REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA MULHER E DA ACÇÃO SOCIAL

# UNITAR/ILO SEMINAR ON ADVANCING SOCIAL PROTECTION FLOORS

# THE EXPERIENCE OF MOZAMBIQUE
# 12th SEPTEMBER 2013







# Mozambique context

- **About 23 million of population (52% are women);**
- **High levels of economic growth in the last 15 years;**
- **The poverty rate in 2008/2009 was 54,7%;**
- **High dependence on subsistence agriculture (70% of households);**
- **High exposure to climate related and economic shocks – b**etween December and March food insecurity levels rise to around 40%.
- **43% of children under 5 suffer from Chronic Malnutrition**
- **High rates of maternal and infant mortality**

# Main progresses in recent years

•Social Protection gained a prominent position in the national debate.

- •Social Protection Law- 2007 – for the first time includes the basic social security of people living in situation of poverty and vulnerability as one of the levels of social protection
- •Basic Social Security Regulation – 2009 – with clear definition of the main pillars, beneficiaries and interventions
- •National Strategy for the Basic Social Security for 2010-2014
- •The reference to the importance of social protection interventions in the main planning instruments (GP, PRSP, 2025 Agenda, National Plan to combat chronic malnutrition).

# Main progresses in recent years

One of the great achievements in the reform process, led us to revise the basic social protection programs implemented by the Government and directed to people who live in poverty and vulnerability.

- New package of SP programs – approved by decree of the Council of Ministers 2011
- Started the revision of the operational system, including a fully review of **Manual of Procedures -** identification implementation and targeting mechanisms
- Ongoing development of a new **Management and Information System** including: single registry, terciarization of payments, case management, Social Action identification card

# The National Basic Social Security Pillars

**Direct Social Action**: managed by MMAS comprised of social transfers used to address the needs of the most vulnerable and destitute households (older people, people with disabilities, those who are chronically ill, and households with orphans and vulnerable children) and to respond to situations of permanent and transitory vulnerability.

**Health Social Action**: managed by the Ministry of Health, this intervention aims at promoting the access of the most vulnerable populations to primary health care;

**Education Social Action**: managed by the Ministry of Education, this action promotes the participation of the most vulnerable populations in the education system

# The National Basic Social Security Pillars

**Productive Social Action**: jointly managed by different sector, this intervention aims to promote the economic inclusion of households living in absolute poverty, but with residual capacity to participate in the labour market.

# The National Basic Social Security pillars

- **In health pillar** - programs that contribute such as children, women, elderly, people with the basic access to health care, especially for vulnerable groups the disabilities, which is a measure contributes to the reduction of mortality rates;

- **In education pillar** - ensure direct support primary schools and encourage keeping children in school through measures such








# The Revised Social Protection Programs implemented by government

**The Direct Social Action Program (PASD),** which provides short-term support to households that are temporarily vulnerable, including:

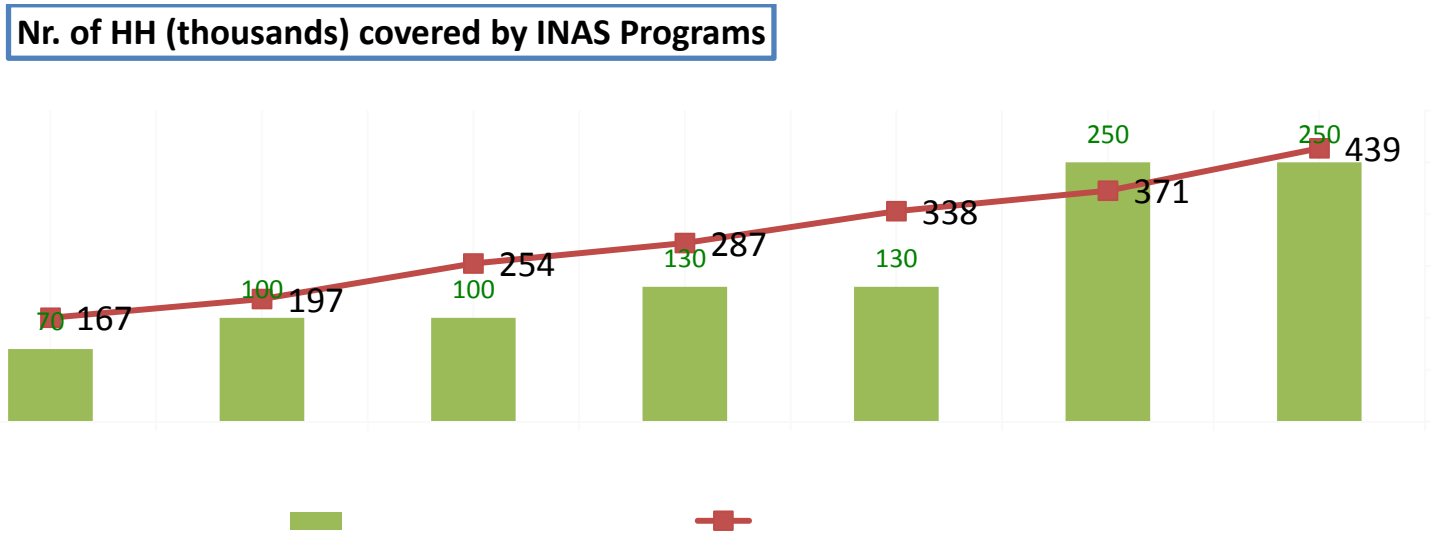
- Pregnant women head of households, including support after birth;
- Support to Households with Children suffering from acute malnutrition (identified by the Ministry of Health);
- Support to HIV patients receiving ART support (identified by the MoH);

