

## VULNERABILITY

### Summary

Despite an impressive record in absolute poverty reduction Mozambique faces wide-scale and extreme vulnerability, reflected in high rates of malnutrition, low life expectancy and over 50% of the national population still living in absolute poverty.

The Government of Mozambique is yet to undertake a systematic and comprehensive analysis of the different causes and consequences of vulnerability. There is no explicit discussion of vulnerability in the PARPA, the country's PRSP. National policy makers tend to focus on either one or two features of vulnerability - exposure to external risks and shocks, and lack of internal defence - with little attention to inequity or exclusion. There is limited systematic analysis or understanding of vulnerability as a combination of all three aspects.

Official data suggests worrying trends in vulnerability, with a possibly worsening propensity to natural disasters; continued high levels of chronic food insecurity; and a deepening HIV/AIDS crisis. Female headed households are particularly vulnerable to poverty. The number of elderly destitute people as well as orphans and vulnerable children is likely to increase significantly over the coming years.

The policy and programmatic response to vulnerability reflects a vertical view of different categories of vulnerable people, based mainly on factors related either to exposure to external shocks or to 'lack of internal defence' (eg demographic and life-cycle factors, level of assets). A more comprehensive analysis of vulnerability is not yet apparent at macro-policy level, and this may be one reason behind limited sympathy for social protection from key government institutions such as the Ministry of Finance.

PARPA II reflects limited political will in support of social protection. Whilst good data exists, huge challenges remain in terms of putting this to effective use for policy making on vulnerability. Stakeholder views of existing programmes suggest that these are inadequate and coordination is weak.

Despite these constraints, there is growing recognition of the need to encourage and support a more coherent and comprehensive approach to addressing vulnerability and providing social protection to the chronically vulnerable.

# Mozambique Briefing Paper - Vulnerability

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## Introduction

Despite an impressive record in poverty reduction over the last decade, Mozambique is faced with wide-scale and extreme vulnerability, reflected in high rates of malnutrition, low life expectancy and the fact the over 50% of the national population still lives in absolute poverty.

This paper looks briefly at the context for understanding continuing high levels vulnerability in Mozambique, stakeholder perceptions, policy and practice in responding to vulnerability and different views on effectiveness of the response. It suggests that a more systematic and comprehensive approach to analysis and programming would make a valuable contribution to addressing vulnerability as well as poverty reduction. In particular, more conscious and concerted attention should be given to identifying and addressing structural and institutional causes of vulnerability.

## Definitions of vulnerability

To date, the Government of Mozambique (GoM) has not yet undertaken a systematic and comprehensive analysis of the different causes and consequences of vulnerability in the country. There is no explicit discussion of vulnerability *per se* in the second national Action Plan for the Reduction of Absolute Poverty (PARPA II), the country's PRSP, which does not define vulnerability. Different institutions and programmes use varying definitions of vulnerability as well as different criteria to identify vulnerable groups.

The former Ministry of Planning and Finance MPF<sup>1</sup>, responsible for preparing the PARPA, provided a general definition of vulnerability as:

“... lack of defence against adversity (including)... exposure to external shocks, tension and risks, and lack of internal defence, of means to compete without suffering serious losses” (MPF 2000).

This reflects two of three key aspects that inform a broader definition of vulnerability as:

- i) exposure to external risks and shocks; and
- ii) ‘internal’, demographic and life-cycle factors (such as disability, chronic illness or old age) and relative lack of assets.

However, it neglects clear recognition of a third aspect, namely vulnerability due to

- iii) social inequity, discrimination or exclusion.

Through reference to an array of programmes aimed at ‘vulnerable groups’ the PARPA II seems to reflect the MPF definition; suggesting that at macro level the Government largely understands vulnerability as a feature of geography (exposure to risks i.e. transitory) or circumstance (individual or household lack of internal defence, due to

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<sup>1</sup> Since 2005 this has now been restructured into the Ministry of Planning and Development (MPD) and the Ministry of Finance.

socio-demographic or structural factors) or a combination of both; but neglecting the social inequity aspect.

Though there is no general analysis of vulnerability, the PARPA II does note specific aspects of vulnerability that contribute to continuing high levels of poverty, particularly food insecurity – seen as both cause and consequence of poverty – and HIV/AIDS. Gender inequality is also identified as a cause of vulnerability in that women are more likely to be poor than men.

