



KNOWLEDGE PLATFORM ON INCLUSIVE DEVELOPMENT POLICIES

# Beyond the curve: equity in Rwanda's COVID-19 response

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By **Martin Luther Munu and Zjos Vlaminc**

Fieldwork in Kigali conducted by **Angelique Sifa**

Published April 2021



**Authors**

Martin Luther Munu and Zjos Vlaminck

**Support**

INCLUDE Secretariat



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## Executive Summary

Rwanda's COVID-19 response has been hailed as robust and rapid. It was the first country in the region to impose a nationwide lockdown and its experience with EBOLA led to the rapid installation of handwashing-stations and ThermoScan-checks. Nonetheless, the Covid-19 response has had devastating impacts; the Gross Domestic Product has almost halved, the employment-rate decreased with 40.6% between February and April 2020 and the poverty-rate is estimated to increase significantly. Although Rwanda is often showcased as an example of pro-poor growth an increasing body of qualitative research and a critical analysis of the poverty reduction-claims have tainted this perception. Through a four-phased approach this report sheds light on the impact of the state and non-state COVID-19 responses on the wellbeing of Rwanda's poor, more specifically: taxi-velo drivers, taxi-moto drivers, market women and elderly. The key objective of the research was to systematically reconstruct, document and analyse how state and non-state actors in Rwanda take equity into account in the formulation and implementation of policy responses and interventions during the COVID-19 pandemic and how they have had an impact on four dimensions of wellbeing i.e. material, relational, subjective and collective. The research consisted of the following phases:

1. Socio-economic and political context analysis (focusing on the state of the economy, inequality and legitimacy of political institutions in Rwanda)
2. Mapping of COVID-19 responses (by state and non-state actors)
3. Identification of specific vulnerable groups for in-depth case-study based on gender, age and location leading to the selection of the following groups: elderly in the Western province and market women, taxi-moto drivers and taxi-velo drivers in Kigali
4. Equity assessment: how the adopted measures have affected the wellbeing of the identified vulnerable groups (in the short and potential longer term)

The spread of COVID-19 in Rwanda is contextualized in the country's socio-economic and political reality. Socio-economically, the strides in poverty reduction on a national level are overshadowed by increased inequality especially between rural and urban areas. The extension of access to basic services such as health care have stagnated and the country's largely informal workforce experience considerable decent work deficits. Politically the government exerts considerable control over civil society and political opposition is systematically oppressed. Whilst the decentralized governance structure has allowed for efficient service delivery, equity has been of lesser concern. Overall the country is guided by a "doing business" mentality, streamlined citizen participation and little room for critical voices.

Embedded within the country's political economy, Rwanda' COVID-19 response was centrally coordinated, implemented through decentralized government authorities and local CSOs, guided by development partners and enforced through punitive measures. In summary the state response followed three stages: containment, social protection extension and economic recovery. Throughout all stages specific attention for the reality of the extreme poor and vulnerable was limited. Village leaders played a critical role in identifying eligible households for food distribution. Whilst efficient this approach also raises questions regarding transparency and equity because those without permanent homes were excluded. The involvement of non-state actors such as trade unions was limited from the start but improved as a result of campaigns and their integration in the design of Standard Operating Procedures (SOPs) for reopening the economy. Development partners mainly provided support to the government's COVID-19 preparedness and recovery program.

The (economic, relational, subjective and collective) wellbeing of the poor and vulnerable people included in the research was affected more by regulations put in place to control the spread of the COVID-19 than by the virus itself. All four groups experienced loss of income with some resorting to savings and others to decreasing food consumption as main coping-mechanism. Others relied on support from friends and family whilst some received food from the government. The relational wellbeing was affected due to the pressure to both borrow money from friends, colleagues or family as well as to support friends and relatives in a situation of decreased income. Some market women also reported losing frequent clients because they could only work 50% of the time. The elderly were affected by the restrictions on mobility inhibiting relatives from visiting. Subjectively there was a mix of hopelessness and pro-activeness to learn how to live and work with the virus as well as prepare oneself for a possible future crises. The elderly were visibly less hopeful and expressed their need for support and lack of resilience to cope with the challenges brought by COVID-19. With regard to collective wellbeing, taxi-velo and taxi-moto drivers associations have been engaged by government to implement policies (use of hand sanitizers) whilst market women did not mention any collective actions and the elderly, being unorganized, did not participate in policy formulation or implementation.