**Social Action Services**

- Orphanage, Day care for Children and Elderly
- Promote of Family Reunification
- Access to information to vulnerable groups

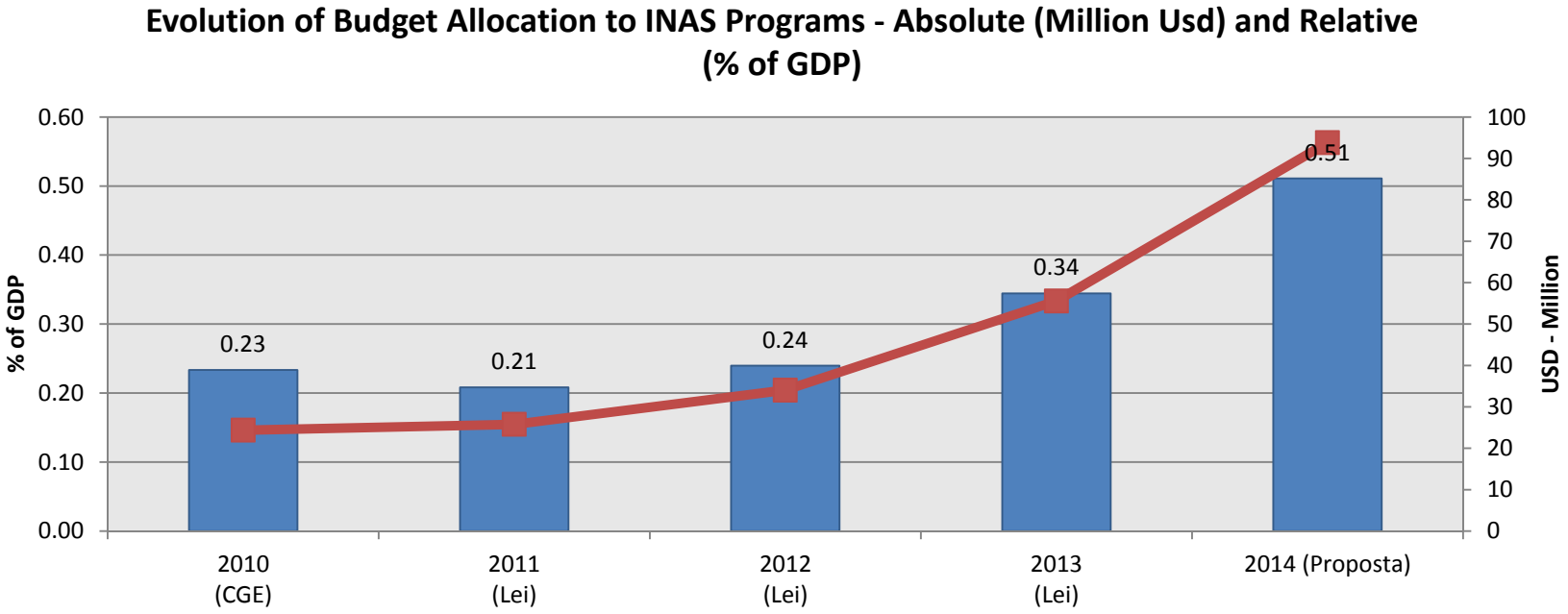
# The Revised Social Protection Programs implemented by government

