

Briefing Paper: Coordination and coverage of Social Protection initiatives in Mozambique

Rachel Waterhouse

Executive summary

Mozambique enjoys a wide range of initiatives to address vulnerability through social protection projects and programmes. Yet these have not coalesced into a coherent national strategy on social protection. Existing interventions tend to be sectoral and, or narrowly defined, whilst institutional arrangements are complex and sometimes confusing. There is a whole web of imperfectly connected or intersecting public agencies, statutory committees, and ad hoc coordination bodies that cross over several line ministries as well as between emergency/disaster led institutions and those trying to implement more continuous social support for vulnerable groups.

The Government of Mozambique has received praise for rapid response to emergency situations; yet such response by its nature is short term and temporary. Coverage of interventions aimed to address life-cycle and chronic vulnerability is extremely limited in terms of numbers reached and assistance provided. Government funded social assistance schemes reach only a fraction of the people that ought to be eligible according to target group criteria and often fail to reach the most vulnerable.

The INAS cash transfer ('food subsidy programme') has the widest coverage of government social assistance programmes; but only reaches some 100,000 people or less than 20% of the principle target group of destitute elderly people.

There is growing recognition that improved co-ordination will be critical to increasing the coverage and effectiveness of social protection programmes in Mozambique. In particular, government institutions responsible for social protection are looking for ways to increase collaboration with civil society and other non-state actors. There are a number of new co-ordination initiatives at national, provincial and sub-provincial levels. Most of these are recent and have still to prove their worth.

Despite significant efforts to improve collaboration between the different institutions and stakeholders, serious co-ordination and coverage challenges remain. These include the tendency to implement a plethora of parallel initiatives; lack of coordination between emergency and longer term social protection interventions and lack of centralised mapping, data collection and referral systems to ensure a clear national picture of who is vulnerable, where they are located, what type of support they are receiving and what the gaps are.

Nonetheless, there are important and emerging opportunities for moving forward. These include renewed Government commitment in the PARPA II to strengthen capacity of the lead Ministry on social protection (the Ministry of Women and Social Action MMAS); vulnerability mapping initiatives and Government plans to develop an 'intervention strategy' for social action (National Institute of Social Action, INAS) as well as to develop a social protection policy (MMAS).

Briefing Paper: Coordination and coverage of Social Protection initiatives in Mozambique

Rachel Waterhouse
May 2007, Maputo

Introduction

Whilst official statistics for Mozambique present an impressive record on poverty reduction, the evidence also demonstrates continuing high levels of extreme vulnerability. This has stimulated increasing concern amongst government and donors on how to address vulnerability¹ more effectively.

A wide range of initiatives to address vulnerability already exists; but these have not yet coalesced into a coherent or coordinated overall strategy on social protection. Existing interventions tend to be sectoral or narrowly defined, whilst institutional arrangements are complex and sometimes confusing. Despite significant recent efforts to improve collaboration between the different institutions and stakeholders, serious challenges remain regarding co-ordination and coverage.

This paper briefly outlines the current context and existing institutional arrangements for social protection programmes, coordination mechanisms, coverage, stakeholder perceptions and some of the lessons learned from experience with trying to coordinate interventions. Finally it looks at some of the challenges and opportunities for the future.

Context

Although overall poverty levels have decreased in the last decade, Mozambique is still one of the poorest countries in the world²; over half the population live in 'absolute poverty' (MPF 2004) and over a third of households are highly food insecure³. HIV/AIDS affected some 16% of the 15-49 year old population or a total of around 1.5 million people by 2005 (PARPA II). The incidence of infection is still rising, whilst the worst impact of the epidemic is still to be felt as mortality rates increase. The number of AIDS orphans is expected to grow exponentially over the next few years; putting an additional burden on carers, many of whom are elderly women already living in dire poverty.

The already vulnerable are most at risk from shocks such as natural disasters. These have affected over nine million people or an average of well over 500,000 people per year since 1990 (Selvester 2007). At present, there is little sign that either natural disaster nor the socio-economic factors fuelling other forms of vulnerability are on the

¹ Government documents and policies identify key causes of vulnerability to include food and nutrition insecurity, related to poor agro-ecological conditions and climatic factors (including climate change), socio-demographic factors such as old age and disability; economic factors such as unemployment; HIV/AIDS; and gender inequality. Issues relating to discrimination or exclusion are barely mentioned, however, with the exception of gender inequality. See Vulnerability Briefing Paper.

² ranked 168th out of 177 countries on the UN's human development index (UNDP 2006)

³ The prevalence of high vulnerability to food insecurity in Mozambique is of 34.8% of households, where 20.3% are classified as highly vulnerable and 14.5% are classified as very highly vulnerable (SETSAN 2007)

decline. A further analysis of continuing high levels of vulnerability in Mozambique is presented in the Vulnerability Briefing that accompanies this paper (Waterhouse 2007).