The Technical Secretariat for Food and Nutrition Security (SETSAN) has played a leading role in identifying vulnerability related to food insecurity. According to SETSAN: “Vulnerability is usually associated with exposure to risks and determines the susceptibility of people, places or infra-structures to a particular natural disaster”. This definition reveals SETSAN’s historical focus on identifying vulnerability caused by geographical and climatic factors; i.e. due to sudden shocks. In a recent study, however, SETSAN makes a distinction between transitory vulnerability linked to sporadic or seasonal shocks and chronic vulnerability linked to structural factors [www.setsan.org.mz]. This distinction expands the analysis, although problematically in its definition of chronic vulnerability the study does not distinguish between demographic and structural factors.

Institutions focusing on a specific vulnerable target group in Mozambique use correspondingly specific definitions. The ‘Technical Group for Orphans and Vulnerable Children’ was formally established in November 2006 as a joint Government, donor and civil society forum to support situational analysis of and the policy and programming response to the situation of OVCs. Gaining consensus on a comprehensive definition of ‘vulnerable children’ is seen to one of its major achievements (Technical Group members; personal communication 03.07).

The Technical Group on OVCs defines vulnerable children as those living in households below the poverty line in disadvantaged households or suffering from any form of neglect or abuse<sup>2</sup>. This expands the concept of vulnerability from one relating to shocks and apparently neutral structural factors (like changes in the exchange rate) to one that also relates to processes of exclusion and discrimination.

In general, however, most definitions used by policy makers in Mozambique tend to focus on one or two of the three key features of vulnerability - exposure to external risks and shocks, and internal lack of defence - with relatively little attention to inequity or exclusion. There is limited systematic analysis or understanding of vulnerability as a combination of all three aspects.

Two main methods are currently used to identify vulnerable people for social protection programming in Mozambique. One is through categorising specific population groups

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<sup>2</sup> The full definition refers to the following situations: children living in destitute households including those living in a household headed by children, youth, women or elderly or where an adult is chronically ill; HIV infected or affected children living in destitute households; street children, children in institutions, victims of violence, sexual abuse or exploitation, trafficking, the worst forms of child labour, married under age and refugee or displaced children

based on socio-demographic criteria, often combined with (poverty related) economic indicators (ie the 'internal defence' aspects). The Ministry of Women and Social Action (MMAS), the Government institution with the main remit for addressing the needs of vulnerable groups, uses such criteria for its social protection programmes. Examples include disabled people, people who are elderly and destitute, pregnant women who are malnourished, OVCs and the absolutely poor who are unemployed. In this case primary targeting is towards the individual beneficiary.

The other method is to conduct a vulnerability analysis around livelihoods, generally calculated according to household assets, as an indicator of resilience to shocks. The SETSAN food security network uses this approach and categorises different types of livelihood to identify relative vulnerability. In this case primary targeting tends to be towards the area, community or eventually the household, rather than the individual.

### **Current context: poverty declines whilst vulnerability sharpens**

Comparative analysis of data collected for the first national poverty assessment in 1996-97 and that collected through the national survey on household consumption (IAF) in 2002-2003 suggests a significant reduction in overall levels of absolute poverty, down from 69% to 54% of the national population. It further suggests a slightly higher growth in consumption for richer households, resulting in a marginally higher level of inequality since the first national poverty assessment<sup>3</sup>. This is found to be statistically insignificant, suggesting broad based improvement in living conditions (MPF 2005a)<sup>4</sup>.

In a corresponding period (1996-2002), the economy grew by a cumulative 62% (MPF 2005a). This can be related to long term recovery and reconstruction since the country emerged from almost 30 years of war compounded by economic crisis, in the early 1990s. The 'Second National Assessment on Poverty and Well-Being' (MPF 2004), found key factors contributing to poverty reduction at the household level to include expanding employment in the trade and services sectors (formal and informal).

Despite this success story, however, Mozambique is still one of the poorest countries in the world, ranked 168<sup>th</sup> out of 177 countries on the UN's human development index (UNDP 2006) ; over half the population live in 'absolute poverty' (MPF 2004) and over a third of households are highly food insecure<sup>5</sup>. Whilst overall poverty levels have declined, over half the population "cannot even attain the basic minimum living standards used to calculate the poverty line". The second national poverty assessment notes for example that since the previous assessment some additional two million people gained access to a latrine, yet by 2003 there were still 10 million people with no

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<sup>3</sup> There was a rise in the Gini co-efficient from 0.4 to 0.42

<sup>4</sup> The same study finds that consumption inequality between regions and provinces has declined. The highest rates of inequality are in Maputo City which experienced a significant rise in inequality over the 1996/7 – 2002/3 period. It finds little difference between urban and rural households per se but a significant difference between households whose main source of income is agricultural and those whose is non-agricultural; with agricultural households being significantly poorer.