- Constant trend in terms of increasing nr. of beneficiaries
- Increase the benefits:
  - For PSSB (the biggest program):
    - Basic monthly transfer was 70 Mts (2,3 USD) in 2007 and in 2013 is 250 Mts (8.6 USD)
    - Adding 25% for each dependent (up to a max of 4), going up to a maximum of 500 Mts ( 17,2 USD) per HH



# Budget Allocations for Social Protection Programs implemented by government

- The National Budget increased in 2012/2013 and likely 2014 and new pledges from development partners.
- Around 90% of the Budget comes from domestic sources.



# Budget Allocations for Social Protection Programs implemented by government

•The costing exercise done by ILO in Mozambique, was very helpful for the Government during the process of designing the new Package of Basic Social Protection Programmes;

• The exercise helped to define clearly the cost for the implementation of the 4 SP Programmes taking into consideration the need to expand the coverage of the Programmes until 2014;

# Budget Allocations for Social Protection Programs implemented by government

•The IMF projections shows that SP could rise up to 1.5% of the GDP over the medium term.

•This poses a big challenge to the governmet taking into consideration a cenario in which:

- •Mozambique is country with almost 54.7% of its total population lives bellow the poverty line and those living slightly above the poverty line (the low income) are also extremely vulnerable to external shocks;

•Sctructural challenges can affect more than half of the population.

• The low income families are not covered by the SP Programmes implememnted by MMAS;

# A New Social Protection Operational System for government Programs

–Including a single registry (in a first phase to be used for INAS Programs, but on a second phase to be rolled out to other Ministries like M. Health and M. Education)

–Improved manuals of procedures including:

- •New beneficiary targeting mechanisms
  - –Involving categorical targeting for some programs and community mechanisms for others
- •New payment modalities
  - –Including using third parties like mobile phone companies (ongoing process for public tender)
- •Reinforcement of INAS Case Management function
  - –INAS will be more close to the beneficiary
  - –Promoting linkages with other sectors like health and education
  - –Reducing inclusion and exclusion errors
- •Monitoring & Evaluation with linkages to the production of National system of statistics (including information on panel national household surveys)

# COORDINATING MECHANISMS

•Coordinating Council for the Subsystem of the Basic Social Security with a permanent secretariat (gov. institutions, NGOs, religious institutions)- created in 2010;

•The partners group for PRSP (involved in social protection interventions);

•Civil Society Platform for Social Protection (NGOs and other groups representing women, elderly people, people with disabilities, children and other groups);






# Main challenges for the implementation of a Mozambican Social Protection Floor

Fiscal resources have been increasing, but are still not enough to cover SP needs

- Still 20% of poor HH are covered by INAS Programs

To finalize the development of the new Information Management System and to be able to roll out at national level

- Big challenges in terms of investment in human resources – the new system will be a change in the way of business
  - Needs of training for skills development, chance and motivation

Strategy comes to the end in 2014 – some goals were not reached and lessons need to be taken.

- New strategy is an opportunity to better cover the specific needs from some groups like breast feeding mothers; HH with Children - (SP week, studies, academic debates)
- To review extension priorities (for instance implementation is showing that PW targets were set to high, due to the operational requirements to scale it up)








# CHALLENGES

•The Goverment is posed with a challenge of establishing a Mozambican SPF that gives priority to areas such as health, education, social assistance, and infraestructures to be implememnted in a more integrated way;

•These should be combined with programmes aimed at raising the income of those living slightly above the poverty line so that they can be able to face external shocks without a direct intervention from the Government:

# CHALLENGES

- To continue the reform of planning process;
- Expand the debate of the importance of SP in academic forum, civil society organizations;
- Harmonize the mechanisms of identitification – Social Assistance Card

# FINAL CONSIDERATIONS

Mozambique has reaped rich lessons with the materialization of a social protection floor and coordinated work with partners. It has been increasingly evident that:

- the establishment of a social protection floor that responds to the needs of vulnerable groups, is an effective response to the needs of these groups;
- the social protection programs should include sustainable responses to people and households with members who are able to work;
- the social protection interventions should allow greater access to health care, greater access to education and social assistance to the most vulnerable people and for who may be affected by risks arising from structural and environmental impacts;

# Thank You