



REPUBLIC OF MOZAMBIQUE

**ESTABLISHMENT OF BASIC SOCIAL SECURITY PROGRAMMES UNDER THE
IMPLEMENTATION OF THE NATIONAL STRATEGY FOR BASIC SOCIAL
SECURITY**

MAPUTO, AUGUST 2011

ABBREVIATIONS

| | |
|------------|--|
| AF | Households |
| CEDSIF | Development Centre of Finance Information Systems |
| DFID | Department for International Development |
| ENSSB | National Strategy for Basic Social Security |
| HIV E SIDA | Human Immunodeficiency Virus |
| INAS | National Institute of Social Action |
| INE | National Institute for Statistics |
| INEFP | National Institute of Employment and Vocational Training |
| INGC | National Institute for Disaster Management |
| IOF | Household Budget Survey |
| MICS | Multiple Indicator Cluster Survey |
| MMAS | Ministry of Women and Social Action |
| OE | State Budget |
| PASD | Direct Social Support Programme |
| PDC | Community Development Programme |
| PIB | Gross Domestic Product |
| PSA | Food Subsidy Programme |
| PNUD | United Nations Development Programme |
| SADC | Southern African Development Community |
| SETSAN | Technical Secretariat for Food Security and Nutrition |
| TARV | Anti Retroviral Treatment |
| UNICEF | United Nations Children's Fund |

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I. INTRODUCTION

1.1 *National Context*

During recent years, Mozambique has moved forward in the economic and social areas, progress being verified in the macroeconomic indicators.

However, according to data from the 3rd Poverty Assessment and from the most recent Household Budget Survey (HBS) there are still major challenges in combating poverty, taking into account that in rural areas 56.9% of people still live below the poverty line, while in urban areas the number of people living under the conditions mentioned above is 49.6%.

As can be noted, the data above does not present a significant difference between rural and urban areas, indicating that vulnerability is also very high in urban areas (down only 1.9% compared to HBS 2003/03), which contributes to the development of a complementary approach to cover the vulnerable populations of both areas.

Also according to the Household Budget Survey, households (AF) without temporary or permanent capacity to work are those with a higher representation in the poorest quintiles (using a wealth index as a benchmark). As these households are the majority of the population (together they represent about 90% of households), this group cannot be left out of the Basic Social Security Programmes, hence the proposal to develop a component associated to the Productive Social Action, through social transfers combined with participation in public works.

This data also shows that the poorer households present a higher dependency, i.e. the ratio of those who are dependent and those who can work. This should also be an interesting criterion to be used in the eligibility process definition.

Over the past five years, in particular the households living below the poverty line, corresponding to about 54% of the Mozambican population, were also affected by international fluctuations in fuel and food prices, a situation that contributed to exacerbate their vulnerability and this strategy comes, therefore, as a contribution to the most vulnerable groups to cope with the aforementioned price aggravation impact.

Another important fact of the vulnerability patterns is the food insecurity variation throughout the year, particularly in rural areas. According to the Household Budget Survey, the number of people who indicated having a lack of food is extremely high between the months of October and February. This aspect should be considered when defining the Programmes.

The table below presents some statistics on the main groups exposed to poverty and vulnerability.

Table 1. Illustrative data on poverty and vulnerability in the country

| <i>DESCRIPTION</i> | <i>STATISTICS</i> | <i>SOURCES</i> |
|---|--|---------------------------|
| People living in poverty | 54.7% of the population live below the poverty line (urban 49.6%, rural 56.9%). | INE, HBS, 2008 |
| Chronic malnutrition | 46.4% of children under 5 years age. | MICS, 2008. INE/UNICEF |
| Acute malnutrition (severe and moderate) | 1.4% of children under 5 years with severe acute malnutrition and 3.8% of children under 5 years with moderate acute malnutrition. | MICS 2008 |
| Households living under food insecurity | 350,000 People with extreme food and nutritional insecurity; approximately 80,000 households. | SETSAN, October 2010. |
| | <i>Note: a 22% reduction in the number of households in INSAN. (February 2010).</i> | |
| Orphans and vulnerable children | 1.2 Million orphans. 600,000 Vulnerable children Total. 1.8 Million. | MICS, 2008. INE/UNICEF |
| Children living in Residential Care Institutions | 12,767 Children | MMAS, 2010 |
| Households headed by children (no adults) | 0.04% of households: estimation of 20,000 households. | MICS, 2008. INE/UNICEF |
| Elderly people living in poverty | 727,598 | INE, 2011 |
| People with disabilities living in poverty | 286,176 | INE, 2011 |

The assistance and social integration of disadvantaged and vulnerable groups are defined as priority actions in the Government's Five-Year Plan 2010 - 2014 for the reduction of poverty rates; affirming the Government's commitment to social protection. This integration is seen as a driving force to the empowerment process of vulnerable populations, ensuring their inclusion in the development process.

Likewise, the Action Plan for Poverty Reduction 2011-2014 places emphasis on the challenge "of expanding the number of beneficiaries covered by social protection programmes among the most vulnerable people and by the productive safety nets with community benefits, taking into account the need to update the values of the grants". In the same document, Basic Social Security emerges as a priority under the Human and Social Development Objective.

In this context, the Government has been adopting policies and strategies for the consolidation and expansion of basic social protection programmes, with emphasis on the Social Action Policy - Resolution No. 12/98 of 9 April, the Social Protection Law - Law no. 4/2007, dated February 7, Basic Social Security Subsystem Regulation, approved by Decree no. No. 85/2009 of 29 December; and the National Strategy for Basic Social Security 2010 - 2014 (ENSSB) approved by the Council of Ministers' Resolution no. No. 17/2010 of 27 May.

The National Strategy for Basic Social Security is part of the government's efforts to offer assistance to households in poverty and vulnerability and establishes three core objectives, namely:

- a. Increase coverage and impact of basic social protection interventions to the poorest and most vulnerable;
- b. Increase efficiency of basic social protection; and
- c. Ensure harmonization and coordination of various programmes and services of basic social protection.

1.2 *International Context*

In the last two decades, assistance and social protection programmes gained importance globally and simultaneously underwent significant changes, abandoning a purely distributive role and showing an increasing willingness to emphasize the development of human capital (taking into

account its impact on areas such as nutrition, education and health) and establishing linkages between social protection and active labour market policies in order to become a promoting element of the inclusion of the most vulnerable in the economy and in society.

