



Rwanda

Population ⁱ	10,117,029
Area	26,338 km ²
Age Structure ⁱⁱ	
• 0-14 years	42.2
• 15-64 years	55.3
• 65 years and over	2.5
Infant mortality rate (per 1 000 live births) both sexes ⁱⁱⁱ	72.0
Life expectancy at birth (years) female	52.0
Life expectancy at birth (years) male	48.4
Maternal mortality ratio (per 100 000 live births) ^{iv}	1,300
GDP per capita	
• Current USD ^v	458
• PPP (current international \$) ^{vi}	1,027
• Constant local currency	99,490
Human development index (HDI) rank ^{vii}	167
HDI poverty indicators – Human poverty index rank	100

Social Protection: An Ongoing Process

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15
Rwanda

Summary

In order to reduce poverty among the population and to achieve Millennium Development Goals (MDGs), the Government of Rwanda is elaborating and implementing different schemes and interventions in the social protection sector. This sector has developed and evolved a great deal in the last 10 years, with an increasing role to play in poverty reduction. After elaborating a social protection policy in 2005 and having commissioned a Public Expenditure Review (PER) in 2006, the Government identified social protection as one of the priority sectors in the Economic Development and Poverty Reduction Strategy of 2007.

Various programmes have been set up by different institutions to contribute to poverty reduction and the improvement of Rwandans' living conditions. In the health sector, different schemes co-exist and complement one another. For the formal sector, the Rwanda Health Insurance Scheme (la Rwandaise d'assurance maladie, RAMA), Military Medical Insurance (MMI) and private insurance companies cover, respectively, the civil servants, members of the Rwanda Defence Force and their immediate families, and employees of private companies. All formal-sector workers are also part of the Social Security Fund of Rwanda (SSFR) for occupational hazards. The informal sector and rural populations are members of other schemes, called community-based health insurance schemes (*mutuelles de santé*). These schemes cover 91 per cent of the population in 2010.

In the education sector, all Rwandans can benefit from free basic education (nine years). A programme is also supporting some vulnerable groups to access housing.

In addition to these schemes, there are some other social transfers. Among them, formal-sector employees contribute for their pension. A flagship programme was also developed as part of the Rwanda Economic Development and Poverty Reduction Strategy: the Vision 2020 *Umurenge* Programme (VUP). It has three components: public works, direct support and financial services. This Programme has shown results in reducing poverty among beneficiaries. Another Rwandan initiative is the *Ubudehe* programme and approach (community targeting/classification through social mapping). To support the genocide survivors, the Fund for the Support and Assistance to the Survivors of the Tutsi Genocide and Other Crimes against Humanity was established and supported them in different areas (housing, education, health, social assistance, income-generating activities). To contribute to the reintegration of demobilized soldiers, the Rwanda Demobilization and Reintegration Commission has developed programmes to support this specific group. A project also contributed to the improvement of livelihoods, soil fertility and nutrition status through providing a dairy cow to poor families.

Summary (cont'd.)

Other vulnerable groups such as the disabled and orphans and vulnerable children are also targeted by some of these interventions and also benefit from other interventions.

There are different coordination mechanisms at different levels in Rwanda to improve the efficiency and impact of interventions in the social protection sector.

A social protection strategy is being developed in 2010 and discussions are ongoing before its final approval. This case study focuses on several interventions centred on improvement and harmonization where possible to improve the social protection for Rwanda's population.

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INTRODUCTION

This case study presents the social protection sector in Rwanda and its development over the last five years. Following a description of the socio-economic situation in the country, the case study focuses on the evolution of social protection. Several main programmes are then discussed to show the current situation and implementation of social protection in Rwanda. The third part of the case study presents the new strategy and way forward for the next 20 years.

CONTEXT

Rwanda is a landlocked country with a population of about 10 million that is situated in central Africa. It is one of the continent's most densely populated countries, with up to 467 people per square kilometre. The population is comprised mainly of young persons; in 2005, people under 25 years of age accounted for two thirds of the population.

Rwanda is facing a challenge with its population growth. With a total fertility rate of 6.1 in 2005 combined with a decline in infant mortality, it has one of the highest population growth rates in Africa (around 2.7 per cent per year).

In May 2000, the Government of Rwanda adopted a decentralization policy and a strategy for its implementation. The administrative structure of the country entered its second decentralized phase in 2006, which led to the following organization: the country is divided into provinces, districts, sectors and cells. Districts constitute the main decentralized political administrative entity while sectors are their implementation units. The smallest political administrative unit is the cell, which is the link between communities and higher levels.

In the aftermath of the genocide against the Tutsi (1996-2000), real gross domestic product (GDP) grew at over 10 per cent per year as the economy recovered from a low base. This was followed by a period of stabilization (2001-2006) during which real growth fell to an annual rate of 6.4 per cent.^{viii}

Rwanda achieved good economic growth during the past decade. Between 2004 and 2008, average annual real GDP growth was 8.6 per cent, exceeding the Economic Development and Poverty Reduction Strategy (EDPRS) target of 7 per cent. However, alongside this impressive growth, Rwanda has made only modest progress in reducing poverty.^{ix}

Poverty rates fell from 60.4 per cent in 2000 to 56.9 per cent in 2006, a rate of reduction that is insufficient to meet either the targets set in Vision 2020 or the Millennium Development Goals (MDGs).^x Furthermore, 36.9 per cent of

the population in 2006 lived in extreme poverty. Also of concern is the fact that, owing predominantly to population growth, the absolute number of poor people grew from 4.8 million in 2001 to 5.4 million in 2006.^{xi}

The challenge of high poverty levels is exacerbated by rising and high levels of inequality. According to the EDPRS, "inequality as measured by the Gini coefficient rose from an already large 0.47 in 2000 to 0.51 in 2006".^{xii}

Poverty is concentrated among certain groups. In the initial *Ubudehe* survey of the mid-2000s, communities ranked the poorest and the most vulnerable categories of the population as "widows, landless, sick, the elderly and child-headed households".^{xiii}

Lessons from the evaluation of the Poverty Reduction Strategy Paper (PRSP) (2002-2005) suggest tackling extreme poverty through improved food security and targeted schemes of job creation and social protection. As a priority for the EDPRS,^{xiv} it is urgent that new employment opportunities be created for young people just entering the labour market.

The Government has put the MDGs at the centre of its policy framework. To achieve these Goals, it has launched a major effort to scale up MDG interventions through the Vision 2020 *Umurenge* Programme and other initiatives geared to attaining the set goals.

EVOLUTION OF THE DEVELOPMENT PROCESS

ROOTS OF SOCIAL PROTECTION IN RWANDA

The social protection sector and interventions have received more and more attention over the last five years. They are seen as a means by which to contribute to economic growth, to integrate people into the labour market, to slow down population growth, to improve human development through better access to health and education, and to reduce poverty.

