



Republic of Mozambique

**NATIONAL BASIC SOCIAL SECURITY STRATEGY
(2016-2024)**

Maputo, February 2016

EXECUTIVE SUMMARY

The National Basic Social Security Strategy (ENSSB) 2016-2024 seeks to achieve the Government's Five Year Programme for 2015-2019, through implementing actions that contribute to reducing poverty and vulnerability, ensuring that the results of the growth of the Mozambican economy benefit all citizens, particularly those living in situations of poverty and vulnerability. Drawing up the present Strategy was based on targets set in the National Development Strategy 2015-2035, Agenda 2063 of the African Union, and the Sustainable Development Goals approved by the United Nations. Taken together, these stress the dynamic and promotional approach of social protection and the potential of the basic social security instruments to strengthen human, productive and social capital, as well as the capacity for resilience of the most vulnerable households and individuals.

This strategy intends to continue the actions carried out since the passing of the Social Protection Law in 2007, to build an effective and efficient basic social security system, and presents a comprehensive approach for the social protection of the poorest groups of the Mozambican population, defining the guiding lines for strengthening their capacity for protection against social risks so that they emerge from their situation of vulnerability on a long term sustainable basis.

ENSSB 2016-2024 was drawn up by considering the profile of vulnerabilities and risks in the country, the functions of basic social security and the diagnosis of the current situation of the system, presenting the following objectives:

- 1) Boost the level of consumption and the resilience of the poor and vulnerable strata of the population;
- 2) Contribute to the development of human capital through improving nutrition and access to basic health and education services for the poor and vulnerable strata of the population;
- 3) Prevent and respond to risks of violence, abuse, exploitation, discrimination and social exclusion through social welfare services, and
- 4) Develop the institutional capacity to implement and coordinate the basic social security sub-system.

To make these objectives operational, ENSSB 2016-2024 is structured into four axes of intervention, namely:

Axis 1: Strengthen consumption, autonomy and resilience; **Axis 2:** Improvements in nutrition and in access to health and education services; **Axis 3:** Prevention of and response to social risks; and **Axis 4:** Institutional development.

Thus, **Axis 1** makes operational the first objective of the strategy and covers actions which seek to strengthen, in the basic social security system, the functions of compensation for old age and functional incapacity, the reduction of poverty and social inequality and promotion of the autonomy and resilience of the poor and vulnerable strata of the population. It is envisaged that modifications will be introduced into the Basic Social Allowance Programme to establish the allowances for elderly people and those who are functionally incapacitated. Through this Axis, the current Productive Social Welfare Programme (PASP) will be expanded and its role strengthened in promoting the autonomy and graduation of its beneficiaries living in poverty. A further aspect included in this Axis is the strengthening of basic social security in response to shocks.

Axis 2 focuses on actions that promote the development of human capital, through improving nutrition and access to health and education services (objective 2). Child allowances fit into this axis.

Axis 3 concerns the Social Welfare Services which seek to prevent and respond to the social risks which mainly affect children, women, the elderly, the disabled, and people affected by HIV and AIDS (objective 3).

Axis 4 is centred on the institutional development actions (objective 4) required to strengthen the capacity to implement the first three axes at all levels (central, provincial and in the districts).

Actions are envisaged in the Strategy to strengthen inter-sector coordination and monitoring the results of implementation of ENSSB 2016-2024 through the National Social Welfare Council (CNAS).

It is expected that, with the implementation of the present Strategy, 3,352,515 direct beneficiaries and 8,274,789 indirect beneficiaries will be reached. By 2024 a budget equivalent to 2.23% of GDP should be allocated to it.

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1. JUSTIFICATION

The assessment of the 2010-2014 ENSSB noted that advances in basic social security took place in Mozambique with regard to the increase in beneficiaries from 254,000 in 2010 to 427,000 in 2014, in the value of social transfers by 300% between 2007 and 2014, in public expenditure on social welfare programmes from 0.22% of GDP in 2010 to 0.51% in 2014.

The following stand out as positive aspects of the implementation of the 2010-2014 ENSSB: the establishment of a coordination mechanism on questions of basic social security chaired by the government, with the participation of civil society organisations and partners in the area of basic social security; approval of PRONAE, duly structured with the objective of promoting an increase in school attendance by the children of poor and vulnerable households in some districts of the country; expansion of interventions in promoting institutional births, such as the waiting houses for mothers-to-be, and the distribution of baby clothes, among others.

Social protection contributes to reducing vulnerability to social risks as well as to guaranteeing social well-being. Thus the National Basic Social Security Strategy for 2016-2024 stresses that social protection is a necessary investment for the fight against poverty in the country.

The strategy proposes a range of measures, mechanisms and programmes which will allow about 3.3 million people living in poverty and vulnerability, out of an eligible universe of about 9.7 million, to become more resistant to the economic consequences of shocks, social risks, droughts, floods and other natural disasters.

Making the programmes envisaged in the present strategy operational will lead to a reduction in the depth of poverty in the country by about 16%. It is estimated that there will be a reduction in the incidence of poverty of 6 to 8% and of inequality by 4 to 6%. Likewise, it will contribute to improving the capacity to respond to social risks (violation of social rights, which include domestic and sexual violence, child marriages, child abuse, abandonment, isolation, discrimination, among others), through establishing a more comprehensive and balanced system of Social Welfare Services, notably through strengthening the component of preventive services and of local response. At the same time, the strategy will guarantee greater school attendance and retention of pupils in primary and secondary school, possibly reaching at least 25% of primary pupils, as well as an increase in access to primary health

care for the poorest and most vulnerable population, and a reduction in the levels of maternal and infant mortality.

Thus the strategy is an important instrument for promoting the development of human capital, through the reduction of malnutrition, increased school attendance rates, and improvement in the health indicators of the poorest and most vulnerable population groups. Furthermore, it will contribute to income distribution, making possible a reduction in inequality, and a consequent increase in social cohesion.

2. INTRODUCTION

The Government Five Year Programme for 2015-2019 defines as one of its priority actions the guarantee of assistance and social integration of people living in poverty and vulnerability.

In this context, the National Basic Social Security Strategy (ENSSB) for 2016-2024 reiterates the commitment of the Mozambican government in the efforts to bring about initiatives of inclusive economic and social development, so that the results of economic growth may benefit all Mozambicans, particularly those who are living in situations of poverty and vulnerability.

The present Strategy seeks to respond to the challenges imposed particularly by the National Development Strategy for 2015-2035 which sets as a target reaching 75% of the people living in poverty and vulnerability, by Agenda 2063 of the African Union which stresses the role of social protection systems in guaranteeing sustainable and inclusive development, as well as by the Sustainable Development Goals 2015-2030, adopted by the United Nations.