Internationally, there is an agreement between the main agencies (led by the United Nations) aimed at raising awareness of the countries to, in their development strategies and in combating poverty, give importance and set priorities regarding programmes that ensure basic social security to the most vulnerable groups. An example of this effort is the accomplishment of permanent advocacy events on these issues and impact measuring exercises. This is set within the South-South cooperation which provides opportunities for Mozambique to learn from other experiences and to share the progress made in recent years regarding the adoption of legal instruments and strategies in this area with other countries.

In some international events, the legal framework – in particular the Basic Social Protection Law of, the Basic Social Security Regulation and the National Strategy for Social Security in Mozambique, have been presented as international best practices towards gradually promoting a Basic Social Protection Floor in Africa.

At the level of the African Union, in 2008, the member states adopted the Social Policy Framework for Africa, an instrument that guides, among other issues, the need to prioritize the social protection of vulnerable groups as a strategy for strengthening human capital and the development of the countries. This instrument was also analysed by the United Nations, having been oriented to increase investment in the development of integrated and harmonized programmes in the area of basic social security.

The SADC Charter of Fundamental Social Rights was adopted in 2004 and ratified by Mozambique by the Council of Ministers Resolution No. 34/2004 of 9 July. This envisages the need to prioritize, in all programmes and development strategies, the most vulnerable groups of the population.

In terms of on-going programmes, a number of countries made a significant investment in basic social security programmes, most notably Ethiopia, South Africa, Malawi, Brazil, Cape Verde, Mexico and India. The programmes that presented greater dimensions and received most attention are those for households with children (e.g., Family Grant and Children and Opportunities Grant in Brazil, South Africa and Mexico); elderly (Social Pension in South Africa, Cape Verde and Namibia), as well as social transfer programmes for the working age population, associated with participation in public works (for example in Ethiopia and India).

Annex 1 summarizes the characteristics of programmes in various countries of the world, as well as the cost thereof.

II. INTERVENTIONS AND PROGRAMME OPTIONS

2.1.1. Responsibilities under the Basic Social Security

Interventions in the area of basic social security, to be provided by the Government should ensure the provision, protection and promotion of groups living in extreme poverty, with or without the capacity for work, and prevention and promotion of groups living in situations of poverty with work ability.

The interventions include four main axes:

- Programmes that fall within the axis of Direct Social Action, managed by the MMAS: in this respect, the social cash transfer programmes for an indeterminate period, social transfers for a specified time and the Social Action social services stand out;
- Programmes that fall within the axis of Health Social Action, managed by the Ministry of Health: the programmes that ensure the universal access of most vulnerable populations to primary health care, comprising measures aimed at improving the quality of their health, fall into here.
- Programmes that fall within the axis of Education Social Action, managed by the Ministry of Education: in this component fall programmes aimed at promoting the participation of the most vulnerable population groups in the education system.
- Programmes that fall within the axis of the Productive Social Action under joint management by the Sectors for Women and Social Action, Public Works and Housing, State Administration, Planning and Development, Agriculture and Labour. In this component fall programmes focused on people experiencing poverty, but with physical capacity for work, aiming to provide social assistance and integration to covered groups in productive activities, exploring, for example, the use of labour intensive activities.

Accordingly, it is evident that, in order to guarantee basic social security there is need to harmonize the interventions carried out in various sectors, such as Health, Education, Labour (INEFP), National Institute of Disaster Management (INGC), Public Works and Housing, covering the most vulnerable groups of the population, to ensure that the Government responds to these issues in a more integrated manner. This will involve strengthening the mechanisms that

ensure that the beneficiaries of a Basic Social Security Programme have access to the benefits of the services provided by different sectors.

However, in this programme, it is incumbent upon the Ministry of Women and Social Welfare to intervene in the materialisation of the following components:

- a) Social monetary transfers for an indeterminate period;
- b) Social transfers for a specified time;
- c) Social Action Social Services;
- d) Component of Public Works under the Productive Social Action.

Next are presented the programmes for each of the components described above and the respective projections until 2014.

2.2. Basic Social Security Programmes, under the responsibility of the MMAS

2.2.1. Regular monetary transfers for an indeterminate period

Definition

Regular monetary transfers for an indeterminate period consist in assisting households in monetary values on a regular basis (according to a defined periodicity), where the beneficiaries, during their life, receive monetary values, provided that the eligibility requirements related to disability to work does not change, as is the case for children when they reach adulthood.

Objectives

Regular monetary transfers for an indeterminate period have the following objectives:

- i) Ensure the survival of people permanently unfit for work and living in extreme poverty;
- ii) Investing in households in order to promote future human capital (for children);
- iii) Ensure that all members of households of people unfit for work have access to basic social services.

Target Groups

Target groups for Monetary Transfers for an Indeterminate Period are only the households with people permanently unfit for work, living in poverty, namely:

- Households with elderly people;
- Households that integrate people with disabilities, unfit for work;
- Households that integrate people with chronic or degenerative diseases (not bedridden patients)¹;

Advantages

- The provision of a regular and predictable transfer helps to prevent destitution and ensures the survival of people in extreme poverty and exposed to risks and vulnerability factors. Moreover, given the demographics of Mozambique, where the number of children living in eligible households for receipt of these transfers is significant, these are an investment in the country's human capital.
- The transfers directed to localities where there is a shortage of money circulation may contribute to increased local demand, stimulating the market and, consequently, the local production.

Annex 1 illustrates the results of international experiences and demonstrates the positive impact on child nutritional status and increased levels of schooling.

Current situation

For the year 2011, the Economic and Social Plan envisages to guarantee access to regular monetary social transfers for an indeterminate period, benefiting 252,842 Households, through the Food Subsidy Programme. The total amount necessary to meet the planned target is 571,282,310.00 MT, where the Government contribution is 70% and Partners (DFID and Embassy of the Kingdom of the Netherlands) corresponds to 30%².

¹ In this group may also be included people living with HIV / AIDS permanently incapacitated for work.

² DFID's contribution for the year 2011 is £ 2,000,000.00 equivalent to 110,380,000.00 Mts at the exchange rate of 55.19 Mt of the Ministry of Finance and the contribution of the Embassy of the Kingdom of the Netherlands is

Programme

Within the scope for regular monetary transfers for an indeterminate period, the **Basic Social Subsidy Programme** will be implemented, which will build on the existing Food Subsidy Programme. The new Programme involves the review of the transfer amount in order to ensure greater impact and a greater focus on children as indirect beneficiaries (dependents).

The transfer will be directed to the Household, which should receive an initial value on which 25% will be added for each dependent up to a maximum of four dependents. In value terms, the analysed proposals are based on a percentage to ensure the fulfilment of the minimum needs of an individual, taking as proxy the Household Budget Survey estimates, in its approach to the poverty lines.