<sup>5</sup> 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)

access to any basic sanitation (MPF 2004). And despite limited changes in the Gini coefficient there are signs that inequality is growing and set to intensify<sup>6</sup>.

As overall poverty declines, then, the fact that some groups are far more vulnerable than others comes sharply into relief, demanding a more serious and concerted response if further significant poverty reduction is to be achieved.

### Worrying trends

The national poverty assessment and other official sources note worrying trends with regard to vulnerability. This is reflected, for instance, in high levels of food insecurity and rising incidence of malnutrition, increasing numbers of orphans and vulnerable children and of people living with HIV/AIDS (PLWHA).

In terms of transitory vulnerability due to natural disasters, the UNDP in its National Human Development Report for Mozambique for 2005 notes “increasingly serious and frequent floods and droughts”. These events are cyclical; yet their increasing frequency and intensity are thought to be linked to climate change: devastating floods in 2000 in the south and centre of the country; further serious floods in the centre in 2001; severe drought in 2004/05, flooding again in 2007. In the past fifteen years nine cyclones hit the country; with a further cyclone causing major damage in 2007. The impact of these shocks on already vulnerable populations has often been severe.

Mozambique’s PARPA II (second national PRSP) notes the on-going significance of transitory and chronic food insecurity. Government statistics suggest that chronic malnutrition affects 41% of under 5s or an alarming 1,3 million children (PARPA II). They also suggest that chronic malnutrition may have worsened over the last five years; although these findings are contested<sup>7</sup>.

PARPA II also notes a deepening HIV/AIDS crisis and notes that the economic impact of this crisis is likely to be felt ever more severely as the pandemic matures and the number of AIDS related deaths increases (MPF 2004: 40). The number of AIDS orphans is expected to rise from just over 1,000 in 1990 to over 263,000 in 2007, out of a predicted total of 1,702,000 orphans for the same year (UNDP 2006, citing INE/MISAU 2004). This has implications for vulnerability at many levels, as it impacts not only on individuals and households without the resources (internal defences) to withstand the shock, but also on communities, economies and state functioning and services (as human resources and investment in them are lost to AIDS and the burden of treatment and care increases).

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<sup>6</sup> The Gini coefficient is very sensitive to composition of the sample whilst other indications suggest inequality will continue to intensify over the medium term (MPD source, personal communication).

<sup>7</sup> Chronic malnutrition has apparently worsened by nine per cent over the last five years (Noticias 14.03.07, citing SETSAN). This finding is controversial, however, since it seems that different data sets were used for different years, giving an inaccurate comparison. Alternative data sets available through USAID suggest a consistent decrease in stunting over the last five years. (Kerry Selvester, Nutrition expert, personal communication).

Such factors suggest that concerted effort to address the key causes of vulnerability will be critical to achieving further significant progress on poverty reduction and to averting a more dramatic rise in social inequality.

### Patterns of vulnerability

In the early 1990s, poverty analysis suggested that people living in the north and central provinces of Mozambique were more vulnerable to poverty than those living in the better-off southern provinces. In more recent analysis, however, the MPD finds that regional disparities reduced over the period of PARPA I implementation: thus poverty reduction in the northern and central regions compared to a slight increase in poverty in the generally better off southern region<sup>8</sup> has somewhat evened out the poverty headcount (MPD 2005). Nonetheless, there are still significant differences between regions (north, central and south) and between the country's 11 provinces. Poverty remains higher in rural areas (55.3%) than urban areas (51.5%), although it has fallen more rapidly in the rural areas.

In spite of these differences, inequality in Mozambique – measured in terms of consumption - tends to be located within districts rather than between districts. According to UNICEF this shows:

“... that poverty and inequality are widely distributed phenomena and [calls] into question the feasibility of geographic targeting of anti-poverty efforts at ‘poor areas’ “.

According to SETSAN, chronic food insecurity is more prominent in the northern parts of the country, particularly in the provinces of Niassa, Cabo Delgado, Nampula, Zambezia and Tete. By contrast, the highest incidence of households that do not face chronic food insecurity is found in the southern provinces, especially in Gaza. The southern parts of the country are more prone to natural disasters as well as the negative impact of economic dependency on imported goods and remittances, especially from South Africa, yet overall they show higher levels of household access to stable and diverse sources of income.