This instrument considers the results of the assessment of the 2010-2014 National Basic Social Security Strategy and the studies on progress and perceptions of the impact of the basic social security programmes on the most vulnerable strata of the population, in which key stakeholders of the government, civil society and international partners were involved.

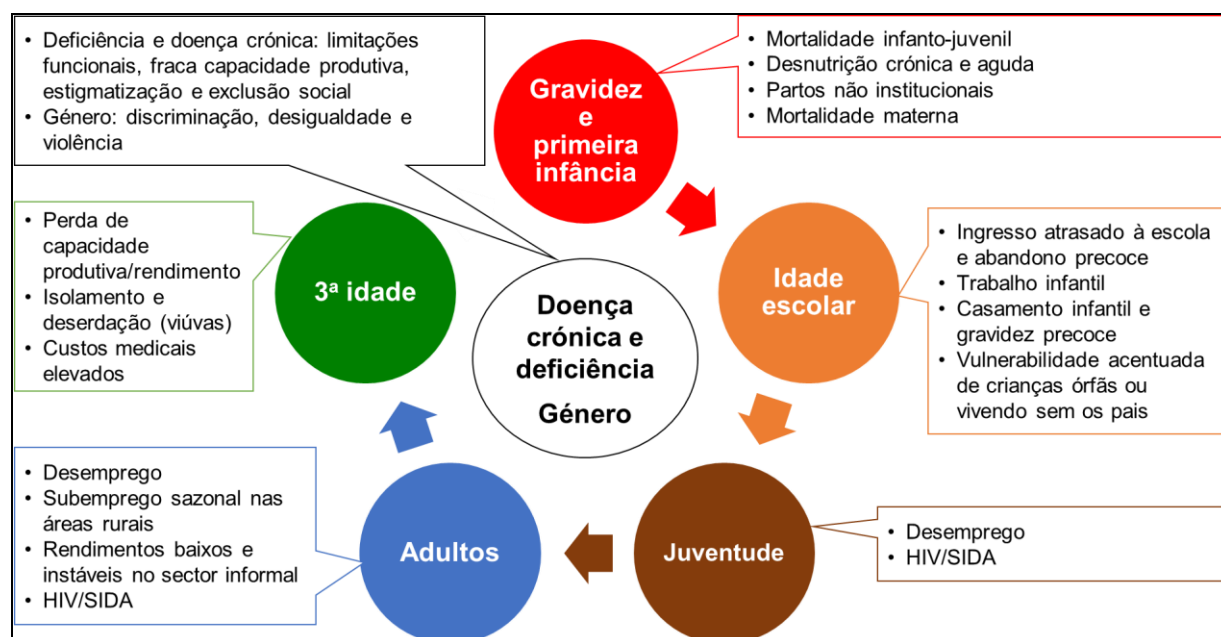
3. PROFILE OF VULNERABILITY AND RISKS

Data from the national household surveys¹ indicate the main risks to which the various categories of the Mozambican population are particularly vulnerable. This analysis stresses two levels: that of the individual and that of the household.

As shown in Figure 1, analysis at the level of the individual follows the various stages in the cycle of life, also taking into account the dimensions of health, notably disabilities or chronic illnesses, which limit the functional capacity of the individual, and the gender relations which sharpen the vulnerability of women.

¹ They include in particular The Demographic and Health Survey (IDS) of 2011, the Household Budget Surveys (IOF) of 2008/09 and 2014/15 and the phases of the Continual Household Survey (INCAF) of 2012/13.

Figure 1 Vulnerability to risks according to stages in the life cycle



Source: Assessment Report of ENSSB 2010-2014

3.1. Vulnerability and shocks at individual level

The cycle of life begins with the stage of **pregnancy and birth**, during which women in Mozambique face a high mortality risk.

According to the Demographic and Health Survey (IDS) of 2011, there are 408 maternal deaths for every 100,000 live births. The Government is implementing a policy of free access to the health services, and this is one of the measures regarded as strategic for guaranteeing health care. However, about half of all pregnant women give birth outside the health units. Added to the challenge are the high levels of maternal malnutrition and the poor level of use of maternal health services, particularly for births, which is mainly explained by the barriers of distance and of indirect costs.

In Mozambique there have been advances in reducing infant mortality since the 1990s, but challenges still persist since, according to the data from the 2011 IDS, one on every 10 children do not survive until their fifth birthday. After the birth of the child, and during the first years of life, infectious diseases and high levels of malnutrition put at risk the child's survival and its cognitive development. Chronic malnutrition, which affects 43% of children under five years of age, damages not only the child's health but also the development of human capital and long term economic and social development.

Although reducing these risks depends above all on improving the geographical coverage and quality of the maternal health services, basic social security could play an important role in reducing the financial barriers to access. Furthermore basic social security can contribute to reducing maternal malnutrition, which is one of the causes of chronic infant malnutrition.

Children of school age run risks of not finishing primary education and of not entering and remaining in secondary education. Although the solution to these problems depends mainly on improvements in the supply and quality of the education system, the mechanisms of basic social protection, such as school meals, play an important role in promoting school access for vulnerable children and for keeping them in school.

Child marriages, which affect about 14.3% of girls under 15 years of age and 48.2% of girls under 18 years of age, lead to girls dropping out of school and to high levels of pregnancy in adolescence, which increases the risks of maternal, neonatal, infant and child mortality.

Basic social security can also contribute to reducing the risks in this age group, as described above.

Orphaned children or those who do not live with their biological parents are especially vulnerable, notably those who have lost both father and mother, who are vulnerable to various privations. According to the data from IDS 2011, the percentage of children who are orphans rose from 10% in 2003 to 13% in 2011.

Youths and adults face risks in relation to insertion into the labour market. Unemployment affects 46.5% of individuals in the 15 to 19 year age group, and 29.6% of those aged between 20 and 24 years, according to data from the Household Budget Survey (IOF) 2014/15.

Mozambique has the 8th highest prevalence of HIV in the world, attaining a maximum of 15% in the 25-34 year age group. The high levels of unemployment and high rates of HIV and AIDS contribute to other social risks that have a great impact on society, particularly in the case of adolescents and youths.

Elderly people are affected by risks linked to reduction in their physical capacity, to reduction in productivity and income, and to the costs of medicines, as well as social problems of abuse, including incidents of violence, isolation and marginalisation, particularly when they do not receive support from their families.

In Mozambique, only 12% of elderly people aged 60 or above receive pensions through the contribution-based social protection system.

Widows have lost their inheritance, increasing the risks of poverty and vulnerability in this category of the population due to various social and cultural factors.

Disability, lack of functional capacity and chronic illness are other factors of vulnerability which limit access to education and to employment and which lead to a situation of being pushed to the margins of society. In Mozambique the data show that the majority of disabled people live in rural areas in poor households and without access to specialist services or to prosthetic aids.

