

## About REBA

### What is RHVP?

The Regional Hunger and Vulnerability Programme (RHVP) supports improvements in policy and programme approaches to hunger and vulnerability in southern Africa with particular emphasis on the role of social protection.

### The Regional Evidence Building Agenda (REBA)

Evidence-building, together with capacity-building and policy change, is one of RHVP's three interlinked activities. The Regional Evidence Building Agenda (REBA) is a cohesive framework that has guided the Programme's cross-country evidence-related activities between April 2006 and September 2007. The REBA consists of individual case studies of 20 ongoing social transfer programmes together with thematic studies covering cross-cutting design and implementation issues. The studies were carried out by locally commissioned researchers, mostly working through national research and consultancy institutions, in the six southern African countries covered by RHVP (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe). All the case studies involved close collaboration with the agencies – government departments and government-appointed bodies, local and international NGOs, UN agencies and communities – that were implementing the social protection schemes under review. The research was supported and guided by a core team of international mentors which included Stephen Devereux (IDS, Sussex), Frank Ellis (ODG, University of East Anglia) and Lionel Cliffe (University of Leeds) and was coordinated and managed by Philip White (ODG).

### REBA Aims

The REBA aims to support RHVP's efforts to promote improved policy and programme approaches to social transfers as a means of addressing hunger and vulnerability. REBA findings are feeding into a range of policy, advocacy and research outputs and processes, including policy briefs, best practice guidelines, national and regional learning events for policymakers, practitioners and civil society, a film series and research publications. In addition, by working through a network of national consultants, the REBA aims to increase national capacity to carry out analytical research on hunger and vulnerability within the six countries.

### REBA Thematic Briefs

This series of briefs was prepared by Stephen Devereux, Frank Ellis and Philip White, and provides a regional synthesis of findings of both the 12 thematic studies and the 20 individual case studies undertaken under the REBA. The themes explored in these briefs are those addressed in the respective REBA thematic studies, but include additional themes that have emerged during the implementation of the REBA work as being of particular interest and policy relevance.

## Vulnerability and Social Transfers

### Overview

Vulnerability tends to be a term that is used rather loosely, consequently it is often confused with, or used as a synonym for, ultra-poverty (being unable to meet even minimum food needs); or its descriptive meaning varies with the context in which it appears. Here, vulnerability is taken to mean both that people experience high risk of events that have adverse impacts on their livelihoods, and that their ability to deal with risky events when they occur is impaired. Risky events, or shocks as they are often called, can occur individually (accident, illness, death) or community-wide (drought, floods, plant or animal diseases). Ability to deal with them when they occur, and thus avert livelihood collapse, depends much on asset status at household level. A household with strong and diverse assets (land, family labour, savings, livestock, tools etc.) is better able to cope with a shock than a household with weak or depleted assets.

Note that both sides of the vulnerability definition are relevant: the degree of risk of adverse events occurring, and the inability to cope. High risk on its own is not a good indicator of vulnerability (for example, for families that have plentiful resources and many options), and depleted assets would less often lead to livelihood failure in a low risk environment. It follows that vulnerability rises either due to rising risk, or to falling ability to cope, or some combination of both those factors. People become more vulnerable over time due to insufficient rebuilding of assets after each successive shock. This can occur for many reasons including depletion of key assets needed to generate a living (e.g. lack of able-bodied labour), lack of opportunity for generating cash incomes (perhaps due to stagnation or decline of the national economy), poor agricultural performance, and shorter time intervals between shocks. Poverty predisposes people to vulnerability, and the deeper and more persistent the poverty the more this is the case.

The aim of social protection is to reduce vulnerability to hunger and other forms of extreme deprivation. It does this primarily by providing welfare support and underpinning people's livelihoods so that they are protected against a collapse in their food consumption, and are prevented from having to sell their assets in order to secure minimum acceptable levels of nutrition and other basic needs. Social protection thus acts on both the risk and ability to cope branches of the

vulnerability definition. It reduces risk by giving people some form of backup should a shock occur to them, and it stops the erosion of assets that otherwise lead to people becoming more vulnerable in the future. Further than this, some forms of social protection set out to augment people's assets directly (for example, by giving them livestock), or to assist them to build stronger and more resilient livelihoods by boosting the productive activities in which they engage (for example, by subsidising farm inputs).