The PARPA II notes that women in general are more vulnerable to poverty than men. This finding is partly based on statistical analysis of different poverty levels between male and female headed household. This type of analysis has been complicated in Mozambique by ambiguity around the distinction between female headed households de facto - often in receipt of remittances from non-resident spouses, and therefore less poor - and female headed households de jure (divorced, separated, unmarried or widowed heads of household) who almost invariably tend to be amongst the poorest households. In general, government statistics have not employed this distinction. Thus the first national poverty assessment, misleading, found little difference in poverty levels between male and female headed households.

Despite this misleading analysis, however, the second national poverty assessment found that female headed households (FHH) are more likely to be poor than male headed households: 62.5% of FHH are deemed absolutely poor compared to 51,9% of

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<sup>8</sup> According to UNICEF this observed decline is probably the result of transitory factors such as drought, floods and depreciation of the Metical in relation to the South African Rand in the intervening period.

MHH. Furthermore, according to data cited by UNICEF, poverty reduced by 26% in MHH during the PARPA I period but by only 6% in FHH<sup>9</sup>.

Such findings are reflected in PARPA II which identifies gender inequality as an important factor in vulnerability to poverty and identifies FHH as particularly vulnerable. This is associated with widowhood (and issues around loss of income and property rights), high dependency ratios, low levels of education and low income. UNICEF postulates another factor causing FHH to be more vulnerable to poverty than MHH may be that they are taking on a disproportionate share of the burden of caring for orphaned children, in the current context of a growing HIV/AIDS epidemic.

Data cited by the National Plan of Action for Elderly People suggests that Mozambique had around 0.8 million people over 60 years old in 2000 or 4.4% of the population; predicting an increase of 7 – 10% over the next 15 years. The Action Plan notes that elderly people are often victim to negligence and abuse, accusations of witchcraft, lack of access to basic social services and lack of any form of social protection. The growing impact of HIV/AIDS is also sharpening their plight as many elderly people are left to care for orphans and vulnerable children whose parents have died, are too sick to care for or have abandoned them. This phenomenon was reflected in interviews conducted as part of this research (see case studies), when respondents generally referred to elderly people, particularly women, caring for young children as the most vulnerable in the community.

As noted above, the number of orphans is high and rising, much of the increase being attributable to HIV/AIDS. HIV/AIDS already affects some 16% of the 15-49 year old population infected or a total of some 1,5 million people (PARPA II). Meanwhile the number of AIDS orphans is expected to rise from some 225,000 children in 2003 to 625,000 AIDS orphans by 2010. SETSAN further finds that HIV/AIDS-affected households are particularly vulnerable to food insecurity.

### **Perceptions and understandings of vulnerability and its causes**

Official sources of information on vulnerability generally rely on statistical data and give little space to the perceptions, experience and strategies of vulnerable people themselves. This can create a mismatch between the experience and understanding of ordinary people and that of the educated elite who formulate policies – ostensibly – on their behalf.

#### *Qualitative assessments*

With this corollary in mind, both Government and civil society have carried out some qualitative assessments of poverty and which relate to vulnerability. As part of data gathering for its first national Poverty Reduction Strategy Paper, the 'Poverty Reduction Action Plan (PARPA)', in 1995/6 the Government of Mozambique (GoM) sponsored a qualitative poverty assessment in 18 districts. People consulted identified the (then) recently ended war, unfavourable climatic conditions and 'ignorance' as key causes of poverty.

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<sup>9</sup> Potentially, these statistics might be even more striking if a distinction between de facto and de jure FHHs were made.

Later assessments carried out in 2001, 2003 and 2005 (in 21, 3 and 8 districts respectively) found that people attributed poverty to limited if any social support from the Government, lack of employment opportunities, marketing problems and climatic factors. Physical or mental incapacity to work and geographical isolation from administrative structures were other factors identified. The latest study identifies orphans and widows as particularly in need of support. These findings would seem to imply that – in popular perception – isolation, unemployment, exposure to shocks and incapacity to work are key factors making people vulnerable to poverty.

Interviews in southern Mozambique conducted for this study suggest that vulnerable people themselves identify a range of problems contributing to their vulnerability that are not necessarily addressed by social assistance programmes. This includes issues around discrimination, inequality and exclusion; suggesting that in their view lack of social capital and resources are important factors in vulnerability.