It should be noted that the official National Poverty Line, calculated taking into account the latest data from the Household Budget Survey to 2008 prices, is 18.3 Mts per day per person, but with the level of inflation that occurred since then it is expected that in 2012 the value of the poverty line be estimated at 655 Mts. Also, according to the Household Budget Survey, with the median value, people can only meet 75% of their basic needs, with the remaining 25% to be met.

Thus, considering that the beneficiaries of this program are among the lowest deciles of the population, their caloric shortcomings should be higher. On the other hand, since this gap is only in terms of calories, and recognizing that the needs are not only caloric, the proposal is that the transfer is equivalent to 33% of the updated Poverty Line to 2011 values (239 Mts in 2012) supplemented with 25% (60 Mts) per additional recipient. Thus, given the typology of households, the medium transfer will be 311 Mts.

Scope

The program will have national coverage, including potential beneficiaries living in rural and urban areas. However, by 2014, not all eligible households will have been covered because of the

1,300,000.00 equivalent to Euros 60,866,000.00 Mts at the exchange rate of 46.82 Mt totalling 171,246,000.00 Mts; and the entire amount is intended for the PSA.

difficulty of ensuring the actual coverage, taking into account constraints on human, material and financial resources.

Estimated universe of eligible people

In the programme's perspective eligible households are those who do not have any member with capacity to work. According to data collected in 2011, the universe of eligible households would be 369,000 headed by elderly and 9,000 with disabled or chronically ill patients, unable to work.

Ensuring inclusion of all eligible dependents (e.g., all children living with elderly people in this type of households) shall be one of the objectives of the Programme. According to most recent data, the size, on average, of a household with elderly and without any adult element capable of working is 2.1 people, 0.8 being children. In the case of households with disabled or chronically ill patients unable to work, the magnitude goes up to 2.7 persons and the average number of children is 1.7 people (HBS 2008/9).

However, in the current PSA, a substantial portion of indirect recipients (children) is not included due to lack of birth registry. It is therefore necessary to combine the monetary transfer programmes to initiatives to promote birth registration with the relevant authorities and consider alternative mechanisms for recognition of these beneficiaries until this situation is solved.

Targets and Budget

The proposal is limited to those households having no member with ability to work in the household. Therefore, compared with the numbers proposed in ENSSB there is a reduction in the number of households. However, there is a proposal for increasing values of the transfer, which in some way balances the planned targets in terms of cost, when compared with previous proposals.

The aim is to cover 90% of households with no member with ability to work by 2014, considering that only 80% would be candidates for this benefit. This proposal takes into account that some of them already benefit of pensions and of other systems, but also the difficulty of achieving, in operational terms and within three (03) years, the coverage of all potential eligible beneficiaries.

Table 1: Coverage and costs of the Basic Social Subsidy Programme

| | <i>2012</i> | <i>2013</i> | <i>2014</i> |
|-------------------------------|-------------|-------------|-------------|
| Beneficiary households | 280,244 | 287,637 | 311,238 |
| Total beneficiaries | 557,251 | 611,604 | 684,028 |

| | | | |
|--|-----------|-----------|-----------|
| Children in beneficiary households | 199,159 | 232,793 | 266,714 |
| Minimum scale | 239 | 256 | 270 |
| Maximum scale | 478 | 512 | 541 |
| Average transfer | 311 | 333 | 352 |
| Total cost 10³ Mts³ | 1,287,854 | 1,452,811 | 1,684,805 |

2.2.2. Social transfers for a specified time

Definition

Social transfers are benefits for a specified time in kind and / or payment for services that are intended to address situations of shocks that exacerbate the degree of vulnerability of households. Benefits may also include a combination of these benefits with a monetary component, and support can occur on a single occasion (case of an individual shock) or take place during a certain period in order to assist the household at reducing their vulnerability (for example, in the case of households with children in situation of acute malnutrition).

The shocks that generate a situation of vulnerability are several and include incidents, illnesses, deaths, human acts / accidents that result in human injury or damage of the household's material goods.

Objective

The social transfers programmes for a specified time aim to relieve temporary situations of vulnerability, which can be:

- a. Acute transitory vulnerability, which is due to occasional shocks that cause the household to require assistance during a short period of time, in order to overcome the crisis.
- b. Longer transitory vulnerability, which refers to cases of households suffering from shocks, which impacts result in the vulnerability of one or several members of household.

This programme may also serve as a temporary support until the household can participate in another component. In the case of female heads of household, for example, as these are the only

³ Includes Administrative Costs (30% in 2012, 30% in 2013 and 25% in 2014)

elements capable of ensuring, through their work, the livelihood for their families, and in cases where they find themselves in situations of temporary incapacity (sickness, pregnancy that physically disables her to work), the Programme can provide this function.

Target groups

- Households headed by children aged 12 to 18 years;
- Foster Families, who will receive a kit at the time of integration.⁴
- Households with children in a difficult situation where, in terms of priority and as a means of identifying these children, children who were supported by the Ministry of Health due to a situation of acute malnutrition will be used as reference;
- People hit by shocks that exacerbate the degree of vulnerability;
- People with disabilities, requiring compensation means;
- Elderly and People living with chronic or degenerative diseases (bedridden patients);
- People living with HIV and AIDS (in antiretroviral treatment, up to 6 months);
- Infants, elderly persons and repatriates in the process of reunification and / or family reintegration;
- Heads of Households temporarily unfit for work.

Advantages

The social transfer programmes for a specified time offer flexibility to respond to different circumstances and needs of household suffering from incidents⁵. On the other hand, they have the advantage of allowing a rapid response to situations of incidents and misfortunes that affect the poor and vulnerable.

⁴ Subsequently, the household may become a beneficiary of Productive Social Action. But initially, it should be supported in the case of their community not benefiting from public works, or the state of integration of this child does not coincide with the current development of the programme.

⁵ In case of maternal death leaving a newborn without the possibility of breast-feeding, for example, the needs of the household can be assessed to ensure the feeding of the baby; in case of the death of a child's caretakers in a household, orphans may receive assistance until the age of majority.

Current Situation

In 2011, the number of beneficiaries to serve under the Direct Social Support Programme is **37,328** and is budgeted at **79,260,800.00 MT** from the State Budget, of which only **458,014,580.00 MT** are available; there is a deficit in the amount of **378,753,780.00 MT**.

