identification documents.

Monthly payments are made in cash at local payment points by INAS staff who travel from the Delegation, in the presence of the “*permanentes*”, with payment days in principle accompanied by local police. The ‘permanentes’ are selected by the local community and trained by INAS to help identify and work with the vulnerable people within their community. An operational manual sets out procedures for the programme.⁸

The PSA has **high operational costs** (around 40% of budget); these costs rise with expansion into the rural localities. As noted by one informant during field work, the officials who go out to deliver the money earn more than the stipends they give out. DFID has commissioned a study to look into this. The ‘permanentes’ are paid 450/month - 3x maximum initial benefit). As benefits for the participants has risen, a proposal has been put forward that the amount for the permanents also rises, but apparently the government is not keen on this and wants to do away with them, even though some studies have shown that they are useful.

G. Monitoring and Evaluation

At the level of macro-economic policy and planning, ‘social action’ is included in the national ‘*Action Plan for the Reduction of Absolute Poverty – PARPA*’, the country’s Poverty Reduction Strategy Paper (PRSP), and in the PARPA monitoring framework. In this context, donors and the government have set up a PARPA Working Group on Social Action. This group is headed by the MMAS Directorate of Planning and Studies. INAS is responsible for providing data for working group reports, including its input to the PARPA ‘Performance Evaluation Matrix’. This includes an indicator for ‘social action’ as the number of people receiving basic social protection through INAS programmes and social assistance units (orphanages, shelters and transit centres).

Routine monitoring:

A number of stakeholders feel that routine monitoring and information systems around the programme need considerable strengthening. INAS records numbers of beneficiaries, but there are questions about the quality of the information collected, particularly around indirect beneficiaries, and how the system captures movement of people/household in and out of the programme. There is no secondary/cross-tabulated information or assessment, for example, about education enrolments linked to programme beneficiaries; and it was not clear from our field trip, how INAS links up with either education or health information systems, etc. Regions produce standard databases (D-Base) and print monthly reports to send to the centre for compilation by the centre into 6-monthly reports. One weakness is that it is difficult to discern percentages of the target population covered, since information is not available. A planned Census of beneficiaries aims to help fill this gap (building on from an earlier beneficiary profile for Maputo)⁹, with the aim to systematize such fuller data collection and analysis for the development of a full-fledged management-information system (MIS). ILO is a key partner working on this, with plans to make the system web-based.

⁸ *Manual de Orientações e Procedimentos do PSA* (Procedures Manual) INAS – 2004 version

⁹ UNICEF (2007) Perfil dos beneficiários, Província e Cidade de Maputo, Maputo: UNICEF.

Evaluations:

An early evaluation was conducted in 1997¹⁰ and several studies covering different aspects of operations (including a review of the mechanism of delivery linked to plans to include NGO partners in delivery efforts), but no further comprehensive evaluation of the programme overall has taken place. Currently an impact evaluation is underway around the newly expanded programme beneficiaries only (from 2008). The baseline survey for this was conducted by Metier (in 2008), drawing a sample of 2,500 families (1,000 in the treatment group). Survey instruments include a very detailed household questionnaire including a focus on children's issues (including anthropomorphic data) as well as broader areas, for example labour questions as well as a community questionnaire for information about the context/environment. There is a detailed module on programme administration and some questions on other social programmes that beneficiary households may be participating in. The survey will include baseline data for later impact assessment (in 2010) as well as process indicators for assessment of programme administration/implementation. Results of the baseline survey are currently being analyzed by the International Poverty Centre (IPC) in Brazil, with the preliminary report expected later in the year.

H. Other

INAS is currently studying how to increase administrative effectiveness and reduce the costs of the PSA, whilst also increasing the coverage and the value of the subsidy. One new model is being tested in partnership **HelpAge International (HAI)**, with funding from the Royal Netherlands Embassy (RNE) and a steering group including UNICEF, RNE and DFID along with INAS and MMAS. The pilot project aims to expand coverage and reduce costs by involving community based committees in beneficiary selection as well as in the payment procedures. For more or less the same costs, it is being found that they can reach the more far-flung populations, working through HAI networks of 'activists' linking with older people's committees/social assistance committees working at community level. (However, there are differences in methods used to calculate costs, which have to be worked out).

The pilot project has been running for over a year now in two districts in Tete province - Cahora Bassa and Changara, covering 700-800 direct beneficiaries in 15 communities. Money goes to the nearest bank – 2 or 3 people from the community collect the money for 10 communities and take it to a community bank with a safe. The next day, the activists (who are provided with bikes) collect money for the beneficiaries (3,000). The passage from the district bank to the community bank is the most insecure so they are now looking for local businesses to serve as paypoints. The ultimate aim is to set up a system that INAS can take over thereafter (by April 2010). **EPRI – Michael Samson** – conducted the baseline survey (October 2007) and impact assessment (October 2008) (based on a sample of families in 7 different types of communities, with comparisons to find out what makes a difference – between wells, medical support, the cash transfer itself, etc. and issues); the final report has been delayed. Follow-up plans include a possible proposal for a 1 ½ year extension to allow study of what happens when INAS takes over and how to replicate. Pending government approval, SAVE may start replicating with 2,500 direct beneficiaries in Zambezia – using their own community activists – school councils and building on their work with community grant systems.¹¹

¹⁰ Datt et al. IFPRI 1997

¹¹ From REBA and stakeholder discussions

V. Policy Context: SWOT Analysis

- **Strengths:** The Government has shown long-term commitment to the PSA programme through direct budgetary allocations and considerable administrative and infrastructural development for implementation, as well as through its recent willingness to raise the amount of benefits and expand the number of beneficiaries reached. The wider policy context is also supportive, with a social protection law already in existence and a social protection policy underway.
- **Weaknesses:** Monitoring and evaluation of the programme has been weak and suffers considerably from a lack of central data capture as well as questions around data quality. Routine monitoring for the most part has been limited to the number of direct beneficiaries (the elderly), with little information provided on indirect beneficiaries (children) and further administrative requirements around registration hindering access of such indirect beneficiaries to the programme. Moreover, attitudes to the programme fall short of seeing it as a proper poverty reduction tool. Outreach to remote rural areas in a systematic manner is also problematic.
- **Opportunities:** Renewed impetus for the programme is evidenced through the current scale-up, augmentation of benefits, and strong partner commitments for support. The nation-wide roll-out of a birth registration campaign provides opportunities for children to become more visible as dependents and to be registered as indirect beneficiaries of the programme. The current review and development of PARPA offers scope for input, including through data and analysis underway around the PSA. Recent AU encouragement for the development of national social protection plans will also help spur commitment.
- **Threats:** Fear of dependency is an ever-present concern; both dependency by the government on donors for support of the programme as well as dependency by beneficiaries on the programme itself. Attitudes about the 'consumptive' nature of social assistance might grow stronger in the current environment of food crisis and global economic downturn, particularly if a clear impact is not shown through the impact evaluation that is now underway: priority attention (and funding) may turn away from social assistance towards a more growth-oriented agenda including 'green revolution' agricultural development.

VI. Key Stakeholders for Social Protection

A. Government Departments

The **National Institute for Social Action (INAS)** under the tutelage of the **Ministry of Women and Social Action (MMAS)** is responsible for the implementation of the PSA programme; however INAS maintains administrative autonomy from MMAS as the PSA is funded directly by the **Ministry of Finance**. INAS also runs other social assistance programmes (see above).

The **Ministry of Labour** is also a key stakeholder, responsible for social insurance, considered the 3rd pillar of social protection. **INSS (National Institute for Social Security)** runs contributory schemes for formal sector employees (only 10% of all workers) and **Ministry of Finance** has a contributory scheme for public sector employees.

The **National Technical Secretariat for Food Security and Nutrition (SETSAN)** operates under the Ministry of Agriculture, operating through a number of working groups including: 1) VAC – vulnerability assessment committee; 2) Natural Disasters; and 3) Food Security and Nutrition, including HIV – headed by INAS. These working groups include both government and partners, including the UN and NGOs.

B. Development partners and NGOs

Key stakeholders participating in the **Social Action Working Group** set up around the Action Plan for the Reduction of Absolute Poverty – PARPA - currently chaired by UNICEF and co-chaired by DFID, include: International Labour Organisation (ILO), World Bank, Royal Netherlands Embassy (RNE); World Food Programme (WFP); DANIDA, and USAID as well as NGOs such as HelpAge International (HAI); Concern, Care; Handicap International (OHI); FDC; and Save the Children.