Beneficiaries of the World Food Programme food assistance support to people in Anti Retroviral Therapy (ART) interviewed for this research identified the main causes of poverty to include: adverse climatic and geographical conditions; lack of employment opportunities; the high cost of living; diseases such as HIV/AIDS and TB; large families (high dependency ratios) and illiteracy or lack of education, linked to lack of employment opportunities. They identified the people most vulnerable to the negative impact of these conditions as being elderly women living alone or caring for young children; unmarried, single, divorced or widowed women caring for small children, disabled people, women who are sick and therefore unable to work in the fields, women whose husbands are sick, unemployed or alcoholic and child heads of household.

Similarly, beneficiaries and 'permanentes' (community representatives receiving a small stipend) of the INAS cash transfer programme identified key causes of poverty to include: unemployment; adverse climatic and geographical conditions; the high cost of living and – in one peri-urban area - loss of livelihoods as unofficially occupied land is sold off for residential dwellings. The people thought to be most vulnerable to negative impact of these events and processes were elderly people, particularly women, and those neglected or abandoned by their families or (mostly women) accused of witchcraft and therefore ostracised.

These responses show that individuals interviewed were clearly able to identify the principle shocks they face (e.g. climatic shocks, loss of income, illness) as well as the categories of people least able to withstand these shocks. It is worth noting that in these cases, the respective programmes had not used consultation with beneficiaries to define the vulnerability selection and targeting criteria.

In relation to wider policy-making, it is also interesting to note that the 'most vulnerable' identified here are typically not economically active people who are unable to work and do not include the economically active poor who are the main target of strategies for poverty reduction.

#### *Quantitative bias*

Despite the wide range of factors identified by qualitative poverty assessments, official definitions of and response to vulnerability generally seem to be based on a more narrow perception drawn from the findings of statistical data. The Second National Poverty Assessment of 2005 asserts that those most likely to be poor are: uneducated

people, women headed households, and households with high dependency ratios. These conclusions from quantitative data analysis, however, lack explanatory power as to the causes of vulnerability.

Vulnerability per se is not addressed in the Second National Poverty Assessment and is not consistently addressed in the PARPA; although PARPA II does include food insecurity as a cross-cutting issue that is found to be both a cause and consequence of vulnerability to poverty. The proposed programmatic response to the existence of vulnerable groups, however, suggests that this is mainly attributed to agro/climatic or demographic factors. The key issues addressed by activities targeting vulnerable groups, within the PARPA framework, are natural disaster, old age, disability, unemployment or incapacity to work and chronic illness, more recently including HIV/AIDS. There is also some targeting to female headed households.

By contrast, there seems to be little recognition that agricultural and commercial policy failures, or social and institutional exclusion may be key contributing factors to vulnerability.

#### *Multiple facets of vulnerability*

Although the macro-level view of vulnerability seems to look somewhat narrowly at 'exposure to external shocks' on the one hand and 'lack of internal defence' on the other hand, institutions addressing specific types of vulnerability demonstrate a more nuanced understanding of its multiple causes, including structural and institutional biases.

According to Elsa Alfai, Deputy Director of the National Institute for Social Action (INAS) which is the key government institution implementing social assistance programmes, the principle causes of vulnerability include lack of access to means and resources, lack of incoming generating opportunities, community isolation and lack of infrastructure, and exclusion, for instance of the elderly. She notes that:

“We haven't yet studied the most frequent causes of vulnerability of our target groups; but these are the main factors”.

SETSAN has consistently provided comprehensive information on food security, particularly in disaster affected areas. Its recent national study of food and nutrition (in)security (2007) concludes that, although there is high incidence of chronic vulnerability to food insecurity, “availability of food does not seem to be a problem”. Alternatively it finds that:

“... the major underlying causes of food insecurity have been identified in limited access to food. In particular, poor infrastructure and general isolation, as well as low purchasing capacity, seem to contribute a major role. Both factors limit households' access to food as well as to other services” (SETSAN 2007).

The SANHA working group – a technical sub-group of SETSAN working on food and nutrition security and HIV/AIDS – has signalled the strong correlation between poverty, food insecurity and vulnerability to HIV/AIDS. These linkages are also noted by UNICEF in its report on 'Childhood Poverty in Mozambique' (2006); which points out the likely correlation between the poverty of women heads of household and the increasing role of, particularly elderly, women in caring for OVCs.

These perceptions and findings suggest the need for a more systematic analysis of the different causes of vulnerability, their inter-relationship and their consequences. They

also suggest strong arguments for increasing attention to longer term and transformational social protection.