Policy on addressing vulnerability in Mozambique falls within the framework of the Action Plan for the Reduction of Absolute Poverty (PARPA), the country's PRSP; now in its second incarnation as the PARPA II (2005 – 2010). The PARPA presents food and nutritional insecurity, HIV/AIDS and gender inequality as cross cutting issues related to vulnerability; and also aims to reduce the negative impact of natural disaster. Targets are set for providing assistance to specific vulnerable groups, defined on the basis of social and demographic characteristics such as orphans and vulnerable children, the elderly, female headed households and the disabled; but all with the over-riding economic criterion of living in absolute poverty⁴.

There are many initiatives aimed at supporting vulnerable groups mentioned in the PARPA II, including direct support, training, income generating projects, community development initiatives, promotion of associations and groups supporting the vulnerable, simple technologies and awareness raising to reduce violence and discrimination against women and against People Living With HIV/AIDS (PLWHA) (Johnson & Selvester 2006).

However, there is no specific analysis of vulnerability as opposed to poverty; nor is there an overall strategy to address vulnerability. The poverty reduction strategy focuses on economic growth with market reform and liberalisation and only limited provision is foreseen for social assistance.

Institutional arrangements for social protection

A comprehensive recent review of the framework for social protection in Mozambique notes "a substantial range of State social protection provision, although coverage is limited". The review notes that institutional arrangements for providing these services are "fragmented and complex" (Johnson & Selvester 2006).

According to the review, the government categorises social protection as:

- Obligatory (ie contributory social security);
- Basic (ie social assistance administered through state institutions); or
- Complementary (ie social protection delivered through non State actors).

Social assistance is largely seen as and managed separately from emergency relief and disaster mitigation.

The division of institutional responsibilities within the state broadly reflects a linear approach to addressing vulnerability, through different programmes of assistance to narrowly defined categories of vulnerable group.

Social security

Social security arrangements (obligatory social protection) have been covered almost exclusively through two parallel government systems. Pensions, sickness and invalidity benefits for private formal sector employees are covered by the Ministry of Labour; whilst the Ministry of Finance administers a similar scheme for civil servants. A new law on

⁴ 'Absolute poverty' is defined according to an income of less than US\$1.00 per day.

Social Protection passed in 2006 focuses on the regulatory framework for social security schemes and private pension funds. It pays little attention to other aspects of social protection. The Ministry for Women and Social Action (MMAS), the Ministry with the main remit for social assistance, argues that they were scarcely consulted in the preparation of this law (MMAS Senior Official, personal communication).

Besides social security, formal sector employees are also covered by minimum standards legislation providing for a minimum wage, maternity and breast-feeding rights for women and prohibiting discrimination against people living with HIV/AIDS (PLWHA). Formal sector employment, however, accounts for only a little over 5% of the economic activities of the adult population.

Social assistance to the chronically vulnerable

General responsibility for social assistance rests with the recently redefined Ministry of Women and Social Action (MMAS, created in 2005); formerly the Ministry of Women and Coordination of Social Action MMCAS (since 1999). MMAS includes the National Directorate of Social Action (DNAS) as well as the National Directorate of Women (DNM) which oversees specific social assistance projects aimed at vulnerable women. DNM also has responsibility for orphans and vulnerable children (OVCs). It is set to formally take over this remit from the National Council for the Fight Against AIDS (CNAC) in 2007.

DNAS is officially responsible for policy, co-ordination and oversight of social action, whilst the National Institute of Social Action (INAS) is responsible for policy implementation and programmes. INAS was set up in 1997, replacing the former Office for Support to Vulnerable People (GAPVU) within the Ministry of Finance. INAS has delegations in all the provincial capitals, and in some provinces has 2 delegations.

The division of roles and reporting procedures between MMAS and INAS is complex and fairly confusing. Both are represented at provincial level, whilst MMAS also has district level representation though with very limited staffing and resources. INAS delegations (19 in all) report directly to INAS at central level; but also maintain communications with the Provincial Directorates for Women and Social Action, responsible for monitoring implementation of social assistance programmes. INAS depends on MMAS for political representation, for example to the Council of Ministers. Yet, the largest INAS run programme, the Food Subsidy Programme – PSA (actually a cash transfer) is funded directly by the Ministry of Finance to INAS and funds do not go through MMAS⁵.

Apart from the food subsidy, INAS runs a number of other social assistance programmes (INAS 2006). These are divided into two categories. ‘Social Assistance Programmes’ are aimed at destitute people unable to work and include the PSA; the Direct Social Support Programme (PASD) provides material support, generally in the form of basic food needs and school materials for individuals in need of immediate support, including disabled people, vulnerable children and disaster victims; and institutional support (e.g. orphanages).

‘Socio-economic development programmes’ are aimed at the destitute with capacity to work (transformative social protection) and include the Social Benefit for Work Programme (BST) providing income earning opportunities; Income Generation providing

⁵ See Johnson & Selvester 2006; and Johnson 2006, for further details.

cash grants or credit for individual or household level activities; and the Community Development programme providing grants for small-scale infrastructure such as health posts or grinding mills.

