Transforming Cash Transfers:

Beneficiary and community perspectives on the Basic Social Subsidy Programme in Mozambique

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Contents

Tables, figures & boxes

Tables

Figures

Boxes

Abbreviations

CBO	Community-based organisation
CHH	Child-headed household
DFID	Department for International Development, UK Government
FHH	Female-headed household
GAPVU	Office for the Support of Vulnerable Households
GoM	Government of Mozambique
HH	Household
INAS	National Institute for Social Action
MHH	Male-headed household
MIS	Management Information System
MTn	Meticais (Mozambican currency)
MMAS	Ministry for Women and Social Action
NGO	Non-governmental organisation
IDI	In-depth interview
IOM	International Organization for Migration
OVCs	Orphans and vulnerable children
PASD	Direct Social Action Programme
PSA	Food Subsidy Programme
PASP	Productive Social Action Programme
PSSB	Basic Social Subsidy Programme
PWD	Person with disability
SDSMAS	District Services of Health, Women and Social Action
UNICEF	United Nations Children's Fund
VCO	Voluntary or community organisation

1 Introduction

The use of cash transfers to assist poor and vulnerable households in resource-poor countries as part of a broader social protection platform is a relatively new concept for many African countries. In general, the move towards providing social protection[1] through cash transfers for the most vulnerable households is welcomed by analysts as a step to more inclusive development. However, many of the cash transfer schemes currently being implemented are pilots, provide relatively low transfer amounts, and lack sustainability as they are often reliant, at least in part, on donor funding. This has led to concerns about scaling-up and domestic political commitment to maintain the schemes in the longer term. In addition, in a briefing note for the Overseas Development Institute (ODI) (McCord 2012, unpublished internal document) questions the narrow targeting of cash transfers to the poorest deciles as a non-inclusive approach to social protection with an uncertain impact on overall poverty. This is pertinent to the PSSB in Mozambique because the PSSB targets permanently labour-constrained households, providing a small cash transfer. The objective of the PSSB is to ensure survival and preserve the dignity of elderly, disabled or chronically sick members of the poorest households and their dependants.

In fact, Mozambique's Basic Social Subsidy Programme (PSSB) is an interesting hybrid cash transfer programme. While it provides a low value, narrowly targeted transfer, it is nonetheless implemented at scale, with strong political commitment to sustaining the programme using state funds. As in other countries, the PSSB is not an isolated intervention but part of a broader social protection platform providing support to households that temporarily find themselves unable to overcome a specific shock or event, along with social assistance delivered through the health and education sectors (INAS, 2011).

Although there has been progress in terms of raising the profile of comprehensive social protection measures within Mozambique (evidenced by the approval of legal, strategic and procedural working instruments[2]) there are still significant knowledge gaps in terms of the impact of the PSSB on beneficiaries' lives and at the individual, household and community levels, and how this information could strengthen future targeting and case management. Understanding the perceptions of beneficiaries, implementers and other stakeholders is an important step towards supporting the development of beneficiary-centred social protection measures.

This qualitative and participatory study is part of a multi country study including Kenya, Yemen, the Occupied Palestinian Territories and Uganda, commissioned by the UK Department for International Development (DFID). The Mozambique study focuses on beneficiary and community perceptions of the PSSB – the main government cash transfer programme, reaching approximately 300,000 households – and on beneficiaries' and community members experiences of the multidimensional nature of poverty and vulnerability. In particular, it focuses on the perceptions of people living with a disability who are also living in poverty, one of the PSSB's main target groups. Currently, of the 286,176 people with a disability who are living in poverty less than 14,000 people living with disability are receiving the cash transfer. There is no qualitative information about the needs of this beneficiary group, and their views and perceptions on the PSSB have not been adequately documented in national literature[3] As part of the strategy to develop a more inclusive approach to social protection, INAS endorsed the suggestion by ODI that the research should focus on this sub-group of PSSB beneficiaries.

This report is structured as follows. Section 2 presents the conceptual framework guiding our analysis. It explains in detail the conceptual underpinnings for the research and provides the theoretical framework within which it was conducted. Section 3 provides a brief overview of poverty and vulnerability in Mozambique and the key elements of the country's social protection system. Section 4 gives a detailed description of the research methods used, and how data were collected and analysed, as well as limitations of the study. In Section 5 we provide a description of the two research study sites (the districts of Chokwe and Chibuto, in Gaza province) with an overview of population and settlement patterns, migrant labour, HIV and AIDS, formal social protection structures, and the main social protection actors. In Section 6 we provide an overview of the PSSB, its mechanisms and governance structure. Section 7 presents the research findings in relation to community understandings and experiences of poverty and vulnerability, as well as the coping strategies people use. Section 8 explores respondents' knowledge of the PSSB and their perceptions regarding

[1] In the past 20 years, in many African countries, social security has focused on measures that provide a broad safety net and promote human capital, namely, adequate accessible healthcare and universal primary education.
[2] Social Protection Law (2010), Regulation of the Social Protection Law, and the National Strategy for Basic Asocial Security (ESSB)
[3] Handicap International is working with the Ministry of Women and Social Action to develop more inclusive social services that meet the needs of people living with a disability. They have not conducted research specifically on government social assistance programmes.

implementation of the programme. Findings on the use of the cash transfer and perceptions around its value and impacts are described in Section 9. Finally, Section 10 presents the future directions, with policy recommendations for key stakeholders, including beneficiaries, national policy-makers, non-government actors, and development partners. A number of annexes to the report provide details of the results from the participatory research tools used during the study.

2 Conceptual framework overview

In the context of the ongoing global financial crisis, and in light of the current discussions about international development goals beyond 2015 and the MDGs, social protection is increasingly seen as essential – not just to tackle rising levels of risk and vulnerability, but also to promote social justice, of which social inclusion is an integral part (ECA et al., 2012). The available evidence on the impact of social protection largely draws on quantitative assessments, driven by government and development partners' emphasis on results (DFID, 2011).

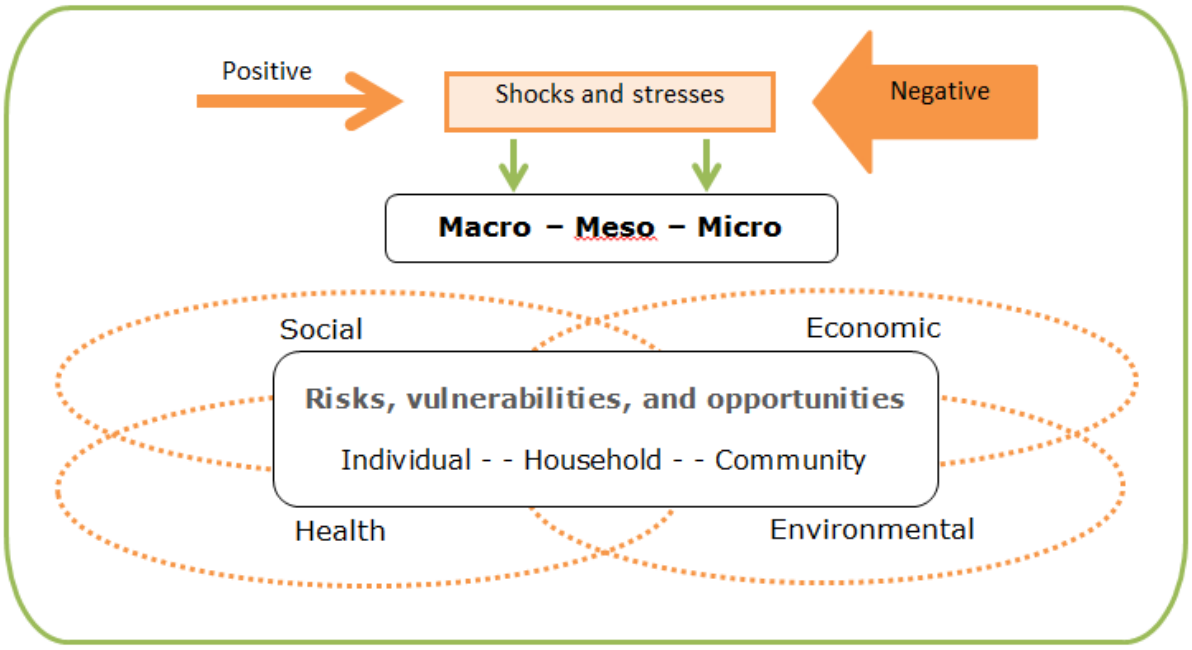
However, our literature review revealed a dearth of evidence around social protection programming impacts based on participatory research, especially with regard to intra-household and community dynamics and differential effects on the diversity of marginalised social groups. In order to situate our study on citizens' perceptions of cash transfer programmes in sub-Saharan Africa and the Middle East, here we present a conceptual framework for assessing the extent to which social protection, especially social transfers, can address the marginalisation of diverse social groups to achieve social justice. We focus on the different elements of a 'social protection – social justice pathways framework', including an in-depth understanding of:

- the multidimensional nature of risk and vulnerability
- the importance of structural and political economy parameters at the national level
- the drivers of programme impacts at the local level.

2.1 Multidimensional nature of risk and vulnerability

The nature of poverty and vulnerability is complex, multidimensional and highly contextual (see Figure 1). Poor households face a range of highly interconnected risks at the macro, meso and micro levels, including economic, socio-political, environmental and health-related shocks and stresses (see Table 1). A nuanced understanding of how different social groups experience poverty and vulnerability is therefore vital in order to design and implement effective social protection programmes that support pathways out of poverty and contribute to social justice outcomes.

Figure 1: Multidimensional risk and vulnerability context



**Please note the box around the social levels - individual/household/community - shows how they span all of the risk and vulnerability domains (social/economic/health/environmental), and how dynamics at all of these levels are critical for understanding the risk and vulnerability context that will influence the potential impact of social protection.*

Table 1: Examples of sources of risk and levels of vulnerability

	Macro	Meso	Micro
Economic	Global financial crisis	Social malaise as a result of high levels of unemployment. Inter-household inequality in access to productive assets such as land, rights and duties	Job insecurity for low-skilled workers (Razavi et al., 2012). Intra-household tensions due to economic scarcity and engagement in risky coping strategies (Harper et al., 2012)
Socio-political	Demographic change and migration Violent conflict	Erosion of community social capital and informal forms of social protection, with especially high toll on older people, who are highly reliant on social ties for well-being (ILO, 2011).	Family composition (high dependency, intra-household inequality, household break-up, family violence, family break-up), with particularly acute impacts on people with disabilities, who are often more reliant on familial care and support (Marriott and Gooding, 2007)
Environmental	Climate change Environmental degradation	Climate-related migration can put economic, social and infrastructure-related pressure on host communities (Sabates-Wheeler and Waite, 2003)	Exacerbating household economic fragility as a result of falling agricultural yields and exposure to natural disasters (Farrington et al., 2007)
Health	Ageing population is increasing the prevalence of chronic disease and disabilities linked to older age	Status-related hierarchies within communities can limit access to healthcare and public health information for marginalised groups	Breadwinner loss of productive capacity; ongoing costs of care in terms of resources, time

To date, social protection programming has largely addressed economic shocks and chronic poverty. But attention is increasingly being paid to socio-political risks and vulnerabilities rooted in inequalities based on gender, ethnic minority, or refugee status (Holmes and Jones, 2009; Molyneux, 2007; Baulch et al., 2010; Sabates-Wheeler and Waite, 2003). Devereux and Sabates-Wheeler's (2004) emphasis on 'transformative' social protection and programming that addresses equity, empowerment, and social justice as well as material needs marked a pivotal conceptual shift in the way we think about social protection. Such transformation can be promoted directly through programme design and implementation or it can be linked to complementary interventions, including rights awareness campaigns and behavioural change communication efforts, and/or social equity measures such as the passage and enforcement of non-discrimination legislation (Jones et al., 2011).

2.2 Structural parameters

The potential of social protection to achieve social justice outcomes (resilience, agency, multidimensional well-being – see discussion below) for the most marginalised groups in any society is influenced by an array of structural factors at the national and international levels (see Figure 2 on page 13), which provide the parameters for what types of policies and programmes may be feasible in a given country context.

First, the productive economy shapes social protection opportunities on a number of levels, principally through the available fiscal space. The composition of the labour market is also an important variable, particularly in relation to linkages to complementary income-generating opportunities, and exit strategies. Second, the care economy (the country-specific mix of family, state and private sector providers of paid and unpaid care work) plays an important role in shaping the demand for, as well as feasibility and desirability of, particular forms of social protection (Molyneux, 2009). Third, social institutions – the collection of formal and informal laws, norms and practices which shape social behaviour – also have considerable influence on development outcomes (Jones et al., 2010). They can be empowering, enabling individual and collective action, or they can reinforce inequality, discrimination and exclusion (Rao and Walton, 2004, in Jones et al., 2010). Finally, various international legal frameworks and norms provide clear commitments to social assistance and social protection so as to ensure a basic minimum standard of well-being for the most marginalised groups in society.

2.3 Political economy influences

National political economy dynamics are also key, as poverty and vulnerability are inherently political in nature. For the chronically poor and most vulnerable groups, who are least likely to benefit from economic growth, politics and political change may be the route to better development outcomes (Hickey and Bracking, 2005*:* 851). However, until quite recently, decision-making around social protection has focused on economic considerations rather than politically driven approaches that are more context–appropriate and sustainable (Hickey, 2007). Political economists view development policy and programme outcomes as involving a process of bargaining between state and society actors and interactions between formal and informal institutions (Helmke and Levitsky, 2004), and accordingly our framework includes the political institutions, interests, and ideas that shape social protection decision-making and programming as follows.

Institutions:

First, a vital consideration for introducing or scaling up social assistance is the capacity of the state to mobilise funds and other resources (Barrientos and Niño-Zarazúa, 2011). In its assessment of the affordability of cash transfers, DFID (2011) notes that where a government decides to invest in cash transfers, spending is typically within an overall budget for a wide range of sectors, and reflects judgements regarding the comparative advantages (e.g. value for money or political gains such as greater state legitimacy) for achieving broader economic and social goals.

Second, limited institutional capacity represents a major challenge to the roll-out of social protection programmes in most low-income countries, at all stages: from undertaking poverty and vulnerability assessments, to designing and implementing tailored policies, as well as monitoring and evaluating impact (Barrientos and Hulme, 2008).

In many contexts, decentralisation has complicated the picture. While poverty reduction strategies have favoured decentralisation as a way of closing the gap between citizens, local and central government, and of strengthening accountability, in practice, functions have often been delegated to weak institutions with limited knowledge of anti-discrimination legislation and related programme provisions (Chronic Poverty Research

Centre, 2008). This can undermine progressive programme design and opportunities for a strengthened social contract (Holmes and Jones, forthcoming).

Finally, robust monitoring and evaluation (M&E) is integral to assessing the impact of social protection programmes, but there is wide variation in the quality of M&E in different countries and regions. There are also considerable challenges due to the limited availability of disaggregated data, especially with regard to intra-household and intra-community dynamics (Holmes and Jones, 2011; Molyneux, 2007).

Interests:

Multiple actors are involved in social protection policy and programming, and in our framework we highlight three key players:

National governments: Evidence from numerous countries suggests that competing interests among government agencies ('departmentalism') is a common characteristic of social protection programmes (Hagen-Zanker and Holmes, 2012). Programmes are often housed within the ministry responsible for social development, with limited buy-in from key ministries such as finance and planning.

Development partners: Similar departmentalist tensions are frequently mirrored in development partners' approaches to social protection. While UN agencies and international NGOs endorse a rights-based approach, development partners are increasingly emphasising results-based aid and value for money.

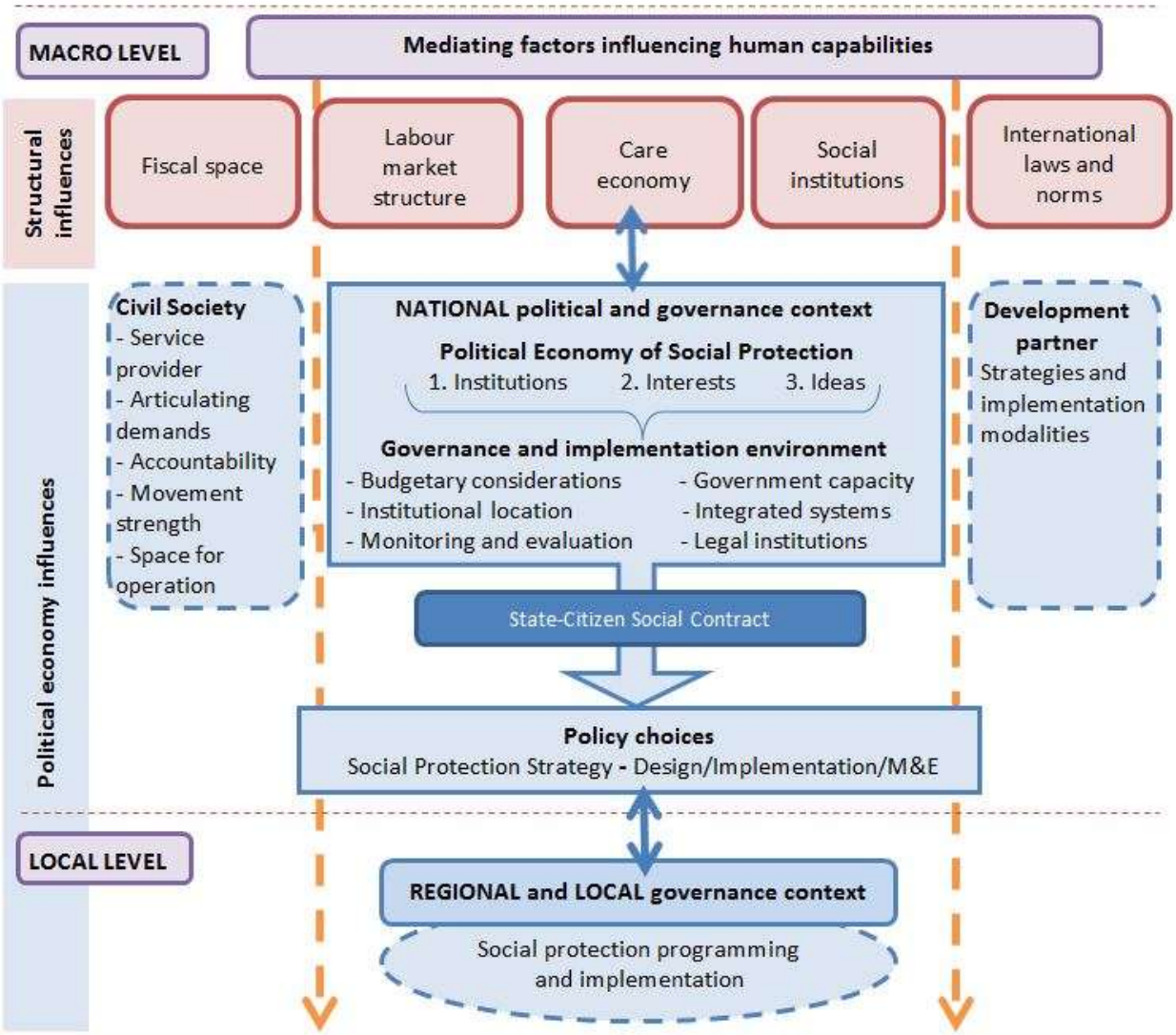
Civil society: The interests of civil society in advancing social protection, and how these interests are articulated, is also critical. Given the isolation experienced by socially excluded groups, their mobilisation around self-identified interests – often supported by NGO intermediaries – is a precondition for their participation in the construction of the social contract (Kabeer, 2010). However, most governments and development partners continue to treat civil society organisations as junior partners or subcontracted service providers, and there are few success stories of effective mobilisation around social protection at the national level (Devereux, 2010: 2).

Ideas:

Political economy influences are not limited to institutional capacity and interests; they also encompass the ideas that drive decision-making. This is certainly the case with social protection, where divergent national systems reflect a wide range of ideas about poverty and vulnerability and their underlying causes, as well as the purpose of social protection and the role of the state vis-à-vis its citizens. Hickey (2009) argues that the concept of a state-citizen contract helps to uncover the philosophical underpinnings of state support towards its citizens, especially the most vulnerable, as well as citizens' rights and responsibilities towards the state. However, while there is a robust case to be made in international law for social protection as a human right, to date, it is only recognised as a justiciable right in very few countries (including India, South Africa, and Uruguay). There is clearly some way to go in the shift from '*development as a welfare activity … to a policy that recognises basic development needs as rights of the citizens*' (UNDP, 2010: 6, cited Holmes and Jones, forthcoming).

The conceptual underpinnings of social policy frameworks advanced by global development partners are also critical, as they often result in shifts of emphasis and action. The International Labour Organization (ILO), UNICEF and UN Women (the UN Entity for Gender Equality and the Empowerment of Women) all view social protection through a rights perspective, while the World Bank conceptualises it in terms of 'social risk management', with resilience seen as a key tool for growth promotion. The OECD focuses more on the role that social protection can play in promoting social cohesion, especially in conflict-affected contexts (OECD, 2011).

Figure 2: Structural and political economy influences mediating the achievement of human capabilities



2.4 Local-level impact and outcomes

For social protection programming to be both accountable and transformative, the national-level structural and political influences must be more directly linked to local-level impact and outcomes – for the individual, the household, and the broader community. Given the cumulative and intergenerational impact of vulnerability and risk, it is also important to consider outcomes within the context of individual and household life-cycles (Moore, 2005).

Kabeer's conceptualisation of empowerment – as both a process for and an outcome of achieving social justice – is useful in helping us frame the pathways through which social protection programming affects people's lives. Empowered individuals are able to make strategic life choices (those which represent valued ways of 'being and doing') in three inter-related dimensions (Kabeer, 2001):

Resources: economic, human and social resources (including relationships) which serve to enhance the ability to exercise choice.