The presence of a person who is disabled or who suffers from an incapacitating chronic illness has financial consequences for a household, in terms of costs for special care and the reduction in capacity to generate income.

There also stand out **inequalities in gender relations which** weaken the situation of women and girls and increase risks particularly with regard to early pregnancies, child marriages, gender-based violence, HIV infection, access to inheritance and economic opportunities.

3.2. Vulnerability and shocks at household level

The situation of the household influences the vulnerability of each of its members. About half the population (54.7%) lives below the poverty line² and a significant part of those who have incomes above the poverty line are very vulnerable to the risk of falling into poverty in the event of shocks.

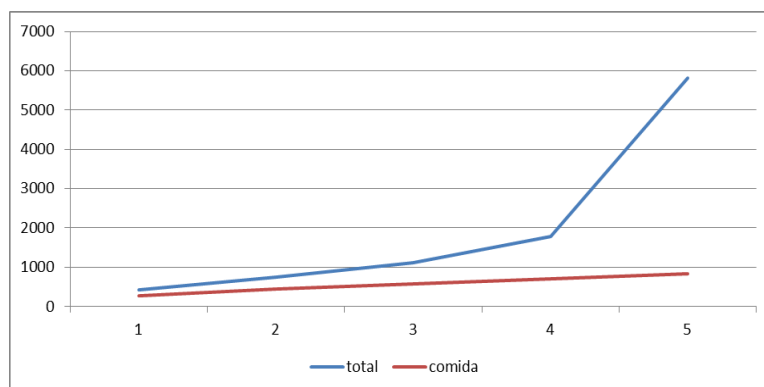
Furthermore, as mentioned in the Report from the 2014/15 Household Budget Survey, “the level of expenditure from the first to the fourth quintile shows moderate differences”. There are few differences in the possession of goods, in income and consumption between the households located in the poorest deciles of the population, as can be seen in Graph 1.

Faced with this situation, two thirds of the population have a level of consumption below the poverty line. The remainder, with incomes relatively above the poverty line, run the risk of falling below the poverty line in the event of small shocks or slight variations in the levels of income. Although there is a group of households with somewhat higher standards of living, this group corresponds to approximately 20% of households in rural areas and 40% in urban areas.

² MPD (2010) Poverty and Well-Being in Mozambique: Third National Assessment. National Directorate of Studies and Policy Analysis. Ministry of Planning and Development

Poverty sharpens most social risks, including those of infant mortality, chronic malnutrition, dropping out of school, child labour, and child marriage, among others.

Graph 1: Distribution of consumption *per capita* (in MT per month, by quintile of the population, from the poorest to the richest)



Source: Household Budget Survey, 2014/15 (INE).

Food insecurity is a challenge in Mozambique. It is sharper in the arid and semi-arid areas in the November and March periods. In the rural areas, poverty and food insecurity are caused by low agricultural productivity (rain-fed agriculture, low levels of fertilizer use, poor market linkages, etc.).

There is a **geographical dimension to vulnerability** in Mozambique: in general the poorest households live in the areas most distant from markets and services, mainly in the countryside.

In some regions, households are vulnerable to **natural disasters**, including droughts, floods and cyclones. These reduce the level of consumption of the populations affected and lead to a deterioration in their goods and assets, sharpening their vulnerability. The households are also vulnerable to **uncommon or individual shocks**, which affect just one household, such as serious illness or the death of a productive member of the household.

4. LEGAL AND INSTITUTIONAL FRAMEWORK

The Constitution of the Republic of Mozambique, in articles 35, 88, 89, 91 and 95, states that all citizens have the right to education, health and housing, without any kind of

discrimination, as well as protection in their incapacity and old age.

In the same perspective, Law no. 4/2007, of 7 February, defines the foundations on which social protection rests and organizes the system. Article 6 of this law establishes the right to social protection for citizens, regardless of colour, race, sex, ethnic origin, place of birth, religion, level of education, social position, marital status of their parents, or profession.

The Regulations of the Basic Social Security Sub-system, approved by Decree no. 85/2009, of 29 December, lay down the framework for the expansion of social protection to people living in situations of poverty and vulnerability.

Through important international instruments such as, for example, the Convention on the Elimination of all Forms of Discrimination against Women, the African Charter on Human and People's Rights, the Charter on Social Rights of SADC, Recommendation 202 of the International Labour Organisation on Social Protection Floors, and today, the Sustainable Development Goals approved by the United Nations, Mozambique has taken the responsibility of establishing a social protection system for the most vulnerable strata of the population.

5. ANALYSIS OF STRENGTHS, WEAKNESS, OPPORTUNITIES AND THREATS

The assessment of the 2010-2014 ENSSB analysed the progress, challenges and gaps in its implementation and pointed to the factors which favoured its implementation or made it more difficult.

The 2010 – 2014 ENSSB played a central role in the progress achieved in the area of basic social security, making Mozambique a regional and world reference point, with regard to the allocation by the State, on a sustainable and long term basis, of internal financial resources to programmes aimed at the most vulnerable groups of the population.

Thus the table below shows the summary of Strengths, Weaknesses, Opportunities and Threats identified in the assessment of the 2010-2014 ENSSB.

Table 1: Analysis of Strengths, Weaknesses, Opportunities and Threats

STRENGTHS	WEAKNESSES
• Existence of a legal framework and policies favourable to the consolidation and expansion	• The low value of the social transfers;

