

Innovation developed in Rwanda to support social protection interventions

First of all, we will present the history and background of the *Ubudehe* targeting approach and the project of which it is part. Then, we will present the recent development in terms of targeting and the assets of the initiative.

Ubudehe is not a new concept; it traditionally refers to collective action and participatory development that have taken place since decades in Rwanda. Indeed, members of communities were digging fields to prepare them for the planting season. Households were acting collectively to share the work and ensuring that every household is ready for the planting season. They were also having social meetings in villages to discuss the community issues faced and to try to resolve them and to identify households in need of support. The concept is very inclusive (men, women, all social groups).

After the 1994 Genocide against the Tutsi, basic services and infrastructures were destroyed, communities were divided and majority of poor people were living in the rural subsistence economy.

In 2001, Ministry of Finance and Economic Planning (MINECOFIN) in partnership with Ministry of Local Government (MINALOC) launched the *Ubudehe* project. After a pilot phase from 2001 to 2004, the *Ubudehe* project was launched countrywide based on the idea that citizens will analyze their own poverty among the community and develop solutions together to solve the identified problems (Participatory Poverty Assessment). This project had also the objective of strengthening the decentralization process. After the training of some people at cell level (village), social maps were elaborated by village residents to draw the situation of each village (households' classification among socio-economic categories, inventory of infrastructures, etc.), analyze the poverty characteristics of the village and highlight the major problems among the community and the poorest households in need of targeted support. Based on those elements, plan of actions are elaborated to solve problems identified as priorities and submitted to higher level. After approval, funds are allocated to villages to act collectively. Implementation and resource allocation are managed by community. Results show the power of citizen participation and collective action. In July 2004, the project was officially transferred from MINECOFIN to MINALOC¹.

The key element of this project for the social protection sector is the **social map/targeting approach** developed through the *Ubudehe* approach. Indeed, the classification of citizens among socio-economic categories is a key tool for the implementation of social protection programs and the targeting of beneficiaries. In the *Ubudehe* approach, there are 6 categories defined by a set of criteria², from the poorest category (without land, facing difficulties to have food) to the more rich people. Those categories are similar for all villages to ensure certain coherence among the territory.

¹ *Ubudehe* project is supported by Government of Rwanda on its regular budget with support from European Union and other partners and is an undetermined time limit program

² During the pilot phase, a set of categories have been elaborated by each village and the total of them reached 39 categories. A comparison of the different categories created in the different villages showed that most of them were using same criteria with different category names. Thus, categories and criteria have been consolidated into 6 categories reflecting the reality and to be used by all.

The *Ubudehe* targeting approach is already used by some social protection interventions to identify beneficiaries of social protection programs. For example, a program of public works, direct support and financial services is using those criteria to select the beneficiaries. Similarly, this targeting approach is used to identify the indigents who benefit of membership cards to the Community Based Health Insurance. Ministry of education is also using it to identify student from poorest families for scholarships.

However, until mid 2010, all those information about classification were written in books at local level (village) and had to be copied out to be used at central level. This made the use of data quite challenging. That's why, in order to make easier access to those information, an initiative was jointly taken by two ministries to computerize those information. Indeed, **the Ministry of Local Government and the Ministry of Health decided to develop a common national *Ubudehe* data base**. This database registers all the population of the country (household and dependents) classified by *Ubudehe* categories. The whole process started around June 2010 by a national collect of updated information³ about each and every household of the country. At village level, all information were written down in *Ubudehe* registers and transferred at central level for data entry. The data entry started in October and is ongoing.

When ready, this database will be use to stratify the contribution of the population to the Community Based Health Insurance⁴ according to their capacity to pay. The database will also be returned to Districts for everyday use; districts will be trained to update data and work with the database.

In addition, this database will allow every social protection program to use a common targeting approach, access a common database with socio economic information about each household, facilitate information sharing among programs and beneficiaries and avoid overlapping interventions. It will improve the coordination and maximize the impact of interventions in the social protection sector. This initiative is highly supported by development partners and other ministries who may also be interested to use it for their programs.

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³ The collect sheet gather the following information: land, dependents, age, sex, Identity Card number, capacity to work, old age people in the household, sick people, disabled, studies, etc.

⁴ In 2010, around 90% of the population in Rwanda is covered by the Community Based Health Insurance, mainly rural population and informal sector.