- Both **DFID** and the **Netherlands** have committed long term funding to the PSA programme. Both **UNICEF and ILO** (along with others) are supporting the development of the social protection policy working to strengthen monitoring and evaluation of the PSA programme. The **World Bank** is currently undertaking a scoping study on social protection. **WFP** is looking into expanding their approach from food distribution to a broader repertory, including cash or vouchers system.
- **HAI** is currently piloting the use of community-based committees to expand PSA coverage and reduce costs; **Save the Children** will be a possible partner next year, potentially building on their community grant system. **CARE** is working in one of the most vulnerable provinces with some of the worst poverty indicators and food security problems, including HIV. In addition to the government,

VII. Current and Potential Research Partners

1. **Métier Research**¹²: Metier has conducted the baseline survey for the impact assessment of PSA. Metier is a research management consulting firm that works very closely on poverty reduction, social development and public service delivery issues. They have also conducted field work on municipal score card – MARP – related to governance issues. They have particular capacity in surveys; quantitative and qualitative analyses; geographic information systems; statistical and econometric modelling; and data management. They have cooperative links with regional networks and bodies, including the recently created Affiliated Network for Social Accountability (ANSA-Africa), a joint initiative of the WB, and the prestigious Human Sciences Research Council (HSRC) of South Africa. They have developed a poverty research model for Mozambique inspired by international standard econometric modelling techniques contextualized by the use of Rural and Urban Participatory Appraisal tools, a mix of quantitative and qualitative techniques, and using household /individuals and the community as the units of study. It has worked with a number of partners in Mozambique, including World Bank, UNICEF, DFID, CIDA (among others). Mr. **Lourenço Rodrigues**, principal partner in the firm, has 30 years of professional experience as an economist and in areas of socio-economic research.

¹² Due to shortness of time, the research team was only able to meet with one research partner – Metier Research – during the country visit itself; later contacts (at the Nairobi meeting in March 2009) were established with the International Poverty Centre (IPC), based in Brazil, see below.

Mozambique Country Report

2. **Institute for Social and Economic Studies (IESE):** This institute, which is apparently just starting up, focuses on Poverty Dynamics and Economic Growth: one group is working on mapping and concepts of poverty, and they are also beginning to work on social protection. The planned interview the research team did not take place, but we were told that the University of Manchester (through Barrientos) is interested in keeping up relations with them.
3. **Kula** – an NGO research agency is headed by an anthropologist and has a network of researchers which might be useful to draw on, particularly for any qualitative research that is planned.
4. The **University** offers some potential for research and we were told they had collaborative ties on research, for example, with the University of Copenhagen.
5. **National Statistical Institute (INS):** This institute plays a pivotal coordinating role in all of the national surveys and should be drawn into any research planning/sampling frameworks, etc.
6. **MPD** (Dr. Cruz) plans for a follow-on analysis of Household Income and Consumption survey – UNICEF is working with MPD and World Bank on this – a workshop was held 3 weeks ago to draft the agenda for the analysis and draw in new researchers.
7. **International Poverty Centre (IPC)**, now the **International Policy Centre for Inclusive Growth (IPC-IG)**, is supported by UNDP and the Government of Brazil. The Centre's mission is to facilitate South-South learning in development solutions by fostering policy dialogue; carrying out policy-oriented research; as well as conducting training and evaluation. Its vision is the attainment of high inclusive growth. IPC is directly linked to the Secretariat for Strategic Affairs (SAE), the Federative Republic of Brazil and SAE's Institute for Applied Economic Research (IPEA), which is a distinguished research establishment. Priority areas of focus include 1) poverty and inequality monitoring; 2) pro-poor growth monitoring; and 3) social protection and human development. Research on social protection and cash transfers is one of its four key research areas, the others being south-south learning; social inclusion; and inclusive growth. Its cash transfer research focus is currently on comparative studies in selected countries in Latin America and Sub-Saharan Africa. Research encompasses both quantitative and qualitative methods and ex-ante and ex-post analyses of the impact of cash transfers on poverty and inequality. (See website: <http://www.ipc-undp.org/>). IPC is currently contracted by UNICEF to analyse the results of the baseline survey for the impact evaluation of the PSA programme and will continue to be a key partners in the overall research in Mozambique.

VIII. Proposed Research Framework for the Country

A. Potential Key Questions

These include issues of incident analysis; delivery effectiveness and efficiency; impact assessment (on both direct and indirect beneficiaries) and possibly wider 'multiplier' effects.

B. Information already collected and useable

Many of the key data gaps will be filled with the impact evaluation and planned census of households. In both MICS and the national household survey, there is a question on whether the household participates in PSA or other programmes, which will provide additional useful information.

C. Information that will need to be collected

At the moment, no qualitative research has been planned to complement the largely quantitative research and a number of overarching questions remain around the programme's impact on children given its elderly focus. In addition, the impact evaluation does not cover the 'old' districts, thereby leaving a large gap in knowledge around both impacts and programme implementation in these areas. Seasonality is another issue that has not been taken into consideration. It would be advisable to base the design and focus of at least some of the further studies and/or qualitative assessments on issues arising out of the results of the baseline and impact evaluation

D. Potential options for collecting information

The following three design options exist for longitudinal research on the PSA:

- Develop a design that evaluates the NGO implemented areas, the government takeover of this area and what, if any, differences there are between outcomes/ impacts in the NGO scaled area compared to the government run area.
- Gather data to make comparisons between 'old' and 'new' districts. In the former, rigorous evaluation has not occurred and this study could use a variety of methods both to try to reconstruct baselines and changes. This would then enable some comparison of differences between 'old' and 'new' districts.
- Focus this study only on the areas where the impact evaluation is operating, i.e. the newly scaled areas and add qualitative follow up to investigate further the quantitative results.

In addition to any of these three models listed above, the following additional methodologies/ modules could be employed as one-off studies or added to the longitudinal studies already planned. These methodologies focus on answering specific additional questions that are currently not covered as part of the evaluation. They are:

- Time Use Surveys for children and women
- Social Cohesion
- Migration of Children into and out of households
- Facilities Assessment (Supply Side)
- Market Surveys to measure multiplier effects and local economic changes (a priority for MPD)
- Exclusion/Inclusion

Finally, there are several different types of one off, extra analysis that arose as possibilities during the country visit which could potentially be incorporated into this study:

- An options paper: on the UNICEF side, there was discussion around what additional mechanisms for reaching children might exist.
- Analysis of the census data being collected. Compare it against the baseline data, i.e. rural v urban, new v. old, number of children, number of elderly, registration changes as a result of programme. Cross check this with amount of transfer to see how many per household and who is not being accounted for. Use as mini study to gather basic M&E data.
- Typology of households on the programme – who are the elderly and where are their support mechanisms? This could be an in depth study profiling elderly vulnerability. It could also include questions such as: Why are children in the household? What is the difference between those who receive and those who don't?
- A study fiscal space study.

Mozambique Country Report

- Costing and budget analysis study of the programme, which could examine possibilities such as the possibility of bi-monthly distribution.
- A linkages study looking at the various OVC inputs in a community and possible complementarities for the PSA.
- Delivery effectiveness (timeliness, cost, frequency)
- Supporting write-up and dissemination of baseline/impact data, as well as programmatic briefs and lessons learned.

E. Frequency

The current impact assessment will take place in year 2 (2010) after the baseline survey (2008). The assumption of this multi-country study is that a longer follow up beyond the two year period will also take place, presumably at either the four or five year interval. Qualitative assessments and/or 'one-off' studies/analyses that are selected for implementation could take place in the intervening years, or as follow-up to the results of the quantitative surveys and household census.

F. Comparability issues

One issue of comparability might arise in trying to measure impacts on children of a programme that does not target children as its primary beneficiaries. **Jennifer – can you think of any more?**

G. Knowledge management

It would be critical to develop a clear communications strategy around the study and to link knowledge management into ongoing efforts to strengthen the national management information system around the PSA.