Programmes

In the context of social transfers for a specified time the **Direct Social Support Programme** will be implemented, which will be subdivided into two components:

1. Ad hoc support

In this component are included material support and / or payments for services in situations of misfortunes which aggravate the situation of vulnerability, such as the provision of means of compensation, clothing, food support, payment of transportation and other services as necessary. This support can also be directed to situations of family reunification and reintegration and death.

2. Prolonged support

This component consists of a systematic support for a specified period, according to the type of problem. In this case, , for example, support in kind to households headed by children between 12 and 18 is included as well as support to households with children with acute malnutrition, chronic patients (bedridden patients) and female heads of household temporarily unfit for work.

In the case of Households headed by children, the support provided in this component will include a combination of benefits in kind and a monetary component, which will cease when the head of the household reaches 18 years, transitioning then to another component, namely to the Productive Social Action.

Children aged under 12 experiencing poverty and vulnerability will be cared for institutionally and transitorily, through social action services.

Targets and Budget

The following scenarios provide projections of the number of households to be addressed in governmental programmes, as well as costs associated with the different Program components.

The average values used for making these estimates were based on the value of a Basic Basket, currently implemented by the Ministry of Health.

Table 2: Estimated average value of the transfers

| | 2012 | | 2013 | | 2014 | |
|---|---------------|---------------|---------------|---------------|---------------|---------------|
| | Average Value | Households | Average Value | Households | Average Value | Households |
| Transfer to Child Heads of Household | 985 | 5,071 | 1,056 | 5,956 | 1,115 | 6,120 |
| Transfer to households with children recovering from a situation of acute malnutrition | 985 | 10,145 | 1,056 | 15,589 | 1,115 | 21,343 |
| Transfer to households in temporary situation of incapacity to work⁶ | 985 | 15,872 | 1,056 | 18,649 | 1,115 | 23,957 |
| Means of Compensation | 6,000 | 4,616 | 7,500 | 4,817 | 7,500 | 5,027 |
| Other Services | 15,000 | 1,539 | 18,750 | 1,606 | 18,750 | 1,676 |
| TOTAL | | 37,243 | | 46,617 | | 58,023 |

Note: The estimated value for the transfers to households headed by children offers the possibility of the transfer to be done directly in goods, monetary values or through the use of vouchers; and the distribution mechanisms will be determined in the procedures manual.

Moreover, the Ministry is implementing a program called *Basic Basket*, benefiting people living with HIV / AIDS and on antiretroviral treatment (ART), where 3500 people living in the provincial capitals are served for a period of six months, getting a basic basket equivalent to 990.00 Mt, and this component should be integrated in the component of Direct Social Support. These beneficiaries are counted as among the group of households in which there is a temporary inability to work.

Given their small size, some of the categories were not included in the estimates, which does not mean that they are not covered by the Programmes.

⁶ Includes households with people receiving ARVT

Table 3: Beneficiaries and total costs of the Direct Social Action Programme (DSAP)

| | <i>2012</i> | <i>2013</i> | <i>2014</i> |
|--|-------------|-------------|-------------|
| Beneficiary Households | 37,243 | 46,617 | 58,023 |
| Total costs 10 ³ Mts ⁷ | 287,637 | 393,467 | 498,526 |

2.2.3. Social Services of Social Action

Definition

The Social Services of the Social Action consist in receiving and assisting, in Social Units and in the community, vulnerable people living in poverty, who lost their family, were abandoned or marginalized.

Objectives

The Social Services of Social Action have the objective of ensuring the institutional care for the most vulnerable groups, destitute and those living in situations of poverty, and include: Residential Care Institutions, Elderly Support Centres, Transit Centres, Open Community Centres, Home Child Care Centres, Children's Day Care Centres and Community Kindergarten.

Target Groups

- Children in a difficult situation;
- Elderly destitute people;
- People with disabilities;
- Repatriates;
- People who are victims of domestic violence and / or trafficking;
- Population living on the street (in the process of reintegration).

Advantages

Although institutional care is the last resort, it allows the institutional accommodation of the most vulnerable groups and destitute and meeting their basic needs. It ensures protection and

⁷ Includes administrative costs (35%, 31% and 28% respectively).

secure social assistance, and allows for support to the most vulnerable groups, in respect to the combat against beggary and the phenomenon of children on/of the street.

Current Situation

The MMAS manages 15 public Children's Centres, 15 public Residential Care Institutions, and 12 Support Centres for the Elderly and 6 Transit Centres; and in 2011 it is expected that 2,694 beneficiaries are cared for on a budget of **67,193,950.00 MT**. Since only **26,932,660.00 MT** are available, there is a deficit of **40,261,290.00 MT** in relation to what was planned in the Economic and Social Plan this current year.

It should be noted that not all provinces have the necessary social units , and there is the need to chart the needs and produce expansion plans regarding these units.

Programme

The Social Action's Social Service Programme guarantees institutional care in Kindergarten, Elderly Support Centres, Transit Centres, Home Child Care Centres and Home Centres for destitute People with Acute Disabilities, as well as providing family guidance and reunification for the most vulnerable groups who are destitute and living in situations of poverty.

Under this program two components will be implemented:

1. Institutional Care

This component consists of care and hosting in public Social Units, including Residential Care Institutions, Elderly Support Centres and Transit Centres, which are the units currently in operation.

Given the emergence of new social phenomena that do not fit into current institutional care strategies, such as the abandonment of Persons with Disabilities, new social units will be created. These will include Child Care Centres (which can be open, closed or mixed) and Centres for abandoned Persons with Profound Disabilities.

The Transit Centres will no longer accommodate only Persons with Disabilities. They will accommodate all the target groups that need temporary hosting, with the exception of children who will be cared for in Residential Care Institutions.

This component will address the issues of family rejection and / or community rejection, abandonment, violence and orphanhood.

2. Family Guidance and Reunification

This component will address the following situations:

- a. Combating beggary and the phenomenon of children on/of the street, favouring the reunification and psychosocial support of children, the elderly and people with disabilities. In this context, there will be support to assist in the Social Units, including Children's Home Centres and Open Community Centres.
- b. Information and social orientation (**Information services and social orientation**), with the aim of providing information and referral of poor and vulnerable people to various benefits and services implemented by different sectors within basic social security.