This theme paper considers what can be learnt about vulnerability to hunger and ways of effectively addressing it from 20 social transfer case studies that were undertaken in the southern African region in the period 2006-07. The paper is divided into four main sections. The first section looks at how vulnerability to hunger and deprivation is interpreted for the purposes of devising effective social protection responses, across the different social transfer schemes represented by the case studies. This is referred to as the 'concepts of vulnerability' addressed by the different schemes. The second section reviews the methods adopted by the different schemes to overcome the particular hazardous circumstances faced by different social groups. The third section assesses the relative success or failure of the different social

transfer schemes at achieving their vulnerability reduction goals. The final section seeks to draw out some lessons from the case studies about ways of thinking through vulnerability to hunger, and effectively helping people to overcome or ameliorate the vulnerability factors to which they are most prone.

## Concepts of Vulnerability in the REBA Case Studies

The list of REBA case study social protection schemes is provided in Table 1, while Table 2 summarises the concept or type of vulnerability that each scheme sets out to address. It can be seen fairly quickly that the major factor that distinguishes one scheme from another is the particular category of vulnerable people whose circumstances the scheme decides to do something about.

This also leads to differences in scope, duration and geographical coverage of different schemes. In order to make the discussion manageable, the 20 case studies can be usefully distinguished into seven main categories from the viewpoint of the concepts of vulnerability that they address (Box 1), each of which will be considered in this brief.

**Table 1: List of REBA social transfer case studies 2006-07**

#	Country	Social Protection Scheme	Acronym*
1	Malawi	Dowa Emergency Cash Transfer	DECT
2	Zambia	Social Cash Transfers	SCTs
3	Lesotho	Old Age Pension	OAP
4	Mozambique	Input Trade Fairs	ITFs
5	Malawi	Input Subsidy Programme	ISP
6	Swaziland	Old Age Grant	OAG
7	Mozambique	Food Subsidy Programme	PSA**
8	Zimbabwe	Urban Food Programme	UFP
9	Mozambique	Food Assistance Programme	FAP
10	Zambia	Food Security Pack	FSP
11	Malawi	Public Works Programmes	PWPs
12	Mozambique	Education Material Fairs	EMFs
13	Lesotho	Burial Societies	BSs
14	Swaziland	Neighbourhood Care Points for OVC***	NCPs
15	Swaziland	School Bursaries for OVC	SBs
16	Swaziland	Chiefs' Fields for OVC	CFs
17	Swaziland	Farm Inputs for Child-Headed HHs	CHHHs
18	Zimbabwe	Small Livestock Transfers	SLTs
19	Lesotho	School Feeding	SF
20	Zimbabwe	Rural Micro Finance	RMF

\* These acronyms are used in other tables in this brief

\*\* Programa de Subsídio de Alimentos in Portuguese

\*\*\* OVC = orphans and vulnerable children

# REBA Case Study Brief Number

**A. Food and basic needs deprivation of older people.** The vulnerability to hunger of older people in poor countries and settings is verified in numerous studies. Older people may no longer be physically able to carry out onerous cultivation activities, they are prone to bouts of ill health requiring rising medical costs, and they can become socially excluded even in tightly knit societies. Mortality associated with AIDS places particular burdens on older members of affected families, since they both lose the care that they might have received from their own children and end up looking after orphaned grandchildren. These AIDS impacts were put forward to justify the introduction of an Old Age Grant in Swaziland (see Box 2).

The Lesotho Old Age Pension and the Swaziland Old Age Grant seek to address the vulnerabilities of older persons (Case Studies No.3 and 6). In both these cases, the provision of a pension is seen as achieving a more widespread reduction in vulnerability than occurs just for the older people themselves. In particular, it is noted that grandparents often end up looking after AIDS orphans so that pension income can also mitigate the plight of a significant proportion of the orphans and vulnerable children (OVC) in society.

**Table 2: Concepts of vulnerability addressed in the REBA case studies**

Case Study	Acronym	Concepts of Vulnerability Addressed
1	DECT	Seasonal and local food consumption gap
2	SCTs	Food consumption gap of the destitute
3	OAP	Insufficient food access of older people, plus OVC caring role
4	ITFs	Recovery from farm shocks (floods, drought); poorly working markets
5	ISP	Food consumption gap due to poor yields
6	OAG	Insufficient food access of older people, plus OVC caring role
7	PSA	Food consumption gap of the urban destitute
8	UFP	Food consumption gap of the urban destitute
9	FAP	Special nutritional needs of AIDS patients on anti-retroviral therapy
10	FSP	Recovery from farm shocks (drought), low and unstable yields
11	PWPs	Seasonal and local food consumption gap
12	EMFs	School attendance, deprived children; poorly working markets
13	BSs	Asset depletion due to funeral costs
14	NCPs	Vulnerability to social exclusion OVC
15	SBs	Barriers to school attendance OVC
16	CFs	Food consumption gap OVC
17	CHHs	Asset depletion (land); low output and yields; HHs headed by OVC
18	SLTs	Asset depletion (livestock) due to previous shocks
19	SF	Food access primary school children; barriers to school attendance
20	RMF	Failure to invest and accumulate