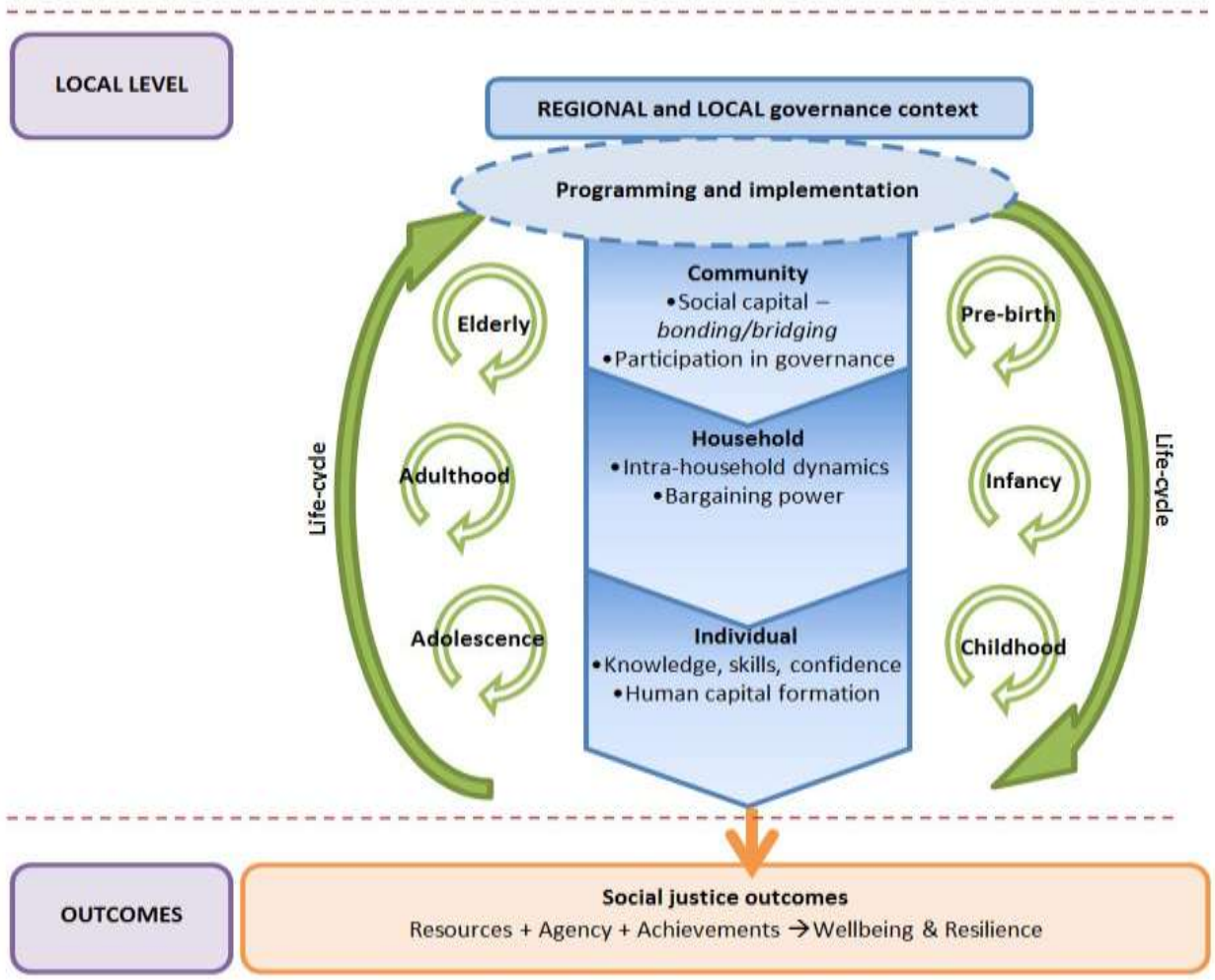
Agency: the ability to define one's goals and act upon them. Agency encompasses both 'power within' and 'power with', emphasising the value of individual and collective decision-making.

Resources and agency together constitute capabilities: the potential that people have for realising ***achievements*** in valued ways of 'being and doing'. We frame achievements within the context of relational

well-being (the extent to which people can engage with others to achieve their goals) and subjective well-being (the meanings people attach to the goals they achieve) (Jones and Sumner, 2011).

To achieve social justice, social protection programmes must go beyond a safety net approach and seek to empower individuals and groups to tackle inequalities. Programmes can be designed to promote empowerment, helping to reduce inequalities between different household members and also among different social groups at the community level. Programme design, including targeting, and implementation systems should therefore be informed by the specificities of intra-household dynamics as well as consider the nuances of community relationships and pre-existing tensions between and within social groups, with multiple vulnerability criteria where necessary to ensure inclusion (Chronic Poverty Research Centre, 2008: 48).

Figure 3: Local-level influences, sites of impact and social justice outcomes



While in describing the process of the development of the conceptual framework we have split it into different sections, the various components of the framework come together as can be seen in Annex 1.

As will become apparent in the report, the various aspects of this conceptual framework are brought out in different sections. Thus, for instance, the section on country background context addresses the structural dimensions and broader political economy issues, setting the scene for discussing the cash transfer programme. Because programmes do not operate in a vacuum, discussions around programme governance and accountability address the governance and implementation environment, while findings on individual, household and community dynamics address local-level influences. Our final concern is social justice outcomes, both individually and collectively, for the marginalised group the study is focusing on – in this case, elderly people and people with disabilities.

3 Country context and background to social protection in Mozambique

3.1 Country context

Mozambique, with a population of 19.7 million, lies on the eastern coast of southern Africa, and shares borders with six other countries: South Africa, Swaziland, Zimbabwe, Malawi, Zambia and Tanzania.

Box 1: Key poverty and vulnerability statistics

- Mozambique total population – 19.7 million in 10 provinces (1)
- 54.7% population living under the poverty line (urban 49.6%; rural 56.9%) (2)
- Chronic malnutrition - 46.4% children under 5 years old (3)
- 1.4% children under 5 years old with severe acute malnutrition and 3.8% with moderate acute malnutrition (3)
- 350,000 people living with food insecurity (80,000 households) (4)
- Orphan children:1.2 million (5)
- Vulnerable children: 600,000 (5)
- Children living in orphanages:12,767 children (6)
- Child-headed households (no adult): 0.04% (estimated at 20,000 households) (5)
- Older citizens living in poverty:727,598 (6)
- People with disabilities living in poverty:286,176 (6)

Mozambique became independent from Portugal in 1975 but a protracted war followed, and while a peace accord was signed between the warring factions (Frelimo (*Frente de Libertação de Moçambique*) and Renamo (*Resistência Nacional Moçambicana*) in 1992, the country was extremely impoverished. It has abundant natural resources but low levels of human development, virtually non-existent capital investment, and a complex geo-political environment.

Over the past 20 years, the Mozambican Government and people have strived to re-build the destroyed infrastructure and re-invest in human capital, with some success. In the past decade, for example, economic growth has averaged more than 5% a year. But despite this impressive growth, there have been stagnating levels of poverty, with a significant number of households living in chronic food insecurity and stubborn chronic malnutrition of children under-five (see Box 1).

Some measures have been taken to begin the process of transforming the economy to engender more inclusive development. In particular, there has been significant investment in health and education, and more recently in the productive and potentially transformative agricultural sector (within the Comprehensive Africa Agriculture Development Programme (CAADP) process). This is very relevant for the present research, as there has been considerable interest since 2009 in widening the social protection platform, and government resources have been allocated to develop a more comprehensive social security platform.

Sources.1. Population Census. INE. 2007. 2.Household Budget Survey. INE. 2009. 3. Multi-cluster indicator survey. INE/UNICEF 2008. 4. MISAU 2010 (PAMRDC) 5. Child Poverty in Mozambique UNICEF. 2010. 6. MMAS 2012

Note. Orphans are defined as children that have lost either a mother or father or both.

3.2 The social protection policy environment

National Strategy for Basic Social Security

In the past five years, the Government of Mozambique has approved a series of legislative and political documents to frame the approach to national social protection.[4] These instruments have provided, for the first time, a strong mandate for non-contributory social assistance programmes in the country. The establishment of a legislative framework goes part way to establishing a 'rights-based' social protection system that supports the state-citizen contract (Hickey, 2009) as discussed further in Section 2, on the conceptual framework.

[4]The Social Protection Law was passed in 2007 (Law 4/2007), the Regulation of the Law in 2009 (Decree 85/2009) and the National Strategy for Basic Social Security 2010-2014, approved by the resolution 17/2010 by the Council of Ministers

However, as we discuss later in the report, citizens' limited knowledge and awareness of their rights in relation to social protection limits any notion of a functional state-citizen contract in the Mozambican context.

The National Strategy for Basic Social Security sets out three main objectives:

- to increase the coverage and impact of social protection interventions for poor and vulnerable people
- to increase the efficiency of the basic social protection system
- to ensure harmonisation and coordination between programmes that comprise the basic social security system.

There are four key areas[5] that make up the national social protection platform.

***Direct social assistance**:* This includes cash transfers for indefinite periods (the PSSB), social transfers for specific periods (Programme for Direct Social Action – PASD) and social services (orphanages, old people's homes, etc.). These programmes are implemented by the National Institute for Social Action (INAS).

***Social action in the health sector**,* including universal access to primary healthcare and other activities that improve good health and well-being. The programmes in this component are managed by the Ministry of Health.

***Social action in the education sector**,* including programmes that aim to create an enabling environment for the most vulnerable groups to participate in the education system. This component is managed by the Ministry of Education.

***Productive Social Action** (PASP).* Due to the intersectoral nature of the Productive Social Action Programme, which begins in 2013, these activities will be managed jointly by INAS and the ministries for Women and Social Action, Public Works, State Administration, Planning and Development, Agriculture, and Labour.[6] The PASP will target households that are extremely poor but have some labour capacity. It will provide cash for work (for limited periods during the year), including labour-intensive public works.

There are well-established, fully institutionalized programmes in the first three of these areas that are financed by the state budget. The World Bank will be financing a $50 million initiative within the area of Productive Social Action from July 2013.

Reform of the Basic Social Security Programme

As noted earlier, the Government of Mozambique has embarked on a programme to reform the social protection sector, aiming to keep the social non contributory, non conditional assistancecomponent to a minimum and to promote conditional transfers such as the PASP. The main thrust of government policy is to reduce poverty through promoting investment for employment, wealth creation, and strong agricultural production, avoiding the creation of a dependency culture.

As part of this reform programme, INAS is setting up a management information system (MIS) that will be used for beneficiary and payment management, case management and monitoring and evaluation (M&E) systems; outsourcing of cash payments to a private sector service provider; the introduction of a new programme targeting extremely poor households with labour capacity (PASP); and the design of an extensive capacity-building programme for all staff to ensure they have adequate skills to meet the challenges of the new system.

In response to these reforms of the social protection sector, civil society organisations, with support from international non-government organisations (NGOs) such as HelpAge International, Save the Children, and Handicap International, have established a Civil Society Platform on Social Protection, which is currently developing a community-based monitoring system for the PSSB. The system will use simple tools to document the experiences of beneficiaries and will be piloted in 2013.

[5] The majority of the programmes in the National strategy were pre-existing programmes, with the exception of the Productive Social Action Programme. The Strategy sets out the programmes within a conceptually coherent framework.

[6] The World Bank is working with the Mozambican Government to negotiate a $50 million loan to implement the Productive Social Action Programme in 2013. At present, there is a Government and World Bank-sponsored pilot underway for the public works component of the PASP.

4 Methodology

4.1 Research objectives, themes and questions

The study's primary field research objectives were:

- to explore the views, experiences and perceptions of cash transfer programme beneficiaries and other community members (non-beneficiaries) in order to ensure they are better reflected in policy and programming
- to gather perceptions and experience from programme implementers
- to provide examples of best practice on how to involve beneficiaries and communities in participatory monitoring and evaluation (M&E) of cash transfer programmes
- to build the capacity of national researchers in qualitative and participatory data collection and analysis.

The conceptual framework (see Section 2) provided a tool to guide this inquiry into beneficiary perceptions of cash transfer programming within the context of social justice outcomes. Social protection programming does not operate in a vacuum, and by addressing the structural dimensions and broader political economy issues, we put the national operating space into context. This provided an important starting point to understand both the multidimensional nature of risk and vulnerability and the drivers of programme impacts at the local level, as uncovered in the fieldwork. How individual, household and community dynamics interact with these factors to achieve social justice outcomes for people with disabilities and older people, both individually and collectively, is central to our theory of change for transformative social protection.

The study also explored a number of cross-cutting themes, adapted and tailored to particular programme realities and contexts (see Annex 2 for the fieldwork matrix). These relate to: (1) individual, material, socio-social and political outcomes and experiences; (2) intra-household dynamics and change; (3) community dynamics, including social cohesion, exclusion and stigma; and (4) service provision (supply-side issues).

The research questions are set out in Box 2.

Box 2: Research questions

Views on programming to date

- What are the positive and negative effects of cash transfer programmes according to beneficiaries/community members?
- What are beneficiaries' and programme implementers' perceptions of process and design issues/implementation modalities (cash, payment via phone card, etc.)?
- How do gender, age, ethnicity or caste, (dis)ability and illness, and other factors affect the outcomes of cash transfer programmes?
- What effect do cash transfers have on social cohesion at community level?

Views on potential for future programming

- How can the perceptions and experiences of beneficiaries be better incorporated into the design, implementation, and M&E of cash transfer programmes?
- How can beneficiaries and other community members be empowered to take part in the design and M&E of cash transfer programmes?
- What incentive structures could be put in place to improve the efficiency of cash transfer delivery and complementary services, and to alter potentially negative behaviours?

4.2 Methods and techniques

The study used qualitative and participatory methods to examine beneficiary and community perceptions of the cash transfer provided through the PSSB, as well as the perceptions of key stakeholders working with the implementing agency, the National Institute for Social Action (INAS). Although the study captured the perceptions of older citizens, who are the main group targeted by the PSSB, this study particularly focuses on capturing the perceptions and experiences of people with disabilities who receive the cash transfer. This decision was made in the context of the broader multi-country research study, whereby the Overseas Development Institute (ODI) sought to explore the multidimensional nature of poverty and vulnerability and the effects of cash transfers on a particular excluded group in each country. As there is limited information about the effects of cash transfers on people with disabilities, in Mozambique or elsewhere, this study of the PSSB can make an important contribution to filling this evidence gap. In order to fully understand the context, a wide range of interviews were carried out with key informants, non-beneficiaries living in the study sites, and cash transfer beneficiaries who did not have any form of disability (people with disabilities represent 5% of overall beneficiaries).

The study used a number of standard data collection methods, along with some innovative tools (see Annex 2) tailored to the objectives and context of the research. These included the following.[7]

In-depth and key informant interviews: Using semi-structured guides, interviews were conducted with programme beneficiaries and non-beneficiaries, programme implementers, community leaders, government representatives, and other analysts/academics working on social protection. In-depth interviews and key informant interviews sought to elicit diverse perspectives on programme implementation at the national, district and community levels. Programme effects at the individual, household and community levels were also explored.

Focus group discussions: Using semi-structured guides, and also making use of visual tools where appropriate (e.g. mapping exercises, historical timelines), focus group discussions were conducted with programme beneficiaries and non-beneficiaries, disaggregated by gender, location and age. Questions were structured around key vulnerabilities, programme implementation, use of the cash transfer and effects, accountability, complementary programmes, and community participation.

Case studies: Guided by the in-depth interviews and key informant interviews, case studies were drawn up with beneficiaries of programmes identified by their particular characteristics – male/female, age, particular vulnerability – and to explore intra-household dynamics. Using a key theme and issue guide, members of the research team visited individuals at their homes on various occasions at different times of the day and over different periods of time, holding discussions and triangulating findings with different members of the family/household, peers and friends.

Structured observations: Guided by the key informant and in-depth interviews, the study identified situations and events that provided interesting perspectives about interactions between programme implementers/service providers and beneficiaries during capacity-building or awareness-raising activities, or when accessing services. The research team prepared a tool identifying key themes or issues to track, and spent time observing and noting interactions, behaviours, non-verbal communication, and levels of awareness and confidence, among other things.

Life histories: Using a life history approach in some case studies or in-depth interviews, whereby an individual relates their life story, either focusing on a specific theme or period or taking their life as a whole, this method provided detailed information on changes over time and on how the cash transfer programme may have affected change, in particular in relation to issues of empowerment, vulnerability and, more broadly, pathways out of poverty. From life histories, we learnt about the challenges and vulnerabilities beneficiaries face, their coping strategies, how the cash transfer has influenced their lives, and their plans for the short- and long-term future (see Annex 4 for examples of life histories).

The research tools used to collect information in each of the two study districts are summarised in Table 2.

[7] In addition to the methods listed below, in-depth ethnographic work was carried out after the main study, which at the time of writing had not been completed. Findings from this ethnographic study will be woven into the synthesis outputs.

Table 2: Research tools used in study sites

Research tool/type of interview (recommended number)	Chokwe	Chibuto
Social and institutional mapping (1 per site)	2 groups 10 participants (3 men and 7 women) 9 participants (3 men and 6 women)	2 groups 11 participants (3 men and 8 women) 5 participants (3 men and 2 women)
Poverty and vulnerability mapping (1 per site)	31 participants (no information on gender distribution)	10 participants (3 men and 7 women)
Historical timeline	6 timelines (2 male respondents, 4 female respondents)	10 timelines (3 male respondents, 7 female respondents)
Observations (3 per site)	Hospital Community centre Market/shops	Health centre Water point Local market and bus stop
Key informant interviews (6-8 per site)	11	8
Case studies of people with disabilities who are beneficiaries (2 per site)	4	3
Life histories of people with disabilities (beneficiaries), including timelines of their lives (4-8 per site)	8	5
In-depth interviews with beneficiaries and non-beneficiaries (people with disabilities and people with no disabilities) (10 per site)	11	11
Focus group discussions (6 per site)	5	4
Total	**78**	**56**

The above number and range of respondents interviewed, using a variety of different techniques and approaches, including participatory techniques, was sufficient to obtain in-depth and triangulated information on both beneficiaries' and the wider community's perceptions of the CT. The number and range of respondents was also deemed sufficient since, unlike quantitative data which seeks to illicit as many responses as possible to be able to make conclusions which are statistically significant, with qualitative data once the research starts uncovering similar kinds of responses or once variation appears to have been captured to its fullest, the research has in a sense fulfilled its purpose. Thus the numbers above were sufficient to capture the ranges of experiences and perceptions of the CT in these sites.

4.3 Respondents

Respondents were drawn from a range of organisations as well as beneficiaries and non-beneficiaries within the two study sites. The research team interviewed staff from INAS at both national and district level; the head of the Social Assistance Department, INAS Central; the delegates from Chibuto and Chokwe; and technical staff in the Chokwe and Chibuto delegations. In addition, interviews were carried out with *permanentes* (community collaborators) in both districts.

In Maputo, the capital, interviews were conducted with Handicap International and HelpAge International, key international NGOs working with the Civil Society Platform on Social Protection. In each of the communities visited, interviews and group discussions were carried out with a wide range of people, including:

- neighbourhood secretaries and the heads of blocks (of houses)
- older citizen PSSB beneficiaries and non-beneficiaries
- beneficiaries with disabilities and non-beneficiaries (people living with disability)
- family members of people with disabilities (beneficiaries) who were interviewed
- neighbours of people with disabilities who were interviewed
- Carmelite Sisters from the Hospital and Hospice in Chokwe
- Sisters working at the community school of São Vicente
- staff member working with World Vision (Chibuto)
- members of the local association, Vukoxa (Chokwe).

It should be noted that there were challenges working with both the elderly and some of the people living with disability. The elderly respondents were often hard of hearing, had short attention spans and in a number of cases found the questions asked of them difficult to comprehend. Questions were often repeated in a number of different forms in order to elicit a reply. The majority of the people living with disability interviewed had physical disabilities and were able to participate fully in the interviewing process. However, there were a small number of people living with disability interviewed that found the process challenging and interviews had to be curtailed.

4.4 Site selection

A number of processes informed site selection. First, given overall resources, it was decided to carry out the study in two programme sites in each country. and given the nature of the programme and its focus, two rural sites were selected. The two most important criteria used to arrive at a shortlist of sites included: (1) depth (high levels) of poverty and (2) longevity of the programme (the sites had to have been in the programme for as long as possible in order to explore change over time). Other selection criteria included population size and programme coverage, geographical location, and livelihoods. From the shortlisted sites, Chokwe and Chibuto were selected, given their relative proximity to Maputo, which helped the research logistics. The choice of sites was then submitted to the National Director of Social Action Institute (INAS) for consultation.

4.5 Research team

The research team was made up of two senior women researchers, three experienced qualitative researchers (two women and one man) and four note-takers (two men and two women), all with experience of conducting fieldwork. All of the researchers and note-takers were fluent in Portuguese. With the exception of one of the senior researchers, all research team members understood Changana (the local language in the study area), and the qualitative researchers and note-takers were fluent in both spoken Changana and Portuguese.

The majority of the interviews were conducted in Changana; exceptions were key informant interviews with staff members from INAS at local and national level, NGO staff, and interviews with the Sisters from religious organisations in Chokwe.

Notes were taken in Portuguese. This is common practice when conducting research in Mozambique as the majority of researchers who speak a local language (even as their mother tongue) are not able to write as easily in their mother tongue as in Portuguese[8].

4.6 Structure of the research

A number of preliminary steps were taken to guarantee the quality of the research.

- The two senior researchers attended a **four-day training of trainers workshop in Kenya,** run by ODI. The training clearly set out the objectives of the study and aimed to familiarise the study teams with all the research tools to be used.

[8]All formal schooling in Mozambique is conducted in Portuguese.

- All the research tools were translated into Portuguese.
- A **training workshop was held for all local researchers**, including the note-takers. The training was facilitated by the senior researchers and a member of the Association for Nutrition and Food Security (ANSA), with extensive experience of qualitative research in Mozambique. During the training workshop, the objectives of the study were presented and all the study tools to be used were discussed in detail. This involved understanding the purpose of the tools, correcting the Portuguese translation where necessary, and discussing any modifications.
- A **demand generation consultation (DGC)** exercise was carried out to further fine-tune the research tools over a three-day period, running concurrently with the training exercise and the pilot exercise. The findings from the DGC were discussed at the end of the training and reflected in the research tools. The DGC involved interviews with key stakeholders working in social protection in order to ensure that their concerns were reflected and that the research tools were adapted to capture relevant information.
- A **pilot of the study tools** was carried out in a city neighbourhood in Maputo. At the end of each day the team met to debrief. Doubts were clarified and any modifications to the tools were agreed and incorporated. On the last day of the pilot, findings from the DGC were discussed and modifications included in the study tools for the main research.
- Organisation of research notes and start of the analysis. The notes taken during the interviews, observations or exercises were typed up by the note-taker and supplemented by notes taken by the interviewer. Their notes were harmonised and reconciled at the end of each day. At the end of each day a 'daily template' was used to capture the main findings from the day's work, to identify aspects of the research that required additional probing, and to highlight memorable phrases or insights gleaned from the interviews or exercises. The interviews/exercises were then plotted on a fieldwork matrix (see Annex 2) to keep track of the research and plan for the subsequent day's fieldwork.
- **Analysis of the information and write-up.** Daily sessions were held in the field to discuss the information gleaned during that day. Further analysis was undertaken during a two-day debriefing session after the fieldwork had been completed. For the debriefing, a template was used to begin to tease out and identify the key themes and issues. The debriefing sessions were facilitated by a senior researcher who had not participated in the fieldwork. This was found to be a useful way of probing and questioning the field team, and led to a rich and productive exercise, providing the basis for subsequent analysis and write-up of the findings. Using the key themes identified as a basis, the writing team familiarised themselves with all of the written material from the study and compiled the report (using a template provided by ODI).

4.7 Ethical considerations

INAS provided the research team with credentials and an introductory letter to the INAS delegations in the two study districts. INAS was involved in the identification of the study areas and agreed with the proposal to concentrate on PSSB beneficiaries with disabilities, as there was very little or no information on this sub-group. In each of the study areas, the research was facilitated by the INAS delegations. The delegations did not interfere with the fieldwork and were not present during the interviews.

Consent was sought from every participant in the interviews, exercises or group work. The researchers made it clear that the information provided was confidential and names would not be used in the reporting. Interviewees/participants were informed that they could leave the exercise at any point or request that the interviews were terminated.[9] The research was carried out with adults who had given their consent; no children were interviewed.

4.8 Challenges and limitations

Target group: There were challenges in terms of people's understanding of the questions and patience with the process. Most beneficiaries interviewed were older citizens and/or people with disabilities. Considerable skill was required from the researchers to maintain people's interest and engagement in the process. It was common practice to have to explain ideas two or three times before there were coherent responses. With the perseverance of the researchers, good-quality information was obtained.

[9]This in fact happened on a number of occasions as older people who were interviewed tired easily and asked for the interviews to be terminated, or the researcher saw that the people were tired or inattentive and decided to terminate the interview.

Emotional fatigue: The researchers sometimes found the interviews and life histories emotionally difficult. Sometimes, some questions were not asked as they seemed particularly intrusive (for example, asking an older woman who lives in abject poverty, who was clearly receiving no help or support, about her support structures). This difficult aspect needs to be taken into consideration when designing these studies to ensure that the research team can share their experiences at the end of the day in a constructive manner.