In conclusion Rwanda's COVID-19 response has come at a high cost in terms of human rights and socio-economic impact on the poor. Based on the equity analysis the following policy recommendations can be made:

- Social protection interventions should be complemented by support to rural citizens by, for example, giving agricultural inputs to farmers to increase food-security
- Development partners should engage with government to also include - on equal footing - local CSOs when designing and implementing crises responses
- Targeting by village leaders should be more transparent. Whilst the monopolization increases efficiency it creates challenges to inclusiveness
- Press freedom and human rights should be respected at all times including those of independent journalists
- Tax-reliefs should be made available to informal businesses and own account workers such as market women
- Development partners should cooperate with government and local CSOs to make sure cash transfers are not duplicated and reach the most in need with special attention to citizens living outside of Kigali
- Targeting of social protection programs should not only be based on areas with high COVID-19 cases but more importantly on existing inequalities such as gender and rural-urban divides.

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## Chapter 1. Background to the study

### 1.1 Introduction

The INCLUDE Knowledge Platform, through its secretariat hosted by the African Studies Centre Leiden (ASCL) in May 2020 issued a call for country case studies on the nature of COVID 19 mitigation and policy responses in Africa, the extent to which current policy trends and practices are inclusive and what is being done to support the poorest and most vulnerable. This study is one of the case studies under INCLUDE's comparative research program and presents the case of Rwanda. In line with the terms of reference the report systematically reconstructs, documents and analyses how the government and other stakeholders are taking equity into account in policy responses and interventions during the COVID-19 pandemic.

Although Rwanda is often showcased as an example of pro-poor growth an increasing body of qualitative research and a critical analysis of the poverty reduction-claims have tainted this perception (Reyntjens, 2015; Verpoorten, 2014). The response to COVID-19 in Rwanda can be viewed from two viewpoints which has characterized development in the country over the last few decades. The first view is that government policies have improved the overall wellbeing of Rwandans through effective service delivery while the second perspective highlights the (excessive) control exerted by the government on citizens and the neoliberal approach towards development (Dawson, 2018), raising questions regarding the inclusiveness of Rwanda's economic growth. Due to its history of "controlled" participation of civil society organisations (CSOs) and "*increased suppression of dissenting opinions*" (ISHR, 2016) our analysis will not only cover equity in COVID-19 response outcomes but also in response formulation, in other words, to what extent have CSOs and other stakeholders been involved in COVID-19 policy-making processes?

### 1.2 Objective and research questions

The study seeks to systematically reconstruct, document and analyses how state and non-state actors in Rwanda take equity into account in the formulation and implementation of policy responses and interventions during the COVID-19 pandemic and how they have had an impact on four dimensions of wellbeing, material, relational, subjective and collective of Rwanda's poor and marginalised (McGregor 2004 in Altaf 2019).

The overall objective is captured by the following research questions:

1. What has been the impact of COVID-19 responses of state and non-state actors on the wellbeing of Rwanda's poor and vulnerable?
  - a. How have COVID-19 responses affected their income and work?
  - b. How have COVID-19 responses affected access to basic services (education, water and electricity)
  - c. How have COVID-19 responses affected their social relations, safety nets and social capital?
  - d. How have COVID-19 responses affected their political agency and bargaining power?

## 1.3 Methodological approaches and limitations

The research was conducted in line with existing COVID-19 restrictions and protocols. Therefore, the research was primarily based on desk research (including a literature review and document analysis) and key stakeholder interviews over skype or phone and through email-questionnaires. We have also conducted face to face interviews with vulnerable groups to shed light on the perceptions of the poor.

We identified the vulnerable groups through triangulating existing quantitative and qualitative studies on poverty in Rwanda and insights from key stakeholder interviews. The final selection was based on the following criteria: gender, age and location. Male and female dominated sectors as well as young and older people had to be included. Moreover, due to existing inequalities between Kigali and other provinces in terms of poverty rates and access to services we thought it important to incorporate perspectives from the periphery. We selected Kigali and Iburengerazuba (Western) province based on their higher COVID-19 infection rates and prolonged lockdowns which disproportionately affected the poor and most vulnerable groups. This brought us to following four groups: elderly people in the Western province, market women in Kigali, taxi-velo and taxi-moto drivers in Kigali. Within these groups we looked into short-term effects on people's wellbeing as well as the long-term structural impact and how COVID-19 has affected existing inequalities. Whilst, the limited amount of respondents does not allow for generalisations, the findings do raise important questions and knowledge gaps for further research (see annex 1 for list of respondents).