IX. Proposed Framework for Implementation

A. Partnerships

Existing technical partners include the International Poverty Centre (IPC) (leading the impact evaluation process and analysis) and Metier Research (baseline survey). In terms of governance structures for the study as a whole, INAS suggested it would be useful to have a consultative study group to approve/oversee the research as it goes forward, while the PARPA Social Action Working Group would also provide a useful organizational anchor for the study. Further guidance is needed from the country on which of these is preferable and what, if any, other structures might need to be consulted and engaged

B. Human Resources

Partners in country advised against putting in country a research coordinator for this project. They felt, instead, it would be preferable to have a roving regional advisor who could periodically visit the country and assist where necessary. This is assuming that there are no unexpected research elements and/or designs which would overburden existing capacity in country.

C. Technical Gaps and Needs

In addition to the research partners already engaged, it is foreseen that additional assistance may be needed for the planning and implementation of some of the more qualitative aspects of the study as well as particular analytical components.

D. Quality Insurance Measures (i.e. Training)

It might be beneficial to foresee an initial orientation/training for the national research team members and their implementing partners to review the overall objectives of the project, outline the key data collection tools and methods, and provide guidance on some of the more technical aspects involved.

E. Costs

Much more work will be needed to estimate the total costs of the project over 5 years, including start-ups costs, human resources, technical assistance, administrative costs, etc. Determination of how much of the project costs can be absorbed by the country offices as part of their ongoing programmes and personnel will also be needed.

X. Ethical Considerations

- **'Treatment' and 'Control' Groups:** There are some moral implications that arise from the experimental random selection approach to designation of some households for treatment and others for comparison for the purposes of the baseline study/impact evaluation for programme expansion. It is understood that the 'control' groups will be incorporated into the programme afterwards (verify if this is correct); still, however, benefits for these households will have been delayed for the purposes of the study.
- **Targeted vs Universal Approaches:** With over half of the population (54.1%) living in poverty (2002-2003), distinctions between 'poor' and 'poorest' may become blurred and the appropriateness of targeted approaches to cash transfers may be called into question. Disrupting social cohesion and creating tensions between the 'haves' and the 'have nots' is a risk and should be a significant aspect to be monitored in the course of project implementation.
- **Sustainability:** While the programme since its inception has been funded through the state budget, the state itself has received extensive budget support (54% of government budget): DFID and RNE, in particular, have offered long-term support for expanding and increasing the benefits of this programme: there are, however, fears that such support might dissipate in the current financial crisis; hence, sustainability is a concern. There is lack of a perceived link with economic growth leading to a fear of dependency; there are also questions about the vision and capacity within the Ministry of Women and Social Action to carry the programme forward.
- **Research with Children:** Certain ethical considerations come to the fore in research in general – in terms of informed consent, confidentiality, and use of research results – which have particular ramifications in terms of research on and for children. Study planners and implementors will need to take care to conform to existing guidelines on research involving children and all pertinent ethical issues are taken into consideration.

XI. Evidence-Based Policy Translation: Getting Buy-In

Linking with national policy and policy monitoring progresses at the outset will greatly improve chances of research results being taken into consideration in policy formulation. The research in Mozambique should therefore be designed in such a way as to contribute to the evolving thinking

Mozambique Country Report

around social protection and to support both the policy options and monitoring component of the national strategy for the evolving social protection framework.

It is important that the findings from the study and its various components reach high level policy makers not just at the end point (after 5 years) but through periodic reviews of emerging findings along the way and the organization of policy discussion fora (both national and regional), which should be planned as an integral part of the study. A clear communications plan should be developed to guide all such efforts.

The monitoring and study of the PSA itself should also be accompanied by research and analytical work to support the government in its review of policy options on topics which might emerge as priorities through the course of the study and the implementation of national policy.

Key recommendations arising from the above:

- Enlist representatives from policy making wings of government as members of the national research team/steering body from the outset
- Make use of existing fora for policy discussion and debate: in Mozambique, the annual poverty conferences offer a useful opening: current national review of the PARPA could offer multiple opportunities for inputs and the PARPA Social Action Working Group could be a useful conduit for this.
- Develop a communications plan: such a plan should aim at periodic dissemination of interim results and emerging issues through a variety of channels (media; policy briefs; national seminars, etc) rather than production of a single report at project's end
- Encourage experience and information exchange across the six countries involved in the study so that countries can learn from each other, including around issues of translating policy into action

XII. Outstanding Questions/Follow Up

Jennifer – anything to add from your perspective?

- Selection of and agreements with actual research partners in-country will be needed and proposals for contracts developed once design of study and/or particular study components are decided: costing, human resource needs, etc. all still needed
- Close follow-up on current research/monitoring/evaluation of the PSA programme will be essential, including the evaluation (Metier baseline and IPC analysis); the planned household census; and any others. Follow-up on related research and analysis underway would also be useful, including the following:
 - TORs for the birth registration campaign (which could be adapted for use in the qualitative components);
 - the results of the HAI study of the pilot NGO-expansion;
 - WFP consultancy paper on alternative modalities for social transfers;
 - ILO support for MIS and links with Amando Barrientos/IESE;
 - PARPA Social Action working group's plans to compile list of all the studies and documents that are available
 - relevant papers/results from this year's annual poverty conference in Mozambique which has a panel on social development (including WB; IESE; MPD; IPC; ILO, RHVP;
- Follow up on work of World Bank-recruited young professional who has been recruited to do a background study and note on the situation of Social Protection in Mozambique – the

results are expected in June 2009, after which any WB plans for social protection might be clearer.

XIII. Annexes

A. List of People Met

UNICEF

- Leila Gharagozloo-Pakkala, Representative
- Theresa Kilbanee, Chief Children Protection
- Karin de Rooij, Child Protection Specialist
- Stefano Visani, M&E Planning Specialist

SAVE THE CHILDREN

- Chris McIvor, Programme Development Director
- Kerry Sylvester, Consultant

GOVERNMENT

- Lucia Mairosse, National Director, National Institute for Social Action
- Miguel Mause, National Director, Department for Social Action
- Olivia Faite, Chief, Social Assistance Department
- Virgucinn Nhate, Ministry of Planning and Development
- Officials, Ministry of Finance (Jennifer to input names)

RESEARCH INSTITUTIONS¹³

- Lourenco Rodriques, Metier Research
- Assistants at Metier Research (2)

PARTNERS

- Janet Duffield, HelpAge International
- Members of PARPA SOCIAL ACTION WORKING GROUP (Includes UNICEF (Theresa), chair, DFID (Claudia) co-chair) (in May DFID to become chair and ILO has come forward as vice chair), ILO, OHI, HAI, DANIDA, Dutch, WFP, FDC, Save, USAID,
- Nuno Cunha, Coordinator, STEP programme, .ILO
- Antonio – World Bank (Jennifer to supply name)

PROVINCIAL AUTHORITIES AND PROGRAMME PARTICIPANTS IN GAZA

- Director of INAS delegation in Chibutu
- Mayor of City Council of Chibutu
- 'Permanentes', traditional leaders and programme beneficiaries in Mudada and Mutcheikiwa
- Director of INAS delegation in Chockwe (Senhor Felipe)
- 'Permanentes' traditional leaders, and programme beneficiaries in Matuba and peri-urban Chockwe.

¹³ Principal research partner Fabio Veras, from the International Poverty Centre (IPC) in Brazil was met after the country visit, at the stakeholders' workshop in Nairobi in March 2009

B. Details of site visit: Gaza

1) Chibuto (Discussions with the Director of the INAS delegation at district level; courtesy call on mayor of City Council of Chibuto)

The study was welcomed by the director of the district INAS delegation who noted that it would be useful as a means of responding to some of the many challenges in the programme. According to the director, the programme is having a beneficial impact, but there are problems in implementation. These include: identification of beneficiaries; cost of delivery/per diems, etc; and logistical problems. He also mentioned the recent 2-month delay (December/January) in payments caused by the change-over in funding amounts (after DFID and the Dutch put in more money for the increased amounts and scale-up, for which there was not enough foreseen in the government's budget).

The programme started here in 1998 and has gradually expanded. The field visit included one village that has been enrolled in the programme since 1998 and another that started up just this year. In villages targeted in the more remote areas, almost everyone is eligible, but in the urban areas, they are obliged to put people on the waiting list because of the budget restrictions. The budget is based on an average of a 3-member household – but some households in the programme have only 1 member, allowing expansion to more households within the same budget envelope. Covering rural areas is very expensive and logistically complicated: a 30-person district team is needed for this. From 5,577 direct beneficiaries currently, their target for this year is 6,870. Some households include dependents – others don't. According to the rules, children living with grandparents but whose parent/s are alive do not qualify as indirect beneficiaries of the programme – they have to be living with the grandparents for 6 months (though in practice, this is flexible). It was not clear from our discussions how new beneficiaries/ dependents coming into the programme are tracked.