### Box 1: Grouping of Vulnerabilities Addressed in the REBA Case Studies

- A. Food and basic needs deprivation of older people
- B. Food and basic needs deprivation of the destitute
- C. Food consumption gap of those facing seasonal food deficits
- D. Low yields and output due to wrong or low inputs
- E. Intergenerational transmission of poverty
- F. Adverse impacts of AIDS on household livelihoods
- G. Asset depletion arising from personal or community shocks

**B. Food and basic needs deprivation of the destitute.** Destitution is a difficult concept to pin down, since it is relative to other, less severe, degrees of poverty and vulnerability. By addressing the needs of the destitute, a presumption of ultra-poverty (as defined earlier) and unusually high vulnerability to insufficient food is made. Destitution is typically approached through proxy indicators such as only being able to have one meal per day, small households comprising single widows or disabled people or orphans, large households with many dependents and no income earners. Case Studies No.7 and 8 represent examples of efforts to tackle urban destitution, while REBA Case Study No.2 represents a mixture of rural and urban small scale cash transfer schemes aimed at the destitute.

The Kalomo Scheme in Zambia (see REBA Case Study No.2) pioneered the notion that the destitute comprise about 10 per cent of the country's population. This figure was empirically based. It constituted the proportion of households found in the 2004 Living Conditions Monitoring Survey to have a per capita food consumption under 1400 kcal per day, and that in addition lack able-bodied labour. This category of households is sometimes

### Box 2: Speech by the King of Swaziland making way for the Old Age Grant, 2005

'One outcome of the HIV & AIDS pandemic is the effect on our elderly. HIV & AIDS continues to kill a lot of our young people who leave behind orphans and uncared for elderly parents. Some of these elderly people sometimes go without basic support and yet they are expected to also care for the orphans... It is in the light of such difficulties, in which our elderly people live, that government has decided to increase the annual allocation to the social security fund to E30 million for the benefit of our elderly poor citizens.' (HMK, Mswati III, 2005, Speech from the Throne)

referred to as the 'non-viable' poor. The 10 per cent rule has acquired some authenticity, though not without continuing debate, and has been used as the cut-off point defining the most vulnerable in the other Zambia cash transfer pilots, as well as in more recent Malawi cash transfer schemes.

**C. Food consumption gap of those facing seasonal food deficits.** Many rural dwellers in the southern African countries are particularly prone to insufficient access to food on a seasonal basis, in the lean season leading up to the next harvest. The DECT scheme in Malawi was a seasonal social transfer scheme (REBA Case Study No.1), as also have been Public Works Programmes (PWPs) in Malawi for many years (REBA Case Study No.11). The intention of such schemes is principally to prevent hunger and protect assets during the critical period of 3-4 months before the next maize crop is mature and ready to harvest. In Malawi, this period occurs from December to March.

**D. Low yields and output due to low input use.** The vulnerability addressed here is the inability of poor small farmers to produce enough to satisfy their families' food consumption needs over a calendar year. Schemes in this category therefore set out to tackle the major perceived root cause of vulnerability (low yields and output), not just its symptoms (as in the previous category).

There are important differences between schemes studied (Case Studies Nos. 4, 5, 10, 16 and 17). The Malawi ISP has nationwide coverage of all small maize and tobacco producers; while Zambia FSP is specifically designated towards poor small farmers who are unlikely to purchase fertiliser even at subsidised prices (in Zambia, a separate scheme covers fertiliser subsidies for those that can afford to pay). Meanwhile the Mozambique Input Trade Fairs have the limited scope of providing a recovery mechanism for farmers affected by drought or floods, and each individual beneficiary only has a one-time chance to take advantage of the scheme. Different again are Chiefs' Fields and Child-Headed Household inputs for OVC in Swaziland with very minor coverage indeed of the estimated total numbers of OVC in that country.