The research consisted of the following phases:

1. Socio-economic and political context analysis (focusing on the state of the economy, inequality and legitimacy of political institutions in Rwanda)
2. Mapping of Covid-19 mitigation responses (by state and non-state actors)
3. Identification of specific vulnerable groups for in-depth case-study
4. Equity assessment: how the adopted measures have affected the wellbeing of the identified vulnerable groups (in the short and potential longer term)

A major limitation to this study has been the changing government policies and measures to contain COVID-19 which hindered mobility across provinces. On 26 August 2020 the Rwandan cabinet meeting chaired by President Kagame discussed the increase in COVID-19 related cases, deaths and community transmissions and decided to prohibit public transport between Kigali and other Provinces. These factors, together with the general measures already in place were a hindrance to larger scale data collection. As such, a total of 10 government officials, 13 stakeholders and 10 extreme poor and vulnerable people were reached as indicated in table 1 in annex.

## 1.4 Theoretical framework

There has been a rise in scholarship and policy attention on inclusive development and the importance of not only addressing poverty but also inequality (see e.g. Piketty, 2014; Bourguignon, 2015; OECD, 2014). However, the concept of equity in secular philosophy dates back to ancient Greece with Plato who pointed out the dangers of inequality for political stability (Attinc et al., 2005, p. 76). Since the 1970s, the understanding of equity has been shaped by the idea of creating equality in liberties (Rawls, 1971), opportunities (Roemer, 1998; Dworkin, 1981 cited in Attinc et al., 2005, p. 77) and capabilities (Sen, 1995 cited in Attinc et al., 2005, p. 77). In a nutshell social equity based on Rawls, Sen, Dworkin and Roemer's theories roughly entails an equal starting point, or equal set of opportunities or capabilities. However, in practice creating a level playing field or equal opportunities, still does not always result into more equal societies. Firstly, by taking the gaze away from the end result, equality of opportunity-theories have been used to justify inequality, as it is argued that existing inequality is the result of differences in individual effort or merit or lack thereof (Natasnon, 2016). Secondly, when translated into policies a focus on equality of opportunities often implies creating "universal" basic services such as public healthcare or free basic education. Although egalitarian in theory such programs often overlook existing structural inequalities which discriminate certain people of accessing these public goods. Lastly and this is especially relevant in the case of Rwanda, the urge to reach universal coverage might come at the cost of the fairness of the measures adopted to get there.<sup>1</sup>

Therefore, in order to understand the extent to which COVID-19 response and mitigation measures have taken equity into account; it is necessary to re-center the end result in the analysis. More precisely, rather than looking at the ways policies have been designed, which in theory could seem egalitarian, focus is placed on the impact on the wellbeing of the poor. The conceptualization of wellbeing is drawn from McGregor & Pouw (2017, p.1134-5) who portray wellbeing as a multidimensional concept consisting of material wellbeing (e.g. income, housing), relational wellbeing (e.g. social relationships), subjective wellbeing (or a person's evaluation of his/her quality of life) and collective wellbeing (the quality of life that is enabled for a collective (or group) of people). This allows for the analysis of the impact of COVID-19 and related state and non-state responses on:

- work and income as well as access to basic services(material wellbeing)
- social relations, social capital and social safety nets and support networks (relational wellbeing)
- individual perceptions of the impact on one's quality of life (prior and post COVID-19) (subjective wellbeing)
- political empowerment (collective wellbeing)