Length and repetitious nature of the interview guides: The research design required a considerable number of cross-checks in order to draw a nuanced and complete picture from the various stakeholder interviews. In order to achieve this, the lists of topics to cover was extensive. As already noted, most beneficiaries interviewed were usually elderly and/or people with a severe disability, which made the application of lengthy interview tools tiring; the researchers adapted the interview guides to ensure that they took the form of 'conversations' rather than a series of pre-formulated questions.

Harmonisation of research tools and findings: The findings from the Mozambique study will be used together with the findings from studies in the other countries (Uganda, Kenya, Yemen, and the Occupied Palestinian Territories). In an attempt to harmonise the tools used and structure the research, some spontaneity may have been lost. The research team tried to maintain a balance between complying with the requirements of the methodology and listening to the rhythm of the research led by the respondents. This was not always an easy process, given the extensive and detailed tools that had been provided to frame the study, and the tight timeframe allocated.

Recorded interviews were not feasible: Because of noise pollution in the areas where the interviews took place (wind, neighbours, children shouting, cooking noises); also people's reluctance to be recorded (changes were noticed in people's responses when the recorder was on).

Open communication: In general, the researchers were accepted into people's homes and people shared their stories with them freely and openly. People were willing to discuss difficult aspects of their situation, past and present. In a number of cases, there was an attempt at interference from the community leaders of the area, who would often sit in on the interviews, thus changing the dynamics and influencing what was said. When this happened, the interviewer either undertook to terminate the interview and returned at a later date or triangulated the information from another source.

5 Description of study sites

The districts of Chokwe and Chibuto, where the research for this study took place, are in Gaza Province, in the south of Mozambique. As in all southern provinces, local communities in Gaza have been devastated by the multiple impacts of HIV and AIDS on their social and economic well-being.[10] In addition, changing livelihood patterns due to the decrease in formal migratory labour to the mines in South Africa and an increase in migration to the informal sectors has resulted in lower and erratic remittances and an over dependence on poor agricultural land for subsistence farming . The area has suffered from frequent natural disasters, ranging from the worst flood in 100 years in 2000 (the '100-year' flood) to a series of severe droughts in the mid-2000s. These multiple shocks have left the people of Chokwe and Chibuto vulnerable, with low levels of resources to overcome economic difficulties and in need of a strong social protection platform.

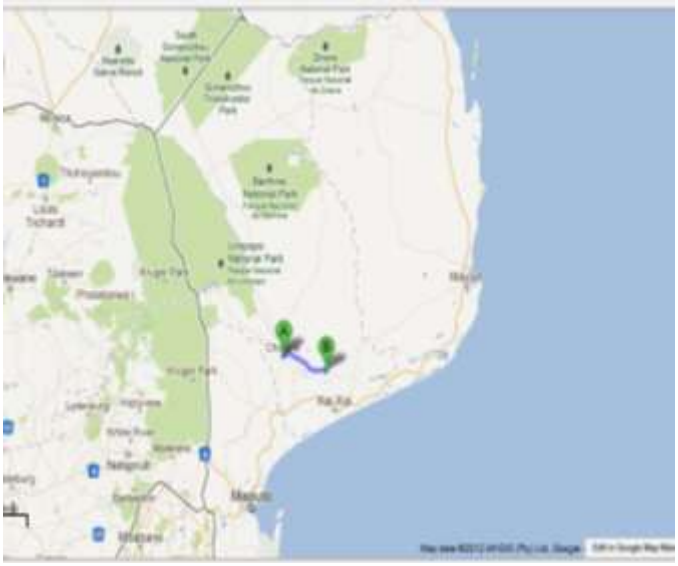
5.1 Population and settlement patterns

Chokwe has a population of approximately 50,000 and Chibuto, 60,000. Due to the agro-agricultural conditions of the area, settlement patterns are disbursed, with low population density. There are high levels of female-headed households (FHHs) because of migratory labour patterns. Access to the district towns is good, with paved roads of reasonable condition and public transport (mini-buses). However, infrastructure within the interior of the districts is poor, with many areas inaccessible to cars and virtually non-existent public transport services. People with disabilities find getting around difficult because of the poor state of the roads, the lack wheelchair-accessible public transport, and the fact that there are often no internal pathways within communities and between the communities and farm land.

Both districts have electricity, although many people cannot afford it. Water is a serious concern in both districts, and in Chibuto access to water was one of the distinguishing wealth factors in the communities. There is limited piped water so the majority of people access water from public standpipes. Selling water is one of the income-earning mechanisms used by better-off people who have a tap in their yard. For the most vulnerable households, especially people with a physical disability, fetching water is impossible. They need to pay to have water brought to their homes or rely on the goodwill of neighbours for this service.

Both districts' capital towns are busy commercial centres with both formal and informal traders. The formal traders (shopkeepers) are mainly Muslim and provide alms to the poor who beg at shop doors on Fridays.

Figure4: Map of Chokwe and Chibuto



A: Chokwe B: Chibuto
Source: Googlemaps

5.2 Agro-ecological conditions

The districts are both rural, with most people dependent on agriculture for their livelihoods. However, the climate is semi-arid and not favourable for intensive agriculture. Both districts are drought and flood prone. Annual rainfall is erratic – in the last ten years there have been two severe droughts. The Limpopo River runs through both districts and in 2000 the '100-year' flood destroyed the town of Chokwe and displaced hundreds of thousands of people in Chokwe and Chibuto. An extensive irrigation scheme in Chokwe is currently being rehabilitated. . A number of households practise irrigated agriculture, producing rice and vegetables throughout the year. However, the rest of the district struggles with poor soil and rain-fed agriculture. In Chibuto, as well as practising subsistence agriculture, there is a strong tradition of cattle keeping. The majority

[10]The Province of Gaza has the highest HIV prevalence; 25.1% compared to the national average of 11.9%.

of herds were destroyed during the war that lasted from the early 1980s to 1992, but there is some evidence that cattle keeping is again becoming an important livelihood option in the district.[11] Cattle raising is less prominent in Chokwe. Goats and chickens are raised at household level in both districts and are generally considered to be a source of income rather than for home consumption. Both districts have productive cashew trees that provide significant amounts of income to the households, although production is higher in Chibuto. There are no other major cash crops in the area.

5.3 Migratory labour

Traditionally, the districts of Chibuto and Chokwe have supplied labour to the South African mines. Migratory labour to the mines has been an integral part of the livelihood structure of these districts since colonial times. Since the end of Apartheid in South Africa, the numbers of Mozambican miners employed has decreased dramatically – where hundreds of thousands were employed, now there are only tens of thousands. The reduction in the number of contracted mine workers has had an impact on households and on their incomes. Although the pull factor to South Africa for young men (and now also women) is strong, they tend to work in low-paid agricultural jobs or the illegal informal sector. Although remittances still play a part in household economy their importance has been reduced as they have become lower and less predictable. This major shift in access to income, coupled with the high levels of HIV, has resulted in the impoverishment of many households.

5.4 HIV and AIDS

Both districts are highly affected by HIV, with one in every four people HIV-positive (25.1% prevalence of HIV in the province of Gaza[12]). Women are disproportionally affected, with prevalence rates for women between 15 to 49 years of age of 29.9% against men in the same age group with prevalence rates of 16.8% (Ministry of Health , 2010). The high levels of HIV are in part due to the migratory labour patterns and mobile nature of the population. The government has a free antiretroviral programme but the late presentation of cases of HIV, and generally poor underlying health of the adult population, reduces the effective impact of the treatment. Findings from this study illustrate the devastating effects that HIV has on communities. This includes a significant shift in household demographics, evidenced by the number of grandparents caring for grandchildren due to the death of their children in adulthood. PSSB has a role to play in protecting the most labour-constrained households (with high dependency levels) from complete destitution.

5.5 Formal sector social protection

INAS has delegations in both Chokwe and Chibuto, which also cover other districts where it does not have a physical presence. Both delegates are new to the delegations and have a strong sense of the programmes and improvements needed in order to offer a more responsive and effective service.

In the other social sectors, there is a primary school lunch programme supported by the World Food Programme and social protection measures are in place to exempt the poorest households from paying for medicine[13] or medical consultations. The health network is reasonable in both districts, although due to the low population density and dispersed settlement patterns, the distance from settlements to health centres can be considerable[14]. People with disabilities interviewed over the course of the study indicated that this was a significant barrier to accessing health services.

5.6 Provision of social protection by non-state actors in research sites

The non-state social protection systems in the study areas are made up of both formal and informal systems. In Chokwe, the Catholic church has a number of institutions that provide support both to vulnerable households through the Carmelite Hospital and Hospice and the boarding school. There is also a well-established local NGO called Vokoxa that advocates for the rights of elderly people in the district and works with people with disabilities. In Chibuto, the faith-based organisations were not active but there were a number

[11] It should be noted that although district-level key informant interviews identified cattle raising as a livelihood option, this was not cited by the focus groups when discussing the defining characteristics of poor, average and well-of households.
[12] Ministry of Health survey on the prevalence of HIV and AIDS - INSIDA carried out in 2010 provides province-level data. There is no district level data available.
[13] The exemption is only valid for public pharmacies were drugs are often not available, which reduces the impact of these measures.
[14] In the urban centres of the districts health centres can typically be reached in under an hour (walking), in the villages time to reach a health centre can be between 1-3 hours (walking).

of NGOs that provided support to vulnerable households, namely DoresSemFronteirs and World Vision International. There were no local NGOs working in the area of social protection in the district.

Traditionally, in both Chokwe and Chibuto, Muslim shopkeepers give alms to poor people every Friday. This has led to elderly people begging (shop to shop). INAS in Chokwe has responded to this situation by requesting shopkeepers to donate food to an open centre that provides a hot meal on Fridays. In Chibuto, although the situation is similar, there is no open centre at present.

Although there are a number of non-state actors working in social protection in the two districts, there is little coordination among them. However, both the hospital and the school, mentioned below, work in close coordination with the Mozambican authorities.

In **Chokwe** town there is a large Tuberculosis (TB) and HIV hospital run by the Carmelite Nuns. The hospital and hospice runs a small outreach programme for people living with HIV and AIDS. In the Catholic-run Sao Vicente Community School, the Nuns run a child sponsorship programme for orphaned and disadvantaged children that is funded by a Portuguese NGO.

In **Chibuto**, organisation World Vision International runs a number of programmes supporting disadvantaged children affected by HIV and AIDS. There are no mission hospitals in Chibuto but an organisation called Dores Sem Fronteirs runs outreach programmes for people living with HIV and AIDS and their families. The programme is run in coordination with the district health services.

As discussed in-depth elsewhere in this report, the main social protection systems that exist in both Chokwe and Chibuto are informal systems dependent on the carrying capacity of the community through networks of friends, neighbours and family members. These actors provide both material and social support to vulnerable households.

6 PSSB programme description, mechanics and governance

The origins of the PSSB programme go back to 1990, when it was established as the PSA (Food Subsidy Programme), part of the Mozambican economic structural adjustment programme led by the World Bank and the International Monetary Fund (IMF). It was launched to soften the impact of the withdrawal of the urban food ration system and food and market subsidies that were in place during the armed conflict. The PSA provided a small cash transfer to urban households that were destitute.[15] The PSA was managed by the Administrative Office for the Assistance to Vulnerable People (GAPVU), a small administrative unit that responded directly to the Ministry of Finance. In 1997, the Government created the National Institute for Social Action (INAS) to manage the non-contributory social assistance programmes; INAS is subordinate to the Ministry of Women and Social Action. The PSA changed its name to PSSB in 2010 in order to reflect the nature of the programme as a social assistance cash transfer rather than a subsidy to purchase food. The PSSB reflects the Government of Mozambique's political commitment to preventing extreme hunger for households whose members are unable to work due to age or ill-health. The PSSB is not conceived as a pathway out of poverty for the extremely poor – there are no 'graduation' strategies as with the Productive Social Action Programme. In this sense, the PSSB reflects the socio-political stand to 'ensure a basic minimum standard of well-being for the most marginalised groups in society' (in line with our conceptual framework).

The objectives of the PSSB are to:

- guarantee the survival of people permanently incapable of working and living in extreme poverty;
- invest in those households to promote the development of human capital (dependent children in the beneficiary households);

[15]Rural households received free food aid. Food aid was not distributed for free in the urban areas.

- guarantee that all members of households with no labour capacity have access to basic social services.

6.1 Management and operation of the PSSB

Initially, the cash transfer programme was managed and implemented directly by the Ministry of Finances through GAPVU. In 1997, the government created the National Institute for Social Action (INAS) under the auspices of the Ministry for Women and Social Action (MMAS), and dissolved GAPVU. INAS was mandated to manage all the social assistance programmes and social protection, including the PSSB.

INAS has a headquarters in Maputo and 30 delegations throughout the country. INAS takes all operational decisions: managing the delegations; supervising the programmes; and holding budgetary oversight. Budgets are managed by the delegations through the government decentralised financial management system, e-SISTAF. INAS is a subordinate institution to the MMAS and all major policy decision are taken by MMAS.

Currently, each delegation manages between three to five districts and liaises with the District Services for Health, Women and Social Action (SDSMAS) to implement the social security programmes.[16] SDSMAS has a coordinating and collaborative role in the district but has extreme resource constraints. Future plans are to place an INAS staff member at district level, in the SDSMAS, to strengthen the implementation capacity and role of INAS and SDSMAS in case management.[17]

At district level, referral between the basic social services is limited and coordination does not take place systematically. In some cases there is a collaborative relationship between INAS, education and health and social welfare services and the local administration. This is not standard across all districts and depends on a complex set of factors linked to the managerial ability of district directors of the social services and the capability of the INAS delegates.

Due to the structure of INAS (INAS central, plus 30 delegations that straddle a number of districts that are under their jurisdiction), relationships with the District Administration are not clear. INAS is not formally a member of the District Government. Currently, if INAS is physically present in a district, the District Administrator will generally invite the INAS delegate to be an extraordinary member of the district councils. If INAS is not physically present in the district, the only information the Administrator can obtain about the social assistance programmes is through SDSMAS. This complex administrative structure inhibits the flow of information and reduces the probability of effective complementarity between social protection programmes at this level.

Communication and official collaboration between INAS and community-based organisations (CBOs) is limited. There is no official link between the different organisations, and INAS does not have the mandate to coordinate these actors; this role is taken by SDSMAS. With the reform of INAS, the linkages between the CBOs will be strengthened as they will have defined roles in terms of targeting and case management, and as part of a new grievance mechanism that will cover all social protection programmes.

INAS employs (with a stipend) locally selected community members to serve as liaison between the delegations and the beneficiaries. These community workers are referred to as '*permanentes*'. There are currently over 2,000 *permanentes* working with INAS to deliver the social assistance programmes. INAS provides them with initial training in terms of the role of INAS and PSSB rules and procedures. *Permanentes* are appointed only in communities with a minimum of 25 beneficiaries (urban areas) or 15 beneficiaries (rural areas). Each *permanente* receives an incentive payment of 600 MTn per month ($20).

The key tasks currently performed by the *permanente* are:

- informing the community about the PSSB (for example, during the introduction of the programme in an expansion area)
- participating in the identification of vulnerable people as potential beneficiaries
- making home visits to beneficiaries to assess whether the beneficiaries are well enough to go to payment sites to receive the transfer

[16] INAS is currently preparing a new organisational structure to be approved by MMAS. In the proposed new structure, INAS headquarters will be elevated to the status of a General Directorate, with provincial delegations and sub-delegations. There are no plans to increase the number of delegations.

[17] Case management in this context refers to care of beneficiary households beyond the delivery of a cash transfer. This includes, follow up with the beneficiary household, referral of households to other services where necessary (for example, health, education, registration, justice) counseling and psychosocial support.

- advising beneficiaries of payment dates.

According to INAS officials, currently case management of beneficiaries is extremely limited, with the *permanentes* visiting beneficiary households to inform them of payment dates and verify their situation if they miss a payment. The *permanentes* do not currently have the capacity to provide any social support and their role as a referral agent is limited. The *permanentes job description* is currently under review. INAS intends to increase the skill levels of the *permanentes* with the aim of developing a cadre of locally-based community social agents capable of referring beneficiaries to other social services and providing simple psychosocial support where necessary.

At present there is very little case management taking place as part of the PSSB (although it is now in their mandate). INAS staff are generally administrative staff and not social workers, so do not have the necessary skill set to perform these tasks. Staff in the District Services for Health, Women and Social Action (SDSMAS) hold a coordination and case management role. However, the actions of SDSMAS staff are extremely limited as they have a low resource base, and no transport or money for travel within the district. There is discussion at national level to have an INAS staff member placed in each SDSMAS, thereby bringing resources to carry out case management activities together with the trained staff from SDSMAS. The gradual introduction of this policy will take place in 2013.[18]

Eligibility for PSSB

The PSSB is an unconditional cash grant targeting poor households with no labour capacity (judged to be a permanent condition of the household). PSSB explicitly targets elderly-headed households with no dependants or with dependants unable to work (children or people with disabilities); households with members who have chronic degenerative illnesses; and households headed by a person with disability with no household members capable of work. PSSB is not applicable to child-headed households (CHHs) as these are targeted under the Programme for Direct Social Action (PASD) which provides for the food needs of CHHs. The PSSB is a cash transfer provided to households that are permanently unable to work. It has two cumulative eligibility criteria (i) the household must be labour constrained, i.e. have no adult member[19]capable of working; and (ii) the household must be extremely poor[20]. The transfer is seen as a regular subsistence pension to prevent destitution and hunger, not as a route out of poverty.

Households eligible for PSSB are identified by the *permanente*, generally in consultation with local leaders (neighbourhood secretaries). Households identified by *permanentes* are referred to INAS. INAS staff carry out home visits to verify the poverty status using a simple means test (and therefore eligibility) of the household. Due to lack of human resources to carry out household visits, families may be approved to receive PSSB solely on the recommendation of the *permanente*. There are no statistics available on the number of households approved using the full procedures and those approved solely on the recommendation of the *permanente*. Beneficiaries do not currently receive any official document that explains the value of the benefit or how/when they will receive the transfer. INAS will from 2013 provide beneficiary booklets to all beneficiary households where payments will be recorded and beneficiaries provided with information about the programme to which they are enrolled. The number of beneficiaries in a location is limited by the annual budgetary allocation. Delegations are informed about the budget available for PSSB on an annual basis. It is used to honour existing commitments to beneficiaries, identify a limited number of additional households in existing geographic areas and expand to areas previously not included in the system. Decisions about the expansion of the programme into new areas are carried out in collaboration with the District Administrator and are based on perceived need. There is currently no mapping of vulnerability or poverty guiding the selection of priority areas for expansion. In recent years budgetary allocations have increased on a yearly basis.

Transfer amount

The original Food Subsidy Programme (PSA) used the cost of a minimum food basket for a household of five people to calculate the transfer and aimed to provide a third of the family of five's nutritional needs.[21] However, the amount provided under the PSA stagnated over the decade-and-a-half after it started and the real value received by beneficiaries was eroded. Significant increases in the amount of the cash transfer only occurred over the last three years, and still the transfer is extremely low compared to other similar transfers in the region. Currently the transfer has a minimum value of 130 Mts ($4.8) (single-person household) per

[18]Working documents from INAS (OPM) as part of the reform of the Basic Social Security System and introduction of a management information system, specifically, Draft Procedures manual for Case Management and Draft Organization Structure for INAS.
[19]In Mozambique the definition of economically active adults are women between the ages of 18 and 55 years and men between the ages of 18 and 60 years.
[20] INAS has developed a simple means test that assesses the quality of housing, access to water and sanitation and a limited assessment of household assets.
[21]Energy and protein requirements.

month, with increments of 50mts ($1.8) per month for each additional dependent member of the household up to a maximum of six people, which is a transfer value of 380 Mts ($14) per month.[22],[23] This is well below the national poverty line of $1.25 per person per day or the minimum salary currently standing at 2,300 Mts (approx. $85) per month. INAS has secured an agreement with the Ministry of Finance that the cash transfer will be adjusted annually to prevent further serious erosion of the real value of the transfer.

Delivery of the PSSB

The cash transfer is delivered directly to the beneficiary at pre-set payment points by INAS staff members.[24] The recipient is generally the head of the household, although households can nominate an alternative recipient. Payment points are established in each community that has beneficiaries. In theory, the cash transfer is a monthly payment. However, existing analysis of PSSB[25] – confirmed by the findings in this study – indicate that in practice the beneficiaries rarely receive the transfer on a monthly basis. Payments are irregular due to logistical and budgetary constraints[26] and established payment schedules are rarely followed. Beneficiaries are informed by the *permanentes* about the date and place of the payment a day or two before payments are made.

The current delivery mechanism is costly as it involves INAS staff members, drivers and security staff (police) visiting each of the payment points with the cash for the payments. INAS delegation staff spend approximately 15 working days a month making payments. A process for the outsourcing of payments is underway and changes in delivery mechanisms will be instituted in 2013.

INAS staff, local leaders and the *permanentes* for the area are present at each payment session to witness the payment, field any questions and register any complaints. If beneficiaries are unable to receive the transfer, they can request that the *permanente* receives it on their behalf for a maximum of two consecutive payments. If the beneficiary misses two consecutive payments without informing the *permanente*, the beneficiary will be suspended from the programme pending investigation as to why they are not collecting the payment in person. It should be noted that there is considerable flexibility in the application of these rules and procedures. In the absence of a functioning grievance system, it is impossible to know the extent of compliance.

Coverage of the PSSB and projections

After the end of the war in 1992, the cash transfer was gradually expanded from the urban centres to include district capitals and rural areas. The number of beneficiary households reached under the programme in the first six months of 2012 was 261,519 (169,542 female direct beneficiaries and 91,977 male direct beneficiaries[27]), of which 13,125 were beneficiary households with people with disabilities (female 5,947 and male 7,178 direct beneficiaries) representing approximately 5% of the total number of household beneficiaries in the system. The Strategy for Basic Social protection (ESSB) lays out the goals for coverage of the PSSB by 2014 (see Table 3 below). The aim is to include 90% (311,238) of all extremely poor households with no residual labour capacity in the programme by 2014 (ESSB). There are no specific targets for reaching extremely poor households with people with disabilities. This is probably due to the lack of reliable information about the total number of households that would fall into this category.

[22] US$: MTn exchange rate 1:27 (August 2012)
[23] Since the end of the research, the Government has approved an increase in the transfer rate to 250 MTN ($8.6) to 500 MTn ($17.2). Exchange rate 1 US$: 29 MTn (December 2012)
[24] INAS plans to outsource payments of PSSB and PASP by 2013. There will be a public tender where banks, financial institutions, cell phone companies will be eligible to bid on the tender.
[25] Unpublished information from INAS, collected as part of the development of an MIS. The MIS is developed by INAS with technical assistance from Oxford Policy Management
[26] These typically include late receipt of budgetary allocation from the treasury, complex administrative procedures to prepare the payroll, logistical problems in terms of access to rural communities and a lack of material and human resources to service all of the paypoints in a timely fashion.
[27] Although in the ESSB, PSSB is designated as a household benefit, currently statistics compiled by INAS register the household by the sex of the direct beneficiary and not by the sex of the head of household.

Table 3: Coverage and cost of the PSSB 2012–14

	2012	2013	2014
Beneficiary Households	280,244	287,637	311,238
Total Beneficiaries	557,251	611,604	684,028
Child beneficiaries as part of household	199,159	232,793	266,714
Total cost Mts (billions)[28]	1,653,111	1,868,578	2,165,078

Source: MMAS (2011) Proposta de Revisão dos Programas de Segurança Social Básica no Quadro de Operacionalização da EstrategiaNacional de Segurança Social Básica (ESSB). (Briefing document prepared for the Prime Minister, 24 May 2011.)