Besides provisions under MMAS, there is some social assistance provision through sectoral ministries and this is managed through separate arrangements specific to each ministry, particularly Health and Education. In Education the main approach has been to provide an increasing range of services without charge, such as textbook provision and removing registration fees. Specific support to OVCs is being piloted. In Health the approach has focused on universal exemption for specific categories of illness and population group (e.g. children under 5).

Emergency response to extreme transient vulnerability

Emergency or crisis situations related to climatic factors and events such as floods, drought or cyclone are dealt with through a separate institutional structure; formerly through the Department for the Prevention and Fight Against Natural Disasters (DPCCN); now restructured as the National Institute for Disasters' Management (INGC). This is currently housed within the Ministry of Agriculture and functions as a National Directorate. Its 'Master Plan for the Prevention and Mitigation of Natural Disasters', however, proposes that in order to be effective it needs increased authority and should be directly accountable to the Council of Ministers⁶.

The INGC is tasked with collating and assessing information on the potential for natural disaster (e.g. hydrometric information) and the vulnerability risk (e.g. information on the existing food security situation in disaster-prone areas). It is responsible for co-ordinating relief efforts, mainly donor-funded inputs such as food and basic goods. The Master Plan (2005-09) sets out three objectives:

- reduce vulnerability to hunger due to drought
- reduce loss of life and property due to natural disasters such as floods and cyclones
- minimise suffering caused by natural disaster (INGC n/d).

The INGC sees its role as not only coordinating and implementing the response to transient vulnerability but also as providing (at least part of) the response to chronic vulnerability in semi-arid rural areas – most of the south of Mozambique - a role which it hopes to develop and expand over the next 10 years.

Cross-cutting issues

HIV/AIDS, food insecurity and gender equality have been defined as cross-cutting issues that require a multi-sectoral response (PARPA II).

SETSAN, the intersectoral Secretariat for Food Security and Nutrition, has a mandate to co-ordinate all actors (state and non-state) in actions aimed at ensuring food security. However, it has limited status and authority. Initially part of the (then) Ministry of Planning and Finance, SETSAN was later relocated to the Ministry of Agriculture where it is institutionally subordinate to the National Directorate for Agriculture (DNA): i.e. it is now a department within a directorate within a Ministry. Until recently, its main function has been gathering information on vulnerability to food insecurity in disaster affected or

⁶ It also proposes that it should be under the tutelage of the Ministry of State Administration

disaster prone districts of the country. Current initiatives to revise and expand this mandate are noted below.

In terms of its permanent structure, SETSAN includes an information gathering department and a policy department. Each of these works through a number of technical sub-groups which should also serve as forums for inter-sectoral collaboration. To date, the information gathering arm is seen as more effective than the policy department, generally considered to have limited influence.

SETSAN working groups are meant to provide forums for inter-sectoral collaboration. Participation is said to be uneven with weak participation from nominally some of the key players such as MMAS and the Ministry of Health (MISAU). The Nutrition Department at MISAU, for instance, participates in SETSAN information gathering exercises but has not used SETSAN as a forum for policy debate (interview with MISAU officials).

Nonetheless there are some good examples of multi-sectoral collaboration under SETSAN, if not exactly co-ordination. Working groups of the SETSAN information department include (amongst others) the Vulnerability Assessment Group (GAV) and the Group for Early Warning which provide key data for INGC. They also include the food and nutrition security and HIV/AIDS working group, SANHA, including representatives from the National Institute of Social Action (INAS), the National Council for the Fight Against HIV/AIDS (CNCS), and the Ministry of Health (MISAU) department dealing with home-based care.

SANHA has a general task of producing information for policy development. In particular, SANHA has overseen development of a 'Procedures Manual' to help social protection programmes and activists to identify vulnerability linked to HIV/AIDS, with recommendations for areas of activity related to food security and HIV/AIDS and guidance on providing referral. Production of the Manual was funded by the CNCS and will be piloted by INAS; thus presenting a good example of the possibilities for cross-sector collaboration.

SETSAN policy department sub-groups include amongst others the Group for Monitoring of PARPA and PASAN (Action Plan for Food and Nutrition Security), and the Coordination Group between government, NGOs and international agencies.

The CNCS has the mandate to coordinate the national response to HIV/AIDS, including prevention, mitigation and care; however many stakeholders see it as having limited political influence with other government institutions. Meanwhile the division of roles and responsibilities has been unclear in relation to the Ministry of Health; especially with increasing emphasis in the national response on access to treatment. The advent of - and heavy donor emphasis on - treatment has increased pressure on the CNCS to manage funds and implement programmes, rather than to play a more focused coordination role. There is further ambiguity in relation to division of roles between CNCS and MMAS regarding OVCs and home based care; although the formal remit for OVCs is due to pass from CNCS to MMAS in 2007.