Targets and Budget

Table 4: Average Monthly Cost and number of users

| | 2012 | | 2013 | | 2014 | |
|---|--------------|-----------|--------------|-----------|--------------|-----------|
| | Average Cost | No. Users | Average Cost | No. Users | Average Cost | No. Users |
| Residential Care Institutions | 2,500 | 842 | 3,125 | 946 | 3,906 | 987 |
| Support Centre for Elderly | 1,700 | 1,058 | 2,125 | 1,059 | 2,656 | 1,105 |
| Transit Centre | 1,600 | 259 | 2,000 | 248 | 2,500 | 259 |
| Open Centre | 1,000 | 4,500 | 1250 | 4700 | 1562.5 | 5000 |
| Shelter for destitute Persons with Acute Disabilities | | | 3,125 | 60 | 3,906 | 120 |
| Shelter for Children | 2,500 | 350 | 3,125 | 1,100 | 3,906 | 3,500 |

Table 6: Total Costs and coverage of the Social Services component

| | 2012 | 2013 | 2014 |
|---|-----------|------------|------------|
| Households Beneficiaries | 7,009 | 8,113 | 10,971 |
| Total cost 10 ³ Mts (including 5% CA)) | 9,693,000 | 15,202,625 | 29,389,822 |

Table 7: Needs for building of Social Units

| Needs | 2011 | 2012 | 2013 | 2014 | Total | Budget 10 ³ Mts |
|---|------|------|------|------|-------|----------------------------|
| Support Centre for Elderly | | 1 | 1 | 1 | 3 | 15,000 |
| Residential Care Institution | | 1 | 2 | | 3 | 30,000 |
| Shelter for Children (either open or closed) | 1 | 3 | 4 | 3 | 11 | 165,000 |
| Transit Centre | | 1 | 1 | | 2 | 15,000 |
| Shelter for destitute Persons with Acute Disabilities | | 1 | 2 | | | 60,000 |
| TOTAL | | | | | | 285.000 |

2.2.4. Productive Social Action

Definition

Productive Social Action is a Programme consisting of the provision of social transfers and in the recipients' participation in productive activities. The aim is to respond to the challenges of chronic food insecurity, aggravated by the shocks and structural risks and impacts of environmental changes and / or economic shocks and to contribute to the economic and social inclusion of the recipient.

Objectives

The component of Productive Social Action aims at promoting socio-economic inclusion of vulnerable populations, with capacity for physical work.

Target Groups

Productive Social Action has as its target groups households in vulnerable situations that have at least one member with capacity for work, prioritizing:

- Households headed by women;
- Households with people with disabilities, chronic illness or elderly;
- Households with children in situations of malnutrition;
- Households with high dependency rates⁸;
- Foster Families in situations of poverty and vulnerability.

The program shall take into account the specific needs of households so that planned activities do not promote their exclusion.

⁸ These are households with many people who depend on one or a few people with the capacity to work.

Current Situation

Currently, the Government is designing, with the support of the World Bank and other partners, a public works programme using labour-intensive services, which will serve as Phase I of this Programme.

Programmes

The National Productive Social Action Programme has the following components:

1. Public works using labour-intensive services

The Public Works Component with the use of labour-intensive services will allow for income security to ensure the protection of households in situations of risk and vulnerability, through the allocation of a monetary transfer in exchange for public service. Thus, it is essential to ensure that the transferred amount is sufficient to guarantee this function and that their disbursement is predictable so that the recipient can plan the strategy for its use.

The costing was performed based on the amount of 655 Mts (equivalent to the value of the Poverty Line), regardless of the household size.

Number of monthly working hours

The definition of the number of hours for each participant in the Public Works Programme was based on the value of the lowest minimum wage (the farming sector). The Mozambican Minimum Wage legislation does not allow a worker to work above 48 hours per week, which means that the minimum hourly wage is 10.4 Mts. Based on the proposed value of social transfers, the maximum working time for each beneficiary should be 63 hours per month.

Public works consist of undertaking activities for public benefit and these are identified by the district and municipal authorities and focused, for example, in the maintenance and / or construction of roads, planting trees for reforestation, the opening of dams, construction / rehabilitation of bridges, soil maintenance and removal; and others.

a) Rural Context

In rural areas, the district authorities, taking into account the seasonality in terms of food insecurity, will implement the strategy. Households may annually participate in the Programme for a maximum period of four months, during the period of reduced agricultural activity, so that during the agricultural cycle, members can devote themselves to the production of food. The beneficiaries can participate in the program for a period of 3 years maximum, after which they shall progress to other programmes.

In rural areas the Programme aims to respond to critical situations of food insecurity and should be focused in the most problematic areas, especially in arid and semi-arid areas. Districts participating in the initial phase of the Programme will be selected on the basis of criteria such as food insecurity, poverty rates, population agglomerate and unemployment rates; and the implementation of the transfer should be complemented with access to savings services.

The target for the Rural Public Works Programme shall be to cover four deciles of the population in 2020 (about 7,674,000 households) and to this end, the pace of expansion would be 15% in 2012, 25% in 2013 and 35% in 2014, percentages which would be equivalent to 6%, 10% and 14% of the households under these conditions, i.e., the total of the households with ability to work in rural areas.

b) Urban Context

Social transfers associated with the Urban Public Works will be implemented for a period of six months in order to allow the beneficiaries, when the project ends, to have built up a financial base and being able to develop income-generating activities. During this period, participants will benefit from training and guidance to access other programmes, such as access to funds available under urban poverty combat programmes, management training and business development programmes as well as the possibility of being included in programmes to support the development of Small Businesses for the Provision of Social Services (for example, care services for children, elderly, waste collection, etc.). The vocational training oriented towards the development should also be an option and the implementation of this component will be the responsibility of the Municipal Councils.

In turn, the target for the Urban Public Work Programme shall be to cover one quartile (25%) of the population in 2020 (about 7,674,000 households). To achieve this rate, the rate of expansion would be 25% in 2012, 40% in 2013 and 60% in 2014, equivalent to 6.25%, 10% and 15% of households with members with the ability to work in urban areas, respectively.

2. A component to support the development of income-generating activities

This component will be put into practice by promoting access to mechanisms that ensure beneficiary access to a number of services that promote their socio-economic inclusion, such as access to savings schemes, micro credit, access to vocational training programmes, development of skills and access to agricultural inputs, among other elements aimed at creating opportunities for the beneficiaries to exit a poverty situation.

Further in this component, links with programmes of various institutions will be developed, such as the INEFP Programmes, Agricultural Inputs Fairs, District Development Fund, funds allocated under the PERPU implementation and agricultural credit initiatives, among others.

Given that different Government sectors have potential activities within the public works projects with the use of labour-intensive services and the income-generation component, the alignment of these activities will be guaranteed so that they are harmonized and oriented to the materialisation of the National Programme of Productive Social Action in the areas defined herein. Intersectoral coordination between different stakeholders shall be ensured.