In addition to there being no specific target for reaching households with people with disabilities, there is also no specific strategy to ensure the inclusion of households living in poverty with members with disabilities.

Financing of the PSSB

The PSSB is largely funded by the State Budget but receives dedicated funding from the UK's Department for International Development (DFID) and the Government of the Netherlands through earmarked direct budgetary support.[29] Cooperation partner funding accounts for 30% of the costs of the PSSB. In addition, UNICEF and the International Labour Organization provide technical assistance to INAS to build implementation capacity. This includes funding for the development of a management information system (MIS) which will modernise and integrate the delivery of the Basic Social Security Programmes (including the PSSB) across the country. The roll out of the MIS is envisaged for 2013. A detailed roll-out plan is under discussion between INAS and the main cooperation partners; roll out will be phased and not carried out in all 30 Delegations at the same time.

It should be noted that, in comparison with similar programmes in Africa, the PSSB is already a programme 'at scale'. The PSSB did not start as a pilot project but rather in response to the withdrawal of comprehensive subsidy and rationing programmes. The Government of Mozambique has steadily increased geographical coverage over the last decade to include all administrative posts in the country. With the ambition to reach 90% of eligible beneficiaries by 2014, the national strategy clearly lays out the political commitment to reaching extremely poor households with no labour capacity.

The PSSB is a complex programme providing social assistance for extremely poor and vulnerable households but does not have the objective of graduating households out of poverty, given that the principle target group – households with no labour capacity – and the low value of the transfer make it unlikely that graduation will take place. With the introduction of incremental payments for dependants, the PSSB is moving from being merely a pension for destitute elderly or disabled individuals into a contribution towards a family income that could potentially improve some important variables, such as the nutritional status of household members. At present, the PSSB is far from this goal but there is potential for the transfer to make a significant contribution to protecting future human capital in the country.

This study captured information from beneficiaries, non-beneficiaries and local key informants. Some of the respondents were elderly and/or chronically ill and did not necessarily have a disability, since they constitute the majority of beneficiaries, their sensitivities and opinions were taken into consideration. But the study focused on beneficiaries with a disability as a particular sub group. As noted above, one of the reasons for focusing on households that have a member with a disability is the relatively little information about the specific challenges facing people with disabilities in terms of accessing the cash transfer and their opinions of how this affects their lives.. In a number of cases, interviewees with a disability were also elderly (disabled due to old age) but there were also younger people with disabilities who benefited from the cash transfer. In line with the ideas set out in the conceptual framework, through discussing the PSSB with people with disabilities the study explores the extent to which social justice and a reduction in exclusion can be considered a part of the social protection system in Mozambique.

[28] Includes administrative costs (30% in 2012, 30% in 2013 and 25% in 2014). Approximate exchange rate: 28,00MTn:$1.
[29] In 2011, DFID contributed £2,000,000 and the Dutch Embassy (EKN) 1,300,000 Euros directly to the PSSB through the State Budget.

7 Community understandings and experiences of poverty, vulnerability, and related coping strategies

The people participating in the study from the districts of Chokwe and Chibuto defined poverty as being the result of both social and economic factors. The complex interaction of these factors increases the vulnerability of households that are subject to multiple risks, including, climatic, health-related, social and economic shocks.

7.1 Social vulnerabilities and poverty

People explained how social standing was linked to economic well-being and how being alone (a widow, a single mother or a childless adult) was related to high levels of vulnerability.

> *"When you say someone is poor it is when they are suffering, when someone looks all around and doesn't have anyone to sustain them." (*Elderly female member of a focus group discussion, Chibuto)

Social factors were considered to be extremely important in defining and categorising the wealth groups in the community. As indicated in the conceptual framework (citing the work of Marriott and Gooding, 2007) micro-level vulnerability is often linked to socio-political factors (see conceptual framework for the study). This was clearly demonstrated by the respondents as they defined both poverty and vulnerability as linked to social support and household composition.

Many of the households in the study area are female-headed households caring for a high number of dependants, both young and elderly. These households were considered vulnerable as the women were often the only able-bodied household member, leaving the whole household at risk of slipping into severe poverty if they were sick, unable to farm or earn sufficient money to keep the household fed. A number of elderly women in the study stated that their situation became more serious, i.e. they became more vulnerable, when their husbands died or left. This left them as the sole income earners or agricultural producers in the household, often leading to poverty as they were not able to meet the household's consumption requirements. It is clear that social and economic criteria are linked to social standing, which in turn is linked to vulnerability in the eyes of the community. Living conditions and experiences of poverty

Access to natural resources

In both Chokwe and Chibuto, one of the distinguishing factors in terms of poverty status was whether people had fields to cultivate. Livelihoods in the two areas are largely based on subsistence agriculture, so the ability to farm and buy agricultural inputs is a defining characteristic, distinguishing between the better-off and poorest households. In both areas the people visited had been displaced by flooding in 2000 (or by the war 20 years ago) and resettled on community land. They work on what they consider borrowed land and people did not feel that they had secure land tenure. Land rights are connected to birth right in areas where there is little commercial value to the land. Families have historic rights to cultivate land passed on through generations. However, if the land is not used for a considerable period of time, the traditional leaders can reallocate it to households that want to expand their production or households new to the area. When people were displaced during the floods, they were allocated fields for cultivation using the traditional land allocation system. As the families do not have historical ties in the areas where they were resettled, there was a sense that if they did not manage to cultivate the land it is more likely to be 'taken back' by the traditional leaders. In both communities they referred to the fact that it was easy to fall into absolute poverty when you were not able to cultivate anymore. This may be due to lack of access to land (as above) or the inability to farm due to ill-health or disability.

Livestock did not feature as a distinguishing characteristic between the different wealth groups in the focus groups, even though in the district of Chibuto cattle ownership has increased since the end of the war in 1992.

In Chibuto, one of the key factors distinguishing between the poor, average and better-off households cited by members of the focus groups, is linked to the scarcity of resources, like potable water. Households that have any form of transport or piped water sell water as a business. These are often households where there are

migrant mine workers (who return with some money to invest). Households that have a limited number of active adults, high numbers of dependants or limited income struggle to purchase or have access to potable water. Access to water was not as critical factor in Chokwe where there are more public standpipes and, in the town of Chokwe and some homes have with piped water.

Income and consumption poverty

Placement in the labour market was also a key factor for defining wealth categories in the villages. The poorest households carry out piece work[30] (mainly in agriculture) and its absence (for example, during a time of drought), was cited as a shock that increased the vulnerability of the poorest households. The better-off households hire members of the poorest and average households to carry out manual labour on their farms and domestic work in their houses. In good years, the average families in the area hire labour at key points in the agricultural calendar, e.g. land clearing and harvesting. The better-off households regularly hire labour all year round. The poorest households are not able to hire labour and often do not have a sufficient number of able-bodied adults to cultivate larger tracts of land.

In the past, livelihood strategies in southern Mozambique were linked to patterns of migratory labour and reliance on remittances to supplement agricultural income. Now, however, with the decrease in formal labour contracts with mines in South Africa, remittances are no longer a prominent feature of people's livelihoods. During the study it was notable that the criterion of having a family member working in South Africa was no longer a clear defining characteristic for the wealth groups, i.e. the focus groups did not identify this as a key distinguishing feature.

Food in both Chokwe and Chibuto is obtained partially from own production, but the majority is purchased.[31] Both lack of production and lack of income dictate the way a family feeds itself. One of the metaphors used to characterise household status was the way people obtain food to eat. A respondent in Chokwe defined the differences between the better-off, average and poor households as follows:

> *"The poor eat what they can scrape together, the average households eat what they have and the rich eat what they want to." (*Elderly member of a focus group discussion, Chokwe)

Habitation and resources

Nationally, INAS uses 'habitation' as one of the distinguishing characteristics for people who are extremely poor. However, the respondents in both Chokwe and Chibuto stated that this was not a clear cut characterisation in their areas, as some houses made of cement blocks belong to households that are extremely poor. These houses may have been inherited from their fathers who were miners and who used their earnings to build the houses. However, there is no longer anyone working in the household and there is no money for maintenance. One group member stated:

> *"All they have are four walls and you can't eat walls."* (Focus group member. Chibuto)

Another example was in Chokwe where, after independence, households occupied houses that had been built by the irrigation authority and abandoned by the Portuguese. Many of these households live in abject poverty but have houses built of cement blocks. The people in the focus groups advised against using habitation as stand-alone criteria for defining poverty in the study area.

In contrast to the habitation criteria, ownership and use of mobile phones was cited as an important distinguishing characteristic, indicating the importance and spread of mobile phone technology. For example:

> *"The poorest people do not have a mobile phone, the average person in the village has a mobile phone and buys pre-paid air-time with one company, the better-off households have at least one cell phone and buy pre-paid air time from two or even three companies[32]!"* (Member of Focus group discussion, Chokwe)

[30] Piece work or ' ganho ganho' as it is known locally is a work carried out on a daily basis and paid either in-kind or cash. Typically 'ganho ganho' involves, helping to clear land, weeding or helping to bring in the harvest. Poorer households will work on the land of better off neighbours who have labour shortages at critical points in the agricultural calendar.

[31] On average, households would expect, in a non-drought year to produce enough food for between six to nine months of the year. In a drought year, household may only produce enough food for three months' consumption.

[32] There are three mobile phone servers in Mozambique: MCel, VodaCom and a new server called Movitel that is concentrating on the districts and rural areas.

Other household goods or resources – such as furniture, livestock, or means of transport – were not highlighted as significant in the identification of poor, average and better-off households.

Access to and use of health services

The types of health facilities used by respondents – for example, private or public health clinics – was not a distinguishing factor, as all members of the community use the public health service.[33]Public Health clinics can be found in all localities, although as mentioned previously there are access problems due to the distances to the clinics. Curative and preventative services are offered free to the elderly and people living with disability and there are minimum nominal charges of approximately $0.1 for medicines sold through the public sector pharmacies attached to the clinics or hospitals. However, older people and people with disabilities faced difficulties in terms of the way in which they were treated by health workers. In Chibuto, one elderly man said that when they went to the hospital they were always treated last and had to wait a long time. He also said that if they complained the nurses would say:

> *"Don't bother me, why do you still want to live?"*(Elderly man in Chibuto)

The poorest and most vulnerable people often did not use the free health services due to the behaviour by staff, and the long distances people have to travel to get to the health post. Differences between wealth categories arose in terms of access to medication and treatment by health staff. Although the poorest, elderly and disabled people are exempt from paying for medicine, this only holds true at public pharmacies. There is no subsidy scheme for private pharmacies. Given the poor public drug distribution system, even basic drugs are often out of stock and unavailable at public pharmacies, so medicines have to be purchased at private pharmacies. Having the resources to buy medicines in the private sector was therefore seen as a defining characteristic of wealth.

The consequences of ill-health were also highlighted as a defining factor for poverty. If the main breadwinner is sick this can quickly lead to extreme poverty of the whole household.[34]

Poverty as an accumulation of factors

There was a clear sense during discussions on poverty as part of the study that there is not one distinguishing characteristic of poverty. It is a state reached due to an accumulation of social and economic factors. In the words of one elderly respondent in Chibuto:

> *"The worst poor [person] is the one that has 'large' poverty, doesn't have anywhere to sleep, doesn't have anything to eat, doesn't have any soap. The better-off poor [person] is the one that goes to the farm, has food, and on the other hand has children who help [them]." (*Elderly respondent. Chibuto*)*

Poverty is a spectre facing many people in the communities where the study was undertaken, and the high level of shocks (see below for further discussion) lead to high level of vulnerability and the probability of households spiralling into poverty.

7.2 Vulnerability in the study area

In terms of vulnerability, the situation is complex in the two study areas, with a layering of shocks that cumulatively result in impoverishment. Although a number of geographically specific issues were raised during the vulnerability discussions (such as the acute problem of water in Chibuto), in general the information collected from the two areas presented a similar pattern of vulnerability.

One key negative catalyst is HIV. The prevalence level in Gaza province is 25.1%, and nuns from the Carmelite Hospital and Hospice in Chokwe stated that in the town the prevalence rate was 42% (as measured through the sentinel sites run in their facility).

As has been documented extensively in Africa, HIV has multiple negative impacts on communities. These range from the impact of ill-health on the individual (changes in social status and relationship tensions), to stress on the household (loss of active adult members, the burden of care on other members, loss of resources in order to pay for treatment and changes in household demographics where elderly people are left to care for grandchildren), and the existence of child-headed households, through to the impact on communities where the loss of economically active adults depresses the economy and increases the strain on

[33] See Section 7.4 for a discussion of access problems specifically related to people with disabilities.
[34]Interestingly this concern is reflected in the design of the Basic Social Security strategy that provides, through the PASD, an in-kind transfer for households where the only economically able household member falls sick and is unable to contribute to the household.

the carrying capacity of the community in terms of informal social safety nets. These impacts were clearly noted in the study areas. The majority of cash transfer beneficiaries and elderly non-beneficiaries in the area were living with their orphaned grandchildren. It was also noted that a considerable number of the elderly people interviewed over the course of the research were themselves HIV-positive and in antiretroviral treatment. One person with a disability in the study was paralysed due to the impact of HIV,[35] and another young man with a disability was HIV-positive, probably due to unsafe treatment by traditional healers when he was a young boy. One respondent illustrated the dramatic effect of HIV on his family,

> *"I am the head of the family, married and living with my wife since 1950. I had my first child in 1958. I live with my grandchildren, three boys and two girls. I had four children. Two died and left me with these grandchildren, one is in South Africa and I don't hear from him, and the other lives with me [this child had severe epilepsy]." (*Elderly male interviewee, Chokwe)

Another respondent, an elderly woman, had lost all nine of her children (as adults), although she was unable to be precise about the cause of death.

Another factor that has increased vulnerability is the change in migratory labour patterns. In the past, having a household member employed in the mines in South Africa was a defining criteria for better-off households and the main income source for the majority of households. These households would receive regular remittances as the miners only received their wages when they returned to Mozambique at the end of their contracts.[36]Statistics from 1960 to 2000 show that the picture has changed considerably; miners no longer receive their wages on a yearly basis so remittances are sporadic and the absolute number of miners hired has decreased dramatically. Data from an International Organisation for Migration (IOM) briefing note on labour policy in South Africa showed that in 1960 there were 101,733 Mozambican miners in South Africa. In 2000, this number had dropped to 57,034.

Evidence from the study shows that, now when households have members in South Africa, this is often seen as a loss rather than a gain. Many of the respondents stated that their children work illegally in South Africa (in the badly paid agricultural sector or informal trading) and do not send money home. In fact, some respondents stated that the children only come home when they are sick and need to be cared for.

One issue raised in both communities was the reversal of the sense that one's children are your future security, i.e. would provide for their parents in their old age. With the social disruption caused by HIV, changes in migration patterns, lack of income in the area, and young people leaving the land and not returning, children have now become another 'risk factor'. Adult children either return home sick and needing to be cared for, or have died and leave orphaned grandchildren with their parents. The grandchildren require additional resources as well as presenting a burden of care for their elderly grandparents. The accumulation of these factors was recognised as increasing the vulnerability of elderly people in the villages.

People in the focus groups who discussed vulnerability and coping strategies stated that changes in the demographic and economic situation, and the problem with HIV in the districts, were leading to a less cohesive and less supportive environment. Interestingly, this was not how the elderly and disabled people interviewed saw their community. On the whole, they felt there was support for them from neighbours and, although there was some incidence of crime in general they felt they were not in danger. The seeming contradiction may reflect a strain on the carrying capacity of the communities facing these multiple stresses, which has yet to be translated at the micro-level, where neighbours still manage to support people living in their vicinity.

Chain of shocks

As mentioned previously, the accumulation of difficulties leads to increased vulnerability and eventual poverty. The findings from the study highlighted the case of beneficiaries who became disabled at a later stage in their lives. In a society where the majority of available work involves hard physical labour, contracting a physical disability often leads to total dependence on others and loss of income and production. An elderly blind woman in Chibuto said:

[35]Severe lymphoma in the lower limbs had led to him losing the use of his legs. It is possible that he was suffering from Kaposi Sarcoma although he had not been formally diagnosed.
[36]Contracts were generally for 12 months. In more recent years, due to the relative ease of transport between Mozambique and South Africa, miners may come home up to three times a year (at Easter, Christmas and the end of their contract).

*"Five years ago I became blind. Before that I was the head of the block [of houses], and could harvest enough maize when the rains were good to eat through to the next harvest. Now I can't work. Now I am totally dependent on others." (*Elderly blind woman. Chibuto)

She went on to say that she mainly relied on her family for support, but also acknowledged the cash transfer from INAS and non-monetary support from the church. This situation was confirmed on a number of occasions when people stated that their ruin was brought about by old age or disability, taking away their independence and making them reliant on the goodwill of others.

During the field work, a series of timeline exercises were carried out with beneficiaries. The timelines clearly illustrate how the accumulation of events, and not one single event, leads to impoverishment (see Annex 4). The following timeline illustrate how poverty is the result of a chain of shocks.

Box 3: Life history of a 58-year-old, widowed, HIV-positive woman living with her disabled daughter, Chokwe

At 15 years old I left school, married and had three children in Guija district. Before coming to Guija my husband and I farmed and had animals. We lost the farm and the animals because of the war, and we went to Guija [neighbouring district]. Now i don't have any land that is my own. I have a disabled child that I couldn't take to the hospital [because of the war]. My husband died and now I am alone.

In 2006 my son died in South Africa. In 2007 I worked doing ganho ganho [agricultural piece work] and in 2008 I was diagnosed as HIV positive, I am now in treatment. I carried on working but had to ask my daughter to help to buy food for the house. In 2010 I started to receive the subsidy [PSSB cash transfer]. I get 130MTn/4.8USD [the lowest scale for a single-person household]. In 2011 my daughter who helped with food left for South Africa and I now live by myself with my [disabled] daughter. My only surviving son is in prison after getting into a fight and I had to sell the zinc sheets from my roof and other things in the house to pay compensation to the family he fought with. I can't work on the farms anymore because of my health and my age.

The above story also illustrates that even when households receive transfers they do not always receive the correct amount. The household above should be receiving a cash transfer for a household with one dependent and not as a single person household. Approximately half the respondents have dependents living with them, usually children. However, during interviews they mostly talked about their own challenges and spoke little of the vulnerabilities faced by children. What several of them did mention was their concern about what would happen to their (grand) children if they were to die, given that they were their main source of support.

*"I don't have anyone taking care of me. When I die, I can't imagine what will happen to my grandchildren. I trust that my niece will help them, but if she dies, I would not be able to do much. I would have many challenges." (*62-year-old woman with a disability, Chokwe)

Although, evidence from beneficiaries interviewed in the study did not highlight the plight of dependent children, the research team noted the number of children living with grandparents or in households with disabled people. Decision-makers seem to have noted this problem, since PSSB documentation points towards the increased recognition by INAS of the importance of supporting a system that steadily moves towards a greater proportion of households with dependants benefiting from the PSSB.[37]

7.3 People with disabilities and specific vulnerability issues

Becoming disabled

A surprising finding of the study was that the majority of people with disabilities with whom we worked were not born with their disability. The disability was sometimes due to an accident (losing a leg or an arm) but generally to: poor health care and health care-seeking behaviour; lack of money for treatment; or cultural beliefs that led to delayed treatment. People sometimes believed that the illness was because of the will of god, magic, or a situation that could not be changed. Also, health services are a long way from villages, making them difficult or impossible to reach. A number of respondents illustrate these factors by explaining how they themselves, or people they cared for, became disabled.

[37] INAS documentation clearly expresses this programmatic tendency.

"There is a young 23-year-old man we work with here. He was injured during the 2005 school games and taken to hospital in XaiXai[38] and then transferred to Maputo. When his parents were told he needed surgery they refused and took him out of the hospital. They took him to the Masonic Church [an evangelical church] where he was treated [with prayers and incantations] without success. After that they took him to a traditional healer (curandeiro) in Inhambane province, all without success. He returned with his hips paralysed and unable to walk. Years went by and his parents took him again to the hospital. There a Portuguese doctor said he would take the child to Portugal for an evaluation and probable treatment, but his mother did not give her permission. Today we have a young man paralysed in the pelvic region, with a deformed leg and a paralysed hand. He cannot walk and is HIV-positive, which we think happened when he was being treated by the traditional healers in Inhambane." (Nurse,Dores Sem Fronteiras, Chibuto)

Box 4: A blind women in Chokwe explains how she became blind

"I became blind after having a dream. I dreamt that my neighbour who is part of the Masonic Church (evangelical sect) had a broom, tied with various different colours. She pointed the broom at my eyes, and when I woke up I could not see anymore. The next day she came to see me, saying that she had come to say hello, when really she had come to see if her spell had worked. After that I went to the hospital and they gave me a prescription for some eye drops that I had to put in 5 times a day. I had to buy them at the private pharmacy, and poor as I am, I didn't have the money to buy the medicine. In this way I got worse and worse." (She is now completely blind.)

It is difficult to assess the weight given to problems of accessing health services and the under-use of health services for cultural or religious reasons. In the majority of cases, both factors were indicated as having an impact on the eventual severity of the disability. All the examples found in the research demonstrated the complex inter-play between belief systems and medical science in health-seeking behaviour.

Access to basic services

Interviewees with mobility problems explained that there were significant problems in accessing health and education services due to the lack of mobility aids (wheelchairs, tricycles, prosthetic limbs or crutches). A small number of people with disabilities had received support for mobility aids from INAS and others had received support from community organisations or religious organisations. One young man had received both physiotherapy and a prosthetic limb from a rehabilitation centre, which had completely changed his life in terms of supporting his family. Another man in Chibuto (unable to use his legs due to an HIV-related illness) stated:

"Four months ago I received these crutches from my church. This was a significant event in my life. I can now go to the hospital by myself, to the church, and talk to my friends. I can even sell credit [mobile phone credits]." (Male beneficiary, Chibuto)

People with disabilities complained about the lack of ramps to public services and the distances they had to travel to access health services. They also stated that, although elderly and disabled people were supposed to receive preferential treatment at health centres, this did not happen. . There were a number of cases where, with the support of friends and family, people with disabilities were able to go to school or access health services. A young man with a disability in Chokwe told this story:

"I caught this disease when I was eight years old [he walks with crutches and is paralysed in both legs]. I started with pains in my stomach and vomiting. We lived a long way from the hospital at that time and my parents did not take me for treatment. I stopped walking completely and for three years I was completely stuck, without moving, until they made me these improvised crutches and I started to walk. It was then that I started to go to school. I would leave at 10 o'clock in the morning to get to school by 2 o'clock in the afternoon. I left school at 5 o'clock in the afternoon and got home at 7 o'clock in the evening. Sometimes my brothers would carry me on their shoulders." (Young male living with disability, Chokwe)

Despite considerable difficulties in moving and getting around, some of the people interviewed were active; farming, visiting friends, marrying and having children.

Disability and the impact on household and community members

[38] The capital town of Gaza province.

Linked to the point above, there were a number of examples of the impact of having a disabled member on other members of the household and close neighbours and friends.