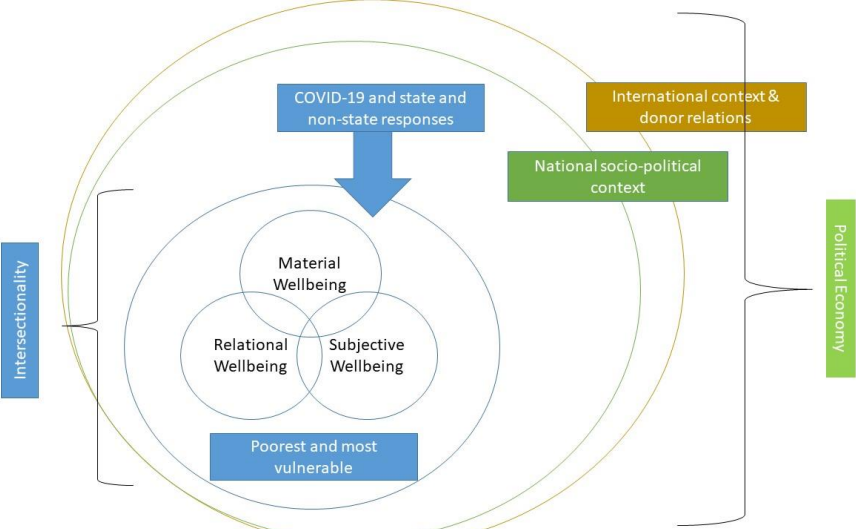
The analysis is guided by the concept of intersectionality, which allows capture the differentiated nature of vulnerability and resilience of people in the current health crisis (Chaplin et al., 2019).

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<sup>1</sup> Egalitarian approaches here means that all citizens are targeted equally and are (in theory) beneficiaries of a certain policy or programs.



**Figure 1. Analytical framework of COVID-19 responses and wellbeing**



Source: developed by authors based on McGregor & Pouw (2017)

## Chapter 2. Socio-economic and political context analysis

Rwanda is a small country in East Africa with a turbulent political climate since independence, which culminated to the 1994 genocide. Since then, the country has been under a stable leadership of the Rwanda Patriotic Front (RPF), with President Paul Kagame leading the country from 2000 to date.

The debate on Rwanda's post-genocide development and whether or not it has been inclusive or not can be summarized by two polarized views (Dawson, 2018). On the one hand Rwanda has been hailed as a success story in Sub Sahara Africa with persistent growth rates, stability and progress in human development such as increased school enrollment and universal social protection (Crisafulli and Redmond, 2012; Vlaminc et al., 2014). On the other hand, qualitative research has pointed out that many Rwandans have been negatively affected by the countries chosen developmental path and that macro-economic progress has gone at the cost of civil liberties, food security and the wellbeing of Rwandans, especially among rural populations (Verpoorten, 2014; Ansoms et al., 2017, Ansoms, 2020; Dawson, 2018). In what follows we will subsequently discuss Rwanda's key economic indicators, the current political context and debates related to poverty and inequality.

### 2.1 Rwanda: an Africa success story of economic growth?

Since 1994 Rwanda has experienced high levels of economic growth (approx. 9% GDP growth in 2019), alongside improving standards of living for Rwandans (World Bank, 2020). There has been a two-thirds drop in child mortality and near-universal primary school enrollment, although there is still a large challenge regarding school dropouts (Laterite, 2017). According to World Bank (2020), the strong focus on homegrown policies and initiatives has led to a tremendous improvement in access to services and human development indicators. With support from the World Bank and other donors, Rwanda in 2009 developed and started implementing a social protection program known as the Vision 2020 Umurenge Program (VUP). The program has over the years been expanding to benefit more than a million people with women constituting half of the beneficiaries (Gatzinsi et al., 2019).

Rwanda has a relatively large agricultural sector. It contributes 29% of the Gross Domestic Product and is good for 80% of the country's foreign exchange. Agriculture directly employs two-thirds of the total population, with more than 80% of the population surviving on subsistence farming. The agricultural sector furthermore accounts for 78% of all Rwanda's informal workers (ILO, 2018). Whilst Rwanda's green revolution, initiated in 2007-2008, has been hailed as a success story by the World Bank and other international donors, the reality in Rwanda's rural areas has generally not been positive. Food insecurity has increased whilst farmers have been embedded in a market-oriented system in which they have little bargaining power (Ansoms, 2020). Other sectors like industry are also emerging, contributing 16.2% of GDP and 9% of employment while the services sector contributes to around 47.8% of GDP (NODEA, 2020). Kigali, the capital city doubles as the economic hub for the country, while the rest of the country is largely rural. The country is dominated by the informal sector, accounting for over 94% of total employment and this is driven by the increasing rural urban migration (Munu, 2019). An estimated 97.2% of Rwanda's urban employment is informal (ILO, 2018, p. 91). The high incidence of informality raises questions regarding decent work standards including the bargaining power of Rwanda's workforce. In the context of COVID-19 where responses have had severe impact on people's jobs and livelihood strategies the issue of workers' bargaining

power is especially important because it is related to the leverage and voice workers can have in the formulation of COVID-19 responses. Furthermore, the increasing food insecurity in rural areas raises questions about the resilience of farmers in the face of COVID-19, especially as government support has only targeted urban areas.