In 2003, a new Constitution was adopted by referendum to replace the older Constitution of 1991. Article 14 stipulates that "The State shall, within the limits of its capacity, take special measures for the welfare of the survivors of genocide who were rendered destitute by the genocide committed in Rwanda from October 1st, 1990 to December 31st, 1994, the disabled, the indigent and the elderly as well as other vulnerable groups." The Constitution also focuses on children through Article 28: "Every child is entitled to special measures of protection by his or her family, society and the State that are necessary, depending on the status of the child, under national and international law."

SOCIAL PROTECTION POLICY IN 2005

In 2005, the Ministry of Local Government

developed a social protection policy through a participatory analysis of defining poverty, which helped to categorize degrees of vulnerability.^{xv} The process of developing the National Social Protection Policy started with collecting basic information and data and concluded with the drafting of two main reports:

- Inventory report on interventions and their practices in the area of social protection in Rwanda; and
- Rwanda: Preliminary estimate of risk, vulnerability and vulnerable groups.¹

The policy is oriented towards reducing vulnerability in general and the vulnerability of the poor and marginalized people in particular and towards promoting sustainable economic and social development centred on good social-risk management and good coordination of savings actions and the protection of vulnerable groups.^{xvi}

The National Social Protection Policy defines social protection as "a set of public and private initiatives enabling to provide transfers of income or consumption to the poor, to protect, in particular, the vulnerable and the marginalized against welfare risks and improve their social status and rights as a whole with the overall objective of promoting the welfare of the population" [section 1.3].^{xvii}

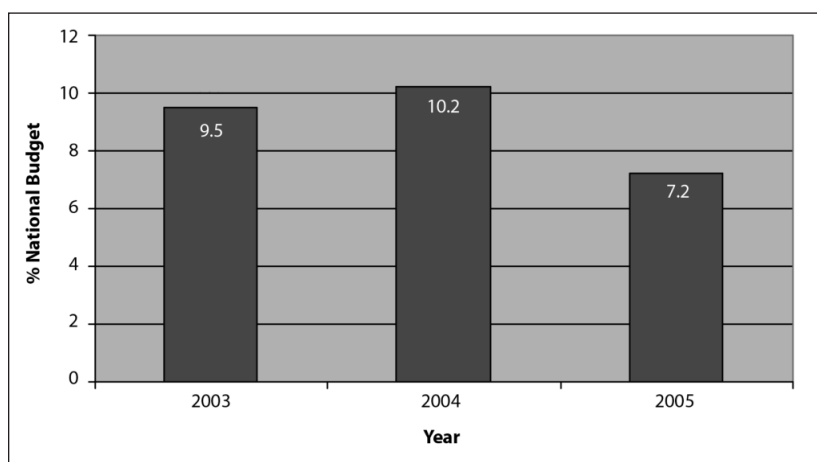
The Policy mentions the main groups

¹Prepared on the basis of results of surveys that had been conducted in the course of the previous four years and that focused mainly on the following: (a) Household expenditure survey of 1999-2001 (Enquête intégrale sur les conditions de vie des ménages, EICV); (b) the Census of population and housing of 2002 (General Population and Housing Census); and (c) the Core Welfare Indicators Survey of 2003 (Enquête sur les indicateurs de base du bien-être, QUIBB).

that have always held the attention of the Government: genocide survivors, orphans, minors in difficult situation, widows, people living with HIV and AIDS, youth from destitute families, demobilized soldiers, disabled people, repatriates, refugees, the elderly, victims of catastrophes and underdeveloped and marginalized victims of socio-cultural history, etc.^{xviii}

Social protection was not a strategic

area identified under the first Poverty Reduction Strategy Paper (PRSP) and it has suffered from the lack of a strategic plan, consolidated budget and monitoring framework. Despite this, it is estimated that between 7 per cent and 10 per cent of the national budget has been allocated to social protection-related programmes (e.g., funds for genocide survivors, people with disabilities) that specifically target the most vulnerable groups in Rwandan society (graph 1).^{xix}



Graph 1 | National budget spent on social protection.

Source: African Peer Review Mechanism, Country Review Report, June 2005, p. 107.

It is likely that some progress has been made with these resources, but it is difficult to track it systematically. The adoption of a social protection policy at the end of 2005 was an important step but rapid development of a strategic plan was found to be important as well.

The overall objective of the social protection sector as set out in the policy document is to achieve effective and sustainable social protection for the poor and vulnerable, to reduce the risks to which

households are subject, to mitigate the potential consequences of those risks, and to help families that experience them to cope with the consequences. This group is defined as all those below the poverty line in the Household Living Conditions Survey 2005 (EICV2).

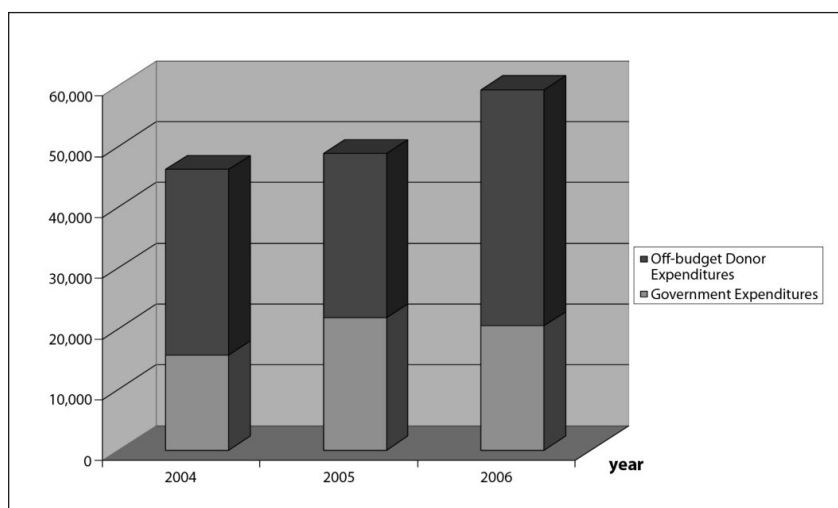
PUBLIC EXPENDITURE REVIEW IN 2006

In 2006, the first-ever review of public expenditure on social protection was con-

ducted. Commissioned by the Ministry of Local Government, Community Development and Social Affairs (MINALOC) and the Ministry of Finance and Local Planning (MINECOFIN), the study was designed to inform judgments on the future direction of public policy with regard to social protection and to help in drafting the social protection chapter in the Social Protection Public Expenditure Review Report (EDPRS)

(2006). The main findings show that social protection was one of the largest sectors in the EDPRS, representing 59 billion Rwandan francs (RF).

The social protection spending was found to be significant, with over 5 per cent from government, including off-budget support (graph 2). Social protection spending is equivalent to 4 per cent of GDP, with about 2 per cent going to food aid.



Graph 2 | Total social protection expenditures, by source, 2004-2006 (in billions of Rwandan francs).

Source: Social Protection Public Expenditure Review Report, 2006.