- a. **Mudada (village about 20 minutes away from Chibuto):** We met with the 'permanente' and a group of programme beneficiaries (16 elderly women and 5 elderly men) along with the local leader under a tree in a well-tended open space near a nicely-built primary school, with well-dressed children attending. The beneficiaries were also all very well dressed. Discussions were held in Shingella, with Karin posing our questions in Portuguese, which were then translated by accompanying staff members of INAS. More than ¾ of the beneficiaries had participated in the programme since 1998 (it was not clear whether there had been any household changes during this time, or new entries/exits from the programme). One big issue raised by beneficiaries concerned the amount of the transfer (100/month), which – while welcome - was felt to be much too small. Beneficiaries preferred the earlier times when the amount given could really buy something – now, they say, even though the payment has recently been increased, it is only worth about half of what it was before. When asked, a few of the beneficiaries said they were caring for children. One old man said he had two AIDS orphans who should qualify, but have not been accepted into the programme because they do not have the proper papers – including birth registration. A birth registration campaign is currently underway (UNICEF is supporting this); but until then, they could also use vaccination/health cards as a means of enrolment - this would need to be facilitated by the 'permanente' and INAS staff to make the necessary links. (For adults without birth registration, voter registration cards are used). Payments to the villages in this district take 10 days a month, conducted by 2 (?) teams of 15 each.

Mozambique Country Report

- b. Mutchekiwa:** We met with a group of beneficiaries (18 elderly women and 12 men), the permanente, and local leader under a tree in front of the leader's home. This group has just entered the programme when it was expanded in 2008 and so (because of delays in December/January) have only received 2 payments. Again, beneficiaries noted that the payment amount is very low; one man said he couldn't even envision what he could buy with it, as with the exception of 2 months, he hasn't seen it yet. Moreover, the payments had come during the dry season when prices were high. It was, they said, just tantalizing – 'like fog in a drought' which makes the situation worse because it heightens expectations. One can't really plan anything, because the amount is too little. One woman mentioned that the money came during the lean season when they were used to going hungry: when they received the cash, it enabled them to eat a lot more than usual for one day, but this caused stomach aches as their stomachs weren't used to it. The beneficiaries did not seem to know about provisions for registering dependent children as indirect beneficiaries. The birth registration campaign has been here in the village, so they should be beginning to be able to enrol these children. beneficiaries also seemed to be unaware of the new scale of payments and appreciated the communication on this. When asked about any social discord the programme may have caused, they noted that there was some discontent at first, especially among those who did not qualify for registration because they did not have the proper paperwork or who belonged to other labour categories.

2) Chokwe: Discussions with Senr. Filipe, District Director of the Chokwe INAS delegation.

The programme has been operating here since 1998 (in 3 out of 30 districts??). The director welcomed this research, noting it was good to come to the field to get a sense of reality on the ground. Some 4,245 beneficiaries are enrolled in the PSA programme in the 3 districts receiving a benefit of 100 a month. According to the director, the biggest challenges in the PSA programme are in targeting and in the value of the transfer, which is considered very low, though it does help and people can do something with it. The further away from town, the less the money has value – local produce may be cheaper in the rural areas, but not things like oil, salt, or sugar. He would set the prices to permit the purchase of basic food – say, around 300 – with an additional 75-100 for dependents. Within PSA, there are a lot of grandparents with children – though these are normally the older children, not the infants or young children. Even without a birth certificate children can be enrolled (as indirect beneficiaries of PSA?) – the local leader can confirm their status and living arrangements.

Other INAS programmes are operating in the same 3 districts, with the aim of complementing each other. These include the *in-kind transfer* and the *social benefit for work programme*, but there are no *income-generating* or *community development activities*. Very few – maybe 10 households in all, are enrolled in more than 1 programme.

- The *in-kind transfer* (food, including milk, flour, soap, salt, sugar rice, peanuts, baby porridge) has 180 beneficiaries enrolled for a value of 800 a month in rations. These are given monthly to caregivers of malnourished children up to 5 years old. (Questions about whether UNICEF might consider supporting the in-kind transfer which targeted children and women were discussed further). People around Chokwe come into Chokwe town for delivery of the PSA benefits: malnourished children are also treated at the hospital, where the in-kind transfer is given and they are weighed, measured and caregivers given advice on nutrition and health care. It is not clear how long the children remain on the rations – it seemed to be suggested that some remained up until age 5.....? Need further clarity on the programme and how it links with/complements the PSA itself.

Joint SCUK/UNICEF Study

- The *social benefit-for-work programme* has 136 beneficiaries who are enrolled for a year, earning 450/month out of which they save 100 for a common fund. These people work mostly at government jobs – cleaning, etc. or sometimes in private establishments like bakeries.

One department at district level is responsible for monitoring the PSA, in-kind, and social benefit-for-work programmes; another department is responsible for the community development and income-generation programmes. INAS has a computerized system for PSA, but the other programmes are just through reports.

On social issues that would be useful for the planned research to consider, the director suggested looking into why communities do not take up income-generation and community development projects – he feels there is a lack of engagement on their part for these programmes. On issues of whether the elderly are abandoned because of witchcraft beliefs, he says there might be some of this, but mostly it is that the adult children themselves can barely make ends meet for their families, so it is hard for them to continue to support the elderly. There is also high male out-migration for labour to South Africa in this region. This leads to many female-headed households – sometimes permanently when the men fail to return. It would be good to get a sense of intra/inter family relations between children and parents and inter-community support systems.

- a. **Matuba (PSA just started in October 2008):** We met with the local leader in the open front yard of his home, accompanied by the director and staff from the INAS delegation and the 'permanente', and then visited the home of an elderly woman who just enrolled in the programme for more in-depth discussions. (There were no figures available for us on how many people were enrolled in the programme in this village).

The leader sees the programme as offering a positive benefit for people: he noted that some may abuse it – for example, by buying alcohol, etc. – but most were using the transfer correctly, for purchase of food and/or to employ workers on their farms. There was discussion of the fact that renting a tractor for a day cost 220 – so people would have to borrow from others to afford it, and pay back at the next pay date, which makes the current situation of delayed delivery especially worrying. Some tensions have arisen from the delayed payments in this regard – but not major ones. Asked if the transfer covered all who needed it, the leader said that, no, some people were still being left out, and suggested that even he could benefit from a transfer! There was an ensuing discussion of the way in which numbers of beneficiaries were determined and budgets planned: the village secretary keeps a count of all the village inhabitants (some 8,800) and the leader indicates to INAS how many elderly among them. During the identification process, each household is visited (by INAS, the village secretary and the 'permanente') for verification. Most of the payments being made are for one person each. (There was not much discussion of dependent children; in fact, some children in grandparents' households are 'loaned' there by parents to help care for them. These are not taken into account – only those who are orphans.) Beneficiaries do not spend all the money in the village, because there is only one shop; some is spent in Chokwe town. The leader said, however, that at least some of the money must have been spent in the village shop, because all of a sudden the shop keeper had a new car! Also, there was a greater variety of goods available in the village store now.

The 'permanente' is a young girl who seemed very shy and did not have too much to say, perhaps because she had been so recently recruited (It would be useful to follow up on how much training she receives to empower her to undertake her new functions). In her opinion, the amount of money given in benefits is too little, and there is suspicion on the part of the

Mozambique Country Report

beneficiaries that INAS must be taking a cut as beneficiaries can't believe the transfer could actually be that small.

The elderly woman we visited lived in a tiny little shack next to a somewhat larger much/stucco house where her son lives with his wife and 3-year-old child. Her front yard was carefully swept, and there was a small garden with watermelons and perhaps squash/pumpkin - as well as trees with fruit that is made into a local brew. She said this is a good programme, as long as the government doesn't withdraw it, and wants to know when the next payments are coming, as they have been delayed. As soon as she sees the money, she can make plans how to use it, but not before. She said that the first month she bought food with her money; the second she bought a mat to sleep on, which she showed us. She said that most of her suffering comes from her past situation, as she had lost 6 of her 7 children – if they hadn't died, she said, she would never be living like this.

