TRANSFORMING CASH TRANSFERS

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







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Our research aimed to explore the perceptions of cash transfer programme beneficiaries and implementers and other community members, in order to ensure their views are better reflected in policy and programming.

Introduction

Key points:

- Cash: The cash transfer is fundamental to the survival of the most vulnerable households, but it is recommended that the value of the Basic Social Subsidy Programme be increased to help prevent destitution and promote the dignity of the poorest people in society.
- Communication: An efficient and effective social protection system is an accountable system. Abuses of the system can be minimised and inclusiveness increased, particularly for people living with disabilities, by improving information dissemination and developing a functional grievance system.
- Care: Households receiving the transfer are the poorest and most vulnerable in the study area.
 Providing a small cash pension is not enough; a strong social protection system needs greater coordination of all basic services (health, education and social welfare).

The use of cash transfers (CTs) 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. This country briefing draws on qualitative research focusing on beneficiary and community perceptions of the Basic Social Subsidy Programme (PSSB) in Mozambique, as part of a broader research project in five countries (Kenya, Mozambique, Occupied Palestinian Territory (OPT), Uganda and Yemen) by the Overseas Development Institute (ODI) in partnership with national research teams involving primary and secondary data collection and analysis, commissioned by the UK Department for International Development (DFID). The aim of our research was to ensure policy and programming better reflect the views of programme beneficiaries and implementers and other community members.

The PSSB is the largest of the three social assistance programmes in Mozambique. It has been running for 16 years and has national coverage, reaching over 300,000 extremely poor households. It targets labour constrained, extremely poor households with elderly, disabled or chronically sick members. The minimum transfer value is 130 MTn (\$4.8) per household per month, with increments of 50 MTn (\$1.8) per month for dependents and up to a maximum of 380 Mtn (\$14) per household per month. Beneficiaries are paid in cash, and the recipient is generally the head of the household.

The PSSB reflects the socio-political stance taken by the government of Mozambique to ensure a basic minimum standard of wellbeing for the most marginalised groups in society and, as such, is part of a wideranging reform of the social protection sector in the country. During the study, there was a particular focus on the perceptions of people living with a disability who are also living in poverty, which is one of the PSSB's main target groups. The study was undertaken in the districts of Chokwe and Chibuto in the southern province of Gaza.

^{1.} The value of the transfer is revised annually. It can purchase about 8 kg of sugar, 10 kg of rice, a complete treatment dose for malaria or labour in gardens for at least a week. The value received represents less than a quarter of the international poverty line of \$1.25 a day.

Poverty, vulnerability and coping strategies



In the past, livelihood strategies in the study areas were linked closely to patterns of migratory labour and reliant on remittances to supplement agricultural income. With the decrease in formal mining contracts with South Africa, remittances are no longer a prominent feature of people's income, and livelihoods in the two areas are now based largely on subsistence agriculture. Ability to farm and buy agricultural inputs distinguishes the better-off from the poorest households, and in both communities respondents were emphatic about how easy it was to fall into absolute poverty when unable to cultivate anymore.

People living with disabilities participating in the study added that the one of the most onerous aspects of disability for people of all ages was their dependency on others; given that farming is often the only livelihood alternative and they were not able to carry out these activities.

A major negative catalyst in the area is HIV¹, which has multiple impacts, ranging from ill-health of the individual to stress on the household and changes in household demographics, with elderly people left to care for grandchildren. One issue raised in both communities was the reversal

of the sense that one's children represent future security, that is, that they will provide for parents in their old age. With the social disruption caused by HIV and changes in migration patterns, children have now become another 'risk factor'. Adult children either return home sick needing to be cared for, or die leaving orphaned grandchildren with their parents. This situation substantially increases the strain on the carrying capacity of the community and the extremely limited outreach services provided by the National Health System and Social Welfare Services.

Respondents in the survey considered social factors extremely important in defining both poverty and vulnerability, and linked these to social support and household composition. It is clear that losing one's family is linked to social standing, which in turn is linked to vulnerability. In the eyes of the community: the more alone you are the more vulnerable you are to falling into poverty.

1. Prevalence rate of 25% in 2010 (Ministry of Health and National AIDS Council National Survey on Prevalence, Behavioural Risks and Information on HIV/AIDS).