## 2.2 Civil-liberties in the shadows of a nation-building process

In 2015 the Rwandan people gave president Kagame the opportunity to run for office for a third time by approving to a constitutional amendment through referendum. In the 2017 presidential elections Kagame won with a landslide. The following general elections in 2018 were also won with great majority by the ruling party, the Rwandan Patriotic Front (RPF).

Both the 2017 presidential election as well as the general election in 2018 have been contested by civil rights organisations such as Amnesty International and Human Rights Watch (HRW, 2017; Amnesty International, 2017). In general, we could argue that civil liberties in Rwanda are over-shadowed by the country's nation-building and post-conflict reconstruction processes. In order to maintain stability and peace after the 1994 genocide the government exerts tight control over civil society, including trade unions. The right to strike is for instance very restricted as this is seen as a possible disturbance to the fragile peace (ITUC, 2014). Although there is freedom of association, it is clear that the Centrale des Syndicats des Travailleurs du Rwanda (CESTRAR) enjoys a preferable relationship with the government (DTDA, 2018, p. 1). The ruling party Rwandan Patriotic Front (RPF) has also made it difficult for opposition parties to operate freely through systematic suppression of political dissent via pervasive surveillance, intimidation, arbitrary arrests and suspected assassinations (Freedomhouse, 2020). Human Rights Watch also confirms the authoritarian nature of the Rwandan government pointing out, for example, how the government artificially "cleans-up" the city of Kigali by arbitrarily detaining street children, street-vendors, sex-workers etc. (HRW, 2020).

However, incremental change seems to be taking place as two lawmakers from the opposition party, Democratic Green, were elected to parliament in 2018 (Uwiringiyimana, 2018). Ansoms (2020) also argued that there is "increased openness to discuss" at local government levels with farmers becoming more vocal in expressing their discontent with certain rural policies. Although citizens and CSOs have to "wrap" their critics in "acceptable and constructive" suggestions and should avoid openly critiquing the national government, local authorities have been showing increased willingness to listen (Ansons, 2020). Although it is unclear if similar processes are also occurring in urban areas. Lastly, COVID-19 has put Rwanda's decentralized governance system in the spotlight, with village leaders playing key roles in targeting vulnerable households but the decentralized system has been criticized as a tool to increase central control over local decision-making (Gaynor, 2015; Chemouni, 2014). The question thus raises whether the pandemic has enlarged the political room of maneuvering of civil society organisations (CSOs) and citizen participation through its decentralized system or whether the government has used it to impose top-down measures? '.

## 2.3 Poverty and inequality

Poverty in Rwanda is a highly contested issue which is very politicised because the Rwandan government depends heavily on foreign aid. In 2018 ODA accounted for 62.2% of the national government's expenses (World Bank, 2020; Desrossiers & Swedlund, 2019). One of the ways through which the Rwandan government can maintain its position as donor darling has been its ability to demonstrate progress in terms of poverty reduction and broader human development. Rwanda's Human Development Index (HDI) increased by 109.6 percent between 1990 and 2017 from 0.250 to 0.524, yet discounted for inequality, the HDI falls to 0.387, a loss of 28.7 percent (HDR, 2020). Data on multidimensional poverty are more controversial. According to the latest Human Development Report (2020) 54.4 percent of the population are multidimensionally poor while an additional 25.7 percent are classified as vulnerable to multidimensional poverty. However according to the National Institute of Statistics of Rwanda the incidence of multidimensional poverty was 28.7 percent based on the EICV5 (2016/17) (NISR, 2018, p.26).