In terms of promoting gender equality, the National Council for the Advancement of Women (CNAM), chaired by MMAS, has the mandate to coordinate actions across all sectors.

Coverage of social protection programmes

The Government of Mozambique and the INGC have received recent praise for a rapid response to natural disasters such as the floods affecting some 285,000 people and cyclone affecting an estimated 150,000 people in early 2007. The United Nations in Mozambique said water management had helped minimise the impact of the floods; whilst immediate emergency relief including food and shelter was rapidly provided to many of the victims (Mozambique Floods and Cyclone Flash Appeal 2007 – OCHA).

This type of assistance, however, by its very nature is short term and temporary; whilst victims often suffer from long term consequences of a shock. This is particularly so when people are already poor and vulnerable. The Government's 'Reconstruction Plan', launched in March 2007, foresees support to rehabilitating damaged infrastructure and specific support to 'vulnerable households'. However, there was little discussion of these measures with MMAS or with the other institutions that oversee long term support to vulnerable groups.

Despite a wide array of programmes, coverage to address life-cycle and chronic vulnerability is extremely limited. Pension schemes only cover workers in formal employment – less than 5% of the total workforce – whilst formal sector employment is, besides, largely male dominated. Government funded social assistance schemes meanwhile reach only a fraction of the people that ought to be eligible according to target group criteria. Furthermore, a recent SETSAN study finds that in general, social assistance is not reaching the most vulnerable population groups, namely people without any regular means of income (SETSAN 2007). (The PSA is the exception since it does reach these categories).

The INAS cash transfer (the so-called food subsidy programme) has the widest coverage of government social assistance programmes, but clearly illustrates the problems regarding coverage. It is meant to target the destitute elderly, disabled, chronically ill and malnourished pregnant women unable to work. The chronically ill are to be clinically identified according to five criteria: hypertension, epilepsy, asthmatic bronchitis, diabetes, chronic kidney failure. Notably, the criteria do not include HIV/AIDS or tuberculosis; part of the reason being that INAS is well aware it lacks capacity to cover these groups.

In practice the programme currently reaches less than 100,000 people. Of the 96,582 PSA beneficiaries in 2006, 89,819 (92%) were elderly (59,069 women and 30,750 men); 5,606 were disabled, 933 were chronically sick and 222 were described as female heads of households⁷.

If one assumes that, in line with the national poverty head count, roughly half the elderly population is absolutely poor (it is actually likely to be higher due to the vulnerability of old people), the INAS cash transfer reaches less than 20% of the destitute elderly, its principle target group. Outreach to the disabled (an estimated 1% of the population or c.160,000 people) and to the chronically ill is almost insignificant. It has meanwhile been proposed that malnourished pregnant women do not fit within this scheme and should be transferred to another form of benefit.

⁷ Female headed households are an INAS though specifically a PSA targeting criteria

Even with this limited coverage, scope for expansion appears constrained by the value of the subsidy. At present, the cash transfer is worth only 70 MZN (c. GBP 1.3) per month and is so low that even the elderly destitute who receive it say it has little impact on their lives and only allows them to buy food for one or two days per month (see INAS Case Study). Thus any discussion on expanding the number of PSA beneficiaries must also address the issue of its value.

Despite the extremely low current value of the food subsidy, the PSA is widely seen to provide perhaps the only existing model that could be adapted to a wider social transfer scheme. There are already some pilot ideas to reach OVCs through the PSA; and field research shows that in practice, some PLWHA are included in the programme even though this is not officially a target group.

There is still a long way to go. Current data on PSA direct beneficiaries may well hide large numbers of potential indirect beneficiaries, particularly OVCs living in elder-headed households. The figures clearly demonstrate that at present INAS has virtually no capacity for active outreach to this group; whilst the low value of the transfer severely limits the likelihood of reaching indirect beneficiaries. Alternatively, the idea of increasing the scope of the PSA to actively include OVCs - through targeting the elderly - draws on positive experience from elsewhere in the region such as Lesotho. MMAS with support from DFID, the Royal Netherlands Embassy (RNE) and UNICEF are currently studying this option.

Co-ordination mechanisms and forums

There is growing recognition that improved co-ordination will be critical to increasing the coverage and effectiveness of social protection programmes in Mozambique. In particular, government institutions responsible for social protection are looking for ways to increase collaboration with civil society and other non-state actors.

National level coordination

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, a Memorandum of Understanding between the donors and the government has created a PARPA Working Group on Social Action. This group is headed by the MMAS Directorate of Planning and Studies. Indicators for social action (in terms of the number of people reached through social assistance programmes) have also been included in the PARPA monitoring framework. The PARPA planning and review process thus provides a forum for multi-sectoral co-ordination. It also provides an opportunity for civil society to participate in policy and planning debates, through the PARPA Working Groups.