The major challenges identified in the review were:

- scattered interventions;
- poor alignment with the Aid Policy, where 75 per cent of the funds were coming from donor projects that do not go through the budget process and that were not aligned with national priorities;
- limited poverty impact of social protection programmes, where the number of people reached by these programmes was extremely low, ranging from a few households for donor pilot programmes to a little more than 400,000 individuals for the Genocide Survivor Assistance Fund (Fonds d'aide aux rescapés du génocide, FARG);
- lack of coordination: the poverty impact was unknown at best; there was no systematic monitoring of the poverty impact and no coordi-

nation between interventions; and

- inefficiency: overheads and duplication between donor projects were very large.

The recommendations that emerged from this report were integrated into the chapter that was developed in the Poverty Reduction Strategy Paper (PRSP).

ECONOMIC DEVELOPMENT AND A POVERTY REDUCTION STRATEGY

The Rwandan Economic Development and Poverty Reduction Strategy (EDPRS) is both a document and a process. As a document, it sets out the country's objectives, priorities and major policies for five years (2008-2012). It provides a road map for the Government, development partners, the private sector and civil society. It indicates where the country wants to go, what it needs to do to get there, how it is going to do it, what the journey is going to cost and how it will be financed. The Strategy provides a mid-term framework for achieving the country's long-term development goals and aspirations as embodied in Rwanda Vision 2020 (Republic of Rwanda, 2000)², the seven-year Government of Rwanda (GoR) programme (to bolster its economic activity) and the Millennium Development Goals.^{xx}

Within the EDPRS framework, the first priority for the social protection sector is to integrate and coordinate previ-

ously fragmented services provided by the Government, partners, the private sector and community-based organizations (CBOs) to ensure equitable distribution of social assistance packages among the extremely poor and vulnerable groups.

The second priority is to ensure that the social protection programmes are effective in reducing the percentage of the extremely poor.

To this end, a single, coherent social protection strategy would be designed to replace the current plethora of small programmes in this sector. The strategy would be fully aligned with the MDGs and Vision 2020 at the national level while also being integrated into Vision 2020 *Umurenge* at the local level.

The institutional framework of social protection will need to be reviewed and strengthened by putting in place a well-coordinated framework for social protection dialogue between the Government and development partners and establishing a sector-wide approach or joint funding arrangements for a more coordinated and impact-focused approach. The sector will support people who are able-bodied to progress out of extreme vulnerability and poverty into a more sustainable means of self-support through cash-for-work, micro-credit, income-generating activities, and the development of vocational and entrepreneurial skills.

²Vision 2020 identifies six main pillars closely related to one another that contribute to the construction of a middle-income country. Even though the document does not focus on social protection, some main elements are present in the pillars relating to the development of human resources in line with the objective of turning Rwanda into a prosperous knowledge-based economy. These elements include the importance of the welfare of the population and social security and their contributions to an efficient workforce and a high production level.

According to the EDPRS, "Success in assisting people out of extreme poverty and vulnerability will free up Government resources to help those who are not able to help themselves and will need to receive social assistance for the long term, or at least for a minimum period. People needing long term social assistance include: the unsupported elderly, people with disabilities and people incapacitated by AIDS. Other groups may only need social assistance for a shorter period of time such as orphans and vulnerable children, child-headed households and historically marginalised people. Genocide survivors fall into both these categories."^{xxi}

One of the three EDPRS flagship programmes is the Vision 2020 *Umurenge* Programme (VUP). The Programme was conceived during the high-level Government retreat of February 2007 as a social protection programme to enhance the attainment of Vision 2020 objectives by accelerating poverty reduction. The Vision document was developed by the Ministry of Local Government with support from the Ministry of Finance and Economic Planning. It combines a vision of nationwide social protection with a strong focus on promoting better coordination of services at the local level, ensuring that the poorest are reached.

The Vision was implemented fairly rapidly, starting with the public works component in which Rwanda had extensive experience while policy development continued on the direct-support and financial-services components that

began later on. The World Bank and the Department for International Development (DFID) supported the Government's vision by contributing funding and technical assistance, but the Government has remained the leading financial contributor.

CURRENT SITUATION: EXISTING PROGRAMMES

In this section, the various existing programmes and their links will be presented to draw a global picture of the social protection situation in Rwanda. The Ministry of Local Government, Community Development and Social Affairs, the Ministry of Health and the Ministry of Gender and Family Promotion are the lead ministries responsible for policy formulation, coordination, resource mobilization and capacity-building while implementation is the responsibility of a number of institutions across government and outside. Efforts are ongoing to coordinate all interventions and implement them as far as possible on budget and on plan. However, since it is not possible to present all the existing programmes in the social protection sector in Rwanda, this section focuses on the main ones, with others presented only briefly.

ACCESS TO HEALTH CARE

In Rwanda, according to the law from 2008, all Rwandans must be covered by health insurance. Various health insurance schemes co-exist; they are comple-

mentary, each of them focusing on different population categories. This diversity enables every category of the population to access health care. With these different schemes, Rwanda is now reaching nearly universal coverage. In June 2010, the health insurance coverage was 97 per cent (91 per cent for community-based health insurance and 6 per cent for other types of insurance).

Formal Sector: Rwanda Health Insurance Scheme (La Rwandaise d'assurance maladie, RAMA), Military Medical Insurance (MMI) or Private Insurers

Employers of each worker in the formal sector contribute to the Social Security Fund of Rwanda (SSFR) for the coverage of occupational hazards. The contribution corresponds to 2 per cent of the basic salary. This covers medical care, daily sickness allowances, incapacity social security benefits, incapacity lump sum benefits and survivor's benefits. SSFR is a public institution in charge of the social security scheme. It also aims at sensitizing people regarding sustainable social security, examining ways to extend social security and provide advice to government on matters relating to social security.

Formal-sector workers are covered by different health-care schemes according to their status.

- Civil servants and other public sector employees are covered by the Rwanda Health Insurance Scheme (La Rwandaise d'assurance

maladie, RAMA). RAMA was founded in 2001 and is financed mainly by monthly contributions (15 per cent of the member's base salary, 7.5 per cent of it paid by the employee and 7.5 per cent paid by the employer). The benefit package covers all services. Members have access to all public health centres, district hospitals and referral hospitals as well as private facilities that have been contracted by RAMA. RAMA membership also provides access to pharmacies. A co-payment of 15 per cent is due by the member at every health-care level. The current coverage of RAMA is around 2.5 per cent of the national population. The scheme is supervised by the Ministry of Finance and Economic Planning.^{xxii}

- Members of the armed forces and their immediate families are covered by Military Medical Insurance (MMI). The contribution to MMI is 22.5 per cent of the base salary of its members, of which 17.5 per cent is paid by the Government and the remaining 5 per cent by the member. MMI was created in 2005 and is supervised by the Ministry of Defence.^{xxiii}
- Other workers of the formal sectors are usually covered by private insurance. This coverage is organized by private insurance companies, which are regulated by a law on insurance in Rwanda.