Table 4: The impact of disability on households, neighbours and friends

Consequences of caring for household members with a disability	**Impact**
Economic and social stress on family members	Productivity losses due to caring for the person with a disability Increased expenditure (transport to the hospital, medicines) Emotional strain (no psychosocial support for family members)
Child carers	Frequent absences from school Dropout from school to care for person with disability Child labour to supplement household income
Reliance on neighbours/friends	Strain on neighbours' income/food /resources
Beneficiary with disability	Loss of dignity for the person with a disability Increased vulnerability of the person with disability as there is little reciprocity in the relationship

A clear example of the consequences for children living with a parent with a disability was seen in Chokwe. The father became blind and his wife died. The oldest child left school in order to take his father to the fields to farm. When the oldest child married the next child took over the role of guiding their father. This child has also now left school as he is unable to combine his role as his father's carer going to school. Neither of the boys completed their primary education. The multiplier impact of this situation on future generations is high. Although the above mentioned household were recipients of the PSSB, this was not sufficient to off-set the dependency needs of the father for mobility and productive support; the children in the family continue to be deprived of the opportunity to receive schooling.

Discrimination and social vulnerability

In general, interviewees with a disability did not feel they were discriminated against within their own families or communities. They were, however, frustrated about the level of dependence and the burden they placed on neighbours and family members to care for them. The majority of people with disabilities interviewed had married and/or had children (i.e. the latter were single mothers) and were integrated into the community. In one or two cases they stated that they were insulted in the street, but this was an exception rather than a rule.

There was a level of discrimination in terms of treatment by the health services and INAS. People with disabilities said they were made to wait long periods of time, even though this was against the ethos of the service.

When the disability was due to old age or a degenerative illness (such as HIV) circumstances varied and a number of the people visited were extremely isolated without the support of either family or neighbours.

7.4 Coping strategies

In many ways, the coping strategies illustrated in the study are the mirror image of the vulnerabilities presented previously, i.e. dependence on children, family and friends to carry out caring and sustenance activities. In some cases, people note support from NGOs, religious organisations or community leaders. Those who are more independent and mobile are able to draw on other coping mechanisms, such as working more.

Informal support structures

There were variations in the importance and proximity of different entities that provide support structures, . but family, neighbours and local leaders featured prominently in each of the institutional maps (see Annex 3). Some respondents placed the family 'circle' at a distance from the circle representing themselves to indicate the lack of daily support received. There were no clear patterns in terms of gender when analysing the institutional maps, i.e. the men and women interviewed did not show any significantly different patterns in terms of institutional mapping.

During the study it became clear that one of the most onerous aspects of disability for people of all ages was their dependency on others and their lack of independence. People referred to the fact that they were dependent on people to bring water to the house, take them to their farms or to hospital and, in some cases, to attend to their bodily functions. The only support they received was from family or neighbours (if they were living alone). There are no outreach services provided by the National Health System or the Social Welfare Services to reduce the burden of care on family or community members.

The participatory institutional mapping exercises carried out with PSSB beneficiaries showed the limited nature of their support network. The institutional mapping (see all Institutional Maps attached in Annex 3) and key informant interviews produced a remarkably similar and small set of actors with whom the households interact and who they rely upon at all times and in times of difficulties.[39] The following table illustrates the actors and the role they play in the lives of beneficiaries.

Table 5: Actors providing support to people with disabilities

Actors	Role
Family:	Family members who still live in the same neighbourhood or close by are the main source of support. If the family members did not live in the village they were placed on the institutional map but were not in close proximity to the person responding.
Neighbours:	This referred specifically to people who live in close proximity. There was a clear distinction between close neighbours and neighbours in a general sense of living in the same village. Examples were provided of beneficiaries who are cared for by close neighbours.
Local leaders:	Local officials such as the secretary of the neighbourhood and their subordinates were always identified as influential figures. There were variations in proximity to the respondents. The local officials play a significant role in identifying beneficiaries for the social assistance programmes, and providing beneficiaries with the necessary documentation to access the programmes.
Faith-based organisations /churches or NGOs:	Not all respondents felt that faith-based organisations, churches or NGOs played a significant part in their lives. However, in Chokwe the Catholic Church was seen as an important institution, playing an important role in caring for beneficiaries.
Health services:	Health services were cited as extremely important but in many cases not accessible due to distance from the home.
INAS:	INAS occupied a prominent position in the Institutional Mapping exercise, but INAS was situated far away from the person responding. People are dependent on INAS but do not have a close or personal relationship with INAS staff.
District Services:	The District Services for Health, Women and Social Action (SDSMAS) are based in the district towns. Beneficiaries of the PSSB were aware of the district services but did not consider them accessible, either due to the distance involved or the fact that they did not have the confidence to approach these official offices.
District Administration	All those spoken to during the research were aware of the District Administrator's office. However, access to these offices was always mediated through the secretaries of the neighbourhood. People were not confident to approach the office of the Administrator directly.

[39]The institutional mapping exercise asks respondents to identify all the people or institutions they interact with and rely on for support. There are two key variables in the mapping exercise, namely, the proximity of the actor to the respondent and the size of the 'circle' they are assigned that indicates the importance that actor has in the life of the respondent. For example, the respondent may feel that the Administrator of the District has a significant influence on their lives (and is therefore allotted a large circle) but that s/he is not close in terms of relationships and is therefore placed a long way from the respondent on the map.

Family and neighbours

Elderly and disabled people are reliant on the goodwill of family and neighbours to provide food for them in difficult times. If the beneficiaries lived with family members, these people were also important for basic care and emotional support. The elderly women relied heavily on their daughters-in-law to support and care for them and manage the household, particularly if their sons were working outside of the area. Grown up children or relatives living in the village or the area are recognised as a key support to the disabled and elderly beneficiaries.

However, family relationships are complex. As mentioned previously, in the past children were seen as future providers for their parents, However, with the advent of HIV and changes in migrant employment patterns, children are now seen as a burden on their elderly parents.

> *"As my son is still alive he sustains me. The day that he dies, I also die".*(An elderly woman,Chokwe)

Religious institutions, NGOs and community-based organisations

The Catholic Church and Church of the 12 Apostles in Chokwe played an important role in supporting disabled people in the community, proving support in terms of mobility aids, helping people access health services, providing education grants and sometimes providing material support (food baskets for people with HIV, and shelter and support to households that lost everything in the floods). In Chibuto, the church did not play a strong role in the social support network.

In Chokwe, the local NGO, Vokoxa, supports elderly people but is facing severe funding constraints and is mainly working on advocacy issues linked to the rights of older people in the community. They continue to serve as a link between the older and disabled people and the formal referral services (an alternative to local leaders).

The research points to the fact that church organisations and CBOs have a role to play in community social support. However, while the support given by these organisations is appreciated, particularly by people with disabilities, coverage is patchy and often *ad hoc* as they do not have secure funding. Households cannot rely on these services (with the exception of the Carmelite Hospital in Chokwe) and the outreach services of these actors is limited.

Neighbours

Although there is considerable reliance on neighbours who care for elderly or disabled people, there was no suggestion from the people interviewed that this care would be withdrawn or was overly onerous economically or emotionally. This contrasted with work carried out during the pilot study in the urban areas of Maputo, where one disabled woman had become housebound because her neighbour had built an extension to her house that blocked wheelchair access to the disabled beneficiary's door. In the city, the majority of people with disabilities interviewed referred to their sense of isolation within the neighbourhood.

Local leaders

Maintaining good relations with local leaders was also cited as an important strategy for survival and accessing social services. People referred to the importance of the secretary of the residential zone and the head of their block of houses. They recognised these people as gate-keepers to the formal social safety nets. These leaders identify vulnerable households in their area and make recommendations to INAS to support the households.

Livelihood strategies

In order to overcome economic difficulties, people spoke about working harder, for example, carrying out more piece work where available. This is often difficult in times of drought when there is no additional agricultural work on the neighbouring farms. If the situation becomes more critical, young people leave the villages to seek work in South Africa or Maputo (this is a common practice at all times but is intensified when there are economic difficulties). For the elderly and people with disabilities, neither of these strategies is feasible as they involve considerable physical effort that they are not able to sustain.

8 Knowledge of the PSSB and perceptions of programme implementation

8.1 Beneficiaries' knowledge of the programme

The study showed that the PSSB system is characterised by imperfect knowledge of most aspects of the programme at all levels: from beneficiary to the *permanentes* through to other actors in the community such as local leaders and NGOs and religious organisations. According to key informants working in or with INAS, there is no written material (pamphlets, posters, etc.) that clearly explain eligibility criteria, targeting mechanisms or the value of the transfer to the general public or beneficiaries. There are operational manuals used by INAS staff members to guide their work. These manuals are in the process of up-dating as part of the process of designing an MIS. Dissemination events are carried out when the programme expands to a new area but thereafter any information obtained by the beneficiaries or potential beneficiaries is filtered through the *permanente*. The dissemination events are held through public meetings where information is provided verbally to the community about the INAS programmes. Although, in principle, there is space for questions and answers, in reality these sessions are rarely exhaustive and community members are left to find any additional information from the permanents or the local leaders. The lack of detailed knowledge of the programme leads to errors in terms of; people applying or being recommended for PSSB; understanding the fundamental principles, rules and regulations of the programme; and results in disenfranchisement of both beneficiaries and potential beneficiaries.

Right to the cash transfer

The lack of knowledge about the functioning of the programme, of where the money comes from and the rights and duties of all actors involved means that programme accountability to beneficiaries is low. The majority of the beneficiaries were clear that the money was provided by the government but were not aware of context in which this money is provided, i.e. as part of the government commitment to provide assistance to extremely vulnerable people unable to work. Beneficiaries and non-beneficiaries were not aware of government policy in regard to social assistance or the origins of the funds used to pay the transfer and therefore to do not have any sense of entitlement to receive the transfer. An elderly blind women stated that she was in the programme because the neighbourhood secretary felt sorry for her because she was *'poor and blind'.*

In Chokwe, one of the beneficiaries who had previously worked as a miner in South Africa thought that he was receiving money due to him for his work in the mines,

> *"People don't know where the money comes from. Some people think it is part of the money that was discounted from our salaries when we worked in the mines in South Africa."(*Beneficiary, Chokwe*)*

Other beneficiaries simply referred to the money coming from the Government to help 'poor people' and were unable to provide further explanations.

Due to the lack of sense of entitlement, the transfer was viewed as a hand-out from the Government to households that were destitute.

An elderly non-beneficiary in Chokwe stated:

> *"I think this money is charity, above all when people see the problems of disability and poverty." (*Elderly non–beneficiary. Chokwe*)*

Another stated:

> *"My child, what do you think I can do with 100 MTn, I can hardly buy anything. But as it is something that is given [as a gift] you just have to be grateful."* (Elderly disabled beneficiary. Chibuto)

There was only one young man who displayed considerable knowledge about his rights, giving grounds for hope that more information leading to improved knowledge can increase accountability and transparency. He said to the interviewer:

> *"I know my rights as a person with a disability. For example, I don't pay for public transport, and sometimes even on the semi-public transport (depending on the conductor). I don't pay, I am a beneficiary of the PSSB and I don't pay for the medicines that I receive at the Hospital." (*Person living with disability. eneficiary. Chokwe*)*

It is interesting to note that the only respondent that was aware of his rights as a citizen was a young man. This could be, in part, attributable to the higher level of education of the young man. His ability to clearly articulate his rights contrasts sharply with the majority of the elderly people interviewed who had low levels of awareness of their rights as citizens in general or specifically as beneficiaries of the PSSB.

Eligibility and Selection Criteria

Although there was a general understanding that the PSSB was a programme targeting the poorest people in the community there was little nuanced understanding of the eligibility criteria or selection processes.

One community member stated,

> *"The majority of people who receive (the cash transfer) in my neighbourhood are poor. There are no conflicts between those who receive and those who do not receive. There are just lamentations from those that do not benefit"* . (Community member, Chokwe)

Beneficiaries were all aware of the means test used to assess levels of poverty. However, they were not aware of all of the criteria used to make the assessment.[40] As mentioned by the elderly beneficiary quoted above, people generally referred to poverty and/or disability as the non-specific criteria for benefiting from the PSSB. The only specific criterion that people mentioned frequently was linked to the condition of the home of the potential beneficiary, which the majority did not agree with because they felt it did not reflect current poverty level.[41] In the context of Chokwe and Chibuto, the overwhelming feeling of beneficiaries and potential beneficiaries was that this particular criterion was unfair. As one women in Chokwe stated,

> *"In my view the criterion of having a home should not be taken into consideration, for example, I had just lost my husband and I didn't have anything to survive on, but I couldn't receive (the transfer) because they said I had a house, do you think that I can eat my house*?" (Female non-beneficiary in Chokwe)

A critical eligibility misunderstanding by beneficiaries is that the PSSB is a transfer to benefit the individual in the household whose name appears on the list, when in fact it is a household benefit aimed at providing support to all household members. For example, one elderly male beneficiary in Chokwe explained his concerns and made a suggestion:

> *"What I don't like is that when there is a couple, one can receive money and the other doesn't, even they are the same age. It shouldn't be that I receive support and my wife doesn't. I think we should both get it because we are the same age."* (Elderly male beneficiary. Chokwe)

This misunderstanding often leads to beneficiaries not pursuing claims for the full benefit value, i.e. the additional 50 MTn - 1.7 USD for each dependent family member (to a maximum of four dependants). Many of the beneficiaries interviewed were in fact not receiving the full transfer amount due to the household if all dependents are included.

Beneficiaries living with disabilities were generally unaware that they are *legitimate* beneficiaries and feel that they are taking an elderly person's right to the transfer. A female disabled beneficiary explained,

> *"Before I was on the payment programme I saw a flyer about it up in the school, but I didn't understand that it was to help disabled people. I thought it was just for elderly women"* (Female beneficiary. Chokwe. PhotoVoice 2012).

This is one of the reasons that the beneficiaries living with disabilityfeel disenfranchised. They do not want to raise their voices about any irregularities because they feel that they are on the list of potential candidates as a 'favour' rather than as a right. All of the disabled interviewees had not applied directly to INAS or SDSMAS

[40]Criteria include access to water and sanitation, income sources, state of the home, number of dependants not able to work, and clinical criteria for the chronically sick.
[41]As mentioned previously, the two areas were characterised by a number of inherited homes made of conventional material but occupied by family members who no longer had any source of income or remittances.

for support but had been recommended by the secretaries of their neighbourhood or identified by the *permanentes*. They were rarely referred to the PSSB through the health system, although this is one of the designated entry points into the system. Disabled interviewees were not aware that health centres could make referrals to INAS for inclusion in the PSSB system or to request mobility aids

Payment Schedules

Key to effective cash transfer programmes is the predictability of the transfer in terms of periodicity and amount of money received. Currently the PSSB fails on both these counts. The payment schedules for the PSSB are erratic[42]; with payments generally made in arrears and occasionally paid in advance, usually accumulating more than one month transfer in a payment round.

As there is no written explanation provided about the payment schedules or the amount to be received during a payment round, to it is difficult for beneficiaries to decipher the real amount they should be receiving.[43] This, coupled with the lack of receipts provided by INAS as proof of payment, meant that some beneficiaries were unhappy with the payment system.

> *"As we have just received (the transfer)[44], maybe we will receive again in December. They said they were going to increase the amount of money that we received but we only received 3 of the 4 months that were owed to us, and we received only 330 MTn. Another time they owed us 5 months but only gave us 560 MTn."* (Grandmother of disabled beneficiary)

Even though there was some discontent with the irregularity of the payments, the majority of beneficiaries did not formally complain about this or the amounts received as they perceived the transfer to be a 'gift' from the Government rather than as their right to a state benefit. One of the respondents even thought that there were advantages of accumulating payments, he stated,

> *"This is better for me, as usually it is too small an amount to be very useful, but when it is several months in one go it can be enough to buy electricity credits or pay a bill."* (Male disabled beneficiary . Chokwe. PhotoVoice[45]. 2012)

The irregularity of the cash transfers and the lack of documentation is one of the critical concerns of all stakeholders involved in the system (from beneficiaries through to cooperation partners). Although there has not been any comprehensive independent review of the payment system documenting the extent of the problems, this study confirms the work carried out by INAS as part of the reform of the system, that there are irregularities both in terms of offering a predictable transfer to beneficiaries and in terms of potential corruption in the delivery of the cash transfer. None of the beneficiaries interviewed during the study received their transfers on a monthly basis and the majority of the beneficiaries were unable to clearly explain how much money they received per payment cycle and whether the amount received corresponded to their entitlement. The GoM has decided to out-source the cash payments in the Basic Social Security System in order to modernize the delivery systems, reduce the potential for dishonesty and increase cost-efficacy.

8.2 Perceptions about the implementation of the PSSB

Targeting

Respondents identified considerable challenges in terms of targeting. A female beneficiary stated eloquently,

> *"I faced many obstacles that stood in my way but in the end they decided I could receive payments. The way to this tap [indicating a photograph of a water point] is like the way to the project for me – hard and rocky."* (Female beneficiary (disabled). Chokwe. PhotoVoice 2012).

For potential beneficiaries the imperfect knowledge about selection criteria meant that they did not actively seek registration but would wait for local leaders or permanentes to propose them as candidates. None of the community members interviewed had proposed themselves as candidates for the PSSB. In addition, many of the PSSB beneficiaries interviewed were not receiving the correct transfer amount as they were unaware of

[42] The PSSB is a monthly transfer and should be delivered each month

[43] In a separate piece of work in Matola city, the following payment schedule had been undertaken. In October, the beneficiaries received two months' benefits in arrears (for August and September), and in November they received three months payments, one in arrears for October and two in advance for November and December.

[44] Research carried out in August

[45] The PhotoVoice exercise involved people living with disability who were receiving PSSB transfer photographing their own lives and explaining the reasons for the photographs taken.

payment scales or were unwilling to challenge the permanents about the amount they were receiving. There was a fear of reprisals among the beneficiaries and there was an extremely low level of formal complaints made to INAS about irregularities.

People with disabilities who are unable to work and who live in households with no labour capacity are eligible for the PSSB. However, in the absence of effective targeting and a lack of specific well-defined criteria, this group are under-represented as beneficiaries. This lack of a specific targeting mechanisms for becoming a candidate due to disability has led to low coverage of this target group. Findings from the research indicated that all respondents with disabilities felt that the *permanentes* and neighbourhood secretaries were not qualified to assess their level of disability and they did not know how they could apply through the health system.[46]

Inclusion and exclusion errors

As noted in earlier sections of the report, targeting and the final selection of beneficiaries is largely reliant on *permanentes*, local leaders and INAS staff. Although there are criteria set by INAS for selection of beneficiaries for the PSSB, discussions with respondents in both localities suggested that all the above actors are subject to political and/or social pressure to admit households that do not fully fulfil entry criteria. To confirm this, numerous inclusion and exclusion errors were detected by the researchers undertaking the study.

From discussions with beneficiaries (and non-beneficiaries) it is clear that there is no understanding why some of the extremely poor elderly or disabled people are not able to be registered. The respondents in the study felt that it was necessary to have some 'help' to get into the system, even if you were a deserving case and that the only way to get to enrol in the programme is by gaining favour with the local leaders or *permanentes*. This in turn leads to reluctance to complain about irregularities once the households is in the system for fear of reprisal actions.

Corruption within the system was discussed throughout the study by beneficiaries and key informants. Due to the lack of rigour in the application of the selection criteria, and political pressure from local officials, non-eligible households are admitted into the programme. However, there are no official statistics about inclusion errors for the PSSB. The following example illustrates some of the complexities in terms of targeting for PSSB.

The research team interviewed a disabled mother with small children who was a PSSB beneficiary. At first sight this case represented correct targeting as there were no other economically active adults in the home. Subsequent discussion during the interview revealed that she was a primary school teacher who had had to leave teaching after a cardio vascular problem left her paralysed but that she continued to receive her teacher's pension. Correct targeting criteria indicate that beneficiaries must not have another form of income.

In the above example, it was not clear whether the household was admitted to the programme through insistence by the local leaders or whether there was genuine misinterpretation of the eligibility criteria that allowed this household, which had clearly suffered a significant shock, to benefit from the PSSB. This type of inclusion error was fairly common among elderly-headed households or households headed by disabled people with dependants, but with another source of income, either from a formal pension or income generating activities.

The example above also illustrates the difficulty in managing community sensibility about vulnerability and eligibility (all the people interviewed felt that this women was a deserving case), given the (theoretically) strict criteria for entry into the PSSB, i.e. labour constrained households with extremely low income threshold. In many cases public or political pressure to support poor households overrides the strict entry criteria for the PSSB. In the absence of other programmes that could absorb extremely poor households that do not qualify for PSSB, this problem is likely to persist.

According to other PSSB studies[47], and confirmed by key informant interviews during this study, one reason for eligible candidates not being part of the programme is the lack of funds allocated to the delegation through the National State Budget. Inadequate funding to include all eligible families is key to understanding the majority of exclusion errors. However, as the prioritisation criteria for admission into the programme is not transparent, i.e. beneficiaries are not provided with information about how eligible households finally make the beneficiary list, they do not trust the system. As part of the reform process, this aspect must be addressed and

[46] In theory disabled people should be assessed through the health system where the level of disability is documented. This is often not carried out.

[47] Assessments carried out as part of the technical assistance to establish an MIS (OPM project documents)

both selection criteria and prioritisation of eligible households (in the face of a lack of resources) must form part of the key messages transmitted to the communities and all actors in the system.

Existing assessments of the PSSB[48] suggest that the management of waiting lists is neither transparent or efficient. Information about candidates is kept on paper forms that are not filed electronically so there is always an arduous task of manually sorting through the candidates in order to update the lists. Due to lack of time and human resources, this is rarely carried out and there are currently no criteria for deciding which person on the list will be registered as an active beneficiary when there is fiscal space. This study noted that this lack of transparency leads to frustration and many of the potentially eligible people are unwilling to engage further with the system if their application processes are not successful in the first instance.

Another barrier to registration is that people are obliged to have an official ID card in order to register. Currently, an ID costs 180 MTn – 6.4 USD (more than the monthly transfer of 130 MTn – 4.8USD) and is a long and complex process, particularly for the elderly people who do not have any birth registration. Once again, the rules pertaining to this procedural question are not transparent. Some people are admitted on to the active list of beneficiaries without all of their documentation (they are told to sort out their ID as quickly as possible) but others are told that unless their documents are in order they cannot be a candidate for the programme. This was found to happen in our research sites. In one case an elderly woman was enrolled in the system and given time to organize her I.D. documents. When, after a year, she still did not have the documents she was removed from the programme, causing considerable distress due to the loss of regular income.

The delegates in Chokwe and Chibuto were aware of the problems the research team found in the communities in relation to inclusion and exclusion errors. One of the delegates listed a series of challenges that she feels are critical and require solutions if INAS is to provide a more transparent and efficient service.

- Qualified staff; the majority of INAS staff are clerical staff and do not have social work training which limits effective engagement with the vulnerable households that are potential beneficiaries of the PSSB.
- Resources and skills to carry out case management activities. Case management of beneficiary households is a relatively new concept for INAS. The lack of resources and skills in this area was felt to be one of the main reason why errors in household benefits are not detected and corrected in a timely fashion.
- Effective payment systems. The manual payment system is both difficult to regulate and uses a significant amount of human and financial resources. Up to two thirds of human resource time in the Delegations is spent manually distributing the payments to PSSB beneficiaries leaving little time for quality programming and case management.
- Grievance systems. Detecting[49] and dealing with cases of incorrect targeting or defrauding beneficiaries during the payment process is difficult. She feels that she can discipline the INAS staff member but does not have any sanctions against community leaders if they are involved. She was also aware that the current grievance system was non-functional.