- b. **Peri-urban neighbourhood of Chockwe:** Again accompanied by the director and INAS staff, we visited a poor peri-urban neighbourhood where the programme was reaching 153 families/individuals out of 7,000 in all. We met with the young leader and 'permanente' in an open tin-roofed meeting hall. The woman beneficiary we had planned to meet had been called away for a funeral, so it was not possible to meet with her.

From our discussions, it seemed that although everyone complains about the amount, they do manage to do something with the money they receive – though it was suggested that they actually only manage to buy a little food – lasting no more than a week. One man suggested that the transfer should be at least 860 a month. It was said that there were a number of children in the households receiving benefits, but we did not get a clear sense of how many. Children who are left behind by parents who migrate to South Africa are included in the scheme. There does not seem to be a system for keeping track of orphans or female-headed households. There was initially some jealousy created when the programme was first set up, but this is lessening. The lack of ID cards for the elderly was mentioned as a problem. The birth registration campaign had come through recently, but people apparently did not take it too seriously.

The 'permanente' - a woman who is caring for the baby who was abandoned by her daughter in law - has stepped into the job of 'permanente' in place of her husband who had been working since 2001. She says she sees some slight improvement among those who participate in the programme, compared to those who don't.

C. Key documents and references

- Agreement between UNICEF and UNDP for Evaluation of Programme Subsidio de Alimentos Impact Indicators for PSA Evaluation (in Portuguese)
- Barrientos, A. (2008) Comprehensive evaluation of the Programa de Subsidio Alimentario (PSA) (Draft Document, 10.12.08)
- Datt, Gaurav; Ellen Payongayong, James L. Garret and Marie Ruel (1997) 'The GAPVU Cash Transfer Program in Mozambique: An Assessment' Washington, D.C.: International Food Policy Research Institute, Food Consumption and Nutritional Division (October).
- INAS/UNICEF/METIER Research, n.d.) Survey instruments, Household and Community (PSA baseline and evaluation (in Portuguese)
- Johnson, Karen & Selvester, Kerry (2006) 'A Strategic Review of the Framework for Social Protection in Mozambique' Report commissioned by DFID – Mozambique (Report and Annexes)
- Kula Estudos & Pesquisas (2007) 'Perfil dos beneficiarios, Subsidio de Alimentos. Provincia e Cidade de Maputo, Setembro de 2007. Ficha tecnica' (PSA Mapping of Beneficiaries)
- Leila De Oliveira, Pierre Martell, Joao Silvestre Correia. Maputo, December.
- Johnson, Karen (2006) 'Royal Netherlands Options Paper for Social Protection' (draft) SOSTENUTO, Maputo, May
- Johnson, Karen & Selvester, Kerry (2006) 'A Strategic Review of the Framework for Social Protection in Mozambique' Report commissioned by DFID – Mozambique (Report and Annexes)
- Secretariat for Food Security and Nutrition, Vulnerability Analysis Group (2006) 'Report of Baseline Survey of Food Security and Nutrition in Mozambique'. Compiled by Alessandro De Matteis
- Selvester, Kerry. 'Social transfers: Alternative modalities for WFP programming' (Powerpoint Presentation, Maputo, 10 February 2009).
- Setsan (Secretario Tecnico de Segurarea Alimentar e Nutricional (2008) 'InfoFlash', Edicio no 13. Outubro.
- Taimo, Nelia Vera and Rachel Waterhouse (2007) 'Food Subsidy Programme – National Institute for Social Saction (INAS) Maputo and Inhambane, June 2007'. Regional Evidence Based Agenda Programme (REBA) – Regional Hunger and Vulnerability Programme (RHVP) (see website: <http://www.wahenga.net/index.php/evidence/>)
- TORS for Impact evaluation for the *Programa Subsídio de Alimentos* (PSA)
- UNDP/International Poverty Research. Technical and Financial Proposal, PSA Research

Mozambique Country Report

UNICEF in collaboration with the Ministry of Planning and Development (date?) 'Social Protection: Scaling up cash transfers in Mozambique: Simulated costs and benefits of alternative scenarios' (Developed by Sudanshu Handa, Social Policy Advisor in UNICEF Eastern and Southern Africa Regional Office (ESARO), and Scott Stewart, ESARO consultant, with input from the Ministry of Planning and Development and UNICEF Country Office in Mozambique)

United Nations, Mozambique (2006) *Childhood Poverty in Mozambique: A Situation and Trends Analysis*. Maputo.

United Nations and Partners' Alliance on Orphans and Vulnerable Children (OVC), Sustainable Livelihoods and Social Protection Alliance Case Study: MOZAMBIQUE FOOD SUBSIDY PROGRAMME, 20 October 2006

Documents to find:

MacAskill, Jane (2005) 'UNICEF Review of Social Protection Programmes', August. Described as an exhaustive study sponsored by UNICEF and Save the Children UK, which describes the history of the PSA, of INAS and the challenges faced in the area of social protection, particularly for addressing the needs of orphaned and vulnerable children

MacAskill, Jane and Collier, Edda, 2005, *Country Case Study: Mozambique National Institute for Social Action Food Subsidy* October (the Mozambique component of the study "Making Cash Count: Lessons from cash transfer schemes in East and southern Africa", 2005)

UNICEF (2007) Perfil dos beneficiaries, Provincia e Cidade de Maputo, Maputo: UNICEF

INAS Relatorios das Actividades Desenvolvidas pelo INAS (quarterly, bi-annual, anual)

Social Development Direct (2008) 'Review of INAS Development Programmes, Mozambique Report' (with ILO)

D. Presentation – stakeholder debriefing

Save the Children-UNICEF Multi-Country Study: Debrief and Discussion Maputo, Mozambique 13 February 2009 (From Powerpoint Presentation)

I. Overview of Research Project

Project History

Rationale & Evidence gaps

GOAL: Better designed, evidence-based social transfer programmes to reduce childhood poverty in the short-term and improve long-term human development outcomes are implemented by national governments at scale in East and Southern Africa

II. Overview - Countries Involved

<u>Country</u>	<u>Started</u>	<u>Target</u>
Ethiopia	2004	Food insecure households
Kenya	2004	OVCs
Malawi	2006	“ultra poor” and labour constrained
Mozambique	1997	Disabled, elderly, sick, malnourished children
Rwanda	In start up phase (2009)	Extreme poor
Tanzania	In start up phase (2009)	Extreme poor in areas where social fund previously operated

Mozambique Country Report

III. How Mozambique fits in

- Overarching Framework v Individual Country Frameworks
- Four Broad Categories of Impact:
 - Outcomes/Impacts for Children (Partially Being Collected)
 - Household/Community Dynamics (Not Being Collected)
 - Interaction Effects (Partially Being Collected)
 - Programme Design, Implementation and Effectiveness (Partially Being Collected)
- Mozambique's Added Value
 - Elderly
 - Transfers and Threshold Effects

IV. The Site Visits – Emerging Questions

- Are old districts the same as the new?
- Are children included?
- Is the transfer accounting for everyone in household?
- Registration and linkages
- Ensuring cross checking number in household with size of transfer for baseline
- Is the transfer size enough?
- Which elderly?
 - In depth study profiling elderly vulnerability, i.e. where are their families and are they receiving additional support?
- Linkages with other programmes?
- The real cost of programme?
 - Bi-monthly distribution – would this allow raising transfer? Pilot?
- M&E system?
- Long term aim for programme?

V. Other Questions Possibly of Interest

- Is the transfer reducing child labour? (time use methodology)
- Why are children living with the elderly? (via census? Qualitative study on caring practices in community?)
- Comparison of INAS and INAS plus in Helpage/SCUK areas
- Life Histories
- Social Cohesion?
- Multiplier Effects?

VI. Mozambique's Timeline

2008: Baseline
2009: Census and Impact assessment (1 year)
2010: Impact assessment (2 year)

VII. Research Structure

Institutional Framework

- Local Research Partner?
- Additional Staffing needed?