Informal Sector: Community-based Health Insurance Schemes or Mutuelles de Santé

A community-based health insurance (CBHI) scheme, also called a *mutuelle de santé*, is a scheme designed to improve access to health care for the population of the informal sector and the rural population. Based on pre-payment and risk pooling, CBHI aims to provide financial access to health services in a fair and equitable manner. In order to avoid stigmatization, CBHI seeks to include all segments of the population, especially vulnerable groups.

Some CBHI systems were created in the 1960s. The extension of CBHI initiatives was developed in the 1990s, first through pilot projects and then through the generalization of CBHI countrywide. The number of CBHI schemes increased quickly from 6 in 1998 to 76 in 2001 and 226 in

2004. In December 2004, the Government adopted a national policy for the development of CBHI schemes. In 2005, CBHI schemes were extended to all 30 districts of the country thanks to the involvement of local authorities, health-care providers and awareness campaigns. CBHI is supervised by the Ministry of Health. Government efforts in CBHI development are key to the success of the system.

In June 2010, the CBHI system covered 91 per cent of the population of Rwanda. The strong will of the authorities at all levels to guarantee access to quality health care is crucial to achieving the coverage rate. Through the improvement of financial access to health care, CBHI also contributes to the well-being of families and the economic and social development of the country. An overview of CBHI is provided in the following box.

Community-based health insurance (CBHI)

Objective

CBHI aims to provide financial access to health services for the informal sector and the rural population, especially for vulnerable groups, through a health insurance system.

Characteristics

- Pre-payment (once a year);
- Solidarity;
- Risk pooling;
- Subsidization of most vulnerable/poor people through targeting mechanisms; and
- Supplementary to other health insurance schemes.

Vulnerable Groups among CBHI Members

In order to be affordable to the most vulnerable populations, the Government of Rwanda created financial mechanisms to support them. Thus, for the most vulnerable and the poor, their contributions are paid by a third party such as the Government, non-governmental organizations (NGOs) or development partners. In 2008, the Genocide Survivor Assistance Fund (Fonds

d'aide aux rescapés du génocide, FARG) supported around 270,000 vulnerable genocide survivors in their contribution to CBHI. In 2010, the Global Fund (GF) supported around 615,000 indigents and 1,450,000 poor people to access CBHI. The vulnerable in the population are targeted through a community-based poverty mechanism.

Financing

The system is financed by member contributions although districts, the Ministry of Health, other insurance schemes, etc., also contribute to the CBHI financing. The contribution to become a member is currently the same amount for everyone whatever their capacity to pay: RF1,000 per person per year (less than US\$2). On top of this amount, the Government matches these funds to cover health-care costs at higher care levels. In order to receive care, the member must pay a small co-payment at the health-care facility (a fixed amount or a percentage depending on the level of care).

Strengths of the CBHI System in Rwanda

- Strong political commitment;
- Global mobilization in favour of CBHI (local authorities, health facilities, etc.);
- Numerous awareness campaigns through media and community meetings;
- Ownership of the initiative by the population thanks to the understanding of the concept;
- Financial affordability;
- Presence of CBHI at every public health-care centre; and
- Accessibility to all levels of health care (health-care centre, district hospital and referral hospital).

Factors Supporting Implementation of a Health Insurance System by the Country

- Good functioning network of health facilities on the national territory;
- Political willingness and efforts to achieve universal coverage (CBHI is a priority for Rwanda);
- Coordination mechanism of health interventions at the national level;
- Traditional community targeting mechanism to identify poor and indigents; and
- Decentralization and representation of authorities close to the population.

Achievements

- Increase in the rate of use of health services (0.86 in 2009);
- High CBHI coverage rate of the population (91 per cent as of June 2010);
- Monthly reporting from CBHI at a decentralized level through a national database; and
- Coverage of the poorest people.

Challenges

- Financial sustainability; and
- Improvement of the Management Information System.

Way Forward

- Adapt the contribution to the capacity to pay of every household (categorization); and
- Creation of a database linked with other social protection activities to improve the efficiency in targeting.

The combination and complementarities of the different schemes (SSFR, RAMA, MMI, private insurers and CBHI) enable Rwanda to achieve a high level of health insurance coverage among the national population. This broad access to health services contributes to the economic growth and social development of the whole country. Indeed, access to health care for the most vulnerable population contributes to reducing the risks of exclusion due to catastrophic health-care expenditures and to the fight against poverty. In June 2010, the total health insurance coverage was around 97 per cent in Rwanda.

ACCESS TO EDUCATION

Some of the interventions under the responsibility of the Ministry of Education contribute to the improvement of social protection:

- The most important programme in the education sector is the provision of free basic education to all through a capitation grant to government and subsidized schools. This enables everyone to access the first nine years of education free of charge.
- The Ministry of Local Government, in collaboration with the Ministry of Education, signed an agreement to facilitate historically marginalized students in secondary school to study for free and took the initiative to integrate historically marginalized students into other government programmes.
- Genocide survivors are often among the most vulnerable and the poorest members of the population of the country. Thus, in order to support their access to essential educational services, the Genocide Survivor Assistance Fund (FARG) Programme supports the education costs of needy survivors at secondary schools and at university. In 2008 alone, 52,737 students were supported by FARG in secondary schools and 1,500 had completed university or higher education.
- The Government also provides bursaries to secondary-school scholars in the form of loans that must be partially reimbursed when the former scholars are working and financially able to do so.
- The Governments of Rwanda and development partners provide feeding in 300 schools. These schools were identified before and after the Comprehensive Food Security Vulnerability Analysis and Nutrition Survey (CFSVA) (July 2009).

ACCESS TO HOUSING

Because some population groups may not have access to housing, the Government provides shelter to the extremely poor and the most vulnerable groups, such as returnees, genocide survivors and disabled ex-combatants. Beneficiaries are targeted through the *Ubudebe* approach, a community-based participatory process where beneficiaries are selected by “who needs

what". Under *Ubudehe*, households are categorized according to one of six classifications, from extremely poor to the money rich. According to the needs among the community, the Government, via decentralized levels, provides materials for the building. Construction of these houses for the most vulnerable and extremely poor people can be done by the population through a participatory process or during *Umuganda* (community works), which takes place once a month. From 2008 to June 2009, 10,858 houses were constructed for the different vulnerable groups.

SOCIAL TRANSFERS

Pension

According to the website of the Social Security Fund of Rwanda (SSFR), "The pension branch of social security aims at helping workers who become old and incapable of working for a salary or invalid and incapable of earning his life by working."^{xiv} It also supports survivors of the deceased worker. Former workers are entitled to an old-age pension after 15 years of contributions and at the age of at least 55 years. Other products offered by the pension branch are the following: anticipated pension, invalidity pension, and old-age lump-sum allocation. These products are offered by the SSFR.

Vision 2020 Umurenge Programme

The Vision 2020 *Umurenge* Programme (VUP) is a flagship programme of the Economic Development and Poverty Reduction Strategy (EDPRS), 2008-2012. As noted earlier, it was conceived during the Government retreat of February 2007

as an integrated social protection programme to accelerate poverty reduction and enhance the attainment of Rwanda's Vision 2020 objectives. Its purpose is to speed up the reduction of extreme poverty in target sectors, contributing to national targets to reduce extreme income poverty from 36.9 per cent in 2005/2006 to 24 per cent in 2012. It also contributes to improvements in other human poverty dimensions (such as education, health, food security and nutrition), community asset development, the environment and social participation.