The corollary – according to stakeholders interviewed – is that the Working Group achieved limited results in promoting social protection during the preparation of PARPA II and has not been very active since. Nonetheless, there is a small Government – Donor working group that is now looking more broadly at social protection issues and at how to move forward on developing a more comprehensive approach. The key actors are MMAS, INAS, DFID, RNE and UNICEF.

Civil society organisations (CSOs) representing the interests of vulnerable groups (particularly children, the elderly and disabled people) also contend they have faced problems in promoting macro level coordination. During the drafting of PARPA II, a number of CSOs collaborating through the auspices of the 'G20' – a civil society umbrella group set up to represent civil society's position in relation to the PARPA – sought to establish a joint position on responding to vulnerable groups. They argued for including this response as a cross-cutting issue in the PARPA, alongside the response to HIV/AIDS and gender inequality. A number of specific recommendations put forward by this group were taken up in the PARPA II; but the idea of addressing vulnerable groups as a cross-cutting theme was not included. Some CSO representatives believe that MMAS itself was against the idea, since this would disperse responsibilities (and the related budget) across a range of different institutions.

CSOs themselves, however, tend to work in thematic way rather than through broader coordination. Since G20 coordinated inputs to the PARPA II, the CSOs mentioned above have not continued coordination meetings and have focused on thematic issues such as the National Action Plan for the Aged, and for OVCs. There has been more success in coordinating along thematic lines, than in relation to a broader social protection agenda.

In terms of emergency response to vulnerability caused by natural disasters and drought the coordination mandate lies with INGC. Officially, the INGC argues in favour of a long term approach to disaster prevention, preparedness and mitigation (Master Plan; interview with Joao Ribeiro, Deputy National Director). Thus its objectives include improving water harvesting and management in drought prone areas and diversification of agricultural produce.

Given that the chronically vulnerable are likely to be the worst hit by shocks such as natural disaster, close coordination between INGC and other social protection initiatives ought to strengthen their endeavour.

In practice however there is limited provision for coordination with other social assistance interventions. The INGC Master Plan talks of setting up 'Multiple Use Resource Centres' at district level, where village groups and local leaders can pool information and experience on dealing with natural disaster; but it does not mention how the INGC will articulate with existing and longer term social protection programmes. Furthermore, post disaster 'reconstruction' programmes do not tend to articulate with longer term social assistance programmes (see p6 above). In fact, the INGC is under considerable pressure to manage emergency funding or other inputs (particularly food) coming in from donors, rather than to focus on longer term social protection objectives.

In terms of long term social assistance to the chronically vulnerable, MMAS has the mandate to play a coordination role. In this capacity, it leads on and, or participates in a number of coordination bodies and forums; particularly including the OVCs working group and the working group on implementation of the National Plan of Action for Older People, approved in 2002. However, working groups tend to be informal whilst institutionalised mechanisms for formal coordination are still lacking (Interview with MMAS senior official).

MMAS capacity to perform its coordination role is limited in terms of human resources and technical capacity: indeed MMAS itself described its own 'dramatic' lack of human resources in its submission to the drafting of PARPA II (Johnson & Selvester 2006).

Stakeholders tend to agree that MMAS further lacks political status and clout in relation to most other ministries whose policies and plans it should help to coordinate (see Policy and institutional context briefing).

In contrast to broader efforts to promote co-ordination between the wide range of actors somehow engaged in social protection, initiatives to improve coordination around a specific topic or vulnerable group have shown significant recent progress.

In the context of the National Plan of Action for Orphans and Vulnerable Children (approved by the Council of Ministers in 2006), Government, donors and non-government partners have established a Technical Group for Orphans and Vulnerable Children, with formal terms of reference, at central as well as provincial levels. These efforts include coordination with donors; thus for example WFP in collaboration with MMAS is planning to use this forum at provincial level to channel food assistance to OVCs (see WFP Case Study).

On HIV/AIDS, the CNCS has the main official mandate for coordination of initiatives around prevention, mitigation and care; whilst MISAU has the key remit for treatment. However there are many ambiguities and overlap in the role played by different actors, particularly between CNCS, MISAU and MMAS. The situation is complicated by ambiguity around the kind of support offered through different programmes, e.g. clinical care and psycho-social support through home based care (HBC) programmes, and thus around which government body should have principal oversight.

Ambiguity and overlap of roles is further reinforced by the current heavy donor emphasis on ART and the health aspects of HIV/AIDS as well as pressure on CNCS to administer donor funds, i.e. to take on more of an implementation than coordination role.

A Home-Based Care Committee is coordinated by the Ministry of Health. Amongst other things, this committee is working on guidelines and accreditation for HBC as well as guidelines regarding nutritional needs and dietary supplements that would be appropriate at the different clinical stages of ART patients. This could also help to separate out oversight responsibility of different government bodies, depending on the type of care being provided.

Coordinating provincial and local level implementation

Co-ordination of social protection initiatives at a local implementation level is complicated by the disparate array of initiatives and the complex and often ambiguous nature of institutional relations and reporting systems described above. INAS Provincial level delegations for instance report to INAS central rather than to MMAS provincial services; whilst INAS central at present has no easy system to collate data from its different delegations.