**E. Intergenerational transmission of poverty.**

Social protection that prevents malnutrition in children and improves their chances of acquiring education and skills has intergenerational effects that will not be perceived until they grow up and are hopefully able to create better life chances than their parents. All social protection that successfully targets very poor families and provides a sufficient level of transfer to benefit the children in the household has this potential effect. Nevertheless, some forms of social protection specifically aim at this intergenerational goal. Amongst the social transfer case-studies, education material fairs in Mozambique (REBA Case Study No.12), social transfers to OVC in Swaziland (Case Studies No.14 to 17), and school feeding in Lesotho (REBA Case Study No.19) correspond to this type of social protection. See Box 3 for the multiple aims of the latter scheme.

**F. Adverse impacts of AIDS on household livelihoods.**

HIV and AIDS have many negative consequences for livelihoods and vulnerability. Foremost amongst these are the costs of providing medication and care for those falling ill from AIDS-related illnesses, and the loss of able-bodied labour in the household due to illness and death. A lot of social protection in southern Africa addresses this latter outcome, with lack of labour frequently being used as the marker to determine which families are most in need of assistance.

The region as a whole has an HIV prevalence rate of 10 per cent in the total population, and 19.4 per cent of adults aged 14-49 (Table 2). Lesotho, Swaziland and Zimbabwe have (with Botswana) the highest four HIV infection rates in the world (rates above 10 per cent in the total population). Mozambique and Zambia are in the next tier of rates between 5 and 10 per cent of the total population. The demographic effects of rising HIV rates through the 1990s and early 2000s have yet to be fully experienced in individual country populations. It is estimated that AIDS was responsible for over half a million deaths across the 6 countries in 2005. AIDS deaths result in growing numbers of orphans, and these are estimated by UNAIDS to have numbered around 3 million aged 0-17 in 2005, or 5 per cent of the total population across the six countries.

Several of the case study schemes are designed to address the nutritional and basic needs of families containing individuals with AIDS-related illnesses, or the social and consumption needs of children orphaned by AIDS. This category includes the Food Assistance Programme in Mozambique that provides

**Box 3: School Feeding in Lesotho**

School feeding seeks to reverse rising vulnerability by helping to break the intergenerational transmission of poverty and vulnerability (WFP, 2006). Persistent hunger keeps children out of school, results in high dropout rates, and diminishes their ability to learn. As articulated by the Lesotho Ministry of Education and Training (MOET), school feeding has the following objectives (School Feeding Guidelines, Jan 2007):

- to alleviate short-term hunger among school pupils and contribute to their nourishment;
- to attract orphaned and other vulnerable children to attend school by providing the needed meals during school days;
- to sustain learning among all pupils by maximising school attendance and raising their attention span during classes;
- to inculcate good eating habits among children from an early age;
- to mitigate the effects of HIV and AIDS among affected children by providing meals to vulnerable children.

**Source:** REBA Case Study No.19

**Table 3: HIV prevalence, AIDS deaths and AIDS orphans in RHVP countries 2005**

RHVP Country	Adults (15-49) '000	Adults Infected '000	Rate %	AIDS Deaths '000	AIDS Orphans '000	% Pop
Lesotho	1,078	250	23.2	23	97	5.4
Malawi	6,028	850	14.1	78	550	4.3
Mozambique	9,938	1,600	16.1	140	510	2.6
Swaziland	629	210	33.4	16	63	6.1
Zambia	5,882	1,000	17.0	98	710	6.1
Zimbabwe	7,463	1,500	20.1	180	1,100	8.5
<b>Totals and Averages</b>	<b>31,018</b>	<b>5,410</b>	<b>19.4</b>	<b>535</b>	<b>3,030</b>	<b>5.0</b>

food rations for families in which one or more members are receiving anti-retroviral therapy (ART), as well as the projects in Swaziland that address the well-being of OVC (REBA Case Studies No.14 to 17). A further example in this category are the burial societies in Lesotho (REBA Case Study No.13) that seek to protect families from asset erosion in the event of the death of a household member, by providing for all or part of funeral costs.

While these particular case studies address AIDS and its deleterious impacts as their main focus, in truth a considerable proportion of all schemes studied take into account AIDS impacts in the criteria that they establish for eligibility to scheme benefits. Thus households lacking able-bodied labour due to AIDS-related deaths, households containing OVC, and elderly looking after orphaned grandchildren, all describe circumstances that tend to enter the multiple criteria utilised by different agencies to target the most vulnerable people in society.

- G. Asset depletion arising from personal or community shocks.** A feature of the dynamics of vulnerability that is well understood is that households that have experienced one or more shocks, and have depleted their assets to cope with those shocks (for example in order to buy medicine or food), are often unable to rebuild their assets before the next crisis occurs, resulting in a spiral downwards into destitution. Some social transfer projects seek to reverse this sequence directly by providing assets or strengthening the capability of families to acquire assets. The allocation of land to child-headed households (REBA Case Study No.17), the transfer of livestock to small poor farmers (REBA Case Study No.18) and the use of innovative micro finance to

encourage asset accumulation (REBA Case Study No.20) fall within this category of social protection.