The Programme objectives focus on two main areas:

- protection – stopping households from falling below survival levels, stopping households from selling productive assets, and building a buffer to manage future shocks; and
- production – reducing risk, encouraging risk-taking through predictable transfers and wages, creating employment opportunities as a base for savings, using credit, building community assets, developing an entrepreneurial culture and helping to monetize the local economy.

The lead ministry for the Programme is the Ministry of Local Government, Community Development and Social Affairs (MINALOC). At the sector level, which is the primary implementation level, there are two Vision 2020 *Umurenge* Programme staff in each sector: the Programme Manager and the Finance Officer.

The three main Programme components are public works, direct support and financial support, which are underpinned by training and sensitization. The Programme was initially piloted in 30 sectors (the poorest sector in each of Rwanda's 30 districts); it scaled up to an additional 30 sectors in July 2009, and the Government intention is to continue scaling up to all 416 sectors nationwide.

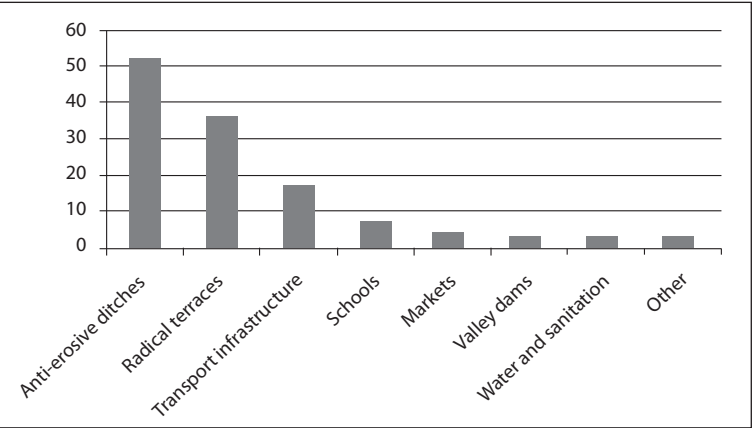
Implementation of public works started in July 2008, direct support in January

2009 and financial support in February 2010:

Public Works

This component of the Vision 2020 *Umurenge* Programme (VUP) provides work on community infrastructure projects (terracing, irrigation, building of classrooms, construction of access roads, etc.). Households eligible for VUP public works are extremely poor (in the bottom two *Ubudehe* categories) who are "land-

Table 1 Beneficiaries of direct support and public works, 2008-2009/2010.						
Component	2008		2009 (Jan.-June)		2009/2010	
	Operational Sectors	Beneficiary Households	Operational Sectors	Beneficiary Households	Operational Sectors	Beneficiary Households
Direct support	-	-	30	6,850	60	9,692
Public works	28	18,304	27	17,886	60	78,004



Source: Social Protection Joint Sector Review, October 2010.

less" (less than 0.25 ha) but who have at least one adult (18 years+) able to do manual labour. In addition to benefiting individual households, the programme bene-

fits the community at large in the form of increased assets. Table 1 shows the number of households that have participated in public works to date, and graph 3 presents

Graph 3 | Community assets built through the public works component of the Vision 2020 *Umurenge* Programme, 2009/2010.

the community assets built. In 2009/2010, 50 per cent of the participating beneficiary households are female-headed.

Direct Support

This component provides unconditional cash transfers to extremely poor households in the bottom two *Ubudehe* categories who are "landless" (less than 0.25 ha) and whose members are unable to work because of age, disability or illness and are without a household member qualifying for public works. This component aims to improve standards of living, access to essential social services such as education or health, and the ability of households to save and invest. Table 1 shows the number of households that have benefited from direct support transfers to date. In 2009/2010, 53 per cent of the beneficiary households are female-headed.

Financial Support

The financial-support component of the Vision 2020 *Umurenge* Programme complements the direct-support and public-works social protection elements of the Programme. It increases access by the poor to financial services infrastructure, encourages savings, and provides micro-credit in order to tackle extreme poverty and to promote entrepreneurship. The objectives are to enable people to move themselves out of extreme poverty on a sustainable basis and to graduate from the social protection programmes. The component started in 2010 and is implemented through the *Ubudehe* Credit Scheme.

Loans are made to individuals, groups and cooperatives selected on the basis of business proposals. Direct-support transfers and public-works wages have already had positive impacts on household welfare in the following ways: increased consumption (food, utensils, clothing), spending on human capital (education, health), income-generation (agriculture, business), asset accumulation (livestock) and financial services (savings, borrowing).

Ubudehe Programme

"*Ubudehe*" as such is not a new concept; the word is a reminder of collective action and participatory development that have been undertaken for decades in Rwanda. Previously, *Ubudehe* corresponded to social meetings in villages to discuss and try to resolve community issues.

In the context of Rwanda after the 1994 genocide against the Tutsi, infrastructure, basic services and property were destroyed and communities were divided (traumatized, lost trust in each other, etc.). The poverty level was very high and the challenge was to rebuild a nation and reinforce community cohesion.

In 2001, the Government of Rwanda chose a participatory approach to design poverty reduction for its PRSP. After a pilot phase in Butare, it launched *Ubudehe* to help the local population to create social capital, develop citizenship and build a strong civil society. "This process helps citizens to engage in local problem-solving using their own locally designed institutions, in voluntary association".^{xv}

Ubudebe aims at promoting self-governance and greater citizen participation in governance at the local level. It started in 2005 and has already achieved some major successes:

- Nowadays, the entire country is covered by participatory poverty assessments (PPAs) in which citizens are truly in control of the process. Citizens are actively participating in the development of the social map and visual representation of their community (level of poverty and exclusion). In addition to the social maps, citizens in villages have actively defined their preferences and priority problems.
- Participation of citizens in this community process helped to bring people together in collective action to do something for their own community and to solve their common problems. This process of coming together and working together to solve problems played an important role in national healing and building of trust.
- This community process enabled the financial support of local initiatives such as livestock/breeding, construction of classrooms/roads/bridges/health centres, a water or electricity facility, radical terracing and development of small shops. Numerous villages benefited from financial support to solve problems identified among the community members. This mechanism of financial support at the local level has advantages such as lower administrative costs, resource

transfer directly to citizen groups, ownership of the initiative, support to proactive citizens and resolution of community problems.

In addition to the *Ubudebe* Programme, the *Ubudebe* targeting approach is a tool used to identify beneficiaries of Rwanda's social protection programmes. The *Ubudebe* approach is to become the national targeting approach for every social intervention. In 2007, a nationwide *Ubudebe* social mapping exercise was conducted. Social maps developed through the *Ubudebe* Programme are a key asset in the development of the social protection sector and in cases where the Vision 2020 *Umurenge* Programme is operational. All households in the *Ubudebe* categories were updated and used for the selection of households of the Vision 2020 *Umurenge* Programme sectors in July 2009 during the annual programme targeting operation. Indeed, those social maps and the process of participatory poverty assessments directly contribute to the targeting of other interventions such as community-based health insurance (CBHI).