Coordination is complicated by sometimes unclear or ambiguous targeting criteria: for example, in the WFP programme to support people on ART and their households with a food basket, it was not clear whether or not more than one family member on ART could benefit or how this would affect the food package; and whether or not NGO activists providing home based care, but also on ART themselves, should benefit from the food basket (see WFP Case Study). The view from the ground also suggests numerous anomalies. People eligible for the INAS food subsidy, for instance, found it hard to understand why one district should benefit and not another (INAS case study).

Co-ordination is yet further complicated by the lack of a central register of beneficiaries of different types of social assistance from different institutions.

Despite these difficulties, however, there is often some kind of informal referral system in place as well as new efforts to improve more formal coordination mechanisms at provincial and sub-provincial levels.

INAS seeks to coordinate between its own different schemes and to provide a referral service through the presence of 'permanentes' (community representatives hired by INAS to help implement the food subsidy programme). Field research suggests that the effectiveness of this depend significantly on the knowledge and motivation of the individual 'permanente', whilst a more institutionalised referral system is still lacking. Meanwhile the limited coverage of INAS programmes themselves detracts from the relevance of referral.

The new SETSAN 'Procedures Manual' on vulnerability targeting related to HIV/AIDS and food insecurity (see p5 above) is one attempt to improve coordination. Thus the Manual seeks to "fill a gap in the harmonisation of procedures between different institutions" and gives some suggestions on cross-referral. SETSAN plans to disseminate the manual through the provincial SETSANS in conjunction with INAS. Some organizations, indeed, are already using the manual. On the down side, the Manual remains a guideline that so far is not backed up by formal institutional mechanisms.

Other initiatives on coordination focus on specific vulnerable groups. Provincial level Technical Committees for OVCs (see previous section) include sectors such as education, health and social action, Provincial Nucleus for the Prevention and Combat of HIV/AIDS (PNCS), INAS, NGOs representing WFP, and other NGOs with a relevant role in the respective geographical area. The purpose of these Committees is to assess existing assistance to orphaned and vulnerable children, and to analyse and approve new proposals. These committees have been established through an agreement between MMAS and the WFP; although the task overlaps with the original mandate of Provincial Nucleus for Prevention and Combat of HIV/AIDS.

There are other recent initiatives. In Inhambane, for instance, a Forum for Home-Based Care was created in late 2006. Participants include the PNCS, the Provincial Directorate of Health, MONASO - the network of NGOs working on HIV/AIDS and certain international donors. MONASO coordinates the Forum, which aims to improve the quality and increase coverage of HBC initiatives.

One could question, however, the effectiveness of setting up numerous different coordination committees (PNCS, committee for OVCs, committee for HBC, etc) when these are often likely to involve the same actors and very similar issues.

Partnerships

In efforts to increase the coverage of social protection initiatives in a cost effective manner, a number of actors have struck up partnership relations which could serve as a basis for better coordination.

INAS, for instance, is currently negotiating partnerships with donors and NGOs to pilot new models for expanding the food subsidy programme particularly in rural areas. Agreement has already been signed for one pilot initiative to be implemented in collaboration with HelpAge International in Tete Province, whereby the food subsidy will be delivered through community based committees. Also in Changara, INAS has agreed to identify Orphans and Vulnerable Children to benefit from food kits and mosquito nets offered by UNICEF, and to distribute these items. Other initiatives for collaboration with INGOs such as Caritas and CARE are still in discussion (see INAS case study).

Summary of key player roles

The Ministry of Finance is critical to moving forward on social protection policy. At present it has committed state funds to building institutional capacity, for instance of MMAS, but these funds are limited and the Ministry of Finance has been reluctant to expand social transfer programmes reliant on state funds.

The Ministry of Labour leads policy change on social insurance but has not actively engaged in wider discussions on social protection, including protection for workers outside the formal sector such as in small-scale agriculture and informal trade. MMAS holds the mandate for dealing with social assistance policy in general and for specific 'vulnerable groups' such as orphans and vulnerable children, destitute female headed households and the elderly. INAS as a subordinate institution is charged with implementing social assistance policy. MMAS is politically weak and marginalised, with continued talk of its possible re-integration in the Ministry of Health. However, it is working on plans to develop a national Social Protection Policy.

A range of other institutions and forums have been set up to co-ordinate the response to particular causes and categories of vulnerability, including the CNCS, SETSAN and the OVCs Working Group. There is little co-ordination between these and the INGC, the main Government body co-ordinating emergency relief.

Civil society organisations are beginning to play an increasingly active role, participating in co-ordination forums and piloting new co-ordination and implementation mechanisms.

Achievements and lessons learnt

Institutional arrangements for social protection in Mozambique are fragmented and complex. Nonetheless, important achievements have been made in efforts to improve coordination and lessons have been learned that are useful for future policy and planning. Given the limited scope of this paper, this section does not attempt to be comprehensive; but highlights a number of examples.