Targets and Budget

Table 8: Coverage and Costs of the Public Works Programme in rural areas

| | <i>2011</i> | <i>2012</i> | <i>2013</i> | <i>2014</i> |
|---|---------------------|-------------|-------------|-------------|
| Beneficiary Households | 10,842 | 86,858 | 149,752 | 216,941 |
| Total Beneficiaries | 27,770 | 271,338 | 465,481 | 670,792 |
| Children in Beneficiary Households | 24,348 | 194,290 | 332,162 | 477,106 |
| Amount of Transfer | 655 | 717 | 768 | 811 |
| Total Cost 10³ Mts | 33,264 ⁹ | 336,281 | 612,129 | 915,391 |

NB: The Budget available for 2011 (33,264,000.00 Mt) corresponds to USD 1,108,800.00 (funding provided by the World Bank), at a rate of 30.00 Mt/1USD.

Table 9: Coverage and Costs of the Public Works Programme in urban areas

| | <i>2011</i> | <i>2012</i> | <i>2013</i> | <i>2014</i> |
|---|----------------------|-------------|-------------|-------------|
| Beneficiary Households | 3,759 | 88,136 | 145,877 | 226,422 |
| Total Beneficiaries | 8,596 | 271,486 | 447,877 | 690,458 |
| Children in Beneficiary Households | 7,467 | 191,523 | 314,334 | 483,748 |
| Amount of Transfer | 655 | 717 | 768 | 811 |
| Total Cost 10³ Mts | 14,256 ¹⁰ | 511,841 | 894,433 | 1,433,094 |

NB: The Budget available for 2011 (14,256,000.00 Mt) corresponds to USD 475,200.00, at a rate of 30.00 Mt/1USD.

III. GLOBAL TARGETS

Social assistance programmes that have been implemented in recent years have benefited a total of **303,339** vulnerable people in 2010, especially children in difficult situations, women,

⁹ It does not include administrative costs in 2011. From 2012 onwards includes Administrative Costs.

¹⁰ It does not include administrative costs in 2011. From 2012 onwards includes Administrative Costs.

disabled, elderly, people with chronic and degenerative diseases, as shown in the table below. It was demonstrated that there is the need for their expansion and resizing.

Table 10: Development of programmes for the period 2006 - 2010

| PROGR A-MMES | 2006 | | 2007 | | 2008 | | 2009 | | 2010 | |
|-----------------|----------------------------|-----------------------|----------------------------|-----------------------|----------------------------|-----------------------|----------------------------|-------------------|--------------------|-------------------|
| | BENEF I- CIARIE S | BUDGET | BENEF I- CIARIE S | BUDGET | BENEF I- CIARIE S | BUDGET | BENEF I- CIARIE S | BUDGET | BENEFI- CIARIES | BUDGET |
| PSA | 100,571 | 166,108,364.71 | 112,977 | 180,329,580.00 | 143,455 | 264,961,000.00 | 166,396 | 403,512.00 | 217,683 | 521,930.40 |
| PASD | 22,767 | 33,548,517.35 | 18,985 | 44,206,370.00 | 24,224 | 58,588,965.51 | 25,555 | 64,026.60 | 26,628 | 74,800.00 |
| US | 0 | 0.00 | 0 | 0.00 | 1,827 | 14,924,200.00 | 3,788 | 17,413.15 | 2,058 | 21,600.00 |
| BST | 4,716 | 21,130,300.00 | 6,059 | 27,914,660.00 | 6,275 | 30,432,067.17 | 4,488 | 34,418.84 | 4,029 | 34,735.50 |
| PGR | 3,825 | 55,250,200.00 | 5,284 | 37,382,194.40 | 7,350 | 40,995,296.60 | 8,875 | 44,453.50 | 3,089 | 51,947.67 |
| PDC | 60,000 | 62,301,779.19 | 561,335 | 59,051,370.00 | 515,672 | 23,525,952.53 | 534,485 | 23,770.80 | 49,852 | 25,820.00 |
| Total | 191,879 | 338,339,161 | 704,640 | 348,884,174.40 | 698,803 | 433,427,481.81 | 743,587 | 587,594.89 | 303,339 | 730,833.57 |

The ENSSB 2010-2014 targets the coverage of **945,382** households until 2014, through the Basic Social Security programmes, on the axes of direct social action and productive social action, which corresponds to a total of 20% of households, corresponding to one fifth of households living below the poverty line in Mozambique.

Pursuant to the provisions in the Basic Social Protection Law , in the Regulation of the Basic Social Security Subsystem and in ENSSB 2010-2014, the priority target groups of programmes to be implemented will continue to be children in difficult situations, the elderly, people with disabilities, people with chronic and degenerative diseases and women, all living in poverty and vulnerability.

The programmes focus on two main components, being:

- Those covering households with people unable to work and;
- Those which are oriented towards households with members with the ability to work

The process of reviewing the Programmes and the consequent change in some variables related to the implementation of Programmes (including the value of transfers), as well as the impact of the crisis in fuel and food prices, forced a readjustment of some of the targets. The distribution of the total beneficiaries is therefore as follows:

Table 11: Number of Beneficiary households per Programme

| | <i>2012</i> | <i>2013</i> | <i>2014</i> |
|---|-------------|-------------|-------------|
| Basic Social Subsidy Programme | 280,244 | 287,637 | 311,238 |
| Direct Social Support Programme | 37,243 | 46,617 | 58,029 |
| Social Action's Social Services | 2,159 | 2,253 | 2,351 |
| Productive Social Action Programme | 174,994 | 295,629 | 443,363 |
| TOTAL | 2506,64 | 2645,136 | 2828,981 |

IV. BUDGET

The programmes that have been implemented to date have seen an evolution in terms of budget allocation, from 2008 onwards. This includes the contribution of partners, as shown in Table 10. However, it is clear that the value of benefits provided to vulnerable groups needs to be incremented to increase their impact.

The objective set in the ENSSB is to ensure that by 2014 an allocation of funds to these programmes equivalent to **2.18%** of the State Budget (SB) can be achieved.

However, the materialisation of the programmes presented corresponds to a total of 1.65% (2012), 1.99% (2013) and 2.35% (2014) of the State Budget (SB).