<p>of the basic social security system/</p> <ul style="list-style-type: none"> • Importance given by the Government in caring for the most vulnerable social strata through the legal provision of basic social protection programmes (Decree no. 52/2011, of 12 October); • Increase in the number of households benefitting from the social assistance programmes. • Significant increase in the value of the social transfers of money and material goods, particularly of the PSSB and the PASD, which has strengthened the impact of these programmes on the neediest households • Substantial increase in the public expenditure on social welfare programmes, which rose from 0.22% of GDP in 2010 to 0.51% in 2014 • The creation of the PASP as a new social assistance programme for households that are able to work, but who live in poverty: it expresses basic social security through granting monetary allowances in exchange for the beneficiaries working in productive activities • The continuity in implementing and expanding the policy of free access to primary education, as the main mechanism of basic social protection in the education area • The approval of PRONAE, duly structured with the aim of promoting increased school attendance by children from poor and vulnerable households in some districts of the country; • Implementation of inclusive education in 	<ul style="list-style-type: none"> • Exclusion of some of the elderly people, adults with disabilities and people with chronic and degenerative illnesses in a situation of poverty from the social transfers granted, because they live in households that contain members who are capable of working; • The reactive nature and low level of coverage of the assistance provided by the PASD, considering the size of the target groups to be cared for. • The short periods of participation by the beneficiaries in the public work of the PASP and the low values of the allowances transferred to the beneficiaries • Low level of implementation of the specific measures of School Social Welfare, envisaged in the 2010-2014 ENSSB. • Weak coverage by PRONAE of potential beneficiaries, reaching 2.7% of pupils in primary education by mid-2014. • The needy households are still bearing direct costs of school materials, uniforms and the informal fees charged by the schools; • Insufficient coverage of the waiting houses for pregnant women and of the distribution of baby clothes which play an important role in facilitating and encouraging access by pregnant women to maternity facilities in rural areas; • Costliness and high fiduciary risk of the current system of paying the allowances granted by the government through INAS;
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<p>some schools as well as the establishment of Inclusive Education Resources Centres;</p> <ul style="list-style-type: none"> • Continuity in implementing the policy of free access to the health services, • Expansion of the interventions to promote institutional births such as the waiting houses for pregnant women and the distribution of baby clothes; • Approval of the Regulations which guide civil society organisations and religious institutions in implementing basic social security programmes; • Existence of mechanisms of a Coordination Council on questions of basic social security, chaired by the Government, with the participation of social society organizations and partners in the area of basic social security; • Recognition by society of the potential for poverty reduction of the programmes aimed at the most vulnerable groups. 	<ul style="list-style-type: none"> • High transaction costs for social benefits and long distances to travel to reach payment posts;
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Stress laid on the role of basic social security in the Government’s Five Year Programme for 2015-2019, • Approval of the National Development Strategy for 2015-2035 which stresses the role of social protection in strengthening human capital; • Approval of Agenda 2063 of the African Union which stresses prioritisation and financing of integrated social protection systems in support of the neediest groups of the population; • Approval of the SDGs which stress the 	<ul style="list-style-type: none"> • Existence of a large number of elderly people, disabled people, and women living in a situation of poverty and vulnerability (54.7%); • Prevalence of children as one of the groups with high levels of vulnerability, affecting their future role in the development of the country. • The country is prone to cyclical natural disasters worsening the situation of vulnerability and food insecurity of the neediest strata of the population; • Challenges persist concerning the expansion of the provision of social welfare services and

<p>importance of national social protection system and programmes in the fight against poverty, and in the promotion of social inclusion and sustainable development;</p> <ul style="list-style-type: none"> • The existence of foundations for building an integrated system of social welfare services, with a strong component of preventive and reactive services at local level; • Existence of civil society organisations and religious institutions which implement basic social security programmes in support of the neediest groups; • Approval of the social welfare Card and Booklet. 	<p>improving them and making them more comprehensive;</p> <ul style="list-style-type: none"> • Prevalence of high rates of dropping out of school and low rates of finishing primary education and of transition to secondary education; • Occurrence of violations of social rights. Such as, for example, child marriage, domestic violence, abuse and neglect of children, elderly people, and disabled people; • The lack of a system which guarantees regular social work with the households; • The absence of a social welfare service at community level; • Lack of an information system for management of the social transfers; • Weakness in the mechanisms of coordination and inter-institutional reference of the beneficiaries of the basic social security programmes.
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6. VISIO AND MISSION

6.1. Vision

For greater autonomy and resilience of the people living in situations of poverty and vulnerability, prioritising respect for their social rights.

6.2. Mission

To build a basic social security system, harmonising the efforts of governmental and non-governmental actors in planning and implementing actions in support of poor and vulnerable individuals or groups of individuals and to contribute to the human and social development of the country.

7. PRINCIPLES

ENSSB 2016 - 2024 is steered by principles which guide its implementation. These principles are aligned with those of Recommendation 202 of the International Labour Organisation on National Social Protection Floors and are described in the following paragraphs.

7.1. Solidarity

Basic social security rests on a principle of solidarity between citizens, by transferring resources to those among them who are living in situations of poverty and vulnerability.

7.2. Universality

All Mozambican citizens are entitled to social protection. The ENSSB will contribute, in a gradual fashion, to all Mozambicans in situations of vulnerability gaining access to social protection.

7.3. Equity

People in situations of poverty and vulnerability, particularly women, children, elderly people, disabled people and people with chronic and degenerative illnesses, are the priority recipients of basic social security. The interventions in this framework, aimed at these groups, should take their specific needs into account.

7.4. Inclusion

The objective of basic social security is not only to meet the immediate protection needs of the poorest and most vulnerable people, but also to create conditions for their inclusion in the long term.

7.5. Adequacy

Implementing basic social security imposes the need for the provisions (the values of the transfers and the quality of the services) to be adequate to the objectives of the programmes, and the flexibility to respond to changes in social protection needs.

7.6. Multi-sector nature

ENSSB promotes the coordination and complementarity of basic social security programmes, avoiding overlapping, so as to give an integrated response to the various types of vulnerabilities and risks at all levels. This instrument also promotes complementarity with actions in other areas of economic and social policies that are relevant to the reduction of poverty and vulnerability.

7.7. Effectiveness

The basic social security interventions should guarantee improvements in the quality of life of people living in situations of poverty and vulnerability.

7.8. Efficiency

The implementation of social security programmes should consider rationalising the resources allocated, thus making it possible to expand the basic social security system.

7.9. Financial Sustainability

The sustainable provision of services and transfers envisaged under the present strategy requires long term budgetary planning, seeking to ensure the availability of funding, as well as the good management of the public resources allocated to basic social security. It is thus advisable that the programmes be implemented with resources from the State Budget, considering its predictability.

7.10. Closeness to citizens

Protecting the most vulnerable strata of the population requires working with households and individuals, including their identification, providing the services and transfers they need and referring them to the complementary services provided by other sectors.

7.11. Respect for the rights and dignity of the beneficiaries

In all actions, respect must be guaranteed for the rights of the beneficiaries of basic social security and of the target groups in situations of poverty and vulnerability avoiding their stigmatisation and minimising transaction costs in access to the services and transfers.

7.12. Participation, transparency and accountability

Those in charge of implementing basic social security benefits should ensure the involvement and responsibility of all the bodies which guarantee basic social security, including representatives of the beneficiaries, civil society organisations, cooperating partners, and state entities. Transparent mechanisms should be implemented for management and for accountability to the beneficiaries and to society at large.

8. OBJECTIVES

The Basic Social Security National Strategy for the 2016 – 2024 period seeks to attain four fundamental objectives:

- 1) To strengthen the level of consumption and the resilience of the strata of the population living in situations of poverty and vulnerability;
- 2) To contribute to the development of human capital through improvements in nutrition, and in access to the basic health and education services by the strata of the population living in situations of poverty and vulnerability;
- 3) To prevent and mitigate the risks of violence, abuse, exploitation, discrimination and social exclusion through the social welfare services;
- 4) To develop the institutional capacity to implement and coordinate the basic social security sub-system.