- At national level, increasing government and donor attention to vulnerability has spurred efforts to improve and coordinate information gathering and data analysis, particularly in the context of PARPA II preparation and the annual Joint Review process. The joint Government – donor 'Poverty Analysis and Monitoring (PAMS)' Group led by the Ministry of Planning and Development has identified this need and plans to commission a study collating and analysing vulnerability data from a range of different studies carried out recently (e.g. a UNICEF study on child poverty and the SETSAN study on food and nutritional security).

- Whilst links between emergency relief and social assistance remain weak, the recent SETSAN study creates a national data base on food and nutrition security and is an important step towards better coordination. The study distinguishes between transitory and chronic vulnerability and thus helps to show where these overlap and reinforce each other. The study findings meanwhile suggest that social assistance is generally not reaching the most vulnerable groups, except for PSA beneficiaries. This is both an important warning in relation to general coverage and a significant finding in relation to the PSA, strengthening the view that this programme provides a unique opportunity in Mozambique to develop a more comprehensive social transfer programme reaching the most vulnerable.
- The SETSAN sub groups should provide a good opportunity for multi-sectoral coordination, yet participation has been uneven and weak on behalf of some key players. To address this, SETSAN is now preparing Statutes for the different Working Groups defining their membership and responsibilities. This proposal will be submitted for approval to the Council of Ministers and if passed should help to ensure more consistent and active participation of the key stakeholders.
- Coordination has been complicated by different approaches to defining and targeting vulnerability. There are now efforts to synthesise the approach between different programmes. The new 'Procedures Manual' produced by SANHA, with funding from the CNCS, seeks to improve vulnerability targeting in the context of HIV/AIDS and to improve referral and coordination at local level. INAS is to pilot the Manual.
- Technical working groups have made some important headway in coordinating approaches and interventions. The Technical Committees for OVCs is one example and a mechanism to coordinate interventions is now being established at national and provincial levels.
- Awareness of the currently very limited coverage of social protection programmes and the fact that no one institution can hope to cover all the needs highlights the role of coordination. Some important pilot initiatives aimed to expand coverage through collaboration between different players are already underway. Amongst others, these include the RNE/UNICEF funded initiative whereby HelpAge International and INAS plan to pilot a new model for PSA delivery through community committees. Other INGOs are keen to support and expand this initiative if it proves to be successful (e.g. Concern and Save the Children UK); including through support to the Government's own decentralisation plans (CARE).

Challenges and opportunities

Critical challenges remain for improving coordination and coverage of social protection programmes. Coverage is still very limited, initiatives are disparate and SETSAN study findings suggest that assistance is generally not reaching the most vulnerable (PSA is an exception).

International NGOs express concern that initiatives are uncoordinated, causing duplication on the one hand but on the other hand leaving huge gaps in coverage. To

give an example, MMAS is due to pilot three separate social assistance schemes all of which cover Changara District in Tete, whilst many districts in the country have virtually no coverage at all. Meanwhile a tendency for both Government and donors to leap into emergency response as soon as there is a crisis risks disrupting longer term social protection programmes.

Lack of coordination between large scale emergency relief operations – often including a ‘reconstruction’ component – and other long term social protection programmes should be seen as a serious problem, undermining the potential for improved coverage and sustainability of long term measures to relieve chronic vulnerability. Yet the chronically vulnerable are always likely to be worst affected by short term shocks such as natural disaster; so there would be gains on both counts from improving coordination.

Further obstacles to coordination arise through the lack of a central mapping or registry of vulnerable households or social assistance beneficiaries (other than for social security); making it hard to track who is vulnerable, where they are, or which of these people is being reached with social assistance. It also makes it more difficult to institute a referral system. Thus, the SANHA ‘Procedures Manual’ provides useful guidance for referral, but there is no institutionalised mechanism to back it up. Eventually, improved coordination will require better data gathering, storage and analysis as well as improved registration, tracking and referral systems.

Lead institutions with a remit for the coordination of different types of social protection programme including MMAS, CNCS and INGC have all faced considerable difficulties in fulfilling a coordination role. There is significant pressure on each – not least from donors - to manage funds and implement programmes rather than to focus on policy and coordination. A key challenge for the future is thus to separate out the implementation and management roles from the policy and co-ordination roles, so that the relevant institutions can give this the more serious attention now needed.

As implementing agent of MMAS policies, INAS currently reaches only a fraction of its intended target groups. Requests to the Ministry of Finance to increase the budget allocation have met with limited enthusiasm until recently – partly due to intrinsic reluctance to expand social assistance from state funds and partly due to external issues, such as the fact that INAS lacks a strong advocate in MMAS. That MMAS has been consistently and significantly under spent on its budget over the last few years does not help its case.