$\sum_{i=1}^{n}$

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)

Experiences of CTs and perceptions of programme design and implementation

Positive and negative experiences of the PSSB

A number of positive effects of the CT on beneficiary households were reported; one of the most important being that the transfer confers a level of independence on such households. One elderly disabled beneficiary in Chokwe stated that he received support from neighbours from time to time, for which he was very grateful, but that the PSSB transfer was predictable and allowed him to plan and help pay for basic needs:

'I still consider the help in money [from the PSSB] the most important [compared with to other support], because with this I pay for water and buy food.'

A number of beneficiaries felt that receiving the transfer gave them status in the community and, as noted above, social status is essential to wellbeing:

'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 man living with disability).

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:

'Before being a beneficiary I was totally dependent on my son [...] I am now able to contribute to some basic household expenses' (elderly and disabled woman).

Focus group discussions revealed that the CT provided a level of relief within communities, in terms of caring for people who are destitute and without family support. However, respondents were clear that the PSSB still did not have adequate coverage of all highly vulnerable households, with many destitute households not receiving the transfer.

Although the study revealed that there was no animosity in communities towards beneficiary households, there was disquiet about the power of local leaders and the community social worker (*permanentes*)² to control entry into the PSSB. Respondents made no specific allegations about abuse of power, but focus group participants and individuals interviewed highlighted the 'gatekeeping' role of these community actors.

Perceptions of programme design and implementation

All respondents agreed that the value of the transfer was inadequate to meet even the most basic needs. The lowest statutory minimum wage for 2012 was approximately \$83 per month, 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, \$4.8-14, is clearly very low. The economic impacts of the transfer on the lives of individuals, their households and their wider community are thus limited.

In addition, payments are irregular; the transfer is not paid on a monthly basis, even though this is the stipulated modality (this is largely due to a lack of resources - transport, staff and money - or delays in budget provision). Beneficiaries are unhappy with the payment system; the monthly payment schedules for the PSSB are not adhered to and there is no written explanation provided about the payment schedules. Also there is no proof of payment provided by INAS to beneficiary households. However, even given these problems, the knowledge that the transfer 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.

The PSSB was appreciated by the communities but it was clear that beneficiary households regarded the CT as a 'gift' from the government and, in consequence, placed very few demands on the service providers or *permanentes;* there is no sense of entitlement. In particular, people living with disability feel disenfranchised. Even those receiving the CT feel they are there under sufferance as it is perceived that the programme is aimed primarily at the elderly.

Households, local leaders and even the permanentes are unclear about the PSSB's eligibility criteria and selection procedures. This leads to ineffective and passive targeting; households merely waiting for selection and inclusion in the programme. Various statements about the lack of transparency revealed that local leaders and permanentes controlled the selection process and subsequent relationships with INAS. In some cases, this has contributed to the development of relationships based on patronage and had negative impacts on the household and community. On the other hand, many beneficiaries indicated that the *permanentes* played a positive role in mediating between themselves and INAS, for example following up on payments in arrears. In one case, an elderly widow said the permanente was crucial to the reinstatement of her household in the programme. This complex set of interdependent yet unequal relationships does not make for a robust or transparent system.

Permanentes are selected by communities to act as a liaison between the community and the National Institute for Social Action (INAS). Their role is to help identify highly vulnerable households and, once households become beneficiaries, to provide information to households about the programme.

Programme governance and accountability

The research raised a number of **governance** and **accountability** questions. In terms of accountability, one of the most difficult issues to tackle is the lack of entitlement beneficiaries feel. This attitude has led to passive acceptance of failures in the programme. For example, **beneficiaries rarely complain** about the late arrival of payments or changes in transfer amounts. Beneficiaries are **reluctant to raise any grievances**, either because of a sense that the transfer is 'a gift – not to be questioned or refused', or because there is a **fear of reprisals** if complaints are made. In terms of programme governance, the study highlighted the following aspects as extremely problematic: **lack of information** available about eligibility criteria and transfer values, complex and non-uniform selection procedures, and the role of community actors (local leaders and permanentes) as **'gate keepers'** to accessing the PSSB.