A comprehensive analysis of vulnerability, however, is not yet apparent at macro-policy level, and this may be one reason behind apparently limited sympathy for social protection from government heavy weights such as the Ministry of Finance and the Presidential Office. According to non-government stakeholders and experts in the field, there is a strong tendency amongst more powerful political actors either to see vulnerable groups as undeserving and, or incapable of improving their own lot<sup>10</sup>; or to assume that overall economic growth will enable households and communities to support the chronically vulnerable without further state support (see 'Political and Institutional Context' briefing note for further analysis).

## **Policy and practice in addressing vulnerability**

### *Political will?*

The PARPA provides the key national policy framework for addressing vulnerability. Under PARPA II, approved in 2005, 'insurance and social protection' and 'social assistance' are dealt with separately, under the economic development and human development pillars, respectively. The section on 'insurance and social protection' focuses on revising the rules and regulation for social security (namely the National Institute for Social Security - INSS) and private pension funds. This is implemented through a newly passed law which focuses heavily on social insurance. Development of the law involved only very limited consultation with MMAS (MMAS Social Protection Adviser, personal communication).

Social assistance is dealt with under the human capital pillar. Priorities include assistance for social networks to support the most vulnerable groups such as orphans, elderly and disabled people. The Social Action sector (under the Ministry for Women and Social Action, MMAS) is meant to provide and coordinate support to vulnerable target groups based on demographic criteria such as age, disability and orphan-hood, generally combined with economic criteria related to poverty. Under PARPA II, the Social Action sector should receive a slight increase in resources – but these are mainly for improving management and efficiency and for increasing activities aimed to mitigate the impact of HIV/AIDS<sup>11</sup>.

In addition to sectoral commitments to addressing vulnerability, food and nutritional security is presented as a cross cutting issue in PARPA II. It points out that malnutrition is as much a result as a cause of poverty – i.e. a key factor in vulnerability. The PARPA II aims to reduce chronic malnutrition by a highly ambitious 30% over five years. Gender is also presented as a cross cutting issue with a general commitment to promote gender equality.

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<sup>10</sup> There is particularly strong resistance to cash transfers which, to many Government officials, appear inappropriate and liable to create dependency and "confusion in people's minds" (INGC Official, Personal Communication 04.07). The INGC, for example, is highly reluctant to approve any kind of cash transfer whilst MMAS has also been very hesitant to follow this option outside of the INAS Food Subsidy Programme. The Minister recently described the food subsidy itself as 'giving alms' (AIM 10.05.07).

<sup>11</sup> Correspondingly, the remit for 'orphans and vulnerable children' including AIDS' orphans is to pass from the National AIDS Council (CNCS) to MMAS in 2007.

Despite these commitments, PARPA II reflects limited political will in support of social protection. As noted above, there is no broader analysis of vulnerability (as distinct from poverty) or of its structural and institutional aspects. At policy level, initially there were no comprehensive social protection indicators in the 'Performance Assessment Framework – PAF'; the matrix of key indicators against which the Government and budget support donors assess government performance in implementing the PARPA through the annual 'Joint Review' process. The two relevant indicators for MMAS were progress on gender equality (via approval of the national Gender Policy) and the level of assistance to 'children in difficult circumstances'. At a practical level, INAS' attempts to significantly expand the value and coverage of its social assistance programmes have fallen on fairly deaf ears when it comes to macro economic plans and budgets.

Nonetheless, there are now signs that increasing technical support to MMAS (including INAS) and renewed donor interest in social protection are beginning to influence thinking. In 2006 the Government and donors agreed to include a new indicator in the PAF to be measured from 2007; namely:

“the number of children, elderly people, disabled people, and women heads of household, benefiting from social protection programmes”.

For the first time, this measure now includes assistance to specific vulnerable groups in the monitoring of macro-economic performance.

According to one expert in the field:

“This is a hugely important step for the sector - and specifically for social assistance programmes being positioned to negotiate for government resources”.

#### Data collection

Mozambique has a good data base on information relating to poverty generally and to certain aspects of vulnerability in particular. There are significant challenges, however, in putting this data to use for policy making and effective programming.

Data relating to vulnerability is available through a range of sources such as the Household Survey (IAF), Demographic and Health Survey, Population Census, Core Welfare Indicators survey and SETSAN food security mapping. These data sources provide information on age, sex, income, economic activity, household composition, access to food and access to services. Theoretically, such information could be used to define and locate specific groups, e.g. the elderly absolute poor; but current usefulness is severely limited by the general lack of sub-provincial data analysis.