## Methods for reducing vulnerability

The methods used by different case study schemes to reduce the vulnerability to hunger of their intended beneficiaries are summarised in Table 4. While specific social transfer delivery mechanisms differ a lot between schemes, all transfers can be assigned to the four types of cash, food, inputs or assets. In the following discussion, these transfer types are mapped to the seven vulnerability categories identified in Box 1:

- A. Food and basic needs deprivation of older people.** The two pension schemes in this category are national entitlements to a regular cash transfer, subject to the single criterion of an age threshold. The age threshold differs between them (60+ in Swaziland and 70+ in Lesotho). A process of registration is required for eligibility to be conferred, and this involves a mixture of written identification (if available) and verification by traditional leaders (chiefs). In Swaziland, the initial idea was that better off people would be excluded from registering; however, this is not a line that has proved possible to hold in practice. In both countries, public servants on government pension schemes are excluded from the state pension.
- B. Food and basic needs deprivation of the destitute.** Amongst the social transfer case studies, three schemes are designed to address destitution. One of these has both rural and urban components

**Table 4: Methods for reducing vulnerability in REBA case studies**

Case Study	Acronym	Method for Reducing Vulnerability
1	DECT	Seasonal and location-specific cash transfer
2	SCTs	Regular monthly cash transfer to poorest 10%
3	OAP	Regular cash transfer to the elderly 70+
4	ITFs	Voucher to spend on farm inputs at fair
5	ISP	Low price fertiliser for raising output
6	OAG	Regular cash transfer to the elderly 60+
7	PSA	Regular cash transfer to the urban destitute
8	UFP	Food vouchers to the urban destitute
9	FAP	Food rations for AIDS patients
10	FSP	Farm inputs for raising farm output
11	PWPs	Seasonal work opportunities for cash or food
12	EMFs	Voucher to spend on school supplies
13	BSs	Insurance against funeral expenses
14	NCPs	Food ration and social supports for OVC
15	SBs	Waiver of school fees for OVC
16	CFs	Collective access to land for food supply
17	CHHs	Land access and farm inputs for CHHs
18	SLTs	Asset building via livestock
19	SF	Food rations for primary school children
20	RMF	Savings and investment by the poor

(the Zambia pilot Social Cash Transfer schemes), while the other two are mainly urban (the Mozambique Programa de Subsidio de Alimentos and the Zimbabwe Urban Food Programme). The first two of these provide regular cash transfers to the destitute, following the axiom of 'predictable funding for predictable needs'; however, in the Zambia case these are pilot projects designed to explore the modalities of scaled-up social protection for the destitute, and therefore they have limited duration. The last scheme mentioned is a project funded by the DFID Protracted Relief Programme (PRP) in Zimbabwe, and it utilises food vouchers as a delivery mechanism to a limited number of the urban destitute.

**C. Food consumption gap of those facing seasonal food deficits.** The most prevalent method for tackling seasonal food insecurity in the region is cash-for-work or food-for-work programmes, exemplified by public works programmes in Malawi (REBA Case Study No.11). The DECT project had a different and innovative design, providing monthly cash transfers through a smartcard system and mobile ATMs, with women being given ownership of the smartcards (REBA Case Study No.1).

Social transfer responses to seasonal hunger are by definition of short duration. In the DECT project, cash transfers were made monthly for four months.

For PWPs, either food or cash is provided on a self-targeting basis in return for work on public infrastructure or community projects. A ceiling number of days work by any particular individual is usually applied. For example, in one of the Malawi PWPs, the transfer amount was US\$1.6 for an 8-hour task unit, up to a maximum of 10 such task units (allowing for a maximum cash income earning of MK 2,000 or US\$16 per person).

**D. Low yields and output due to low inputs.** The majority method for addressing vulnerability thought to originate in poor agricultural performance is to encourage the use of improved seeds, and correct levels of fertiliser use through subsidies. In the case of the Malawi ISP, inputs attract a roughly two-thirds subsidy, and farmers purchase vouchers for fixed quantities of fertiliser at one third the border price of imports. A huge logistical exercise is required for the countrywide distribution of vouchers as well as seed and fertiliser distribution. In the case of the Mozambique ITFs and Zambia FSP, the aim is to provide free inputs (up to a voucher value or as a delivered package) for especially vulnerable small farmers facing difficulties recovering from previous shocks. In the case of the two OVC input schemes (Chiefs' Fields and Farm Inputs for Child-Headed Households) inputs are delivered free in association with land allocation to OVC by traditional leaders.