9. AXES AND ACTIONS

ENSSB 2016-2024 will be made operational through four axes of intervention which have been designed to respond to each of the above objectives, as shown below:

9.1. Axis 1: Strengthening consumption, autonomy and resilience

This axis covers the actions which seek to boost the level of consumption, autonomy and resilience of the poorest and most vulnerable strata of the population, focusing on promoting improvements in the quality and in the expansion of the social transfers to attain greater coverage of the target groups of the PSSB and PASP. It also meets the need to strengthen the role of basic social security in protecting households and individuals living in situations of vulnerability who are exposed to shocks.

Thus the actions in this axis imply modifications in the design of the PSSB, as well as expansion of the PASP and promoting the graduation of its beneficiaries.

ACTIONS

a) In the framework of the Basic Social Allowance Programme (PSSB)

1. Modify the PSSB to establish allowances for the elderly, and for functional incapacity, and a child allowance;
2. Revise and apply the new criteria for eligibility, in accordance with the new allowances;
3. Introduce into the PSSB a mechanism of economic focusing, seeking to exclude people who are not living in poverty or are at risk of poverty;
4. Broaden the definition of the target groups of the PSSB to attend to people who are permanently bedridden;
5. Restructure the PSSB and introduce new interventions for creating a package of child allowances in three areas: an allowance for children 0-2 years old; an allowance for orphaned children who live in poor and vulnerable households and; an allowance to support children who are heads of household.
6. Design and apply new criteria and procedures for determining eligibility for the allowance for the elderly;
7. Achieve a coverage rate of at least 62% of elderly people eligible for the allowance for the elderly;
8. Design and approve the allowance for children aged 0-2 years and the procedures for its implementation;
9. Implement the allowance for children aged 0-2 years, initially on a small scale and make an analysis of its impact and operational efficiency, in order to draw up an expansion plan;
10. Design, launch and assess the allowance for orphaned children living in poor and vulnerable households and the procedures for its implementation;
11. Design and launch the allowance for households headed by children and the procedures to implement it ;
12. Design and apply new criteria and procedures of eligibility for the functional incapacity allowance (for children and adults up to 59 years old), including procedures for the identification and reference of potential INAS beneficiaries by the health services;

13. Attain a coverage rate of at least 49% of children and adults of active age with disabilities or suffering from chronic and degenerative diseases who are eligible.

b) Under the Productive Social Welfare Programme (PASP)

14. Gradually increase the coverage of the PASP;

15. Introduce a mechanism for annual review of the PASP allowance;

16. Improve the selection, design and management of public work projects;

17. Strengthen the role of the PASP in response to disasters and to the effects of climate change;

18. Design and implement measures to promote the economic autonomy of the PASP beneficiaries;

19. Reflect on the applicability of introducing different allowances for urban and rural areas, so as not to encourage exodus from the countryside to the cities.

c) Under the Direct Social Support Programme (PASD)

20. Improve mechanisms of budgetary planning of the multiform support under the Direct Social Support Programme (PASD) in response to situations of specific shocks and natural disasters;

21. Clarify the standards of care of the PASD – multiform support – and strengthen the mechanisms of identification and reference of the persons/households eligible for assistance;

22. In coordination with the INGC, determine the package of interventions to be provided by MGCAS/INAS in the response to disasters, and establish protocols and procedures for implementation.

9.2. Axis 2: Improvements in nutrition and in access to the health and education services

This axis includes three components, namely creation of child allowances, health social welfare and school social welfare, seeking to reduce the high levels of chronic malnutrition in children, expand the waiting houses for pregnant women, improve school meals and encourage access by the most vulnerable children to primary education.

ACTIONS

a) Under Health Social Welfare

23. Extend and improve the quality of the Waiting Houses for Pregnant Women;
24. Assess and improve the mechanisms for exemption from fees and access to medicines in the health sector, integrating the social welfare Card and Booklet, to make them more efficient and transparent;
25. Assess the extension of Hospital Social Welfare Services to all reference health units, so as to ensure care during hospitalisation and post-discharge of poor and needy citizens transferred from peripheral health units and support families in situations of poverty and vulnerability in the transport of coffins in the event of deaths.

b) Under School Social Welfare

26. Hold an assessment of the implementation of PRONAE;
27. Establish a specific budget line for school meals and ensure the allocation of internal funds to allow expansion of the programme;
28. Assess the role of ADE in providing aid to needy pupils and make adjustments to the programme to promote school attendance and reduce the drop-out rate in primary education;
29. Review the procedures for granting exemption in secondary education to ensure greater harmonisation with the focusing mechanisms of INAS and include the costs of the exemption in the budgets of the schools and the boarding centres;
30. Draw up a National Plan of Action on Special Education.

9.3. Axis 3: Prevention of, and response to, social risks

This axis focuses on the dimension of basic social security that deals with protection against risks that are essentially of a social character, such as violence, abuse, exploitation, discrimination, exclusion, gender-based violence, negligence and abuse of children, isolation and marginalisation of elderly people and disabled people, and disinheritance, responded to by a system of social welfare services which ensure the provision of basic prevention and protection services to households and individuals, and the provision of more specialised services at community level and through accommodation centres, when necessary. The corresponding actions are shown below.

ACTIONS

a) In the Social Welfare Services

31. Set up two programmes to strengthen the social welfare services, seeking prevention and response, among communities and households, and institutional care through the Social Units;
32. Hold a comprehensive review of the legal framework of the Social Welfare Services;
33. Structure the Social Welfare Services, to cover services of prevention, protection and response to social risks;
34. Strengthen the inter-institutional mechanisms of case management, reference and coordination between the social programmes;
35. Include the preventive and response actions in support of vulnerable children disabled people and elderly people in the Social Welfare Services;
36. Include the gender approach in the actions to prevent and respond to social risks in the Social Welfare Services;
37. Include actions to protect the rights of people and households affected by HIV and AIDS in the Social Welfare Services.

b) In Institutional Care

38. Develop a Master Plan for the Social Units;
39. Adopt legal and administrative tools to guarantee that the Social Units operate with adequate levels of quality.

9.4. Axis 4: Institutional Development

This axis includes four components which will guarantee creation of the necessary capacity to expand the coverage and improve the quality of services, namely: (i) institutional reforms (ii) strengthening the systems for the operational management of the programmes, (iii) strengthening the human resources and (iv) coordination of implementation of the Strategy.