- Linkages with Int'l and/or Regional Research Network(s)/Partners

Governance Structure

- PARPA Social Action Working Group?
- International Reference Board

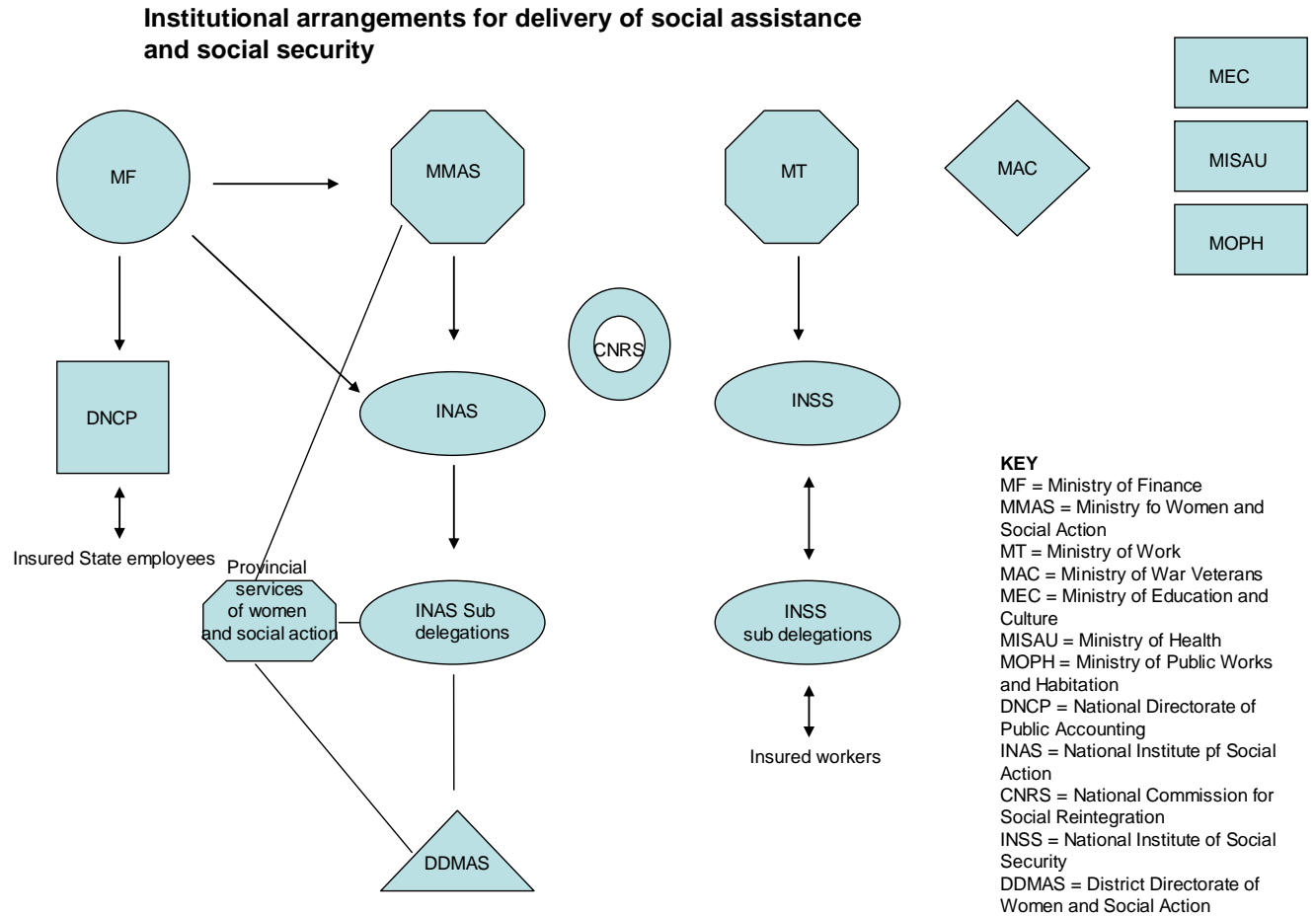
VIII. Going Forward

Timeline

- Country Report
- Nairobi
- Finalisation and On-going Fundraising
- Start Date
- How do we best engage on this research going forward?

Mozambique Country Report

E. Institutional arrangements for delivery of social assistance and social security (from Johnson and Selvester 2006 – may need to be updated)



F. Towards a comprehensive evaluation of the PSA: Review of components

(from Barrientos, A. Draft document, 10/12/08)

Towards a comprehensive evaluation of the PSA: review of components		
Component	Studies available	Gaps
Effectiveness		
Impact assessment	Impact Assessment Study is under preparation: to date the baseline is in the process of being collected, with evaluation surveys planned for 2010	Impact estimates will not be available before 2010/11
Analysis of incidence	INAS regular <i>Relatorios</i> provide data on number of beneficiaries, by sex and region "Perfil dos beneficiários	This is important to monitor the introduction of the variable benefit, especially as regards dependents. Information on dependents will need to be collected by INAS. Includes indirect beneficiaries but study for Maputo only
Delivery effectiveness	"Avaliac;ao das op;c;oes..." provides summary information on resource use, administrative costs and beneficiary perceptions INAS <i>Relatorios</i> provide information on activities	Only for four delegations, selected as representative of the country.
Beneficiaries and payments	INAS <i>Relatorios</i> provide information on beneficiaries but not on benefit payments (introduction of variable benefit is very recent)	Average payments can be extracted from budgetary information, but no information on the distribution of payments
Beneficiary perceptions	"Avaliac;ao das op;c;oes..."	Only for four delegations, selected as representative of the country
Agency effectiveness	Functional analysis (government study) INAS <i>Relatorios</i> include information on institutional development, planning, constraints and proposals for improvement	This mentioned in interviews but document not available Institutional mapping is widely understood, but effectiveness indicators less so
Financial analysis	???	No information, although budgetary allocations are available
Efficiency	???	No plans to undertake evaluation of efficiency. Single indicators can be extracted from existing data, but need to identify and standardise a set of core indicators. Estimates of efficiency will be needed to make a case for the increase of resources.
Documents referred to in Table:		
<ul style="list-style-type: none"> Avaliac;ao das op;c;oes para a distribuic;ao do programa de subsidio de alimentos em Mocimboque [2008] Walker, D. et al., Maputo: INAS-RHVP INAS <i>Relatorios das Actividades Desenvolvidas pelo INAS</i> (quarterly, bi-annual, annual) UNICEF (2007) Perfil dos beneficiários, Provincia e Cidade de Maputo, Maputo: UNICEF 		

Mozambique Country Report

G. Mapping of existing social protection programmes in Mozambique

(from Johnson and Selvester, 2006 paper for DFID – Note, this is now somewhat outdated - and is currently being updated through WB stock-taking in-country)

(a) Program	(b) Main form of transfer	(c) Year(s) operated	(d) Scheme objectives	(e) Implementing agencies	(f) Source of funding	(g) Spatial coverage	(h) Target group	(i) Targeting method	(j) Number of beneficiaries	(k) Transfer period & frequency	(l) Transfer amount per beneficiary per transfer period
Food Subsidy Programme Programa Subsídio de Alimentos (PSA)	Cash transfer	From 1990 onwards	Reinforce income of the most vulnerable urban population Reduce malnutrition in urban children and pregnant women	GAPVU (to 1996) INAS	State Budget	Urban in origin, now urban and rural Initially provincial capitals only Expanded to smaller urban centres and sub district levels from 1998	Vulnerable groups -older people -chronically ill - disabled -undernourished children and pregnant women - women heading households with more than 5 children Beneficiaries must be living in absolute poverty	INAS assessment of eligibility criteria (age, clinical status, household income, area of residence) Plus possession of ID document	82631 direct beneficiaries in 2005. Coverage including indirect beneficiaries (household members) 177921	Monthly	Depending on household size -1 Person 70000 mts Maximum 140000 mts i.e. USD 2.80 – 5.60
Direct Social Support Programme Programa de Apoio Social Directo (PASD)	Immediate material help for destitute individuals/households, eg, infant formula and cereal, housing materials, money to travel for family reunification, prosthesis, etc		Resolve immediate critical needs for those unable to resolve situation themselves	INAS	State Budget	National	Destitute with no capacity to resolve Mainly orphans and vulnerable children, destitute twins, abandoned children, malnourished children, families victims of fires or other disasters, malnourished pregnant women, chronically ill.	Case by case assessment by INAS on presentation of information to INAS Delegation	7173 people in 2005	One off	varies