In every sector, there is one *Ubudebe* facilitator under the supervision of districts. His main task is to control quality in the identification of beneficiaries of the different social protection programmes.

Fund for Support to Genocide Survivors

The Fund for the Support and Assistance to the Survivors of the Tutsi Genocide and Other Crimes against Humanity (Genocide Survivor Assistance Fund (Fonds

d'aide aux rescapés du génocide, FARG)) was established by Law No. 02/98 of 22 January 1998 to provide assistance to victims of genocide and massacres perpetrated in Rwanda from 1 October 1990 to 31 December 1994. This law was reviewed by Law No. 69/2008 of 30 December 2008 (OG. N° Special of 15 April 2009).

The resources of the Fund come from a government contribution equivalent to 6 per cent of its annual budget and other sources as identified by the Law in Article 22. This budget is spent on four key programmes: education, health, shelter, and social-assistance and income-generating projects.

In addition to the support in the health, education and housing sectors, the Fund provides social assistance and supports income-generating projects.

Rwanda Demobilization and Reintegration Commission

The Rwanda Demobilization and Reintegration Commission (RDRC) is a government agency in charge of implementing the Rwanda Demobilization and Reintegration Programme (RDRP). The goal is to contribute to the "consolidation of peace in the Great Lakes Region, especially in Rwanda and Eastern DRC, and foster Unity and reconciliation within Rwanda. We work towards this through Demobilisation and support to Social and Economic Reintegration of Rwandan Ex-Combatants".^{xxvi} In 2009, the Commission launched stage III of the RDRP, comprising various components:

- **demobilization.** In the demobilization centres, the RDRC conducted a Pre-Discharge Orientation Programme (PDOP) for all ex-combatants to introduce them back into civilian life (lectures and discussions on government policies, programmes, socio-economic development challenges and opportunities in the country, HIV and AIDS voluntary counselling and testing, etc.);
- **reinsertion.** This component covers both ex-combatants and dependants (cash payment, reinsertion kit, transport to home communities, food and non-food items for three months). Ex-combatants are also supported in the administrative process in the communities; and
- **social and economic reintegration.** This component comprises different significant interventions such as specialized training of health-centre staff and social workers in psychosocial support for ex-combatants with post-traumatic stress disorder (PTSD) symptoms and other community members; "reintegration grants" for income-generating projects with training in basic entrepreneurship; a specific rehabilitation course for child ex-combatants and reunification with their respective families; the determination of socio-economic vulnerability among disabled ex-combatants through screening, and the payment of monthly subsistence allowances for the one

in need of support; and specific support for female ex-combatants.

One Cow per Poor Family

The Girinka Programme (One Cow per Poor Family) was initiated by the President of Rwanda in 2006 and is part of the implementation measures of the 2020 vision, the Economic Development and Poverty Reduction Strategy (EDPRS) and the Integrated Development Programme (IDP). The objective of the Girinka Programme is to enable every poor household to own and manage an improved dairy cow to support the family to improve their livelihood (milk and meat) and soil fertility. In addition to improving the family's nutritional status, the cow will help to generate revenues through the sale of milk, meat or manure. The Programme can be implemented in two ways: the cow can be donated (free of charge) to a poor family or the Programme can provide a bank loan to a family to buy a cow. Some eligibility criteria are analysed before receiving the cow, such as the ability to construct a cow shed or the availability of a field planted with different pasture species for nutritional purposes.

This Programme was followed by other initiatives such as *Inka y'akaguru*, an initiative that aims to produce many cows in the community where the first owner remains with the calf and hands over the cow to another member of the community. Another initiative is called *Kuragiza*; in this initiative, the care of the cow is given by the owner to a neighbour and when the cow calves twice, the second calf is

given by the owner to the neighbour as recognition for his work.

Other Vulnerable Groups

Persons with Disabilities

Rwanda has made varying progress in supporting the rights of persons with disabilities and ensuring that people with disabilities benefit from and contribute to national development. The Government has committed itself through the adoption of the law to protect the rights of persons with disabilities (2007) and has passed eight ministerial orders in order to implement this law (2009). To be able to monitor the implementation of the ministerial orders that were passed, a national programme for persons with disabilities has been elaborated.

The Government established an umbrella organization for persons with disabilities, the National Federation of People with Disabilities (Fédération nationale des personnes handicapées, FENAPH), which has representation from the central government up to the grass-roots level.

There are government programmes to support vulnerable disabled ex-combatants in categories 1 and 2 who are given monthly subsistence allowances/transfers. This supports them in accessing medical rehabilitation and treatment through medical insurance, but payments also are made directly to service providers for services and medications that are not covered by insurance.

Besides these programmes, a national council of persons with disabilities is

being created and is in its early stages.

Civil society groups play an important role in supporting persons with disabilities and in helping the Government to achieve its objectives for people with disabilities. Some of these civil society organizations are, among others, Volunteer Services Overseas and the Rwanda Decade Steering Committee, which, in collaboration with their partners, have been active in ensuring advocacy by organizations that represent people with disabilities in the social protection sector and have also supported community-based income-generating activities.

However, it is very important to note that Rwanda does not have specific programmes for persons with disabilities; persons with disabilities have been mainstreamed into existing social protection programmes and initiatives such as "One Cow per Poor Family", shelter initiatives, the *Ubuganda* Programme and the Vision 2020 *Umurenge* Programme, where they benefit under the components of direct support, public works or financial services depending on the selection criteria and many other schemes. There are also other parallel programmes that support disabled persons to have access to basic necessities

Another important initiative worth mentioning is the census of persons with disabilities, which is ongoing. It is being carried out to be able to know the actual number of disabled persons in Rwanda but most importantly to generate data for evidence-based planning. This is being done by the Ministry of Local

Government with the Ministry of Health, which will help in categorization so that those for whom the law provides benefits can access them.

Orphans and Vulnerable Children

Orphans and vulnerable children (OVCs) are reached by some of the interventions presented above, such as free basic education, community-based health insurance and the Genocide Survivor Assistance Fund (FARG). However, the Ministry of Gender and Family Promotion (MIGEPROF) is also implementing several interventions focusing on orphans and vulnerable children such as the payment of school fees and the purchase of scholastic materials for 18,620 orphans and vulnerable children (from 2006 up to 2010); the support of identification and data collection and management regarding orphans and vulnerable children (computers, registers, etc.); the financial support to set up income-generating activities for orphans and vulnerable children who completed vocational training; and the setting up of transit centres for children. In addition, various orders and instructions relating to orphans and vulnerable children have been prepared.

Child Protection/Gender-based Violence Committees (CP/GBV Committees) have been established at the district and sector levels by the Ministry of Gender and Family Promotion to identify, report and refer for appropriate support cases of child-rights violations and of gender-based violence.