Nonetheless, there are important and emerging opportunities for moving forward. The current PARPA, for instance, foresees funding to increase MMAS institutional capacity and MMAS is currently negotiating further support from DFID and the Dutch Embassy (RNE). It is also negotiating assistance from ILO to carry out a mapping exercise that would help with some of the data problems noted above. The PAMS Group initiative to collate and analyse data from different vulnerability studies will be an important step in producing a more coherent picture of vulnerability in Mozambique and thus enabling a more coordinated response.

INAS with support from DFID and the RNE is planning to work on an ‘intervention strategy’ to clarify its mandate and roles; an exercise aimed to provide stronger strategic direction to development of the Institution itself and its social protection programmes.

The strategy will include internal capacity building and building relations with other stakeholders for improved coordination.

These initiatives and processes offer promising prospects. The GoM's broader programme of decentralisation (basically, deconcentration) to provincial and district levels should meanwhile provide increasing scope for more effective local coordination in the future. A more consultative process of district level planning involving representative community bodies should facilitate this, as capacity for this type of local planning evolves.

Promoting a more coordinated response to different aspects of transient and chronic vulnerability, including relief and long term social protection, nonetheless remains a major challenge for Mozambique.

References

- Instituto Nacional de Gestao de Calamidades 2005: 'Plano Director'
- Instituto Nacional de Acção Social 2006: Plan and Budget 2007
- Johnson, Karen & Selvester, Kerry 2006: "A Strategic Review of the Framework for Social Protection in Mozambique" Report commissioned by DFID – Mozambique
- Government of Mozambique (GoM) 2006: 'Plano de Acção para a Redução da Pobreza Absoluta – PARPA II, 2006 – 2009', final version approved by the Council of Ministers, 02/05/06
- GoM 2006(a): Plano Nacional De Acção Para A Pessoa Idosa (2005 – 2010)
- 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)
- Ministry of Women and Social Action (MMAS) 2006: 'Grupo Técnico para as Crianças Órfãos e Vulneráveis – Termos de Referência'
- Ministry of Planning and Finance 2004: 'Pobreza e bem-estar em Moçambique: Segunda Avaliação Nacional', MPF, IFPRI, University of Purdue
- OCHA 2007: 'Mozambique Floods and Cyclone Flash Appeal 2007', United Nations
- Selvester 2007: presentation on Vulnerability to WFP Workshop in Maputo, April 2007
- SETSAN 2007: Food Security Survey (final draft)
- Taimo & Waterhouse 2007: 'Case Study: Food Subsidy Programme National Institute of Social Action, Maputo and Inhambane', RHVP
- Waterhouse 2007: 'Mozambique Briefing Paper: Vulnerability', RHVP

Acronyms

BST – Social Benefit for Work Programme (Beneficio Social para o Trabalho)
CNAM - National Council for the Advancement of Women (Conselho Nacional para o Avanço da Mulher)
CNCS - National Council for the Fight Against AIDS (Conselho Nacional de Combate ao SIDA)
CSOs – Civil society organisations
DFID – Department for International Development
DNA – National Directorate for Agriculture ~ (Direcção Nacional de Agricultura)
DNM - National Directorate of Women (Direcção Nacional de Mulher)
DNSA – National Directorate of Social Action (Direcção Nacional para a Acção Social)
DPCCN - Department for the Prevention and Fight Against Natural Disasters (Departamento para a Prevenção e Combate as Calamidades Naturais)
GAPVU – Bureau for Support to the Vulnerable Population (Gabinete de Apoio à População Vulnerável)
GAV – Vulnerability Assessment Group (Grupo de Avaliação da Vulnerabilidade)
GoM – Government of Mozambique
HBC – Home based care
ILO – International Labour Organization
INGC - National Institute for Disasters' Management (Instituto Nacional para a Gestão das Calamidades)
INAS – National Institute for Social Action (Instituto Nacional da Acção Social)
MMAS – Ministry for Women and Social Action (Ministério da Mulher e da Acção Social)
MPF - Ministry of Planning and Finance
NGO – Non-governmental organization
OVCs – Orphaned and Vulnerable Children
PARPA – Action Plan for the Reduction of Absolute Poverty (Plano de Acção para Redução da Pobreza Absoluta - Mozambique's Poverty Reduction Strategy Paper)
PASD - Direct Social Support Programme (Programa de Apoio Social Directo)
PLWHA - People Living With HIV/AIDS
PSA – Food Subsidy Programme (Programa de Subsídio de Alimentos)
REBA – Regional Evidence Based Agenda
RNE - Royal Netherlands Embassy
RHVP – Regional Programme for Hunger and Vulnerability
SANHA – Food and Nutritional Security and HIV/AIDS working group (Grupo de Segurança Alimentar e Nutricional e HIV/AIDS)
SETSAN – Technical Secretariat for Food and Nutritional Security (Secretariado Técnico de Segurança Alimentar e Nutrição)
WFP – World Food Programme
UNICEF – United Nations Children's Fund