At present, then, exploitation of these survey instruments and sources of data has broadly focused on macro level poverty analysis rather than vulnerability analysis of different groups or at sub-provincial level. Thus the Ministry of Women and Social Action (MMAS) laments a lack of adequate information on the size and location of vulnerable target groups, such as orphans and vulnerable children (OVCs) and the elderly. MMAS is currently planning a mapping study on distribution of its main vulnerable target groups and of its current interventions (MMAS Social Protection Adviser, personal communication Feb 07).

Existing vulnerability mapping relates specifically to food security. SETSAN was created in 1998, as the technical secretariat to the Vulnerability Assessment Group (GAV, composed of Government, donor and civil society agencies). Initially situated within the

MPF it was later moved to sit within the Ministry of Agriculture. SETSAN conducts regular field assessments of vulnerability to food insecurity. This work is linked to the disaster preparedness and early warning systems and has focused on districts hit by or particularly vulnerable to natural disaster.

In 2007, however, SETSAN in conjunction with the National Institute of Statistics (INE) published the first national study on food security, taking a representative sample of all districts and not only those affected by natural disaster. This is intended to serve as a baseline for future food security programming and reflects an important shift within the Government from focusing on short term responses to natural disaster towards a more developmental approach to disaster preparedness and mitigation... even though there has been limited exposure of the data and links to policy development are so far still weak.

The National Disasters Management Institute (INGC), located within the Ministry of Agriculture, co-ordinates data collection on food security and hydro-metereological information to plan disaster preparedness and mitigation efforts. This includes the Early Warning System and information gathered by SETSAN on the food security situation. The information gathered enables Government to draw up an annual contingency plan for response to natural disaster. However, this is not systematically linked to data gathering on other sources of vulnerability such as old age or HIV/AIDS; although such cross-referencing could help to improve vulnerability targeting.

#### Programming

In terms of state responses to vulnerability, current programming tends to address different causes of vulnerability in a linear manner, targeting people according to a specific type of vulnerability. Until very recently there has been little dialogue on how to address multiple facets of vulnerability that may affect the same individual or household, in a coordinated way.

An illustrative example of this is the Poverty Certificate, an official government document attesting to the impecunity of an individual person; but which gives that person the right to only one particular social benefit, stated on the Certificate – eg a waiver of school fees; or a waiver of hospital expenses.

At one end of the spectrum of responses to vulnerability, emergency response to natural disasters is now coordinated by the INGC. This focuses on the response to transitory extreme vulnerability caused by climatic factors. It strongly tends to favour the distribution of material goods such as food, seeds and tools.

Whist there is no doubt that people hit by natural disaster need immediate support, however, Government data itself raises questions about which type of response is appropriate and when. The GoM increasingly recognises that repeated emergency response to cyclical events of drought and flood is inadequate and the INGC's Directive Plan prioritises emergency prevention and preparedness. Yet there has been limited dialogue and coordination between INGC and other interventions aimed at protecting vulnerable groups (see coordination brief).

With regard to social assistance, MMAS makes a clear distinction between vulnerable people unable to work and those who are able-bodied and has set up initiatives meant to respond to these different situations. Thus its programmes include:

- The Food Subsidy Programme implemented by INAS – a small monthly cash transfer to absolutely poor people unable to work, principally elderly people (92% of beneficiaries);
- Direct social support programmes, composed mainly of one-off benefits in kind to the absolutely poor, unable to work and in need of immediate assistance;
- Social Benefit for Work, providing monthly cash payments conditional on work; and
- Income generation and community development programmes, providing capital inputs to households (the former) or communities (the latter programme) (Johnson & Selvester 2006).

MMAS recognises that there may be graduation from one form of assistance to another and there are some examples of beneficiaries moving on from one scheme to another. However, MMAS interventions are extremely limited (by far the largest is the Food Subsidy which reaches just under 100,000 people) and, where they do exist, referral systems are weak (see case study of INAS food subsidy and Coordination briefing).

Interventions are not generally based on vulnerability mapping or on assessment of the size and overall social assistance requirements of the identified target vulnerable group. Indeed – as noted above - MMAS laments a lack of systematic data and analysis to help define and locate its primary target groups. Meanwhile, resource and capacity constraints are key factors determining the scope and coverage of programmes.