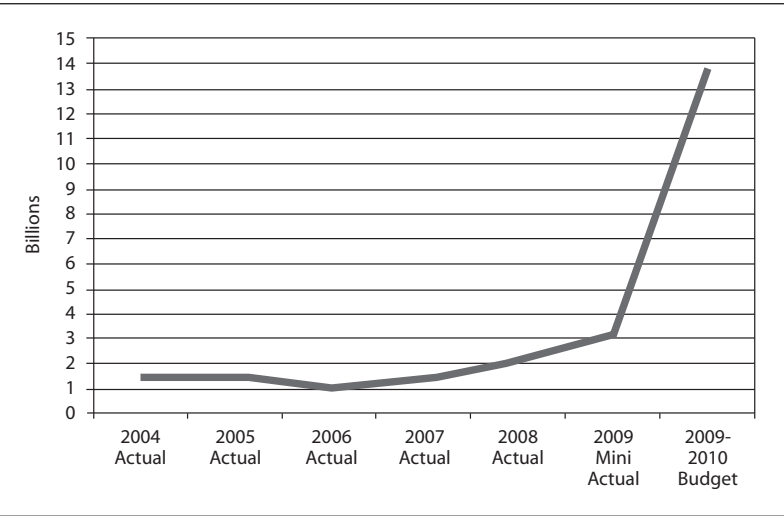
The Child Rights Observatory has been established within the National

Human Rights Commission. An observatory is set up in each district and sector of the country to monitor and report on cases of child rights violations. Reports are compiled and submitted to the National Human Rights Commission for examination, investigation of cases and filing of complaints.

REVIEW OF THE SECTOR

Since 2005, social protection has expanded significantly in Rwanda (graph 4) and there is a range of social protection programmes across government. Investment in the core social protection sector has been increased significantly by the intro-

duction of the innovative Vision 2020 *Umurenge* Programme, a flagship programme that has provided regular cash transfers to around 54,000 households, making a major difference to their lives. Yet investment in non-contributory, cash-based social protection is still low by international standards (although it is probably in line with that of other Central and East African countries). The Social Security Fund for Rwanda is an example of a well-managed contributory pension scheme, being actuarially sound and providing regular and significant benefits to members. In 2007, the Fund had a net replacement ratio of 76 per cent, which implies that, on average, pensioners received 76 per cent of their pre-retirement net earnings.

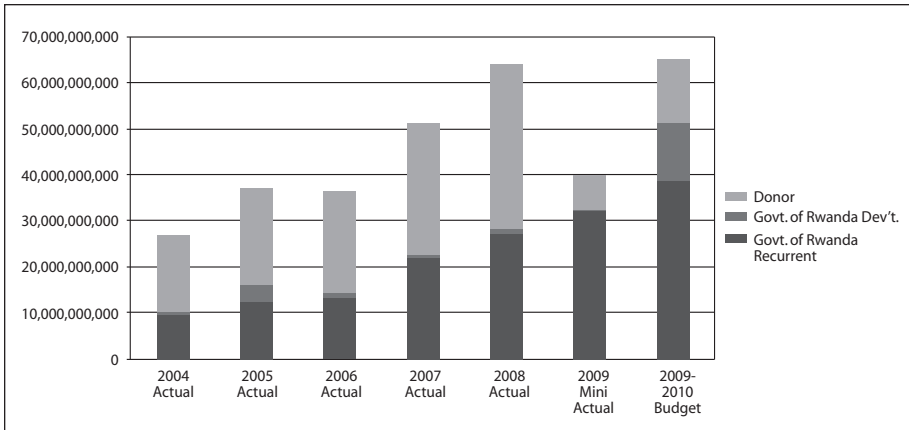


Graph 4 |
Increase in
social protection
sector spending,
2005-2010.

Across other sectors, there have also been significant increases in commitments to social protection. For example, graph 5 shows the increase in spending on broad-based social protection, including health and education. This represents

an increase in real resources for the 2009/2010 budget period of 142 per cent over actual expenditure in 2004, including a 17 per cent real decrease in resources from donors and a 250 per cent real increase in government spending.

Graph 5 | Increase in broad social protection spending across government, 2005-2010.



Note: The data for this graph are taken from the 2010 draft Public Expenditure Review for Social Protection.

As discussed earlier, Rwanda has already achieved some important goals in the social protection coverage of its population.

Through community-based health insurance, Rwanda is covering more than 90 per cent of its population through health insurance. This is a great achievement considering the important proportion of the informal sector. Moreover, thanks to political willingness, this was achieved in less than a decade.

In addition, the country already has an approach to target its population by socio-economic level, commonly referred as the *Ubudebe* approach. This approach is a key asset for Rwanda in social protection to maximize the impact of the interventions and avoid overlapping. Indeed, targeting improvements will contribute to a better use of resources.

Evidence of the flagship programme, the Vision 2020 *Umurenge* Programme (VUP), has shown its benefits to benefi-

ciaries in terms of asset accumulation, entrepreneurship, infrastructure and social development. In the future, the VUP must be extended countrywide and this scaling up will have a positive impact in the whole country and increase the number of beneficiaries.

Coordination mechanisms are developed in Rwanda and contribute to the efficiency of the interventions. The coordination mechanisms of the social protection sector are directly under the Ministry of Local Government. However, as the social protection sector contributes towards the attainment of the objectives of the Economic Development and Poverty Reduction Strategy (EDPRS), the Ministry of Finance and Economic Planning has the overall responsibility of reporting on the progress of the EDPRS:

- At the sector level, the coordination is led by the Ministry of Local Government. A social protection working group has been established. This Working Group

brings together social ministries that deliver social protection, development partners, United Nations agencies, civil society organizations and NGOs to discuss developments in the social protection sector. Since its inception in 2008, the Social Protection Working group has helped to provide strategic orientation on how to reduce fragmentation, inefficiency, and reporting on the achievements and challenges. At the sector level, the chair of the Social Protection Working Group is the Ministry of Local Government, Community Development and Social Affairs (MINALOC), which is the lead ministry on social protection and an alternating co-chair of the development partners.

- Social protection Joint Sector Reviews are held twice annually before the start of the financial year to discuss the progress and challenges in the sector and inform the budgetary process. They are also held at the end of the financial year to review progress and set milestones. These Joint Sector Reviews are backward- and forward-looking.
- Social Cluster. The deliberations after the reviews are summarized under the Social Cluster, which is made up of all the social ministries. Under the head of the Cluster, they present the main achievements and bottlenecks to the Joint Budget Support Review that is chaired by the Ministry of

Finance and Economic Planning on the Government side and co-chaired by a development partner.

In 2010, the elaboration and development of the new strategy through a participatory process will contribute to better coordination and more efficient interventions in the social protection sector.

However, despite good progress and a strong upward trend in the commitment of the Government to social protection, it is clear that there are many challenges that need to be addressed.