ACTIONS

a) In the area of institutional reforms

40. Gradually allocate staff from the INAS Delegations, with adequate material resources, in all the districts, where delegations do not yet exist;
41. Conclude the transfer of responsibilities for management of the Social Units to INAS:
42. Set up different mechanisms, in the urban and rural areas, to bring the Social Welfare Services closer to households and individuals at community level.

b) In the area of strengthening operational management

43. Conclude implementation of the reforms begun to endow the programmes managed by INAS with harmonised, modern and efficient operational systems in the areas of focusing, payments, management of information, case management, monitoring and assessment;
44. Make operational the new INAS Monitoring and Assessment (M&A) System and develop a more comprehensive M&A system for basic social security;
45. Make operational the communication and advocacy strategy about the objectives of the programmes, their modalities of operation and the rights of citizens towards the programmes;
46. Pursue the outsourcing of the payment of the social transfers;
47. Pursue the process of making operational the Social Welfare Card and Booklet;
48. Harmonise the criteria and procedures for selecting the beneficiaries of the various transfers and exemptions, taking into account the specific nature of each programme ;
49. Hold a study to assess the human resource needs to feed the new staff table of MGCAS, of INAS and of DPGCAS and SDSMAS.

c) In the area of Human Resources

50. Hold a study to assess the human resource needs to feed the new staff table of MGCAS, of INAS and of DPGCAS and SDSMAS;
51. Assess the Human Resource Development Plan of MGCAS 2011-2015 and draw up a new Plan;

52. Boost the initial training and the continual training of the social welfare staff;
53. Build the capacity of the Permanent workers who meet the requirements to join the public administration and promote the recruitment of Social Welfare Auxiliaries and Agents.

d) In the area of the inter-sector coordination of the Strategy

54. Make the CNAS operational as an effective and functioning coordination mechanism.

10. OPERATIONAL PLANNING, MONITORING AND ASSESSMENT OF THE STRATEGY

An Operational Plan will be drawn up and implemented for the more detailed programming of the actions defined in the Strategy, including a calendar of the actions during the life span of the Strategy.

The strengthening of the monitoring and assessment (M&A) mechanisms is one of the actions included in Axis 4 of the strategy. The improvement of these mechanisms is crucial to allow the monitoring of implementation and the assessment of performance.

The M&A of the current Strategy will be focused at two levels = **first**, the implementation of the actions planned in each of the four axes; and, **second**, achieving the expected outcomes. With regard to the outcomes, performance will be measured against a series of indicators, located at the level of the “products” of the system (mainly the transfers and the services provided) and at the level of the social impacts (impacts on poverty, inequality and malnutrition, among others). These indicators are shown in Table 2.

The targets for programme coverage are aligned with the forecasts of the Government’s Five Year Programme for 2015-2019. They will also be reflected in annual planning through the Economic and Social Plan (PES) of each year.

The data required will be obtained through three types of sources:

- Administrative data from the **Information Management Systems (SGI)** of the various institutions involved in implementing the Strategy;
- Data from the **National Surveys** on Household Budgets, managed by the National Statistics Institute (INE), for some of the indicators of impact;

- Data from **specific surveys and studies** held to obtain additional information, including on the perceptions of the beneficiaries, and on the operational performance and the impacts of specific programmes.

The inclusion of specific questions or modules about the social transfers in the Household Budget Surveys (IOF) and/or other household surveys will be assessed with the INE. As for the special surveys and studies, impact assessments of a scientific nature will be undertaken with resort to the use of control groups, in order to measure the impacts of the programmes.

The regular monitoring of the Strategy will be headed by the MGCAS. Regular monitoring reports should be produced, focused on following implementation of the actions contained in the Strategy. A mid-term assessment of the strategy will be held in 2019 and an overall assessment at the end of its life span.

Table 2: Table of indicators of outcomes for the monitoring and assessment of the Strategy

Type	N°	Indicator	Source of data
Impacts	A	Reduction in the depth of poverty (national) that can be attributed to Basic Social Security (%)	INE (IOF 2020)
	B	Reduction in the incidence of poverty (national) that can be attributed to Basic Social Security (%)	INE (IOF 2020)
	C	Reduction in the national inequality index (Gini) that can be attributed to Basic Social Security (%)	INE (IOF 2020)
	D	Reduction in the incidence of poverty in households (AF) benefitting from the Basic Social Allowance Programme (PSSB) (%)	INE (IOF 2020) and impact assessment
	E	Increase in the per capita monthly consumption of the beneficiaries of the Productive Social Welfare Programme (PASP) during and outside the period of public works (%)	Impact assessment
	F	Reduction in chronic malnutrition among children under 2 years of age benefitting from the allowance (%)	Impact assessment
	G	Increase in primary school attendance that can be attributed to school meals (%)	Impact assessment
	H	Net rate of primary school attendance among disabled children	INE (IDS 2016)
	I	Increase in institutional births that can be attributed to the waiting houses for pregnant women s (%)	Impact assessment
Products (Axis I)	1.1	No. of direct beneficiaries of the allowance for the elderly of the PSSB	SIGI of INAS
	1.2	No. of direct beneficiaries of the allowance for functional incapacity of the PSSB	SIGI of INAS
	1.3	No. of direct beneficiaries of the PASP	SIGI of INAS
	1.4	No. of beneficiaries of the multifunctional support of the Direct Social Welfare Programme (PASD)	SIGI of INAS
	1.5	No. of children benefitting indirectly from the PSSB and PASP	SIGI of INAS
	1.6	No. of beneficiaries of the PASP benefitting from preparations for graduation	SIGI of INAS
	1.7	Value of the PSSB allowance as a percentage of the poverty line	INAS/INE
	1.8	Value of the PASP allowance as a percentage of the poverty line	INAS/INE

Products (Axis 2)	2.1	No. of children benefitting from the child allowance	SIGI of INAS
	2.2	No. of households benefitting from the allowance for Households Headed by Children	SIGI of INAS
	2.3	No. of households benefitting from the allowance for orphaned and vulnerable children living in households in a situation of poverty	SIGI of INAS
	2.4	% of maternity facilities with waiting houses for pregnant women	MISAU-DNSP
	2.5	% of primary school pupils who benefit from school meals	MEDH-DPE
	2.6	% of secondary school pupils in boarding centres who receive exemptions from boarding fees	MEDH-DPE
	2.7	No. of children enrolled in special education	MEDH-DEE
Products (Axis 3)	3.1	No. of cases screened by social welfare services at community level (broken down by category)	MGCAS
	3.2	No. of cases followed by social welfare (broken down by category)	MGCAS
	3.3	No. of cases of violence registered in the Care Offices	MINT
	3.4	No. of victims of violence receiving psycho-social support	MGCAS
	3.5	No. of people cared for in the Social Units	SIGI of INAS
Products (Axis 4)	4.1	No. of staff trained in the area of Gender, Children and Social Welfare	INAS
	4.2	No. of INAS staff allocated to districts without an INAS delegation (by district)	INAS
	4.3	Total no. of INAS staff	INAS
	4.4	No. of specialist staff in the area of Gender, Children and Social Welfare in the Staff Table of the SDSMAS	MFPAE
	4.5	No. of functioning SIOAS	MGCAS
	4.6	No. of Social Welfare Community Committees	MGCAS
	4.7	No. of Social Welfare Agents operating at community level	INAS
	4.8	% of beneficiaries of the INAS programmes with a social welfare card and booklet	SIGI of INAS

11. BUDGET AND FINANCING OF THE STRATEGY UP TO 2024

The analysis of the budget presented up to this point refers to the actions envisaged in the ENSSB during its life span. This brings a perspective which allows a deeper analysis of the financial implications of the reforms planned under the Strategy, in particular regarding the financial sustainability of the expansion under consideration. In fact, the changes in the design of the programmes and the increased coverage of their target groups require an analysis of financial viability over the long term.