Whilst coverage remains extremely small in relation to need, Government initiatives such as the food subsidy identify vulnerable individuals through a tiered process; whereby provincial officials define the most needy districts, district officials the most needed communities and community leaders help to identify the most needy individuals.

### **Response effectiveness**

Stakeholder views of existing social protection programmes in Mozambique suggest that these are widely seen as inadequate and that a lobby for stronger commitment to address chronic and structural vulnerability is gradually emerging.

Field research related to this study highlights some of the challenges (see INAS and WFP case studies). The INAS ‘food subsidy programme’ provides a cash transfer to specified chronically vulnerable groups unable to work. It currently reaches less than 100,000 people whilst the value of the transfer is so small as to be almost insignificant (c £1.40 per month). There was no evidence that it has altered livelihood strategies and beneficiaries as well as programme officials and other stakeholders widely complained of its very inadequate value. This situation illustrates the challenges around lack of resources, capacity and broader political will to develop a more effective programme.

Nonetheless the INAS food subsidy is the only Government run cash transfer programme to those unable to work and is seen by MMAS and key donors as the only existing programme from which a more comprehensive social transfer could be developed.

The WFP food assistance programme for PLWHA and their families meanwhile highlights some of the many challenges around vulnerability targeting and coordinating interventions. This assistance is distributed through government and non-government

partners to the majority of people on ART. Officially, it is only available for a six month period per beneficiary. According to WFP, the food basket is intended to provide PLWHA with an adequate, nutritionally fortified diet during the crucial period of adjustment to ART drugs. In practice, however, field research suggests that the main benefit of the food basket tends to be in providing basic support to the family economy through increasing their access to food; rather than in specifically contributing to adjustment to ART or achieving specific nutritional impacts on the individual. This raises questions about the six months' duration.

Delivery of the food basket encounters numerous problems including late delivery and ruptures of stock and it is difficult to ascertain how far the six months during which people receive the food package actually corresponds to the first six months of receiving ART. Whilst many of the beneficiaries' health had significantly improved since they started ART, most notably in the case of children, it was hard to ascertain the impact of the food basket. The programme does not currently have a coordinated impact monitoring system.

At the end of the six month period, beneficiaries might find themselves in one of three situations: improved health and able to procure own food; unable to procure sufficient food due to continued chronic ill health; or improved health but unable to procure sufficient food due to other vulnerability factors. At present, the programme has no mechanism to re-assess the beneficiaries' situation nor to ensure referral to other appropriate social protection if needed.

This reflects a wider context of disparate initiatives to address vulnerability that, at least until recently, have not been well coordinated.

### **Towards a more coherent approach**

Information on vulnerability in Mozambique is widely disparate and this reflects a similarly in-cohesive array of initiatives to address vulnerability. Official statistics until recently have been largely aggregated at national or at best at provincial level and thus are of limited use for planning local responses.

Gradually, however, there is a growing recognition within some sectors of Government and amongst donors of the need to encourage and support a more coherent and comprehensive approach to addressing vulnerability and providing social protection to the chronically vulnerable. The SETSAN initiative to create a national data base on food and nutrition insecurity and to map vulnerability according to livelihood groups is one sign of this trend; the provision of more detailed data at sub-provincial level is another.

These initiatives link in to a wider recognition from Government that Mozambique needs to move away from emergency based responses to vulnerability, defined as short term shocks, toward a more robust response to the long term structural and demographic factors creating chronic vulnerability, which greatly undermine people's capacity to respond to shocks or graduate out of poverty. Thus the INGC Master Plan, for instance, places considerable emphasis on disaster prevention and includes long term measures to improve resilience to shocks, such as improving water management in semi-arid regions of the country.

Huge challenges remain, however, firstly in terms of achieving a more systematic and coherent understanding of vulnerability as it relates to external shocks and risks, lack of internal defences and processes of discrimination or exclusion. Such an analysis would be the basis for ensuring a more coherent and coordinated response to vulnerability.

Meanwhile, coordination appears extremely limited: for instance, coordination between INGC and social assistance programmes run under MMAS, or collaboration between INGC and the CNCS.

For its part, MMAS is willing to recognise that its social assistance programmes have limited coverage and impact and that a serious response to long term vulnerability will require a more coherent and comprehensive strategy. It is currently preparing the plan to work on such a strategy... however, it is not clear as yet whether this is to be a 'sectoral strategy' for the ministry, or a more comprehensive social protection strategy involving a wide range of stakeholders.

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