**E. Intergenerational transmission of poverty.**

Schemes listed in this category exhibit widely varying methods for achieving their aims of keeping children in school and ensuring their adequate nutrition. The EMFs in Mozambique were limited pilot projects, that utilised vouchers in connection with one-day trade fairs to provide a limited number of vulnerable children with a single chance to improve their life chances through participation in education. OVC initiatives in Swaziland include providing OVC with more stable social reference points, as well as food (Neighbourhood Care Points), school fee waivers, school feeding, and a chance to gain agricultural skills through collective and individual farming. The Lesotho school feeding case study involves universal delivery of food rations to primary school children throughout the country, as well as take home rations for herd boys of school age in mountainous areas.

**F. Adverse impacts of AIDS on household livelihoods.**

Again this is a mixed category as far as intentions and methods are concerned, and it can be reiterated that adverse AIDS impacts are part of the composite vulnerability picture addressed by most of the case study social transfer schemes, quite aside from projects that have AIDS as their central focus. In this category the food assistance programme in Mozambique provides food rations for households containing AIDS patients who are being introduced to anti-retroviral therapy (ART). Each beneficiary is entitled to the transfer for 6 months, after which it is assumed that they will be accustomed to the drug regime and have regained sufficient health to participate in productive activities. The methods of the various Swaziland OVC projects is summarised under the preceding category, with which they overlap. Burial societies in Lesotho work as insurance schemes, with a certain level of benefit (coverage of funeral costs) contingent on regular payment of subscriptions.

**G. Asset depletion arising from personal or community shocks.**

The methods used to address asset depletion vary considerably between case studies. In the simplest case, livestock are provided to vulnerable families as direct transfers to beneficiaries, or via vouchers that can be spent on livestock at special fairs convened for the purpose (REBA Case Study No.18, and note the similarity of mechanism to the ITFs and EMFs (REBA Case Studies No.4 and 12). In the farm

inputs to child-headed household project in Swaziland (REBA Case Study No.17) land is allocated to listed beneficiaries by area chiefs, and this is framed in terms of the restitution of land rights lost due to the premature decease of parents and the associated failure of inheritance. In the micro finance scheme (REBA Case Study No.20) asset accumulation occurs through membership in rotating savings and loan associations.

## Relative success at achieving vulnerability reduction

The relative success of case study schemes at achieving their vulnerability reduction goals is summarised in Table 5. Success can only be assessed, of course, in relation to the intended duration and coverage of individual schemes (in other words, whether schemes meet their own targets); however, the exceptionally limited scope of some schemes (either in duration or coverage) means that their beneficial impacts on vulnerability reduction are also limited and transient. Once again, relative success is mapped here to the original vulnerability categories identified in Box 1:

**A. Food and basic needs deprivation of older people.**

The two pension schemes have essentially worked rather well. Indeed, they have confounded pessimistic predictions about their budgetary sustainability and the safety of pensioners collecting cash. The Swaziland scheme remains somewhat weak in its delivery methods, with quarterly rather than monthly distributions, no routine timetable and a mixture of cash in some places and cheques in others. The future success of both schemes relies on ensuring that the pension amount is adjusted for food price rises, for otherwise the vulnerability protection conferred will be eroded over time.

Pensions involve a trade-off between age threshold, coverage and budgetary cost. An age threshold of 70 (the Lesotho OAP) means fewer families are supported and for a shorter duration than an age threshold of 60 (the Swaziland OAG). Data for Lesotho show that the OAP corresponded to roughly 3 per cent of government recurrent expenditure in 2006/07, and it has been estimated that lowering the age threshold to 65 would raise this to 5.2 per cent. Reluctance to do this is likely to be more to do with establishing rights (on the part of older

people) and obligations (on government) than to do with cost factors taken in isolation.

**B. Food and basic needs deprivation of the destitute.** The experience of schemes in this category is mixed. The original Zambia cash transfer pilot (the Kalomo scheme) was considered to have worked well, thus inspiring replication (with variations in approach) in the form of four further pilots. A feature of all such schemes has been the intensity of involvement of donors and NGOs in scheme design and implementation, to an extent that could not be realistically replicated at a broader scale. More recent experience has indicated lurking difficulties around beneficiary selection, delivery motivation, and governance. The Mozambique PSA possesses some positive organisational features, but the amount of the monthly cash transfer is so small (perhaps enough to purchase two meals) as to make negligible difference to the hunger circumstances of beneficiaries. The Zimbabwe urban food vouchers scheme works well for its beneficiaries, but is spread exceedingly thin, covering only 2000 households across five cities.