Table 12: Total Costs per Programme

| <i>Total Costs</i> | <i>2012</i> | | | <i>2013</i> | | | <i>2014</i> | | |
|---|---------------------------|--------------|-------------|---------------------------|--------------|-------------|---------------------------|--------------|-------------|
| | <i>10³ Mts</i> | <i>% GDP</i> | <i>% SB</i> | <i>10³ Mts</i> | <i>% GDP</i> | <i>% SB</i> | <i>10³ Mts</i> | <i>% GDP</i> | <i>% SB</i> |
| Direct Social Subsidy Programme | 1,287,854 | 0.30 | 0.86 | 1,452,811 | 0.30 | 0.86 | 1,684,805 | 0.30 | 0.86 |
| Direct Social Support Programme | 291,264 | 0.07 | 0.19 | 393,467 | 0.08 | 0.22 | 498,526 | 0.09 | 0.25 |
| Social Action's Social Services | 54,406 | 0.01 | 0.04 | 71,885 | 0.01 | 0.04 | 85,574 | 0.01 | 0.04 |
| Productive Social Action Programme | 841,122 | 0.20 | 0.56 | 1,506,561 | 0.30 | 0.87 | 2,348,485 | 0.41 | 1.2 |
| TOTAL | 1188,933 | 58 | 165 | 469,682 | 69 | 199 | 589,422 | 81 | 118 |

The implementation of the programmes will be based on the State Budget and the contribution of partners and the proposal to increase the coverage and the value of Social Transfers in the context of the operationalization of the National Strategy for Basic Social Security is based on the assumption of an enhanced Fiscal Space will be available for the sector.

The additional fiscal space, from gains in revenue and expenditure reprioritisation in the State Budget for 2012, can be situated between 1 to 1.3% of GDP. These projections are based on the most recent records in terms of macroeconomic indicators and increased revenue mobilization, as well as the possibility of reducing some of the expenditure compared to recent budget years, including the elimination of fuel subsidies, introduced in 2009.

The maximum additional space for 2012 can be broken down in the following factors:

- (i) An increase of 0.3% of GDP in the total envelope of the heading Transfers from the State Budget for 2012 (which includes all the various subsidies). The envelope would rise from 4.4% of GDP in 2011 to 4.7% of GDP in 2012.
- (ii) The elimination of the Fuel Subsidy, planned for 2011, which represents a possibility of allocating further 1% of GDP.

This reasoning originates from the view that Basic Social Protection measures have among other objectives, the function to be a mitigation element for the impact of shocks on the most vulnerable populations in need of support.

V. ADDITIONAL ACTIONS AND INTERCONNECTION MECHANISMS

The ENSSB 2010-2014 provides a harmonized and integrated approach in which all stakeholders and programmes provide complementary assistance, where the interaction of the various programmes has a multiplier effect. The objective is to increase the coverage and impact of interventions, as well as increase the efficiency of the system and ensure the harmonization and coordination of various programmes and services.

For the functioning of an integrated and harmonized system it is necessary to develop cooperation mechanisms to facilitate communication between stakeholders and programmes, where the following aspects can be emphasised:

- **Psychosocial Support** – the implementation of all programmes will be accompanied by psychosocial support actions.
- **Coordination Council for the Basic Social Security Subsystem**– This Council is responsible for directing, monitoring and coordination of the Basic Social Security system. Considering that other sectors of the Government (in particular Health, Education, Agriculture, Labour, State Administration, Planning and Development, Public Works and Housing) and various non-governmental organisations implement actions in the area of basic social security, the articulation between different programmes should be

guaranteed in this area. The success of this articulation will contribute to the complementarity of interventions and the attainment of integrated benefits by the most vulnerable groups.

- **Social Assistance Card** – It is a tool for identifying the beneficiaries of the Basic Social Security through a beneficiary Card that will allow access to various benefits and basic social services existing in the country. One of the objectives of this card is to allow a household to be identified as a recipient of assistance under a programme, being also able to benefit from other programmes in different sectors.
- **Social Assistance Booklet** – It is a document that complements the card and will be used to record the various forms of assistance that the household has had access to. These include all interventions under the Basic Social Security. The information on the Card and in the Booklet will be included in the Management Information system.
- **Management Information System** – The MMAS / INAS is developing, with the technical collaboration of the Centre for Development of Information Systems in Finance (CEDSIF) of the Ministry of Finance, an information system on households that benefit from the Social Action programmes. This system shall gradually cover all the programmes implemented by Government and will include control of applications, transfers, payments and outputs and monitoring some economic and social conditions of the participants.
- **Vulnerability Mapping** – Taking into account that in some localities it is difficult to differentiate, in terms of vulnerability, among different households, and since the financial resources only allow a gradual expansion of benefits, it will be important to find a mechanism allowing prioritising, in terms of vulnerability, the different territories. This index will allow delineating the expansion plans in a more objective manner.
- **Case Management System (Social Action Community Committees or *Permanentes*)** – The MMAS / INAS will review the monitoring mechanism, taking into account the fact that vulnerability and poverty are multi-dimensional phenomena and the success of interventions in the area of social protection depends on the capacity for monitoring issues such as nutrition, health, education, hygiene, including psychosocial support. This entails the analysis of the best solution to extend these services at the grassroots level, in terms of cost-benefit.

- **Creation of a Sector Support Fund** – taking into account that the above proposals imply an increase in investment in the Basic Social Security sector. Initially, the Government should seek support from external donors to ensure the financing of a portion of the difference between the amounts available with internal resources and needs. This will be studied to establish a mechanism allowing joining the different funds in order to ensure predictability of funding and thus allow a better planning.
- **Investment in medium and long term development of institutional capacity** – In order for the monetary transfers to have the desired impact, it is necessary to work much closer to the beneficiaries which means a significant investment in developing the skills of the personnel involved in the provision of social services at various levels.
- **Monitoring and Evaluation of Programmes** - The design of a system of monitoring and evaluation will be a significant step in this component. A plan for strengthening the capacity for monitoring and evaluation will be developed. Formats for programmes' progress reports should be designed and comprehensive assessments of these should be carried out, so as to adjust them to the challenges.

VI. INSTITUTIONAL RESPONSIBILITIES IN THE IMPLEMENTATION OF PROGRAMMES

The responsibilities of different stakeholders regarding the Basic Social Security Subsystem are mentioned in section 2.1 of this document and emphasise the important role of different stakeholders in the realization of the proposed programmes:

- a) **Role of MMAS and INAS in the implementation of programmes** – The MMAS will be responsible for coordinating the implementation of basic social security programmes under the axes of direct social action and the National Programme for Productive Social Action in coordination with the various governmental and non-governmental stakeholders.

In the direct social action component of the MMAS, through INAS – its operational arm – will have the responsibility to implement the axis of direct social action programmes.