Joint SCUK/UNICEF Study

(a) Program	(b) Main form of transfer	(c) Year(s) operated	(d) Scheme objectives	(e) Implementing agencies	(f) Source of funding	(g) Spatial coverage	(h) Target group	(i) Targeting method	(j) Number of beneficiaries	(k) Transfer period & frequency	(l) Transfer amount beneficiary per transfer period
Social Benefit for Work Programme Programa de Benefício Social pelo Trabalho (PBST)	Temporary employment opportunities (cash for work)		Reintegrate the poorest into productive social and economic life	INAS	State budget	Mainly urban Women's employment principally as cleaners attached to government departments (including street cleaners)			3632 in 2005 of whom 2853 women	monthly	450000 mts i.e. USD18
Income Generation Programme Programa Geração de Rendimentos (PGR)	Loans (or grants) for capital start up costs for income generating initiatives		Enable destitute households with capacity to work to become self sufficient	INAS	State budget	Priority given to rural areas	Those in absolute poverty, able to work. Principally households. Also community associations.	Assessment by INAS of requests for support	2756 in 2005 (32% of target) 40% = female headed households	One off (with follow up and oversight of implementation by INAS)	varies
Community Development Programme Programa de Desenvolvimento Comunitário (PDC)	Funding of community infrastructure. Includes education and health infrastructure (i.e. partially form of public works programme)	2000	Promote socio economic development in absolutely poor communities	INAS	State budget	Priority given to rural areas	Absolutely poor communities	Assessment by INAS through local representatives ("permanents")	171 projects since 2001 (65 projects in 2005) Beneficiaries calculate don population figures for community PES target	One off (with follow up and oversight of implementation by INAS)	varies

Mozambique Country Report

(a) Program	(b) Main form of transfer	(c) Year(s) operated	(d) Scheme objectives	(e) Implementing agencies	(f) Source of funding	(g) Spatial coverage	(h) Target group	(i) Targeting method	(j) Number of beneficiaries	(k) Transfer period & frequency	(l) Transfer amount per beneficiary per transfer period
									2006 = 50109		
Poverty certificate Atestado da Pobreza	Waiver of health, education and birth registration fees	Adaptation of pre-Independence provision	To enable poorest households to gain access to basic services	State Administration (MAE)	State budget	national	Households identified as poor by their local leaders, confirmed by MMAS assessment	Certificate from local leader. Household visit by local MMAS representative Application to District Administrator	xxxx	On use of services	Full waiver of service costs
Medical and Infant Supplement Social Fund Fundo Social de Medicamentos e Suplementos Alimentares Infantis	Subsidy prices of drugs and other medicines		Ensure the access to drugs and medicines and nutrition for vulnerable children and households	Ministry of Health	Government Budget	Rural and Urban All country	Vulnerable groups old people; chronically ill; disabled people, undernourished children and pregnant women Women heading households Unemployed Displaced people	Age; Clinical status, Low income Social condition Labour condition		Variable, depending on the circumstances	Varies depending on the condition of beneficiaries

Joint SCUK/UNICEF Study

(a) Program	(b) Main form of transfer	(c) Year(s) operated	(d) Scheme objectives	(e) Implementing agencies	(f) Source of funding	(g) Spatial coverage	(h) Target group	(i) Targeting method	(j) Number of beneficiaries	(k) Transfer period & frequency	(l) Transfer amount per beneficiary per transfer period
Medical treatment outside the country	Money for treatment in neighbouring countries	1975	Save lives and treat people who can not be treated in Mozambique	MISAU	State Budget		People who have illnesses and conditions that cannot be treated in Mozambique	Committee of doctors decides on seriousness of the situation and liaises with other hospital systems for care	Varies		Depends on each situation
Pilot Project for orphans and vulnerable children under the auspices of Direct Support to Schools (Apoio Directo às Escolas ADE)	School materials, clothing and other personal items	Pilot launched 2006	Improved retention and results for school going children, especially those who are vulnerable	Ministry of Education and Culture	Financial supplement to Direct Support to Schools (ADE) provided by Netherlands (through World Bank) and UNICEF	Buzé, Sofala, Angonia, Tete, Mocimboa da Praia, Cabo Delgado, Chowe, Gaza	School aged children (6 to 14 years) registered in EP1 (years 1 to 5) and identified as vulnerable	Community (Sofala, Tete) or School Board (Cabo Delgado, Gaza)	Maximum of 20% of school going children / school Estimate of total beneficiaries is 14000	Income transferred to schools by MEC in two tranches (same timing as ADE)	Depends on decision of School Board of school and community council
Bolsa Escola	Conditional cash transfers	Initial pilot phase 2001/05. Formal launch 2003 Ongoing	Retention of children in primary and secondary school	Ministry of Education and Culture with Missão Criança (Brasil)	Brasil (July 2001 to November 2005)	Maputo city Urban District No 4, neighbourhoods of Laulane, Mahotas and Albazine	Poor families with school aged children	survey	100 families in pilot phase (302 children) Current intention to expand	month	USD200/household conditional on children achieving 90% attendance school

Mozambique Country Report

(a) Program	(b) Main form of transfer	(c) Year(s) operated	(d) Scheme objectives	(e) Implementing agencies	(f) Source of funding	(g) Spatial coverage	(h) Target group	(i) Targeting method	(j) Number of beneficiaries	(k) Transfer period & frequency	(l) Transfer amount per beneficiary per transfer period
									coverage to 400 families		
Education Social Assistance Fundo de Acção Social Escolar (ASE) known as Caixa Escolar*	School materials, clothing and other personal items	1986 included in Ministerial Diploma 6/86 on school fees	Enrolment and retention of poor children in school	Ministry of Education and Culture	Parents and education guardians of school going children.	national	School aged children of poor households on condition that they enrol in school	Decision of school Director.	In practice, used for general school maintenance and running costs to benefit of all children attending school	Income collected annually or at start of each semester from parents. In principle, support to be given when needed to poorest children attending school	Depends on income collected and decision of school director on use

*Note: ASE no longer exists in practice since the suspension of matriculation fees by Ministerial Diploma in November 2004.

The programme of financial support provided by Canada, Sweden and Netherlands to enable free distribution of basic school text books to all children attending primary school is called Caixa Escolar.

The following information has been provided by World Food programme (WFP)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Joint SCUK/UNICEF Study

Program	Main form of transfer	Year(s) operated	Scheme objectives	Implementing agencies	Source of funding	Spatial coverage	Target group	Targeting method	Number of beneficiaries	Transfer period & frequency	Transfer amount per beneficiary per transfer period
School feeding	food	Boarding Schools - since 1977, Day schools - since 2002	Improve school enrolment, attendance, performance & address short term hunger and selected nutritional vulnerabilities	Ministry of Education, SC-US, JAM, WVI	WFP Country Programme (dev) & Protracted Relief and Recovery Operation	Schools in all the provinces of the country	Children in primary school, Junior Farmer Field and Life Schools and secondary boarding schools	geographical prioritization of areas with combined food insecurity and poor education indicators (Meals provided for all children in school - THRs provided for girls in upper grades and for OVCs identified by PTA)	378,000	Period as per school year - daily meals	one school year appr. 180 days @ \$0.20 = \$36 per
OVC community support	food	since 2003	Promote child protection, growth and development & improve community care capacity	Community based organizations	WFP Protracted Relief and Recovery Operation & Country Programme (dev)	Gaza, Inhambane, Manica, Maputo, Sofala, Zambezia, Tete	Orphans and vulnerable children in food insecure households	Identification of most vulnerable children through community based organizations (for example child headed households, children with elderly caregiver,	37,000	period currently open - monthly take home rations	365 days @ \$0.37 per day = \$138.70 per ch