**C. Food consumption gap of those facing seasonal food deficits.** The DECT project was certainly successful at achieving its limited seasonal and locational objectives in Dowa district, and kept the real purchasing power of the transfer the same (in terms of the retail price of maize) across the duration of the intervention. Public works programmes have been the most popular instrument for providing fallback positions for able-bodied participants in the hungry season in numerous settings, and are thought to achieve their protection from hunger goal moderately well, but they also possess significant weaknesses (detailed in REBA Case Study No.11) that mean that enthusiasm for them is waning in the region.

**D. Low yields and output due to wrong or low inputs.** In order to reduce vulnerability, input subsidies in rainfed agriculture require complementary circumstances to be helpful rather than hostile; in other words, the amount and pattern of rainfall must be favourable for crop growth and maturation across the growing season. In 2005/06 and 2006/07 Malawi seems to have been especially

**Table 5: Outcomes of REBA case study schemes for welfare and livelihoods**

Case Study	Acronym	Outcomes for Welfare and Livelihoods
1	DECT	Prevention of hunger, 10,161 HHs, seasonal
2	SCTs	Base level income, limited duration projects
3	OAP	Base level income, regular and permanent
4	ITFs	Once only input access; once only fair
5	ISP	National coverage, excellent results so far
6	OAG	Base level income, regular and permanent
7	PSA	Nominal income contribution, regular
8	UFP	Food access, limited 2000 HHs in 5 cities
9	FAP	Food access for AIDS patients, 6 months
10	FSP	Input access, unstable funding and coverage
11	PWPs	Limited seasonal food or cash contribution
12	EMFs	Once only school supplies access, pilots
13	BSs	Successful protection against funeral costs
14	NCPs	Social support provided in neighbourhoods
15	SBs	Incomplete coverage; elite capture
16	CFs	Token land access, poor outcomes
17	CHHHs	Token land allocation, poor outcomes
18	SLTs	Limited coverage, and uncertain outcomes
19	SF	Successful with caveats
20	RMF	Success with hyper-inflation limitations

fortunate in this regard. When events are not so favourable, input subsidies can be an expensive way of funding crop failure. Some of the ITFs in Mozambique as well as similar experiments in Zimbabwe have failed due to adverse natural events of this kind. Moreover, the once only and non-repeating formula of the ITFs means that the cumulative effect on vulnerability reduction for their beneficiaries is negligible.

Input subsidies have a chequered history as a means of raising rural incomes and lowering rural vulnerability. In an earlier era, they were regarded as making a significant contribution to sustained yield growth in Asia (the Green Revolution), but experience in Africa was mixed and disappointing overall. On a national scale, they can take a heavy toll on government budgets, and politically they become more difficult to lower or remove the longer that farmers become accustomed to paying artificially low fertiliser prices.

**E. Intergenerational transmission of poverty.**

Success in this category is difficult to assess since tracking studies of children who benefit from such transfers are virtually unknown. The arguments in favour of school feeding at primary schools seem compelling, and Lesotho has a long history of near enough complete coverage in this area. The educational material fair pilots in Mozambique are thought to have improved school retention for those children that received vouchers, but the non-repeating character of such fairs means that they are subject to the same limitations for vulnerability reduction as the input trade fairs.

**F. Adverse impacts of AIDS on household livelihoods.**

Based on the case studies, schemes that address AIDS impacts directly seem prone to short time horizons, insufficient funding, and poor scheme design. The 6-month cut-off point in the food assistance programme in Mozambique was rather arbitrary, especially when taken in conjunction with uneven ration supply during the delivery period. OVC farming schemes in Swaziland are poorly coordinated and designed, with multiple different entry points overlapping each other in different schemes, an undue reliance on purported community reciprocity for scheme success, token redistributions of land, and lack of clarity regarding

beneficiary needs and their availability to engage in farming.

**G. Asset depletion arising from personal or community shocks.** This is again a category in which success is difficult to assess, although for different reasons from those cited under categories D and E above. Two of the three case studies assigned to this category were located in Zimbabwe where hyperinflation running in excess of 6,000 per cent per year makes it exceptionally difficult for social transfers to make a sustained difference to people's lives. Having said this, both the livestock transfer and micro finance schemes (REBA Case Studies No.18 and 20) contain innovative features such as 'pass on' in the case of livestock transfers, and community based trainers in the case of micro finance that certainly seek to ensure continuity and expansion in transfer benefits. The land allocation to child headed households scheme (REBA Case Study No.17) has limited coverage and exhibits the flaws already identified under category F above.