She stated that she would like to see closer monitoring of the system at grass roots level; *'more eyes'* from the community. She also recognised that to be effective there will have to be an investment in capacity-building. Accessible procedures manuals are needed that can be used as an aide memoire by community-based stakeholders so that everyone has a clear idea about the rights and responsibilities of all actors in the system.

Currently there is no accurate assessment of the level of inclusion and exclusion errors in the system. With the introduction of the new MIS in 2013 there will be a comprehensive re-registration process that will gradually correct inclusion errors. All new candidates for the system will be assessed using objective labour constraint and poverty criteria. As part of the reform process INAS aims to develop a communication strategy including dissemination processes with community actors, which will reduce both inclusion and exclusion errors. However, the inability to include all eligible households in the PSSB will only be solved when there is a substantial budget increase.

Treatment of disabled beneficiaries by INAS staff

Beneficiaries with disabilities felt they were not treated well by INAS staff during payment. In Chokwe, beneficiaries with disabilities said that the payment lists are done in such a way that people with disabilities are paid from a separate list (i.e. the names are not called in strict alphabetical order) and are always the last to receive their payment. This increased their feeling that they were in the scheme under sufferance, and not as a right.

[48] OPM assessments as part of on-going technical assistance to set up an MIS (OPM project documents)
[49] Problems with detecting targeting errors are largely due to the lack of a systematic use of data collected from beneficiary households, and the absence of a case management system and programme monitoring.

Coordination between basic social services

In order to provide a complete service for social assistance beneficiaries, the ideal situation would be strong coordination mechanisms between the providers of basic social services in communities. Previous analysis of the PSSB has highlighted limited linkages between health services and the INAS, even though health staff are required to certify the clinical status of people who have chronic degenerative disease or severe disability in order for them to access the programme[50]. This was confirmed during the current study by people living with disability who were largely unaware that the main entry point for PSSB was through the health system certification of levels of disability. At present, there is no functional referral system between education and INAS.[51] According to key informant interviewees, UNICEF and the Ministry of Women and Social Action are developing an improved referral system. The new system will involve community committees for social protection whose role will be to identify vulnerable households and act as a link between them and the various services or programmes that are on offer. Currently, UNICEF is undertaking a review of the existing community committees and their relevance to the social protection systems.[52]

INAS officials interviewed indicated that INAS is introducing a Social Assistance booklet that will register all the services and benefits a household is receiving from INAS and other social services. The booklet will be held by the beneficiary household and will replace the present system of having to request a certification of poverty each time they need to access free medical or education facilities. The idea behind the booklet is to register the history of the household for improved case management, register the transfers received to improve transparency and beneficiary control, and improve referral between social services. The booklet will be launched in 2013.

9 Use of the cash transfer and perceptions of its value and impacts

As discussed in Section 6 the PSSB is not seen by the Government or other stakeholders as a transformational cash transfer. The fundamental premise of the PSSB is that it provides the poorest and most vulnerable members of society with a minimum survival allowance. In the case of the PSSB, eligible groups include extremely poor labour constrained households headed by elderly people or people living with severe disability and/or chronic and degenerative illness. There are no graduation strategies for households to move out of the programme[53]. However, the recent emphasis on increasing the number of beneficiary households with dependents (rather than single person households) may result in individuals within the households having improved nutrition outcomes and accessing education thereby improving future life opportunities[54]. It was also notable in the study that the impact on the dignity and independence of the beneficiary households should not be under estimated as a positive outcome of the programme.

The PSSB transfer is welcomed by beneficiaries as a form of regular income support, but there is universal agreement that the amount of the transfer is inadequate to meet their needs. As such, the impacts of the transfer on their lives as individuals, on their households and their wider community, are limited. Beneficiaries feel strongly that the value of the transfer is so low that they have to have other survival strategies, even-though the criteria for eligibility for PSSB is that there are no economically active household members and that the household has no other sources of income. The PSSB transfer is not enough to meet even minimum needs. The lowest statutory minimum wage for 2012 is 2,300 MTn per month (approximately $83)[55] and the official poverty line is set at $1.25 per day. Compared with both these minimum standards, the monthly amount paid by the PSSB, 130-380 MTn ($4.8-$14) is clearly very low.

Most beneficiaries were hopeful that at some point the amount of money would increase. Some have been in the programme for more than 10 years, so have benefited from increases in the amount paid from $1, which they received for many years, to the current level ($4.8), and this fuels their optimism with regard to a future

[50] Assessments carried out through the OPM technical assistance programme (OPM project documents)
[51] Documentation of a review visit to three delegations in 2012 to understand and assess the functionality of INAS programmes and linkages with the community. OPM and INAS joint mission.
[52] Personal communication from the head of social protection UNICEF Maputo – Mayke 2012.
[53] Strategy for Basic Social Security
[54] In particular orphans living with grandparents
[55] There are seven categories of minimum wage in the country and the equivalent $ monthly amount ranges from $83 for agricultural and forestry workers to $222 for workers in the financial sector. The minimum wage is reviewed annually and passed by the Council of Ministers.

increase in the value of the transfer.[56] However, to date any increases are symbolic rather than real in terms of increases in the purchasing power of the subsidy. Beneficiaries are aware that the real value of the benefit has not kept pace with food price inflation.

INAS officials are aware that the amount of the transfer is small, but emphasise that the amount has increased considerably in the past five years, from an extremely low $1 (the level paid when the programme started in 1997), and, more crucially, the amount now has an objective basis for calculation, including an agreement from the Council of Ministers that it should increase annually indexed to the official poverty line. INAS officials also stress the importance of the predictability of the transfer, which helps beneficiaries obtain small amounts of credit for food and daily needs, or become part of rotating saving groups, or look after their children (Delegate from Chokwe and Chibuto).

9.1 Use of the cash

The list of ways beneficiaries use the money is extensive and illustrates how people prioritise needs. In most cases, the transfer is used to supplement other household resources, and helps to buy food, water and domestic fuel.

One beneficiary in Chokwe explains her monthly expenses as a way of illustrating that the 130 MTn cash transfer is only a small part of her struggle for survival.

> *"I use the money (from the cash transfer) to buy soap and rice. The money is very little, I have to pay 118 MTn for water each month, 100 for electricity every two months, I buy a sack of maize flour per month at 700 MTn, I think I spend, every month , about 1,500 MTn. My daughter used 250 MTn for her school uniform (at the beginning of the year), exercise books and a school bag. The INAS money helps people because you can buy food. If INAS stopped giving the money, the ones that dont have any other help will suffer."* (Elderly beneficiary. Chokwe).

As can be seen from the above example less than a tenth of the household basic needs are covered by the cash transfer.

For the majority of the households with elderly people or people with disabilities, the transfer was their only source of regular income and its importance is magnified as it was used for essential needs, particularly food and water. In the case of one beneficiary it made the difference between consuming potable water and fetching water from the river.

> *"Water is particularly expensive in Chokwe. Before I received payments I could not afford to pay bills and I went to the river to get water." (*Male beneficiary. Chokwe. PhotoVoice 2012)

A female beneficiary explained that among other things she used the money for school material for her daughters,

> *"The money is very useful because sometimes I have no other money and I can use it to pay for something like electricity, or school books for the children. Here Lausia and Arnaldo are carrying the books I bought with the payments [indicating a photograph of her daughters]."*
> (Female beneficiary. Chokwe. PhotoVoice 2012)

There were a limited number of beneficiaries who stated that they used the money for income generation or to increase productivity/ productive assets. The specific cases that were found were elderly people paying for labour on their farms in order to secure farm productivity, the case of a young disabled man who bought cell phone credit for re-sale. In his case, his basic food needs were provided by his sister and a neighbour. Finally, a case was found of a disabled beneficiary (traditional healer) using the transfer to make traditional beer for sale.

> "*Sometimes we spend the money on ingredients for a traditional drink that my wife makes by fermenting maize. We can then sell this drink to make money for food for everyone."* (Male beneficiary. Chokwe. PhotoVoice 2012)

Table 6 illustrates the different ways people chose to spend the transfer.

[56]The value of the PSSB in 2013 will be a minimum of $8.6 and a maximum of $17.2.

Table 6: How the cash transfers are used in Chokwe and Chibuto

Food, water and electricity	Income generation/productive assets	School materials/Health expenses	Pay debts /save	Tobacco and drink
-Food purchase [57] (most common reply) -Basic utilities, such as electricity and water (common reply)	-Pay agricultural labour (important for elderly people and people with disabilities) -Purchase seeds -Purchase pesticides (1 beneficiary)[58] -Buy cell phone credit for re-sale (1 beneficiary)	Buy stationery and school uniforms[59] (limited number of beneficiaries) Medicine (limited number of beneficiaries)	Pay small debts incurred Savings (1 beneficiary)	Tobacco (1 beneficiary)[60]

Source: Key informant interviews, in-depth interviews and focus group discussions, Chokwe and Chibuto

NB. As the sample size of beneficiaries was small, the information should be taken as illustrative rather than representative

The following quotes illustrate some of the ways beneficiaries use the cash transfer:

> *"The money is not enough because I just manage to pay for water. I pay the water bill that is 120 MTn, so you can see there is nothing left for anything else. That is how I spend the old age pension."* (In-depth interview, elderly male beneficiary, Chibuto)

> *"When I want to buy soap or candles I use the money from the support [PSSB], even when I go to the hospital I use this money. I don't have any other support other than the help from the government, from my children and the church."* (In-depth interview, elderly female beneficiary)

> *"The money I get helps me when I'm sick. When it is raining, I can buy seeds and pay labour to help me farm my land."* (Focus group discussion, male, Chibuto)

Box 5: Uses of PSSB cash transfer from ethnographic research in Massingir District

To complement the primary research by ANSA, a short ethnographic study was conducted by an independent researcher in a different district, Massingir, in Gaza province, the same province as Chibuto and Chokwe and thus shares several characteristics. Most of the findings from Massingir regarding the cash transfer, which are derived from a small number of key informants and PSSB beneficiaries with disabilities - coincided with those from Chibuto and Chokwe. However, an interesting difference was found in the use of the cash transfer. Amongst beneficiaries interviewed, two stood out for using the PSSB cash to finance part of a petty trade business. While these activities are more a coping strategy than an income generation activity given the small revenue they generate, it is interesting to note that there is a way in which some PSSB beneficiaries with some ingenuity and physical ability (ie, not extremely disabled or elderly) can stretch the very small value of the cash transfer to be able to make it a more useful contribution.

A *permanente* in Massinhgir had this to say about how a male PSSB beneficiary, who lives on his own and whose legs have been paralysed since birth, uses the transfer:

"Please, what is 130 MTn? One doesn't even get 15 kg of maize with that money. One hundred and thirty is nothing, because it's not only about food: but also soap, water, caril [food ingredients for traditional dishes], all these items are necessary. That money only helps him to stay alive, nothing more... Olimpio[61] didn't want to work as a blacksmith, with all the stuff and tools, as he could have done with my help. I believe that now he ekes a living out of selling cigarettes and cookies, nothing else. See how it works? Buy a pack of twenty

[57] The items most often mentioned were maize, sugar and cooking oil
[58] This purchase is quite unusual for PSSB beneficiaries as pesticides are expensive and difficult to purchase with limited assess in the rural areas
[59] Although they explained that this is only possible when there is enforced saving through the late payments
[60] The traditiobal healer who was a beneficiary of the PSSB
[61] Names have been changed for confidentiality

cigarettes (in a shop): people from here don't have the means to buy the whole pack, they may perhaps buy one cigarette; say cigarettes come at one MTn each if you buy the whole pack, but Olimpio here sells them individually at one or two MTn each, or something like that. He cannot stop (doing that sort of business) because he's used to already, he manages to buy water through that type of business, he manages to get the money to buy caril, some little thing that he needs." (Community worker and neighbourhood secretary, interview, Massingir)

A woman who is the main carer of a severely epileptic daughter - the designated PSSB beneficiary - said this about the way she uses the transfer:

"With 190 MTn (basic transfer plus one dependent), what I can do is to buy some sugar and make something that would pay back... buy sugar, brew beer, and sell it; or, give the beer to someone who in exchange would fetch stakes, do this and that for improving my house and homestead. Take the kitchen hut: for example: I would have arranged to build one myself, if my health was better, instead I had to ask a man here to do it and I gave him in exchange the clothes of my daughter, the one who died; but he's left the work unfinished..." (Woman, Canhane Village, Massingir District, Interview)

There were no significant differences between spending patterns in terms of location, sex (whether the household head was male or female) or household type. With the exception of elderly people living alone who did not spend their transfer on child-related costs such as schooling, no strong patterns emerged. The most common response among all households was that at least part of the transfer was used to buy food and meet other daily needs. Once again it should be noted that the value of the transfer is small and tends to be used to stretch the scarce resources in the household to cover all basic needs rather than for discrete items.

Although the transfer is delivered irregularly[62], the knowledge that it will be paid eventually and be paid in full is sufficient to allow beneficiaries to leverage small amounts of credit for household consumption or asset accumulation, or to borrow money from family or friends. This was seen as an important and effective coping strategy even though the absolute value of the transfer is very low.

9.2 Value and impacts of the cash transfer

Positive impacts

Two main issues were raised by beneficiaries in terms of the importance of the transfer to their lives: the predictability of the transfer, which allowed them to plan expenses; and the dignity that the transfer afforded them in the eyes of the community, particularly among family and friends.

The secretary of the neighbourhood in Chokwe stated that the reason the PSSB was most welcome was that it was regular, unlike the sporadic support provided by NGOs. Most respondents referred to support from non-government actors as being linked to natural disasters or times of extreme crisis, which did not provide a solid platform for planning everyday expenditures.

One elderly disabled beneficiary in Chokwe stated that he receives support from neighbours from time to time, for which he is very grateful, but the PSSB transfer is predictable and allows him to plan:

> *"My means of sustenance and support is PSSB. At the same time I also receive help from two Sisters from the Catholic Church that at harvest time give me rice, white cabbage, cabbage and tomato … Another neighbour sometimes gives me food or a cooked meal and the church gives me clothes. Without reducing the importance of this support, which is very important, I still consider the help in money (from PSSB) the most important, because with this I pay for water and buy food."*
> (Elderly Beneficiary. Chokwe)

Beneficiaries also felt that receiving the transfer gave them a certain amount of status in the community. An elderly disabled man in Chokwe said:

> *"Before I received the help (transfer) my life was not going well … With the help, many things have improved. My relationship with other people has improved. Before, nobody wanted to have anything to do with me. Now, nobody looks down on me."* (Elderly disabled male beneficiary. Chokwe)

[62] The transfer is not paid on a monthly basis although this is the stipulated modality. Generally INAS will provide the transfer on a bi-monthly or three monthly basis. This is largely due a lack resources (transport, staff and money)or delays in the budget provision. ,

The question of personal or family dignity was reiterated on a number of occasions and was felt by some beneficiaries living with a disability to offset their high level of dependence on family and friends. The following quotes from two beneficiaries illustrate this point.

> *"This transfer is a great support in my life. It has improved my relationship with my family. I no longer have reasons to complain."* (In-depth interview, 62-year-old woman with disability, Chokwe)

> *"Before being a beneficiary I was totally dependent on my son. Among the positive effects of the programme is that I'm now able to contribute to some basic household expenses."* (In-depth interview, elderly and disabled woman, Chokwe)

Thus, especially for people with disabilities, the transfer enabled them to have a level of control over their own lives, particularly choosing how to use the transfer and allowing them to contribute to household expenses. A male beneficiary who participated in the PhotoVoice exercise stated that he was able to choose what he ate for the first time in many years.

> *"It means I can cook for myself for the first time in a long time. Before I hardly ate anything – just when it was given to me."* (Male beneficiary (disabled). Chokwe. PhotoVoice 2012)

Details of what the transfer can mean in terms of life quality are illustrated by a young man living with disability in Chokwe (see Box 6).

Box 6: Young man with a disability who lives alone in Chokwe

The life history of this young man is illustrative of the multiple and compounding challenges faced by a person with a disability who is also living in poverty and how receiving the cash transfer give him some independence…

My father died when I was two years old. I became sick for a number of years starting when I was around eight years old. When I was ten years old my mother also died, so I lived with my brother. When I was thirteen I became sick again and couldn't use my legs anymore. I did not have a wheelchair [from 13-18 years old] and my family had to carry me or help me to walk.

In 2000 my house was destroyed by the floods. I was saved from drowning by my friends. These same friends and neighbours re-built my house after the floods. In 2003 my brother, the one I lived with, left for South Africa and I was left with a domestic worker to care for me.

In 2005, when I was eighteen years old I received my first wheelchair from INAS and my married sister, who lives close by, started to bring me meals. My wheelchair broke down in 2009 and then I had to depend on others to get around again. In 2010 a nurse found a wheelchair on the hospital dump and she gave it to me. My friends repaired the wheelchair and it still works.

In 2010 I started to receive the subsidy [PSSB cash transfer]. I received 70MTn -- 2.5 USD. In 2011 I began to receive 130 MTn - 4.8 USD. This is my only money, I live alone. The money makes a big difference in my life because now I don't have to rely on my friends and family for every little thing that I need.

In terms of other positive household-level impacts, the PSSB enables beneficiaries who are household heads to provide for their dependants, including buying school uniforms or school supplies.

The importance of these impacts should not be underestimated even-though it is difficult to measure in terms of current economic well-being. In particular the question of dignity and integration is difficult to quantify, but as mentioned in section 7 of this report the question of social vulnerability is key to understanding wellbeing in these communities. Households or individuals that are isolated from neighbours, family members or local leaders are considered to be the most vulnerable elements in the society. One key impact of the regular cash transfer is that it allows households to feel more integrated and therefore less vulnerable.

Positive comments made by beneficiaries about the PSSB cash transfer:

- "At least when we receive the transfer we can eat that day."
- "The transfer means that we have more recognition and credibility in the community."

- "We can make plans for the future."
- "*Sometimes we can save*" (forced savings when the payments are late or accumulated).
- "*We can get closer to the leaders in the community*" (they recommend to INAS that other people in need are considered for the programme).

(Source: Focus group discussions with beneficiaries, Chokwe and Chibuto).

Negative impacts

None of the respondents – whether beneficiaries, non-beneficiaries or key informants – mentioned any negative impacts of the programme on the households. The only 'negative' characteristic (rather than impact per se) related to questions highlighted in the preceding sections, namely; the low value of the transfer, irregularity of the payments, lack of information about programme procedures, and the 'gate keeping' role of the permanentes and the local leaders.

At the individual and household levels, respondents focused on the positive effects of the transfer. Given that beneficiaries are generally household heads, who might require the help of family members or friends, the transfer contributed – even if minimally – to their independence, so it was not a source of tension in the household; usually, rather the opposite.

At the community level, some of the questions in the different research tools were designed to uncover sources of tension resulting from some individuals being selected as beneficiaries and others not. No tensions were reported either by beneficiaries or non-beneficiaries. Responses to these questions indicated two explanations for the absence of such tensions: first, there seemed solidarity among beneficiaries in the community who agreed that the programme should be expanded to include all elderly and disabled people, eliminating criteria such as having a relative that could provide support or an additional source of income, since these were both likely to be unreliable. Another explanation was that potential beneficiaries who had not been included were aware that it was not the fault of beneficiaries that they had not been selected. The general view was that there were more people who needed to be included, either on grounds of old age or disability, rather than there being many beneficiaries who were wrongly included (inclusion errors). This is perhaps a result of the categories of people being targeted, who are generally more visibly poor and vulnerable.

> *"Relationships between beneficiaries and non-beneficiaries are good because those non-beneficiaries who are not yet elderly or do not have disabilities know that their opportunity to receive the benefit has not yet come. Others who are elderly or have a disability but still do not receive the transfer, might not like the situation but have a good attitude toward us because they know that it is not our fault they were not selected, but it is rather those who made the selection who are to blame."* (Focus group discussion, male beneficiary, Chibuto)

> *"The programme has not created tensions in the community. If these tensions occur, it is in a very discreet way … Such situations have never been known to happen."* (Focus group discussion, male beneficiary, Chokwe)

> *"We have heard people in the community say that selection has not been good because there are many elderly people who have not been selected, even if they are in need, because they are said to have children who work – but these children do not support them at all ... There are also people with disabilities who should receive INAS support, and we do not know why they are not getting it. We are of the opinion that all those who have a disability which does not allow them to walk should be benefited by the programme."* (Focus group discussion, female beneficiary, Chibuto)

There was some indication that the role of the local leaders and permanentes as gate-keeper (see section below on programme accountability) could be a point of tension. No specific examples were given to the research team to illustrate this point in terms of local leaders although considerable probing was carried out. An example was given of a *Permanente* being removed as s/he lost the confidence of the community they were serving.

10 Programme accountability

The Basic Social Subsidy Programme (PSSB) in Mozambique faces a number of challenges in terms of accountability to beneficiaries. One of the main problems, as discussed below, is the power of the local leaders and permanentes in the system; their ability to influence the selection process has increased their power and, in some cases, contributed to the development of relationships based on patronage. This is exacerbated by a weak monitoring and evaluation (M&E) mechanism from the national level down to the community level. Given the weakness of grievance mechanisms and the unwillingness of many beneficiaries to use those that do exist, holding individuals in the PSSB accountable remains a significant challenge.

10.1 Monitoring and evaluation

At present, monitoring of the PSSB focuses on system administration and does not measure efficiency and efficacy. There are simple statistics available about the number of beneficiaries on the different benefit scales; the gender breakdown of heads of household; and where the households are by province, district, and administrative post. The amount of money spent on transfers and administrative costs for the delivery of the transfer are also available, although administrative costs are calculated for delivering all of the INAS programmes per delegation, so it is not possible at present to indicate the real administrative cost of the delivery of 280,000 PSSB payments over the period of a year. No efficiency or efficacy measurements are routinely carried out by INAS or other stakeholders. Supervision visits to the Delegations from Central INAS aim to provide support to implementation and identify problematic areas for correction. Information used to prepare the supervision visits arise from monthly and quarterly reports that describe activities undertaken in the Delegations. However, key informants in INAS readily agree that the evidence base for action is weak and that both narrative and statistical information is not adequate for management of the programmes.

A new M&E system is being developed in conjunction with the new management information system (MIS), which will provide a complete set of administrative indicators on all areas of the system, including coverage, adequacy of the transfer, and extensive household data. In addition, the new M&E system will work with the National Institute for Statistics to include impact indicators for the Basic Social Security programmes (including the PSSB) into the national household budget surveys that form the basis of the poverty analysis in the country. The M&E system will provide information for INAS to improve performance in terms of planning, policy development and advocacy. The implementation of the MIS and the M&E system will lead to greater transparency of the processes and procedures, providing a basis for increasing programme accountability to beneficiaries, the GoM and cooperating partners.

At the local level, a number of key informant interviewees indicated the importance of having a ‘community eye’ on the programme in order to increase transparency and accountability. This was specifically mentioned by the delegates from Chibuto and Chokwe and the secretaries of the neighbourhoods participating in the study. The Civil Society Platform on Social Protection, supported by Save the Children and HelpAge International, is designing an independent, community-based monitoring system that will allow community members to work with INAS, PSSB beneficiaries and other stakeholders to improve the functioning of the PSSB through creating a demand for greater accountability by beneficiaries. The system will be based on beneficiary satisfaction indices and the pilot for this system will begin in 2013, dove-tailing with the new M&E system under construction by INAS.

Beneficiaries did not raise issues of monitoring or evaluation of the PSSB as a particular concern, or indeed the overall governance structure of the INAS programmes. The only element that was raised as an issue by a small number of the beneficiaries was the professional behaviour of *permanentes* and some INAS staff members, who were sometimes seen as lacking in sensibility towards older people or people living with disabilities, and were sometimes dishonest in the distribution of the cash transfers by short changing the beneficiaries.