The main challenge is that coverage is still low. There is a need to achieve national coverage of pilot programmes, such as the Vision 2020 *Umurenge* Programme (VUP), to obtain the desired impact. Furthermore, it is clear that there are many vulnerable groups in the population that do not have adequate coverage or support. For example, there is no national programme of support for the elderly or people with disabilities. Many of the most vulnerable children are in need of additional financial assistance, but such coverage has been beyond the financial means of the country. It is recognized that there is a need to work within the constraints of available finances, but the Government is committed to extending coverage to these groups over the next few years.

There are still too many small and overlapping government social protection programmes and funding lines. Wherever possible, there is a need to consolidate programmes to increase efficiency and put resources behind those

major programmes that have the greatest transformational potential. There is also a need to mainstream certain programmes that are directed at particular groups. For example, support for genocide survivors through the Genocide Survivor Assistance Fund (FARG) will increasingly be provided through mainstream government programmes, such as the Vision 2020 *Umurenge* Programme and Old Age Grants wherever possible.

In connection with coordination of social protection interventions, there is also a need to improve the monitoring and evaluation system in order to see impact and to have evidence-based results for all the programmes. Monitoring and evaluation data will also help to increase the efficiency of interventions.

NEW STRATEGY: THE WAY FORWARD

The Ministry of Local Government, with other stakeholders, is preparing a new strategy on social protection for the next 20 years. This document focuses on several interventions to improve social protection for the population of Rwanda. This strategy will be a complement to the other sector strategies. The vision for the next 20 years is to “build a system with a social protection for the most vulnerable households and individuals, continuing extension of access to other core public services for poor and vulnerable households and increase participation of the informal sector in the contributory social security system”.^{xxvii} In order to contribute

to the objectives of the Economic Development and Poverty Reduction Strategy (EDPRS), interventions are planned regarding its expected results. The strategy comprises protective, preventive and promotive interventions.

Among its objectives, the EDPRS aims to improve the coordination mechanism among the various existing programmes managed by the Ministry of Local Government and with programmes from other ministries.

Once the Social Protection Strategy is in place, a sector-wide approach for the sector will be developed. This will further enhance strong partnership with all stakeholders and ensure that their work contributes to achieving sector objectives and the EDPRS in general and that their funding is aligned with government priorities.

To improve efficiency, the Government is planning to develop a sector-wide funding mechanism whereby donors will fund the sector instead of a specific programme. It will also ensure that funding is used in alignment with government priorities.

This will help to improve coordination, harmonization and synergy across the different ministries and institutions that implement social protection. This will be done through joint action plans, division of labour and accountability mechanisms.

To improve coordination and the monitoring and evaluation, the building of a management information system will be a key asset to provide information for analysis and decision-making. The management information system will enable decentral-

ized entities to provide updated data to the central government about the number and status of the different vulnerable groups.

A summary of the social protection system in Rwanda is presented in table 2.

Table 2 Summary of the social protection system in Rwanda.		
Health care	Formal sector	Specific system to cover formal-sector employees (Rwandan Health Insurance Scheme (RAMA), Military Medical Insurance (MMI), private insurance). Existing system to cover occupational hazards (Social Security Fund of Rwanda, SSFR).
	Informal sector	Health care is affordable for all via community-based health insurance (CBHI)) scheme (poor and indigents included thanks to programmes such as Genocide Survivor Assistance Fund (FARG), Global Fund (GF)).
Education	Basic education	Nine years of education free of charge.
	Secondary and university	Existing programmes to facilitate access for vulnerable groups (FARG, Ministry of Gender and Family Promotion (MIGEPROF)).
Housing	Shelter	Support is provided to vulnerable groups to enable them to have a shelter (FARG).
Social transfers	Pension	Formal sector: contributory pension.
	Cash transfer to extremely poor people	<i>Public works</i> for the extremely poor: providing work on community infrastructure projects (Vision 2020 <i>Umurenge</i> Programme, VUP).
		<i>Direct support</i> for the extremely poor unable to work (VUP).
	Financial services/ support	Support is provided to increase access to financial services infrastructure for vulnerable groups and to develop income-generating activities (VUP, FARG, MIGEPROF).
		Via financial support to local initiatives, a community process creates social capital, development of citizenship and building of a strong civil society (<i>Ubudehe</i>).
	Transfer in kind	Programme to support the demobilization, reinsertion and reintegration of ex-combatants (Rwanda Demobilization and Reintegration Programme).
		Through ownership and management of a cow, the goal is to improve the livelihood, nutrition and soil fertility of the household (One Cow per Poor Family).
Note: Specific vulnerable groups (orphans and vulnerable children, elderly, etc.) are also reached by more general social protection interventions, especially the ones mentioned above.		

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- ⁱ National Institute of Statistics, 2009.
- ⁱⁱ World Bank, *World Development Indicators* 2008.
- ⁱⁱⁱ WHO, Global Health Observatory, 2008.
- ^{iv} WHO, UNICEF, UNFPA and World Bank, Global Health Observatory, 2005.
- ^v World Bank, *World Development Indicators* 2008 and *Global Development Finance* 2008.
- ^{vi} Ibid.
- ^{vii} UNDP, *Human Development Report* 2009.
- ^{viii} Economic Development and Poverty Reduction Strategy [EDPRS], 2008-2012, September 2007. The text of the Strategy is available at: http://planipolis.iiep.unesco.org/upload/Rwanda/Rwanda_EDPRS_2008-2012.pdf.
- ^{ix} EDPRS, 2007.
- ^x Ibid.
- ^{xi} Ibid.
- ^{xii} Ibid., p. 5.
- ^{xiii} Ibid., p. 13.
- ^{xiv} Ibid., p. 36.
- ^{xv} National Social Protection Policy, 2005.
- ^{xvi} National Social Protection Policy, 2005, p. 10 (available at: http://minaloc.gov.rw/IMG/pdf_SP_Policy_English.pdf).
- ^{xvii} Ibid., p. 4.
- ^{xviii} Ibid., p. 5.
- ^{xix} Poverty Reduction Strategy Paper Evaluation Report, 2006, p. 26.
- ^{xx} EDPRS, 2007, p. 1.
- ^{xxi} Ibid., p. 104.
- ^{xxii} Additional information on RAMA is available at: <http://www.rama.gov.rw/spip.php?article44>.
- ^{xxiii} Further details on MMI are available at: http://www.amategeko.net/display_rubrique.php?ActDo=ShowArt&Information_ID=1297&Parent_ID=30693147&type=public&Langue_ID=An&rubID=30693154#30693154
- ^{xxiv} Social Security Fund of Rwanda (SSFR) website: <http://www.csr.gov.rw>.
- ^{xxv} Common Development Fund (CDF) website: <http://www.cdf.gov.rw/>
- ^{xxvi} Rwanda Demobilisation and Reintegration Commission, Rwanda Demobilization and Reintegration Programme, *Annual Activity Report*, 2009, Foreword, p. 2 (available at: <http://rdrc.org.rw/Documentation/RDRC%20REPORT%202009.pdf>).
- ^{xxvii} Draft National Social Protection Strategy, 2010-2015, p. 3.