## Lesson learning on vulnerability

This briefing paper has examined vulnerability as a cross-cutting theme across a set of 20 social protection case studies in the southern African region. Three different vulnerability attributes of these 20 schemes were explored: the concept or understanding of vulnerability that the schemes set out to do something about, usually linked to the circumstances of a specified social group; the approaches or methods used by the schemes to tackle these forms of vulnerability; and their relative success or failure at reducing the vulnerability of their chosen beneficiaries. The lesson learning set out here is about these dimensions of vulnerability and its mitigation; it does not cover broader lesson learning about social protection from the case studies which is done as a concluding piece to the case study briefing paper series.<sup>2</sup>

Vulnerability is rarely a short-term phenomenon. In southern Africa, it has risen gradually over time due to a variety of different factors that have depleted people's assets and eroded their options to generate incomes from a variety of sources. Droughts, floods, soil depletion, AIDS, shrinking migration options, and many other

2. See the briefing paper entitled Regional Lesson Learning from the Case Studies available at [www.wahenga.net](http://www.wahenga.net) in the REBA Case Studies Briefing Paper series.

factors are implicated. For many people vulnerability is chronic and deepening. They are persistently in the position where small adverse events can push them into food deficit, hunger, and other deprivations. This highlights the inadequacy of taking short-term positions with respect to vulnerability reduction in social transfer projects, and this is one amongst a number of lessons about duration, scope and timeliness with respect to addressing vulnerability that emerge from the case studies:

- (1) There is an evident advantage to having a clear vision of the vulnerable circumstances that are being addressed, and older people (in relation to social pensions) or primary school children (in relation to school feeding) are exemplary in this regard.
- (2) Under social protection, as contrasted to emergency response, there are few circumstances where short duration responses to vulnerability are appropriate, really the only exception being seasonal hunger and deprivation that may occur in different places in different years, and therefore needs a capability to anticipate its occurrence and to respond in a timely and effective manner (the DECT project in Malawi provides a model of good practice in this respect).
- (3) The whole point about chronic vulnerability is the role of risk and unpredictability in undermining people's capability to secure enough food to eat, therefore the worst possible features to allow in social transfer schemes are inconsistencies or unpredictabilities, whether of funding, commitment, duration or coverage (and unfortunately quite a few of the case studies fall short in regard to one or other of these).
- (4) Nor in most cases can vulnerability be reduced through medium-term, 2-3 year, social transfer projects: in the case of welfare transfers to the chronically vulnerable, cessation after an interval of a few years merely means that they are thrown back into the vulnerability to hunger that they were temporarily protected from; while in livelihood building initiatives (for example, providing farm

inputs or livestock) a longer duration commitment is typically required to ensure that the full benefits of the transfer are realised (many NGOs have come to understand this, but monitoring of downstream impacts of medium term projects is still deficient in most cases so that the true long term contribution of livelihood building schemes is largely unknown).

- (5) It is doubtful that 'one-off' instantaneous transfers of the type typified by input trade fairs make much difference at all to underlying incidences of vulnerability; the idea that a single opportunity to acquire inputs or implements in a fair that only occurs once in any one location can make a serious difference to people's vulnerability to hunger seems deeply flawed.
- (6) While limited geographical coverage may be unavoidable for NGO schemes with small budgets, design in such cases should at least ensure that all vulnerable people that fulfil targeting criteria can be included, for otherwise social transfers are socially divisive, and seriously inequitable for those that are excluded from the project or programme.
- (7) The most successful social transfer programmes in the region are those that are national in character and permanent in duration: these satisfy the principle of 'predictable funding for predictable needs' and they bring features of consistency, coherence, duration and coverage to reducing the vulnerability of beneficiaries (to date, only the social pension schemes in Lesotho and Swaziland fully comply with these desirable attributes).

In summary, vulnerability to hunger and other forms of severe deprivation is in most instances a persistent phenomenon, the result of gradual erosion of people's livelihoods over many years, and not susceptible to instant turnaround through the medium of short-burst social transfers. With respect to the vulnerability dimension of social transfers, consistency, predictability and long duration are preferred principles upon which to design schemes and programmes. It is for this amongst several other reasons that social pensions represent such considerable strengths for the future of social protection in the southern African region.

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