In the productive social action component the MMAS, through INAS, is responsible for selecting the most vulnerable groups in the two components, in coordination with other sectors; the sectors responsible for the implementation. The MMAS shall be responsible for ensuring that links are established between the institutions that implement the programmes of the different components of productive social action.

The MMAS is also responsible to ensure the functioning of multi-sectoral coordination and cooperation mechanisms and is also responsible for raising funds for the implementation of the proposed programmes.

INAS is, as noted, the institution under MMAS, responsible for implementing the axis of direct social action programmes, especially the Basic Social Subsidy Programme, the Direct Social Support Programme and the public social action services.

In the productive social action public works component, INAS is responsible for ensuring the identification of beneficiaries and payment of benefits. In the income-generating programmes component it is important that the INAS ensures, apart from the identification of beneficiaries which should be given priority in the various income-generating initiatives but also the coordination with other sectors involved (Public Works and Housing, Agriculture, Disaster Management, Labour, State Administration) and the access to credit, to vocational training initiatives and to skills development programmes.

INAS has the key role to ensure that priority vulnerable groups are identified by the agents of social action and community authorities for proposed programmes..

In the materialisation of the programmes, MMAS, through INAS, should ensure the development of the less costly mechanisms, which may be outsourced.

- b) The role of Civil Society Organisations** – Civil society organisations have a key role in implementing programmes that ensure basic social security, in particular programmes in the axis of direct social action.

In the Social Basic Subsidy Programme, the granting of subsidies should be made solely on the terms set by the Government; the organisations wishing to intervene in this area should proceed according to the manuals of procedures to be defined by the MMAS.

In other programmes of the axis of direct social action (Direct Social Support Programme and Social Action Services), as well as programmes in the axis of productive social action, the involvement of civil society organisations working in the areas of women and social action will be stimulated. Consultation with representative forums of each target group will also be carried out periodically, through the Coordination Councils created to address the issues related to the most vulnerable groups.

- c) The role of MMAS' collaborators** - Currently, in implementing programmes in the axis of direct social action, collaborators have been involved who currently are referred to as *Permanentes*. They are community members, chosen by the community, and of

recognized integrity. They support the following of programmes implemented by INAS and report on the social assistance needs in their community.

The *Permanentes* disseminate the sector programmes, the eligibility criteria and to establish the link between INAS and community authorities, facilitating the timely solution of the concerns of communities.

The evidence shows that the challenges in the area of social assistance of the most vulnerable groups, including possibilities to give a complete answer to social problems faced by communities, there is the need to resize the array and the role of collaborators of MMAS, changing into agents of social action.

The experience of fruitful cooperation provided by the *Permanent* in the past 15 years shows that there is need to establish a formal and permanent link with a position inserted into the staff of INAS. Social Action Agents with basic training in Social Action is proposed. They would perform, effectively, the role of the *Permanentes*, establishing a permanent and close relationship with the sector and community authorities.

- d) **The role of Community Authorities and Community Based Organizations** – The successful implementation of basic social security programmes proposed here requires the direct involvement of the Community authorities. Thus, priority will be given to the interaction with community leaders, as well as with community based organisations.

In this area, the greater connection between the Community authorities and agents of social action that are based in communities will be emphasised, so that they ensure timely responses to the problems posed by the target groups.

- e) **The role of the private sector** – The private sector plays a strategic role in the implementation of basic social security programmes, through support to actions in favour of the most vulnerable target groups, through corporate social responsibility, which ensures that sustainable action is taken which is oriented towards the priorities set by the Government in order to encourage the strengthening of programmes..
- f) **The role of development partners** – Currently, a number of partners is involved in supporting initiatives in the area of basic social security for the most vulnerable groups. The materialisation of the programmes presented requires strengthening the implementation capacity, the reliability of the eligibility processes, registration, identifying and other issues in the institutional capacity component.

The warranty of the response to these challenges must have the stronger involvement of partners, by providing technical assistance and resources for programme implementation. In this sense, the Common Fund will be used as a mechanism.

VII. CRITICAL FACTORS

In achieving the objectives set out by ENSSB 2010 - 2014, there are determining factors, especially the following:

- a. Funding to ensure the expansion of social transfers through the State Budget and alternative sources from the cooperation partners;
- b. An increase in operating capacity of the institutions that implement the basic social security programmes, specifically MMAS and INAS;
- c. The definition of efficient coordination mechanisms for the implementation of ENSSB's programmes, taking into account that the success of the Productive Social Action Programme depends on a close co-operation and coordination with various governmental and non-governmental sectors (private sector and at community level);
- d. An effective advocacy process that ensures a deep understanding of the social protection objectives as an instrument for promoting inclusive economic growth.

Annex 1: Coverage and Costs of Social Protection Programmes (Source: Hanlon et al, 2010 and *Save the Children*)

| <i>Country</i> | <i>Programme and Country</i> | <i>Coverage</i> | <i>Costs and Impact</i> |
|----------------|---|---|--|
| Ethiopia | Productive Social Protection Programme in Ethiopia | Over 7 million people in 2008. It is currently implemented in 300 Districts and benefits about 7.8 million people per year. Potential beneficiaries are people with chronic food insecurity; 80% are subsistence farmers, high levels of malaria and HIV. | 2% of GDP (including participation of donors). 19% Increase in kcals consumed by beneficiary households. |
| South Africa | Social Pension Child's Pension | 2.3 million people (85% of the population aged 63 or older). 8.5 million children under 15 years of age (55% of total). | 12% of the national budget or 3.5% of GDP. |
| Malawi | Mchinji Social monetary transfer (pilot). | | 10.5% reduction in underweight children. 4.2% reduction in children with chronic malnutrition. 23% reduction in morbidity in participant children against 12.5% in non-participants. |
| Brazil | Family Allowance Rural Pension and Continued Payment Benefits | 11.6 million households (50 million people, representing 26% of the population). 1.2 million people over 65 years, an invalidity pension was paid to 1.3 million people and rural pension was paid to 5.4 million people. | 1.5% of GDP (providing direct and indirect coverage to 74 million people or 39% of the population) |
| Mexico | Opportunities Program National Employment Guarantee Scheme in India | 5 million Households in 2004 | 0.3% of GDP Reduction in poverty severity in 45% of beneficiary households; Kcal increased consumption of 7%; Reduction in the probability of chronic malnutrition in children. 4.7% less morbidity in beneficiary children. |
| India | National Employment Guarantee Scheme in India | 44 million people in 2009 | 0.3% of GDP |

(Source: IFPRI. & Fan 2010 Save the Children UK, and J.Yabroski MO Donnell 2009).