Mozambique Country Report

(a) Program	(b) Main form of transfer	(c) Year(s) operated	(d) Scheme objectives	(e) Implementing agencies	(f) Source of funding	(g) Spatial coverage	(h) Target group	(i) Targeting method	(j) Number of beneficiaries	(k) Transfer period & frequency	(l) Transfer amount per beneficiary per transfer period
								children in destitute families etc.)			
OVC institutional support	food	since 2003	Promote child protection, growth and development where no community capacity exists	Existing orphanages and day care facilities	WFP Protracted Relief and Recovery Operation & Country Programme (dev)	Gaza, Maputo, Manica, Sofala, Tete	Orphans and vulnerable children in institutional care programmes	selected orphanages with high 'child burden' and low resource basis	9,000	period as per institutional 'enrolment' - daily meals	365 days @ \$0.2 per day = \$80.30 per child
ART	food	since 2003	Improve uptake, adherence and success of ART & improved nutritional wellbeing of the client	Ministry of Health, MSF, San'Egidio, HAI and other recognized health care providers	WFP Protracted Relief and Recovery Operation	Gaza, Inhambane, Manica, Maputo, Sofala, Zambezia, Tete	ART clients identified to be of fragile health/nutritional status and from food insecure households	institutional selection procedure using semistructured criteria (health & socio-economic)	2,600	appr. 6 months - monthly household take home rations	6 months @ \$1. per day = \$252 per client
PMTCT	food	since 2004	Improved uptake and compliance with PMTCT services and appropriate pregnancy, breastfeeding and infant	Ministry of Health, MSF, San'Egidio, HAI and other recognized health care	WFP Protracted Relief and Recovery Operation	Gaza, Manica, Maputo, Sofala, Tete	PMTCT clients identified to be of fragile health/nutritional status and from food insecure households	institutional selection procedure using semistructured criteria (health & socio-economic)	17,000	appr. 24 months - monthly household take home rations	24 months @ \$1. per day = \$1.022 per client

Joint SCUK/UNICEF Study

(a) Program	(b) Main form of transfer	(c) Year(s) operated	(d) Scheme objectives	(e) Implementing agencies	(f) Source of funding	(g) Spatial coverage	(h) Target group	(i) Targeting method	(j) Number of beneficiaries	(k) Transfer period & frequency	(l) Transfer amount per beneficiary per transfer period
			feeding practices & improved maternal and child nutrition	providers							
HBC	food	since 2003	Improved recovery and quality of life of chronically ill persons & improved household care capacity & mitigate household impact of prolonged illness	Recognized health care providers and Samaritan's Purse (SPIR), SC-US, KUBATSI RANA, Igreja Presbeteiana and others	WFP Protracted Relief and Recovery Operation	Gaza, Inhambane, Manica, Maputo, Sofala, Zambezia, Tete	Chronically ill persons cared for in destitute families	institutional selection procedure using semistructured criteria (health & socio-economic)	88,000	appr. 6-12 Months - monthly household take home rations	6-12 months @ \$252 - 504 per client
Food for Assets / Food for Training	food	Since 1997	Promote livelihood opportunities through productive and human asset creation	Ministry of Agriculture, district administrations etc	WFP Country Programme (dev) & Protracted Relief and Recovery Operation	12 districts in Southern, Central Mozambique	Food insecure and socially/demographically fragile households in highly food insecure areas	geographical prioritization of areas with food insecurity	20,000-42,000 depends on seasonal changes of food security situation	6-12 months (seasonal) - monthly household take home rations	6-12 months @ \$52.50 per day = \$105 per beneficiary (= \$262.50 - \$52.50 per participant/h

Mozambique Country Report

(a) Program	(b) Main form of transfer	(c) Year(s) operated	(d) Scheme objectives	(e) Implementing agencies	(f) Source of funding	(g) Spatial coverage	(h) Target group	(i) Targeting method	(j) Number of beneficiaries	(k) Transfer period & frequency	(l) Transfer amount per beneficiary per transfer period
Vulnerable Group Feeding	food	since 2002	Protect lives and livelihoods	WVI, SPIR, SC-US, German Agro Action etc	WFP Protracted Relief and Recovery Operation	40 districts in Southern & Central Mozambique	Food insecure and socially/demographically fragile households in highly food insecure areas	geographical prioritization of areas with food insecurity & community based hh section	68,000-450,000 depends on seasonal changes of food security situation	3-12 months (seasonal) - monthly household take home packages	3-12 months @ per day = \$31.50 - \$126 beneficiary (= \$157.50 - \$63 hh)
Food for Work	food	since 2002	Protect lives and livelihoods	Ministry of Agriculture, IRD, SPIR, District Administrations etc	WFP Protracted Relief and Recovery Operation	20 districts in Southern & Central Mozambique	Households with able bodied individuals living in highly food insecure areas	geographical prioritization of areas with food insecurity & community based hh section	21,000-200,000 depends on seasonal changes of food security situation	6-12 months (seasonal) - monthly household take home packages	6-12 months @ per day = \$52.50 \$105 per beneficiary (= \$262.50 - \$52 per participant/h)

INSURANCE SCHEMES (INSS)

Contributions are required for all workers (with opting out permitted for some workers, especially foreign staff who demonstrate that they contribute to a social security scheme in their country of origin). Monthly contributions are equivalent to 7% of monthly salary, being 4% paid by the employer and 3% paid by the employee

OLD AGE PENSION	
Qualifying conditions	<p>Workers who:</p> <ul style="list-style-type: none"> ○ Are 60 years old for men, 55 years old for women ○ Enrolled in INSS for the first time at least 20 years before applying for pension benefits ○ Have at least 120 months of contributions <p>OR</p> <ul style="list-style-type: none"> ○ Enrolled in INSS for the first time at least 30 years before applying for pension benefits ○ Have at least 300 months of contributions
Entitlements	<ul style="list-style-type: none"> ○ Monthly pension payment corresponding to 40% of the worker's average monthly earnings. ○ Workers with contributions for more than 240 months are entitled to a further 1% for each period of 12 months of contributions above the 240 months.

Joint SCUK/UNICEF Study

	<ul style="list-style-type: none"> Monthly entitlement will never be less than 60% of the statutory minimum wage
OLD AGE PAYMENT	
Qualifying conditions	<p>Workers who:</p> <ul style="list-style-type: none"> Are 50 years old and unable to work Enrolled in INSS for the first time at least 20 years before applying for pension benefits Have at least 120 months of contributions
Entitlements	Single lump sum old age payment (<i>Bónus de velhice</i>)
INVALIDITY PENSION	
Qualifying conditions	<p>Workers who:</p> <ul style="list-style-type: none"> Are certified by a medical declaration (<i>junta medica</i>) to be incapacitated for reasons of accident or sickness and judged unable to earn at least one third of the salary expected for someone of their age and qualifications <p>AND</p> <ul style="list-style-type: none"> Enrolled in INSS at least 5 years before becoming incapacitated Have at least 30 months of contributions in the 5 years preceding becoming incapacitated <p>OR</p> <ul style="list-style-type: none"> Have received sickness benefit for not more than 365 days <p>Invalidity pension is substituted by old age pension at the age of 60 for men, 55 for women</p>
Entitlements	<ul style="list-style-type: none"> Equivalent to 60% of the pension to which the worker would have gained the right if employed until reaching retirement age. Monthly entitlement will never be less than 60% of the statutory minimum wage.
DEPENDENTS' PENSION	
Qualifying conditions	<p>Surviving spouses and children of</p> <ul style="list-style-type: none"> someone receiving an old age pension or invalidity pension <p>OR</p> <ul style="list-style-type: none"> entitled to receive a pension in the case of death before pensionable age <p>OR</p> <ul style="list-style-type: none"> someone who has at least 60 months of contributions <p>Widowers are eligible only if they depended on their deceased wife's income.</p>
Entitlements	<ul style="list-style-type: none"> 50% of monthly pension or invalidity payment to spouse, divided equally between each spouse in the case of multiple spouses) 25% divided between surviving children 25% divided between surviving children, including those of a widow not entitled to receive survival benefits due to remarriage <p>Entitlement ceases for spouses</p> <ul style="list-style-type: none"> on remarriage <p>Entitlement ceases for children</p> <ul style="list-style-type: none"> on reaching 18 years of age <p>OR</p> <ul style="list-style-type: none"> on reaching 21 years of age and being a student at secondary school <p>OR</p>

Mozambique Country Report

	<ul style="list-style-type: none"> ○ on reaching 24 years of age and being a student at tertiary level
SICKNESS BENEFIT	
Qualifying conditions	<p>Worker who:</p> <ul style="list-style-type: none"> ○ is temporarily sick <p>OR</p> <ul style="list-style-type: none"> ○ has a non work related accident <p>OR</p> <ul style="list-style-type: none"> ○ is caring fro a child in hospital <p>Medical examinations are required every three months</p>
Entitlements	<ul style="list-style-type: none"> ○ 60% of worker's average daily remuneration ○ Not exceeding 365 consecutive days
DEATH BENEFIT	
Qualifying conditions	<ul style="list-style-type: none"> ○ Death of worker
Entitlements	<p>Lump sum payment equivalent to six months of worker's average salary</p> <p>In the case of surviving orphan children (under 18 years), this payment is multiplied by the number of children</p>