10.2 Gatekeepers at the local level

The main institutional link that INAS has with the community and beneficiaries is through the *permanentes*. INAS also has strong links with local leaders. At present, there is no institutional relationship between INAS and any of the community-based organisations. As part of the reform process INAS is working with the District Services for Health, Women and Social Action to integrate the community committees for social action in the

referral and community care system to ensure that case management of beneficiaries is part of the care continuum in each community.

After discussing the 'entry points' into the system with the beneficiaries (asking how they had become registered in the system), the researchers concluded that considerable power is given to the 'gatekeepers' at local level, namely the *permanente* or neighbourhood secretary (sometimes one and the same person, although this is not encouraged by INAS). This situation restricts people's ability to access independent information about the PSSB and other programmes, or to present grievances. The restricted access to INAS increases the probability of local patronage relationships developing. On the other hand, many beneficiaries indicated that the permanentes played a positive role in mediating the relationship between themselves and INAS. As mentioned in the section on institutional relationships, INAS is seen as extremely important in the lives of the beneficiaries, but also distant and unapproachable. Beneficiaries mentioned that the permanentes would follow up on payments in arrears and in one case an elderly widow said that the permanente was crucial to the reinstatement of her household into the system. INAS central level staff and the Delegates at district level are aware that the *permanentes* play an important role in the social security system, and are equally aware that there is a need to review the job description, carry out comprehensive capacity-building and general re-orientation of these actors. In the past two years, there have been some refresher training[63] with the *permanentes*[64] (referred to in Chibuto) but the training is very limited and there are still many gaps in terms of understanding and approaches to be used in the implementation of the PSSB. INAS is undertaking a process to reform the role of the *permanentes* in the system; it would like to make the position a more professional role akin to community-based social agents; however, this process, and discussions around the role of *permanentes*, are still in their infancy.

There was no suggestion by beneficiaries, that the *permanentes* or the neighbourhood secretaries were extorting money from the elderly and disabled beneficiaries on a regular basis. The question of patronage appears to be linked to power relations in the community rather than the receipt of money. However, there were a number of reported cases where the neighbourhood secretaries were charging a fee for providing some of the documentation needed for the registration process (proof of residence for example), even though, potential beneficiaries of PSSB are, in theory, exempt from paying fees for these documents. There were also suggestions that the transfers provided to the households were not always correct. However, this point was extremely difficult to verify as beneficiaries do not have any proof of payment and payment cycles are irregular (see section 8.1 for details).

10.3 Views on complaints/grievance channels

The lack of information and transparency in the system leads to a general reluctance to complain. This is partly because people do not feel that they have a right to the transfer; rather, there is a strong feeling that they are receiving a hand-out, so they must not complain.

People also admitted that they did not know how to complain even if they wanted to. Neither the neighbourhood secretaries nor the *permanentes* were clear about the PSSB's grievance procedures.

During the discussions and interviews, some beneficiaries with disability said they felt badly treated when the transfer is paid, that they are often insulted, have to wait for many hours, with no consideration given to their disability. There were also problems reported such as late payments, which, when they do arrive, are not complete. However, despite these problems, beneficiaries are still reluctant to formally complain.

One older person who is a PSSB beneficiary in Chokwe said that in the most recent payment, they were only given three months' money instead of the four months they were owed.

> *"The last time we were only given three months of the four months that they should have paid … They said that the machine at the bank was broken and that the monthly payment that was missing would be paid the next month after the machine was fixed, but in the next three months' payment they didn't give us the month we were missing and they only gave us 370 MTn instead of 390 MTn that we should have received*!" (Elderly beneficiary. Chokwe)

Most respondents in the study did not know how to complain should they wish to. Some said they would talk to the local leaders. However, other beneficiaries stated that they did know who to complain to because the

[63]Training consisted of reminders about the eligibility criteria for PSSB, the role of INAS, and the rules and procedures for the PSSB. There was some discussion of the tasks performed by *permanentes*.
[64]Interview with the head of programmes in INAS Maputo, Olivia Faite.

neighbourhood secretary and the *permanente* were one and the same person, or were related to one another, which meant they (the beneficiary) did not have access to INAS staff.

The INAS delegate said that any complaints were heard on payment days; people would publically state their grievance to the INAS officials. The delegate claims that the complaints made on payment day are then referred to the delegation and are dealt with there. However, one beneficiary stated that if they try and complain on payment day, the response from INAS staff is that they did not work for the money so have no right to complain. People fear that there might be reprisals from the *permanentes* or neighbourhood secretary, in terms of being excluded from the programme, if they do voice any concerns or complaints:

> *"If we complain and they discover who complained, we will be put out of the programme*." (Focus group discussion, older woman, Chibuto).

At present, within the PSSB, there are no formal guidelines on how to complain, either for staff or beneficiaries and therefore no requirement to respond to individual complaints.

INAS is currently designing a grievance system that will ensure confidentiality for complainants, with many community level entry points for people to raise a complaint. The system will still rely on local resolution of most problems, but complainants will have the option of taking their problem directly to SDSMAS (District Services for Health, Women and Social Action) or INAS. The suggestion from the fieldwork is that the churches and non-government stakeholders should be involved in the complaints system, as some kind of independent actor.

Political manipulation of benefit by community leaders

Since the launch of the PSSB in the early 1990s, the programme has had a strong political overtone. Although it is now less high profile at national level, at the local level, the cash transfer still brings political cache to local leaders who can be seen to be addressing visible and highly distressing cases of destitution. However, by the same token, abuses of the system (for instance, inclusion errors, whereby non-poor households are beneficiaries) are also highly visible and couldcause a crisis of confidence between local communities, local leaders and *permanentes*.[65] This is less common but there have, for example, been cases where *permanentes* have been removed from their positions due to abuse of the system. Increasing information and transparency within the system as a result of the new MIS and stronger monitoring and evaluation mechanisms currently being developed, including robust grievance procedures, will not only expose wrongdoings but will also protect the many 'honest brokers' within the system.

[65] No specific cases were mentioned by beneficiaries or community member during the research but people mentioned that this could potentially occur.

11 Future directions and programme recommendations

As indicated in the body of the report, INAS is under-going an intensive reform process based on the new policy instruments approved by the GoM in 2009/10. There are a number of issues that INAS national and sub-national level officials highlighted as being critical to a successful reform process of the PSSB and which are relevant to the findings of the beneficiary research study.

INAS recognises that the fiscal space for the programmes is still relatively small, leading to low-value transfers and a lack of sustainable financial capacity to address the problems of all the vulnerable groups that fall within their mandate. **Focus on the maintenance of political commitment and the development of sustainable fiscal responses is key to the success** of the reform process and should be supported by all stakeholders involved in the system.

One of the key elements in the reform process is the introduction of a **management information system** (MIS), which is currently under design. The MIS aims to facilitate the integration of the social security programmes, improve targeting practice through increased knowledge and adherence to eligibility criteria, increase transparency and accountability (effective monitoring and evaluation) and increase effective communication between INAS and beneficiaries. The roll out of the MIS is dependent on investment in the hardware for the system, the capacity-building of INAS staff and collaborators in the management of the system. In order for this to take place it is essential that **key cooperation partners maintain commitment in the development of a robust social protection system** over the next five years, providing technical assistance and financial investment.

INAS faces a shortage of human resources to deliver high-quality programmes to beneficiaries. In order to address this problem, it is reviewing its current capacity and proposing a new organisational structure that will meet the needs of the expanded and reformed programme. Capacity-building will be slow and incremental rather than a root and branch reform. The length of time needed to implement these changes is at least five years, and their impact will be difficult to measure in the short term. However, they are essential to the development of a sustainable system that is accountable to beneficiaries. Once again the **financial commitment of the GoM and Cooperation Partners to a comprehensive capacity building programme** is critical.

Outsourcing payment to private sector providers is one of the main pillars of change currently proposed by INAS. The aim is to guarantee a regular, accountable (i.e. beneficiaries will be informed of their payment rights and will be provided with proof of payment) and predictable service to beneficiaries, while at the same time freeing up INAS staff to carry out essential case management activities. The new payments systems will take advantage of technologies such as remote banking and cell phone technology.[66] The reform is in line with beneficiaries' desire to receive payments through a transparent and accountable system, following a regular schedule.

Both Government and non-state actors recognise that there is a lack of structured and institutionalised coordination and collaboration between entities working in the social sector. This leads to both duplication of efforts in some areas and glaring service gaps in others. **Mechanisms need to be drawn up at national and local level bringing the entities together to share information and establish simple working guidelines for collaboration**. At the local level, each district should establish locally-specific mechanisms based on guiding principles of openness, collaboration and transparency of action.

Support for **the development of a comprehensive social protection platform**. The majority of cooperation partners involved in reform of the PSSB are engaged in system-strengthening activities. Although the number of cooperation partners has increased in the last three years, the group is still relatively small.[67] **Coordinated**

[66] The Terms of Reference for INAS Payments will be launched in February 2013. Interest has been demonstrated by cell phone companies and the banking sector.

[67] The main partners are the UK's Department for International Development, Dutch Embassy, World Food Programme, UNICEF, International Labour Organization and Swedish Cooperation. The World Bank will fund a Productive Social Action programme from 2013. Irish Aid supports civil society partners in social protection. The United Nations Development Programme and European Union are considering developing programmes in social protection.

and harmonised support to the sector is required by the cooperation partners to ensure that efforts are building systems rather than creating unsustainable ad hoc programmes to satisfy short-term goals of individual donor strategies.

There follows specific recommendations on aspects of the implementation of the PSSB and the reform process that intersect with the opinions voiced by beneficiaries in the study.

Revision of the value of the transfer
The revision of the value of the transfer is a key issue for INAS and other stakeholders. In this study one of the aspects highlighted was the limited ability of beneficiaries to influence the value of the transfer or voice their concerns about the system. Beneficiaries do not have a voice, their political power is extremely limited and the lack of a sense of entitlement makes this group extremely passive. The eligible households require champions to take important issues to decision makers.

Recommended measures to find champions and increase the lobbying power of eligible households.

I) Improve the visibility and emphasise the political importance of the INAS programmes, including the PSSB, at Provincial and District level through capacity building and information dissemination to the Governors and District Administrators offices
II) Re-focus the tasks of the *permanentes* to emphasise their role as positive champions of eligible households. This will require training and a transparent selection process of the *permanentes* within the communities.
III) Provide clear and easy to understand information about the rights and responsibilities of citizens in relation to the social assistance programmes, including PSSB, to a wide variety of community actors, including, schools, churches/mosques, community committees, CBOs and NGOs and religious organizations. This will begin the process of empowering beneficiaries to question the system and demand their rights.
IV) Engage the media at national, provincial and local level in the social protection debate, using the voices of the beneficiaries to illustrate both positive and negative aspects of the PSSB. In addition to using the voice of the beneficiaries, information to facilitate the debate should include: the cost to the nation of the PSSB and how the government intends to finance the programme in the future; coverage of the programme and future targets; and the role of the PSSB as part of a wider social protection strategy.

Greater access to information about the PSSB and future directions of the social assistance programmes is needed in order to increase transparency, accountability and confidence in the system.

Recommended measures

i) Develop a comprehensive communication and education strategy to reach all stakeholders. It should include: use of the media (particularly radio), simple printed information about INAS programmes and linkages to wider social service provision.
ii) Capacity-building and refresher-training of all actors involved in programme implementation, plus local leaders, community committees for social assistance and civil society organizations.

Targeting of poor households with members living with disabilities and unable to work should be part of the expansion of the PSSB, since the research indicated that disabled people are underrepresented in the programme.[68]

Recommended measures

i) Produce clear and well-disseminated information for applicants living with disabilities and include in the communication and education strategy (mentioned above).
ii) Develop capacity building programmes for social service providers on INAS programming for people living with disability (eligibility criteria, procedures for accessing benefits for people living with disability), in particular, health staff, social workers, teachers and education professionals and staff in the District Administrators or Municipal offices.
iii) Active targeting of households with members living with disabilities by health staff, *permanentes* and community structures for eligibility assessment.

[68] Evidenced by the low percentage of people living with disability currently in the programme, and backed up by the fieldwork carried out in Chibuto and Chokwe where people living with disabilities were under represented in terms of PSSB beneficiaries.

Transparency leading to greater accountability is needed in order to create a **sense of entitlement.**

Recommended Measures:

i) Support and build on the initiatives for the introduction of beneficiary-led monitoring processes. The Civil Society Platform for Social Protection is designing a community-based monitoring system for social assistance programmes. The idea is in its infancy and will be piloted in 2013. Support for the initiative is forthcoming from INAS, and was a stated need by INAS delegations and local leaders interviewed in the study.
ii) Local dissemination of the performance of the social protection programmes, including the number of beneficiary households in a given area and annual targets for expansion of the programmes.
iii) Introduce capacity-building programmes for community-based structures (for example, community committees for social assistance) involved in supporting vulnerable households with a view to increasing the responsiveness of the systems to households' needs and creating a comprehensive social support structure linked to formal social services provision.

Developing an effective grievance system will increase interaction between beneficiaries and INAS. (At present, there is no effective grievance system and beneficiaries are fearful of complaining.) Although initially this may be adversarial, over time it will create a sense of mutual accountability and increase trust. In order to make a grievance system operational, a considerable amount of grassroots work is needed to ensure that the system functions.

Recommended measures

I) Guarantee that the formal grievance mechanism, developed as part of the INAS reform process, is widely debated and discussed in a variety of national, provincial and district level fora. INAS should make internal resources available to roll out the grievance mechanism and ensure that the system is responsive to clients' needs and demands.
II) Ensure that resources are made available to the Civil Society Platform for Social Protection to disseminate the grievance procedures at local level with NGOs, CBOs and social protection community communities.
III) Guarantee intense monitoring of the initial roll out period of the grievance mechanism to trouble shoot problems, disseminate and use results for learning lessons in order to improve the system.

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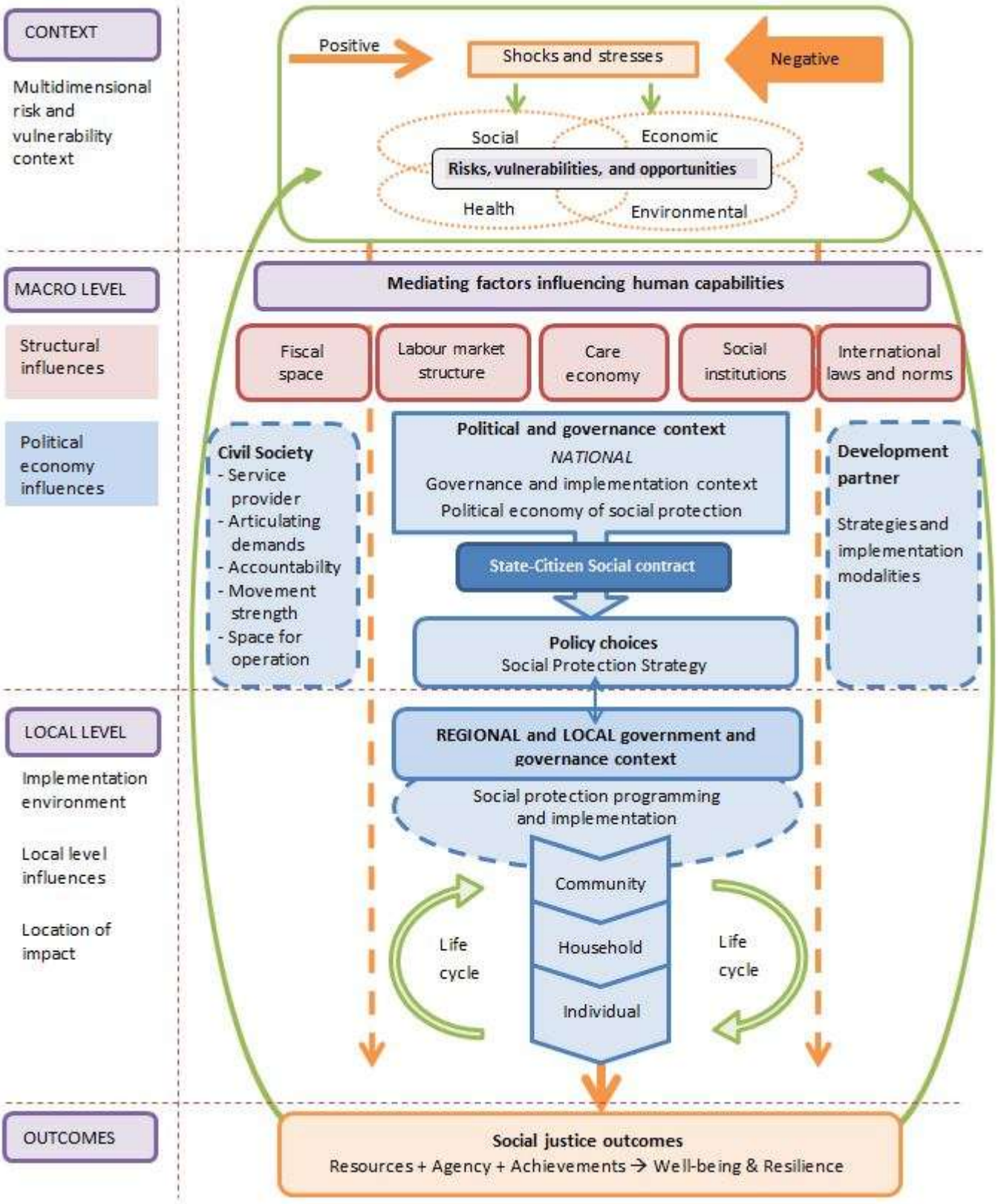
Annexes

Annex 1 Complete Conceptual Framework Diagram



Annex 2 Fieldwork matrix – post fieldwork

Tools	When	With whom	Chokwe	Chibuto
Social / community mapping When identifying homesteads, including their own homes, make sure they say who is / is not a beneficiary and who is an ex-beneficiary. **Institutional mapping** If enough time after the social mapping, do the institutional mapping with the same group.	At very beginning		Social mapping with 10 participants (3 men and 7 women). All non-beneficiaries Institutional mapping with a total of 9 – 3 men and 6 women (3 beneficiaries – 1 PWD and 1 older), 6 non-beneficiaries	Community mapping with 11 participants: 8 women and 3 men, 8 beneficiaries, 3 non-beneficiaries Institutional mapping with 5 participants: 3 men and 2 women, 4 PWD beneficiaries, 1 woman caregiver of a PWD non-beneficiary
Poverty and coping strategy mapping Do together	At the beginning, first day if possible, perhaps in the afternoon, after the social/community mapping	Between 8–10 people, different group from those doing the social and institutional mapping. CT beneficiaries and non-beneficiaries	Total of 31 mixed beneficiaries, non-beneficiaries, women and men, older and young	10 participants: 7 women and 3 men, middle-aged to elderly, mixed beneficiaries and non-beneficiaries
Historical time-line / trend (See also notes)	Whenever possible. Could also link to the above tools if people have the time, are willing to speak, etc.	Small group of older people, including some who know about the CT programme	Total of 6 (2 men and 4 women), 3 beneficiaries and 3 non-beneficiaries	Conducted after the poverty and coping strategies meeting, total of 10 (7 women and 3 men), middle-aged to elderly, mixed beneficiaries and non-beneficiaries
Observation (3 observations per site)	Whenever the situation arose, according to what is found in the area...		• Observation at the hospital – 9am – 12h • Observation at the Community Centre for elder people managed by INAS (food distribution for + / – 150 elders. 10.am – 14h • Observation at shops/stores in the main streets where older people and PWD	• Health Centre: 3 hours (9h–12h) • Water sources: 3 hours (9h–12h) • Local market and bus stop (9h –12h) Informal observation

			beg – 9am – 12h • Observation at the market – 9am – 12h	
Key informant interviews (6–8)		• VCOs • Teacher/headteacher • Women's group leader • Elders/community leader • Member of BWC • Youth leader • Religious leader	Total of 11: • District INAS Director • Permanentes (INAS community volunteers – 3 in 3 different 'bairros') • Pagador (INAS responsible for payment) (1) • Social worker from District Social Affairs Services (1) • District Director of Health Services • Community leaders of 2 bairros (2) • Group of community workers from Mozambican NGO Vukoxa (9)	Total of 8: • District INAS Director • Permanentes (INAS community volunteers – 2 in 2 different bairros) • Community leaders – 2 in 2 different bairros • Social worker from District Social Affairs Services (1) • World Vision – Programme Manager • NGO DorSemFronteiras
Case studies (2 per site) • Aim is to understand the person in their broader household context • Use the IDI guide as starting point • Involves informal conversations, observations at different times of the day, hanging out, drawings, etc. • Speak to different members of the household asking similar questions but tailored to them • You may have to go back a few times to the household		• Grandmother/caregiver (looking after many OVC) – current beneficiary • HIV+ caregiver or OVC if consent given • If you find someone who has graduated from the programme can do case study with them	Total of 4: • PWD man, HIV-positive, 48 years old, widower, living with 2 sons, lost his sight in 2003. Visited 4 times, chatted with his 17-year-old son, his 20-year-old married daughter who was visiting him. • PWM woman, 40 years old in a wheelchair, became paralysed at 3 years. She is single with 2 small children. Visited 3 times, chatted with her sister who lives with her and the neighbour who used to help her • PWD young man, 24 years old in a wheelchair, lost both parents in the 2000 floods, lives alone. A married sister living nearby helps him with meals every day. Visited 3 times, chatted with a friend who helps him pushing the wheelchair and with the sister • PWD adult male, 40 years old, living	• Older man, beneficiary, disability caused by war (visited his house 3 times), chatted with his wife. • Adult male, PPD, disability caused by childhood disease (visited once). Intention was to chat with his wife but during visit discovered she lives far away • Adult male PPD, caused by HIV/AIDS (visited 3 times), chatted with his 2 brothers and mother

			outside his house on a veranda, 2 older women from neighbourhood take care of him.	
Life histories (4–8 per site) Follow tool; draw lines on flip chart; record interviews; translate and transcribe; draw /reproduce charts in Word	Throughout, not at very beginning, after the participatory tools. VCO can help with selection, and can also identify interesting cases through the group meetings	All beneficiary households that have been in programme for as long as possible: • Grandmothers (2) • Grandfathers (1) • Mothers (1) • Men (1) • Youth (1) • Include former beneficiary to see if transfer made any difference	• Single woman, PWD, in a wheelchair, with 2 small children, beneficiary. • Young man, PWD, in a wheelchair, living alone, beneficiary • Adult male, PWD, living with 2 sons, beneficiary • Older female, PWD, beneficiary • Grandmother, PWD, living in a household with 9 people and 3 grandchildren, both parents died from AIDS • Grandmother, beneficiary • Grandmother, beneficiary • PWD man, living alone, beneficiary Total: 8 (Meet the criteria, mostly recruited from the FGD and IDI)	• Adult male, PWD, disability caused by war • Adult male, PWD, disability caused by HIV and AIDS • Older woman, PWD • Older woman • Adult male, PWD, male disability caused by childhood disease Total: 5 (Meet the criteria, recruited mostly from FGD, community meetings, who were open, easy to talk to, available, etc.)
IDIs (10 per site) • IDI beneficiary adult • IDI beneficiary child • IDI non-beneficiary adult IDIs should be selected from the poorest households according to their own poverty ranking, see above. So use poverty ranking criteria given by the community together with support from the VCO in selecting the IDI	After the community mapping. From then onwards.	• Grandmothers/caregiver/beneficiary/female-headed household (2) • MHH / beneficiary (1) • FHH (not a grandmother) beneficiary (1) • HIV+ beneficiary household (1) • Child beneficiary, CHH (13–17 years of age)(female or male as appropriate) (1) • Child beneficiary (8–12 years of age)(female or	• Adult male, PWD, not beneficiary • Adult male, not PWD beneficiary • Older man, beneficiary, not PWD • Older woman beneficiary • Older man, PWD, beneficiary • Young man, PWD, beneficiary • Older woman PWD, beneficiary • Adult male, PWD, beneficiary • Older male non beneficiary no PWD • Older woman PWD no beneficiary • Older woman not beneficiary PWD Total : 11	• Adult male, PWD, HIV–positive, beneficiary • Adult male, PWD, disability caused by war • Older woman, PWD, beneficiary • Older woman, not PWD, beneficiary • Adult male, PWD, disability caused by childhood disease, beneficiary • Older woman, PWD, beneficiary • Older woman, not beneficiary (2)

respondents.		male depending on above, i.e. not the same)(1) • Grandmother, non-beneficiary, caregiver (1) • FHH, non-beneficiary (1) • Male (father or grandfather), non-beneficiary caregiver (1)		• Adult female, enrolled in the programme but not yet beneficiary • Older man, not beneficiary (2) Total :11
Focus group discussions (6 per site) • FGD beneficiary adult • FGD beneficiary child • FGD non-beneficiary adult (Ensure that the FGD is in area where poorer people reside/ density of programme participants)	After the community mapping. From then onwards.	• Adult female beneficiaries (1) • Adult male beneficiaries (1) • Children beneficiaries (9 –13;14–17) (2) – one with boys, one with girls, as appropriate • Adult female non-beneficiaries (1) • Adult male non-beneficiaries (1)	• PWD, beneficiaries, male and female • Elders, beneficiaries, male and female (2) • Elders, not beneficiaries, male and female Total : 4	• Adult PWD, mixed men and women, beneficiaries (1) • Elder women, beneficiaries (2) • Elder women, non-beneficiaries Total 4