The budgetary implications of the undertakings advanced here should be assessed in relation to the long term goals for the next 10 years.

Analysis of the long term costs is particularly important in the case of the social transfers under the responsibility of INAS, including the associated operational costs, since this is the main component of the budget, representing about 80% of the total cost of the Strategy.

In particular, the Strategy puts forward as its goal to increase the coverage of the target groups of the various transfer programmes up to 2024. It sets forth an undertaking to guarantee, in the long term, access to the allowances for all households or individuals who meet the eligibility requirements, from a perspective of rights.

Analysis of financial sustainability with regard to this long term scenario is fundamental: It shows the level of “structural” financing that will be required to implement the package of transfers envisaged in the Strategy on a national scale and in a sustainable manner.

This section presents some estimates of the total expenditure necessary to implement the complete package of transfers envisaged in a scenario for the gradual attainment of universal coverage of the target groups eligible for the programmes up to 2024. Table 3 shows the estimates of the number of direct and indirect beneficiaries of the various programmes with the attainment of universal coverage of the various target groups in 2024.

Table 3 shows that the programmes with the largest budget will be the Child Allowance (0.92% of GDP in 2024 in the main scenario envisaged in the ENSSB 2016-2024) and the PSSB (0.78% of GDP in 2024 in the same scenario).

Table 3 Coverage and cost of the programmes in 2024 (including direct operational costs)

Programme		Cost Projections to Attain Complete Coverage in 2024					
		Beneficiaries (direct)	As % of target group	Indirect beneficiaries Children 0-17	Costs as percentage of GDP - Current value	Costs as percentage of GDP - Value Envisaged in ENSSB II	Costs as percentage of GDP - High Value
PSSB	Allowance for elderly	1.009.500	90,0%	1.310.362	0,46%	0,66%	0,79%
	Incapacity Allowance	190.073	90,0%	420.695	0,09%	0,12%	0,15%
PASD	Specific multiform support	45.000	N/A	N/A	0,06%	0,06%	0,06%
Subsidio para Crianças	Child subsidy	1.401.937	90,0%	5.111.383	0,64%	0,92%	1,10%
	Allowance for child heads of household	30.772	90,0%	30.772	0,04%	0,04%	0,04%
	Support for alternative care for children	17.753	90,0%	40.955	0,01%	0,01%	0,01%
PASP*	Public work - Rural	497.358	20,3%	998.045	0,19%	0,19%	0,19%
	Public work - Urban	199.644	27,6%	362.577	0,11%	0,11%	0,11%
	Promotion of graduation	487.902	15,4%	253.804	0,11%	0,11%	0,11%
-	TOTAL OF PROPOSED PACKAGE	3.352.515		8.274.789	1,72%	2,23%	2,57%

In general terms, the social transfer programmes implemented by INAS should reach 3.3 million direct beneficiaries in 2024, compared with almost one million forecast for 2019 and 438,874 reached in 2015. As can be seen, the most significant long term increase in coverage

is forecast for the Child Allowance which, after the small scale test phase up to 2019, will be expanded on a national scale to reach 1.4 million beneficiaries in 2024.

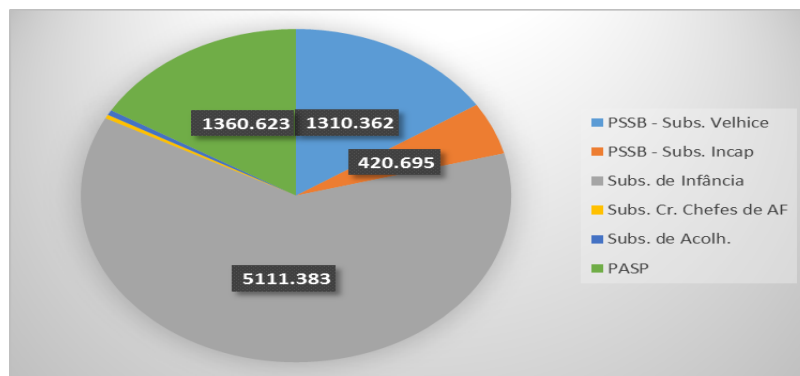
Programme		Coverage Projections (2019)		Coverage Projections (2024)	
		Beneficiaries (direct)	As % of target group	Beneficiaries (direct)	As % of target group
PSSB	Allowance for elderly	619,209	62.5%	1,009,500	90.0%
	Allowance for incapacity	90,027	48.7%	190,073	90.0%
PASD	Specific multiform support	15,000	N/A	45,000	N/A
Child allowance	Child allowance	50,000	3.4%	1,401,937	90.0%
	Allowance to support child heads of household	18,302	58.7%	30,772	90.0%
	Allowance for alternative child care	10,000	N/A	17,753	90.0%
PASP	Public works - Rural	138,132	6.2%	497,358	20.3%
	Public works - Urban	31,437	5.2%	199,644	27.6%
	Promotion of graduation	118,698	4.2%	487,902	15.4%
-	TOTAL OF PROPOSED PACKAGE	980,522		3,392,039	

The second largest programme, in terms of population coverage, will be the Allowance for the Elderly in the PSSB, with slightly more than a million direct beneficiaries in 2024, although the pace of expansion in 2020-2024 is less than in the 2015-2019 period.

Due to the size of the PASP target group, it is forecast that a coverage of only 30% in urban areas and 40% in rural areas will be reached by 2024, which is a final target of about 700,000 direct beneficiaries.