The above-mentioned issues are subject to discussion by INAS and actions are being taken as part of the reform process to improve both the governance and the accountability of national social assistance programmes. INAS is reviewing all procedures for the implementation of social assistance programmes, including the PSSB, and is in the process of designing an integrated **Management Information System (MIS)** for beneficiary management. Key procedures that are under review are: targeting and selection criteria and processes, **payment systems**, **case management**, and **monitoring and evaluation (M&E)** of INAS programmes. As part of the reform process, payments systems using **technological solutions** (mobile phone and banking options) are being explored and a grievance system established in order to better serve beneficiary households.

The government also recognises that **increasing the sense of entitlement** to national social assistance programmes is an important step towards **increasing accountability**. The provision of information about the programmes and active encouragement of communities to engage with INAS through the grievance system, which includes independent local arbitration organs, are key steps to increasing accountability to beneficiary households.

Source: Key informant interviews with INAS staff; focus group discussions in Chibuto and Chokwe; in-depth interviews with beneficiary households in Chibuto and Chokwe.

Conclusions and policy implications

The study revealed the importance of the PSSB to the poorest and most vulnerable households in the study area and highlighted a number of issues that require concerted effort by all stakeholders within the social protection sector to improve the programme and its impact. Efforts should include listening carefully to beneficiaries and responding to potential beneficiaries' need for clear information and transparent procedures. Specific programming to target households with people living with disability is needed to redress the current imbalance in terms of accessing the PSSB.

Currently, INAS is undergoing a wideranging reform process involving the broadening of the social protection platform and the development of an integrated system for the management of beneficiaries. The findings of this study add weight of evidence to some of the measures underway, and provide additional points for consideration. They highlight the importance of political commitment to the social protection platform and the need to develop a sustainable fiscal mechanism for social protection programming.

Improvements in the delivery, accountability and effectiveness of the PSSB require political-level commitment to addressing the issues highlighted by the beneficiaries.

Specific measures for consideration arising directly from the study are as follows:

 In response to the key finding that the value of the PSSB transfer does not meet the basic needs of households, the transfer value should be reviewed. Coordinated action by state and non-state actors to help maintain pressure to increase the value of the transfer and open up debate on sustainable state funding for social protection programmes.

- The current payment mechanism does not provide an adequate service to beneficiary households, and there is a need to establish a costeffective and transparent payment system. INAS is currently undertaking a process to outsource beneficiary payments; this process will require keen monitoring to ensure this new mechanism adequately serves beneficiaries of the PSSB
- The study highlighted the lack of clear information about the rules and procedures of the PSSB, and how this disempowers both beneficiary and potential beneficiary households. There is a need to provide clear and accessible information about eligibility, targeting and selection procedures, transfer values, payment modalities and grievance mechanisms to all actors within the system.
- People living with disability are not aware of their entitlement to apply to the PSSB, leading to underrepresentation of people living with disabilities in the programme. It is recommended that INAS undertake active targeting of poor households with members living with disabilities and those unable to work, in order to correct the current imbalance in terms of eligible households benefiting from the programme.
- Beneficiaries generally do not complain about problems they encounter with the PSSB. As part of the reform process, an improved grievance system will be established. However, it is important that resources be made available to implement the newly developed grievance system as part of the drive to increase accountability, and that



civil society and community actors engage with the implementation of the system, encouraging households to avail themselves of grievance mechanisms.

- Questions of accountability were raised on a number of occasions during the study. In order to ensure increased accountability and transparency, it is necessary to invest in the development of both the internal monitoring and evaluation system (INAS) and the external system supported by the social protection civil society platform: provide 'eyes in the community' for improved responsiveness of the system.
- PSSB beneficiaries are the poorest and most vulnerable households. Given a lack of integration of basic services such as education, health and social protection, these households receive inadequate care; the low-value CT is not enough to reduce vulnerability. In order to offer improved care to these households, mechanisms to coordinate the provision of basic services are essential. These should include integrated registration systems, harmonised benefit systems and improved communication between services, communities and households.

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As part of the research process, a selection of child beneficiaries took part in participatory photography workshops run in collaboration with the charity, PhotoVoice. More information about participatory photography and its use in development research, as well as photographs and digital stories produced by participants, can be found on transformingcashtransfers.org.

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