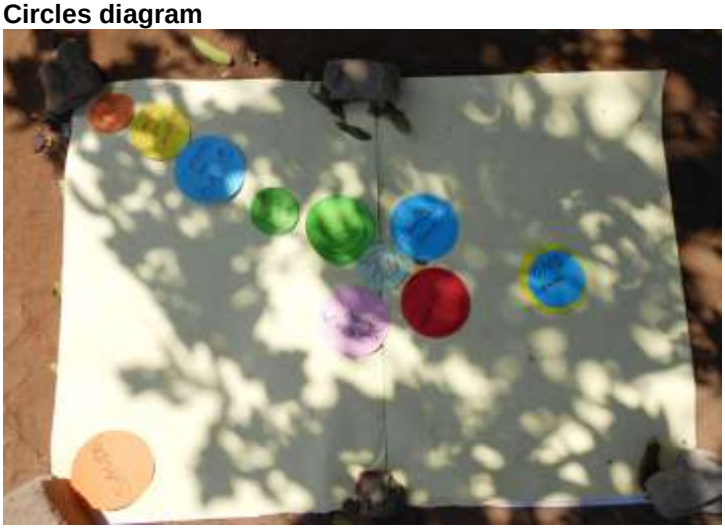
Annex 3 Models for institutional analysis

Chibuto

Background
Number of participants (start): 5; (end): 5;
Locality: Bairro 1, District: Chibuto-Sede
Type of participants: 3 men and 2 women; 4 participants living with a disability, one was the carer of a disabled person
Age (average): 45
Date: 03/09/2012 Start: 09.31 End: 11.50
Facilitator: Vitor; Note-taker: Benjamin

The process
People participated equally and the flow of the discussion was easy to manage as there were only 5 people. Also people understood the objective of the exercise and this helped the discussion and the outcome.

Circles diagram



Summary of results

Main People or institutions that you turn to in times of trouble	How are you helped when you have difficulties?	How important are these people/institutions to you?	How accessible are these people/institutions to you?	Notes/comments
Family	Food and mobility (help the disabled people to move about)	Family is extremely important	Family is accessible to the disabled person	The family is the key to life for us. We do not have a way to live without them.
Neighbours	Food	Very important	Very accessible	Again these are key to the lives of the disabled person. In the absence of family it is the neighbours that take care of them and take the place of family.
INAS	Cash transfer	Very important for the disabled person	Neither inaccessible nor really accessible	Difficulties arise because of the lack of clear selection and entry criteria, e.g. getting an identity card is difficult but is a prerequisite for entering PSSB
Church	Food and in some cases mobility aids, visits and prayers	Very important	Very accessible	
Health	Medicines	Very	Not	Have to queue to be seen and there are many

services		important	accessible	delays. There is a lack of affordable medicine (have to pay for medicines in the private pharmacies)

The group did not have any major disagreements during the discussions and the conclusions were consensual.

Chokwe

Background
Number of participants (start): 9; (finish): 9
Locality: Bairro 3b, Chokwe District
Type of participants: 3 men and 5 women; 1 elderly beneficiary, 2 people living with disability (non-beneficiaries). Others were members of the community
Age (average): 45
Date: 27/08/2012 Start time: 09.20 Finish: 11.40
Facilitator: Vitor; Note-taker: Benjamin

The process
It was very participative until the secretary of the bairro arrived. Then people began to measure their answers more carefully and take a more politically correct line.
Before the secretary arrived, people said the selection criteria for the INAS programmes were not clear. There are people in the programmes who should not be receiving and people not receiving who should be. They said INAS staff should leave their offices and come down to the community because that is where poor people live. Often the people who carry out poverty surveys do not know the reality of the community.
People did not feel as if they were informed about the eligibility criteria. They submit their documents and are not informed whether or not they have been excluded and why.
The group thought one of the evaluation criteria – type of housing – is wrong. For example, someone could have a cement block house (normally seen as belonging to better-off households) that was built by their son/daughter many years ago. However, the children may have now abandoned the old person (i.e. they do not look after him or her any more).
They also spoke about corruption and said that it was necessary to 'buy a soft drink' for INAS staff to get into the programme. They said they knew people who had used this method and had been accepted more quickly. (This was hearsay – none of them admitted to bribing INAS staff.)
When the secretary of the bairro arrived, participants spoke about the importance of local leaders (including the secretary of the bairro, the head of the quarter and the head of 10 houses). The secretary was important because he needed to sign documents before they left the bairro on their way to INAS. But they also said that, in order for the papers to arrive at INAS, they had to pass by the head of 10 houses, the head of the block and the secretary. They said the document had to pass through many of the local structures before getting to INAS.

Circles diagram

Summary of results

People or institutions of support	What sort of support is given in difficult times?	How important are these people /institutions for you? (very important, important, not very important)	Are they accessible to you (very, more or less, not very)
Church	Material support, financial and spiritual	Very important	Very accessible
Family	Either they are also very poor or live in another area and are not close by	Important	Not accessible
Head of 10 houses	He knows the circumstances of every family. It is through him that we can get help from institutions. If he does not put a person's name on the list for INAS then the candidate will not go forward. He helps reduce conflict between neighbours	Very important	Very accessible
Hospital		Very important	Not accessible because the hospitals are far from the community
NGOs	Very important	Very accessible	Project Hope: promoting savings groups and helping people manage the little they have TchovaTchova: a communication project aimed at reducing HIV transmission and stigma and increasing use of HIV services

Additional notes

There were no major disagreements between the people in the group. However, when the secretary of the bairro arrived they changed their behaviour.

Chibuto

Background
Number of participants (start): 11 (end): 11
Locality: Chibuto – Bairro 1
Type of participants: men and women, beneficiaries and non-beneficiaries.
The majority were elderly women.
Age (average): 55 years
Date: 03/08/12 Start: 09.00 Finish: 11.00
Facilitator: Lourdes Fidalgo Note-taker: AdelinaXaiXai

Comment on the process
The process was very participative. At the beginning of the session one of the participants tried to dominate the proceedings. Diplomatically, her attention was drawn to this and the work continued smoothly. Managing the discussion was not problematic.

Local words or phrases for vulnerability, what they mean, how they are translated and used
Vulnerability in this community is explained as: 'people who are more likely to suffer due to the appearance of a problem'. Sometimes people link vulnerability with poverty – which in the local language is chissiuana'. The main problems that affected the community were drought, illness (malaria, HIV and AIDS, TB, high blood pressure, rheumatism), pests/crop disease and illness that affects the animals). In particular they spoke about Newcastle disease (in chickens).

Summary
Characteristics of vulnerability and proportion of least vulnerable, vulnerable and most vulnerable households

Least vulnerable(Better off)	Vulnerable (Average)	Most vulnerable (Poor)
Good houses made of cement blocks Cultivated fields (5– 6 ha) Use of pumps (for irrigation) and tractors to farm the land Access to water. Have boreholes where other people buy water Households have people working in South Africa. They work for themselves. They have stalls or boreholes Have cattle (> 5) Have transport(motorbikes/cars) Food is not a problem. Can eat whatever they want Can buy medicine outside the hospital in private pharmacies Children study and they can even send them to university Have cell phones	Houses covered with thatch or zinc roofing. Some have cement blocks walls Cultivated fields (2–3 ha) Cultivate with hands tools. Some households rent oxen or tractors to prepare the fields Work in the fields of other people (piece work)/sell in the market. Do not have any livestock. All their chickens died of Newcastle disease Can only buy medicines at the public pharmacy at the hospital Sometimes have difficulties feeding all household members Children often manage to study through to 10th grade Some have motorbikes Have cell phones	Temporary shelter covered with thatch Small cultivated fields (0.5–1 ha). Some do not have any fields Hand hoe the fields Groups most affected are: widows, some of whom are elderly: orphans; unemployed people and people living with disability Work in temporary jobs /agricultural piece work /domestic work Have access to public health care. Buy medicines at health centre public pharmacy. Have to do casual labour to buy medicine Often have difficulties getting enough food and often have to do additional (daily) piecework to be able to buy food Do not have livestock. All their chickens died of Newcastle disease Have access to traditional wells. Do not have enough money to buy water from better-off households that have boreholes (7.5 MTn per 25 L). Children have access to free schooling to 7th grade Do not have access to cars or motorbikes Majority do not have cell phones

Proportion of households 8%	Proportion of households 56%	Proportion of households 36%

Main vulnerabilities

Main vulnerabilities	Groups most affected
Natural disaster – drought	Most vulnerable. They do not have any way of getting over the effects of drought
Social shocks – illness in the community, especially HIV and AIDS, malaria, diarrhoea, TB, high blood pressure and rheumatism	The most vulnerable and households that are vulnerable because they do not eat properly or cannot afford the food you need when you take the medicine
Plant disease and pests	The most vulnerable and vulnerable households. They depend on their crops and cannot afford the pesticides to fight against pests

Notes

The question of poverty was thoroughly discussed. Participants were of the opinion that some of the criteria used by INAS were not necessarily correct, e.g. around housing. They said some people might live in a cement block house but their situation might have changed. A woman might have become a widow; she may be looking after grandchildren if her children have died, with no means of earning a living. They said you should look at how a person makes their living, their sources of income and the whole situation of the family.

Another issue the group felt to be critical in the village was access to water. The poorest households that cannot buy water are forced to go to the river. Water is expensive (7.5 MTn per 25 L).

Proportion of households in different categories

The group initially considered everyone in the village as poor. After a long discussion, they agreed that there were poor people and very poor people. They still insisted that over a third of the village were very poor (most vulnerable), with the characteristics seen in the table above.

Discussion of who in the village is most vulnerable

The participants considered that the type of people who were most vulnerable were women with no men in the family, including widows.

Chokwe

Background

Number of participants (start): 32 (end): 31
Locality: Chockwe – Bairro 3
Type of participants: Men and women with an average age of 45 years
Date: 27/08/12 Start time: 09.00 Finish time: 11.30
Facilitator: Lourdes Fidalgo Note-taker: AdelinaXaiXai

Comment on the process

The process was extremely participative and the discussion was lively. Both male and female participants were active in the discussion. Managing the process was not particularly difficult. There was one incident at the beginning of the work where a drunken man tried to disrupt the conversation – but he himself asked permission to leave the group. The work then carried on without any further problems.

Local words or phrases for vulnerability, what they mean, how they are translated and used

Vulnerability in the community is referred to as 'people who are most likely to be affected by problems'. These can be social or economic problems, or problems due to natural disasters (floods and drought).

Summary of the flipchart

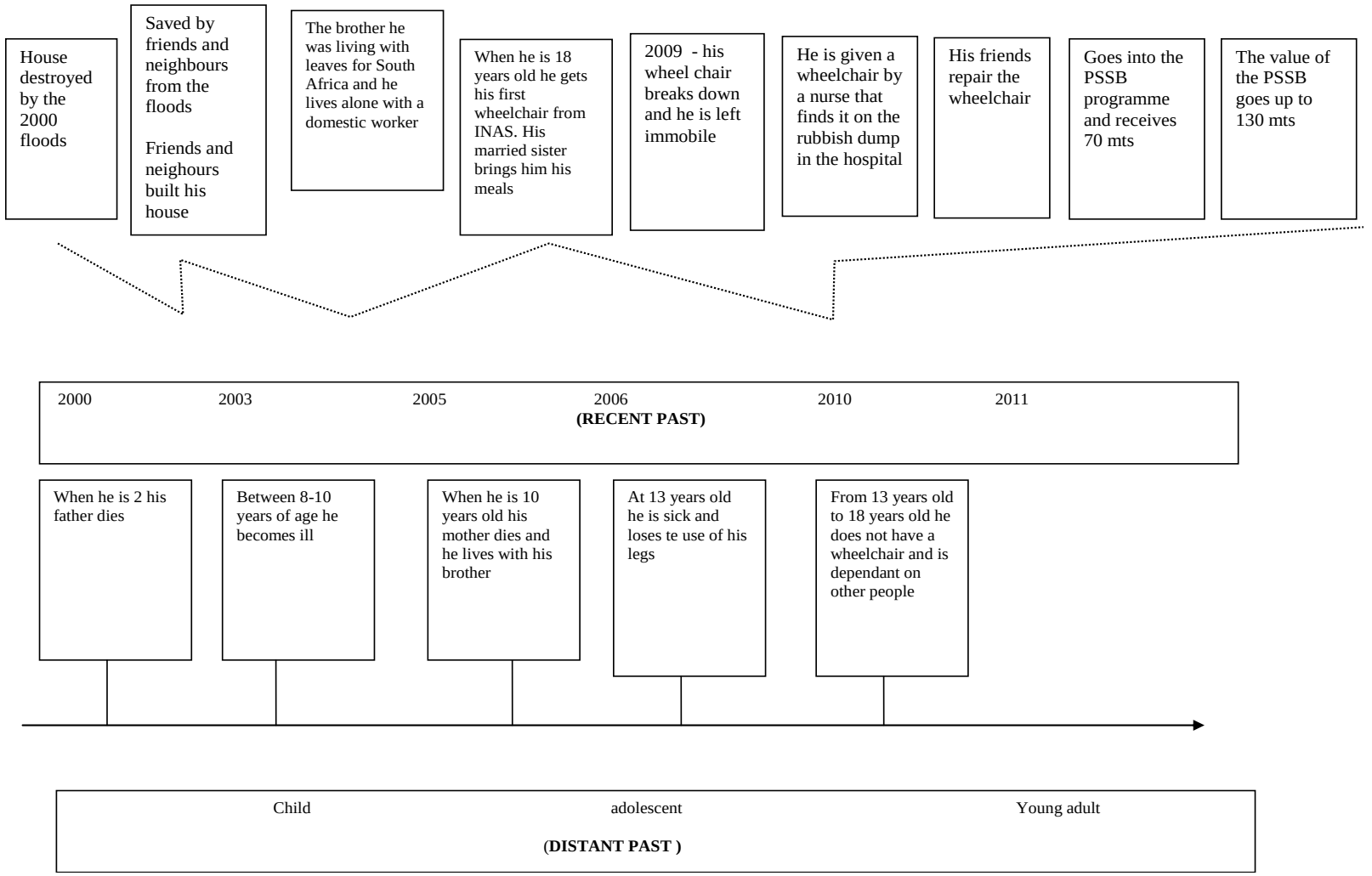
Characteristics of vulnerability and proportion of least vulnerable, vulnerable and most vulnerable households

Least vulnerable (Better off)	Vulnerable (Average)	Most vulnerable (Poor)
Houses made of cement blocks.	Houses made of cement blocks	Temporary shelter made from

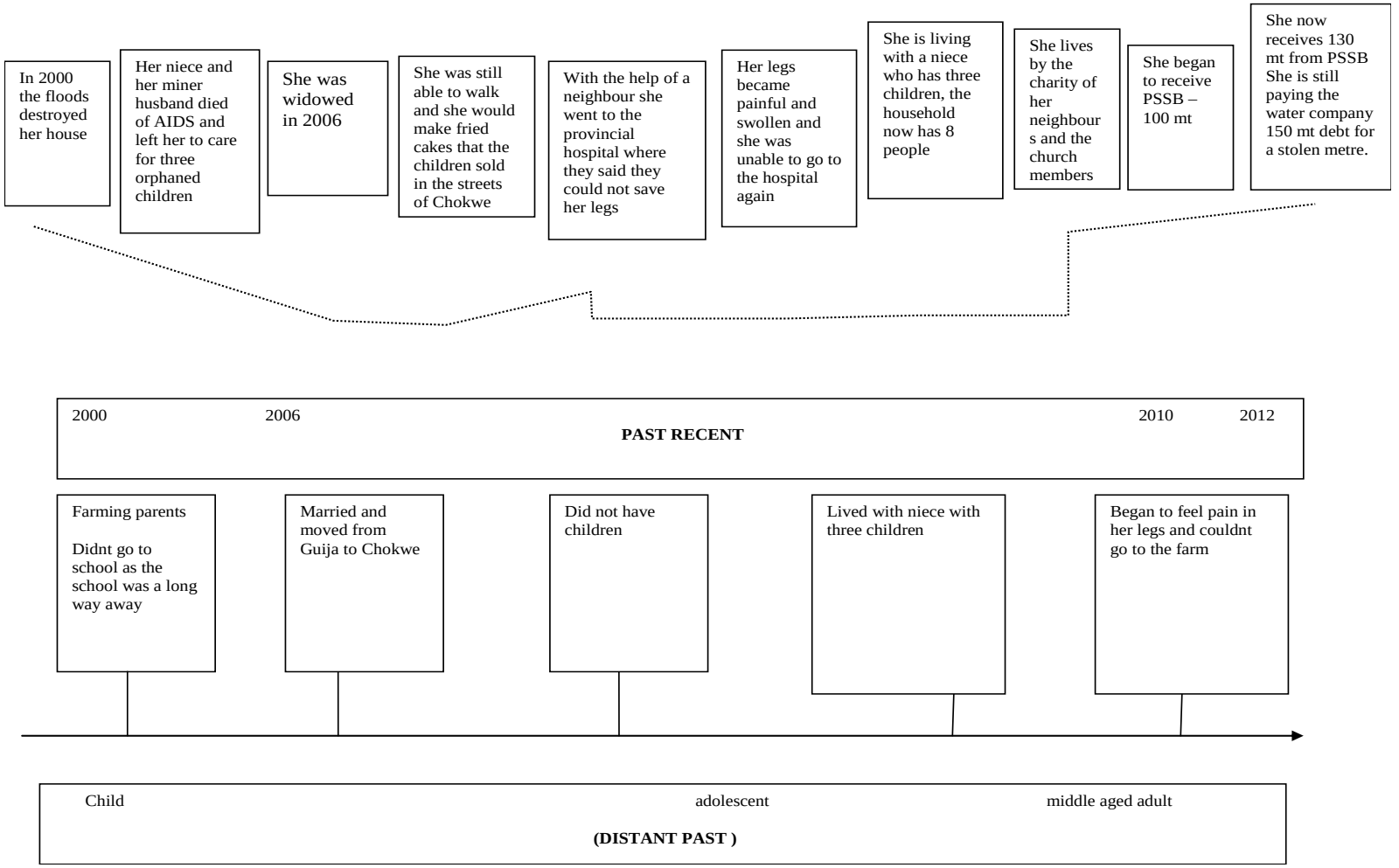
Improved housing Productive fields (> 4 ha) Work for themselves Have salaried or waged work Own shops Own and breed large livestock such as cows Have transport (car or tractor) Have enough food – eat what they want Buy medicine in private pharmacies not in the public pharmacies in health facilities Buy clothes in shops Manage to send their children to university Have cell phones with the three servers (mcel, Vodacom and Movitel)	Productive field (4–5 ha) Waged labour or work for themselves Own and breed small livestock and poultry (chickens, ducks, goats) Have transport (bicycle or motorbike) Can buy medicine in the hospital and also outside the hospital (in private pharmacies) Buy second hand clothes Eat what they produce and what they buy from the local market Children study to 9th or 10th grade Have a cell phone	traditional material Small productive fields (0.5–2 ha) or do not have productive fields Characteristics of this group: people living with disability; orphans; single mothers with dependent children; elderly people who have been abandoned Unemployed / work as piece workers on farms or other casual labour such as domestic work Wear clothes that people give them Cannot buy medicine Children go to school until 7th grade (primary schooling is free) Often do not have enough food and have to scrape together a meal Do not have cell phones
Proportion of households 16%	**Proportion of households** 56%	**Proportion of households** 28%

Annex 4 Examples of life histories diagrams

Young disabled man who lives alone in Chokwe



Life history of an elderly widow, she is disabled and cares for orphan children. Chokwe



Annex 5 Communication and policy engagement approach/matrix

The findings of the study will be presented to a number of different audiences and in a number of different formats. See table below for details.

Communication and Policy Engagement Matrix

Format	Audience	Proposed date
All day meeting: Presentation of study findings and recommendations. Followed by debate and recommendations for future actions based on the study. Featuring an exhibition of photographs taken by beneficiaries living with disability (from the photo voice experience)	**Stakeholders in Chokwe and Chibuto (2 separate meetings), including;** . Members of the Provincial Government in Gaza. . Members of the district government . INAS officials and *permanentes* in the villages where the study took place . Faith based organizations and community based organizations . Beneficiaries and non beneficiaries interviewed during the study . Local media	2nd week of February
	Stakeholders in Maputo/National Level, including. . INAS Central officials . INAS officials from Chokwe and Chibuto . Representation from beneficiaries living with disability MMAS officials . Members of the Parliamentary Committee for social affairs . Cooperation partners . NGOs . National media (T.V., radio and newspapers)	End of February 2013
Half day Public meeting Debate on report findings. Featuring an exhibition of photographs taken by beneficiaries living with disability (from the photo voice experience)	Publicity in the National Media for the event. Invitations sent to: . Media . Civil Society . Academic Institutions	March 2013
Public exhibition of photographs taken by beneficiaries living with disability (from the photo voice experience)	The exhibition will be open to the public for seven days	Last week in February
Briefing note translated into Portuguese	**Briefing notes in English and Portuguese sent to:** .INAS Central . Cooperating Partners . Civil Society Platform for Social protection (for distribution to members) . Gaza Provincial Government and the lo0cal governments of Chokwe and Chibuto . National Media (radio, television and newspapers)	End of January 2013
Full report translated into Portuguese and disseminated during the meetings	**Full report in English and Portuguese** : . Available on DFID website . INAS Central . Other government Ministries: Min of Women and Social Action, Ministry of Health, Ministry of State Administration, Ministry of Planning and Development, Ministry of Finances. . Cooperating partners. Dutch Embassy, Swedish Cooperation, Irish IAID and U.N Agencies	End of January 2013