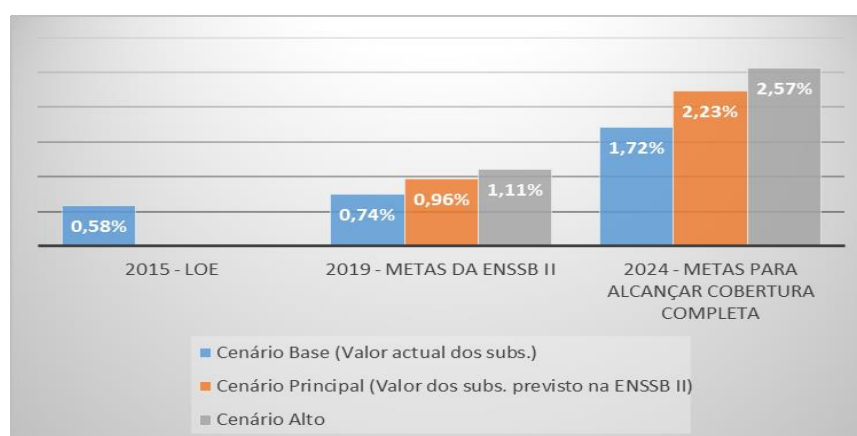
Graph 3 shows the distribution of the indirect child beneficiaries envisaged for 2024 according to the projections for complete coverage. The number of children between 0 and 17 years of age living in households that receive social transfers, and thus benefit indirectly from the allowances, should increase from 400.000, according to the estimates of 2014, to about 8.3 million in 2024. More than 5 million children will benefit indirectly from the allowance for children aged between 0 and 2 years.

Graph 3 Division of the child beneficiaries (0 to 17 years old) of social transfers by programme up to 2024.



Such a significant increase in the number of direct and indirect beneficiaries is expressed in budgetary terms in greater investment in the programmes of social transfers (Graph 4), to reach between 1.7% and 2.6% of GDP, according to the various scenarios considered for the value of the allowances. These scenarios also bring different impacts, in terms of reducing poverty and inequality, and thus different levels of cost-effectiveness.

Graph 4: Projections of expenditure, by scenario, on the programmes up to 2019 and 2024 (as percentages of GDP, including direct operational costs)



12. CRITICAL FACTORS FOR SUCCESS

The effective implementation of the present Strategy depends essentially on four interconnected factors – namely, the full understanding of the vision of basic social security, adequate funding of its components, institutional capacity and inter-sector and inter-institutional coordination.

As for the **first factor**, the 2016-2024 ENSSB presents an innovative and expanded vision of the role of basic social security, stressing in particular its role in the economic and social development of Mozambique. The Strategy stresses the significant contribution of the social transfers for achieving the national goals of reducing poverty and social inequality.

The Strategy also stresses the promotional role of basic social security in strengthening the capacity and the resilience of poor and vulnerable households, through its positive effects on nutrition, access to health and education services and the productive capacity of the poor and vulnerable strata of the population. From this perspective, basic social security is evolving to place greater emphasis on the reduction of child vulnerability and the promotion of human development, namely through the introduction of the child allowance, as a key contribution to the prevention of chronic malnutrition.

It will be crucial to ensure that the public and the various State institutions have a good understanding of the broadened vision of basic social security presented in this Strategy, which goes far beyond the traditional image of a system which performs a purely protective or reactive function, almost of a charitable nature. This understanding is particularly important for substantiating the higher levels of funding required to implement the Strategy.

The **second factor for success** is the increased weight of expenditure on basic social security, which should rise from the current 0.58% of GDP in 2014 to around 2.57% in 2024. This implies a greater prioritisation of public expenditure on basic social security, to reach a level which is closer to the standards of the southern African region.

This expansion is justified, in terms of cost-effectiveness, by the direct and significant impacts of this expenditure on poverty and social inequality and by its indirect effects, in the sense of investment in the development of human capital, and in promoting the productivity of the poor and vulnerable population.

The **third critical factor** is the strengthening of the institutional framework and of the capacity to implement the programmes of social transfers and the social welfare services. One axis deals with this challenge, on which depends the implementation of the actions planned in the other axes and achieving the targets laid down for the coverage of the programmes and the incomes at the level of the social impacts. In addition to the investments in new systems of operational management and in the training of human resources, it is essential to guarantee greater proximity of the services to the public at community level.

It is thus envisaged that the presence of INAS will be extended to all districts through allocating staff in the districts without Delegations, setting up a corps of social welfare agents at community level, strengthening the SDSMAS and developing structures at community level.

The **final factor** is strengthening the mechanisms of inter-sector and inter-institutional coordination of basic social security. The multi-dimensional nature of the vulnerabilities and

the risks which affect households and their members substantiates the need for a multi-sector approach and strong collaboration and complementarity between governmental and non-governmental stakeholders.

Apart from the complementarities between the social welfare services (provided mainly by the SDSMAS and civil society organisations) and the social transfers (managed by INAS), this Strategy stresses the roles of School Social Welfare and Health Social Welfare in promoting access by poor and vulnerable households to the services in their respective sectors.

The strengthening of coordination at the various levels - central, provincial and district – is paramount for the full success of the Strategy. This requires strengthening the coordination mechanism at central level, as envisaged in the 4th axis, and the development of practical mechanisms of partnership and reference of cases between the various relevant stakeholders at local level, inside and outside the basic social security sub-system.

The development of these partnerships and reference mechanisms should be one of the concrete priorities of the inter-institutional consultations in the framework of implementing the present Strategy.

Abbreviations and Acronyms

ADE	Direct Support to Schools
AF	Household
AIDS	Acquired Immune Deficiency Syndrome
ARVT	Anti-Retroviral Treatment
CNAS	National Social Welfare Council
DPGCAS	Provincial Directorate of Gender, Children and Social Welfare
ENSSB	National Basic Social Security Strategy
GDP	Gross Domestic Product
HIV	Human Immune Deficiency Virus
IDS	Demographic and Health Survey, 2011
INAS	National Social Welfare Institute
INCAF	Continual Household Survey
INE	National Statistics Institute
INGC	National Disaster Management Institute
INSS	National Social Security Institute
IOF	Household Budget Survey, 2014/15
MAEFP	Ministry of State Administration and the Public Service
MEDH	Ministry of Education and Human Development
MDGs	Millennium Development Goals
MGCAS	Ministry of Gender, Children and Social Welfare
MINT	Ministry of the Interior
MISAU	Ministry of Health
NGO	Non-Governmental Organisation
PAMRDC	Multi-sector Plan of Action for Reducing Chronic Malnutrition
PASD	Direct Social Support Programme
PASP	Productive Social Welfare Programme

PES	Economic and Social Plan
PIREP	Integrated Reform Programme for Technical and Professional Education
PMT	Proxy Means Test
PRN	Nutritional Rehabilitation Programme
PRONAE	National School Meals Programme
PSSB	Basic Social Allowance Programme
RMAS	Women’s Affairs and Social Welfare Department (SDSMAS)
SADC	Southern African Development Community
SDAE	District Economic Activities Services
SDGs	Sustainable Development Goals
SDPI	District Planning and Infrastructure Services
SDSMAS	District Health, Women’s Affairs and Social Welfare Services
SGI	Information Management System