Qualitative research further demonstrates that the relative progress is not reflected in the sense of wellbeing of many Rwandans. Our literature review revealed three potential reasons for this discrepancy. First, the Rwandan Government with the knowledge of some development partners have hampered with poverty statistics<sup>2</sup>. Second, inconsistency between improvements in the HDI and MPI and people's sense of wellbeing can be explained by: (1) the lack of grounded poverty and wellbeing indicators and (2) assessment of subjective wellbeing or "individual's own perspective of what is important, the perceived value of different resources and what represents a good quality of life to them" (Dawson, 2018, p. 3). Both Verpoorten (2014) and Dawson (2018, p.5) mention land ownership, for example, as an important factor for one's sense of wellbeing and access to land is not included in the HDI or the MPI. Ingelaere (2011) provides a third potential explanation of the deterioration of subjective wellbeing, namely, the coercive measures and systems of fines related to achieving certain development indicators (for example, fines for not inscribing children into school).

In the context of COVID-19 and the scope of this study the above analysis demonstrates the importance of adopting a multidimensional wellbeing approach to be able to understand the extent to which state and non-state responses have been equitable. Moreover, especially in the Rwandan context in which, citing Verpoorten (2014, p.3) "authoritarian implementation and public transcripts (can) account for part of the progress observed" grasping the poor's perspective on the adopted measures and the perceived value of their outcomes and impact on their wellbeing is necessary to make a correct equity assessment.

Keeping this in mind, we will discuss the two main sources of data on poverty in Rwanda: Ubudehe, a participatory poverty assessment process managed by the Local Administrative Entities Development Agency (LODA) through which Rwandans across the country place themselves in categories from most poor to rich and which is used to target beneficiaries of social protection programs (LODA, 2018); and the Household Living Standard Surveys which are conducted every two years by the NISR (NISR, 2020).

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<sup>2</sup> Since the publication of the report of the EICV4 a number of researchers and most recently the Financial Times have proven that the presented results are false (Wilson & Blood 2019)<sup>2</sup>. Due to significant changes in methodology between EICV3 and EICV4, poverty headcounts are incomparable (Reyntjens, 2015). If these statistical manipulations are accounted for poverty in Rwanda has in fact increased with at least 1.2% between 2011 and 2014, according to Desiere Wilson & Blood (2019).

The latest household survey (EIVC5) indicates that there has been no statistically significant decrease of poverty between EICV4 and EICV5. The national poverty rate is 38 percent and the extreme poverty rate lies at 16 percent. The most striking is the high inequality between rural and urban areas with rural areas having a poverty rate of 43.1 percent and extreme poverty rate of 18.1 percent compared to 15.8 percent and 5.9 percent in urban areas (EIVC5: vii) (see table 1) (NISR, 2015; NISR, 2016).

**Table 1. Poverty and extreme poverty rates In Rwanda per region**

	Total Poverty			Extreme Poverty		
	2013/14 (EICV4)	2016/17 (EICV5)	Change % points	2013/14 (EICV4)	2016/17 (EICV5)	Change % points
<i>Percentages</i>						
<b>Nationally</b>						
Rwanda	39.1	38.2	-0.9	16.3	16.0	-0.4
<i>Standard error</i>	<i>0.62</i>	<i>0.61</i>	<i>0.87</i>	<i>0.47</i>	<i>0.45</i>	<i>0.64</i>
<b>Area of Residence</b>						
Urban	15.9	15.8	0.0	5.4	5.9	0.4
Rural	43.8	43.1	-0.7	18.5	18.1	-0.4
<b>Province</b>						
Kigali City	20.9	13.9	-6.9 *	9.4	4.2	-5.2 *
Southern	38.4	41.4	3.1	12.9	16.9	4.0 *
Western	45.2	47.1	1.9	21.5	21.6	0.1
Northern	45.9	42.3	-3.6	20.1	17.4	-2.8
Eastern	38.0	37.4	-0.6	15.5	15.3	-0.2

Source: NISR, EICV4 and EICV5.

Note: \* indicates change in poverty rate is statistically significant at 10% level of significance. Totals may not add up exactly due to rounding errors. Based on responses from 14,149 households for EICV4 and 14, 580 households for EICV5.

According to the Ubudehe classifications of 2019, 29.8 percent of the people are identified as poor whilst 16 percent fall in the category of extreme poor (see table 2).

**Table 2. Ubudehe 2019 classification**

Category	Description	% of total population
Category 1	People with no means to own or rent their own homes and can hardly put food on the table.	16
Category 2	People with part time small jobs and either own cheap houses or are able to pay rent.	29.8
Category 3	People who do not need help from the government for survival. They include farmers, professionals, and business owners	53.7
Category 4	People deemed to be rich such as government officials from the level of director upwards and large business owners.	0.5

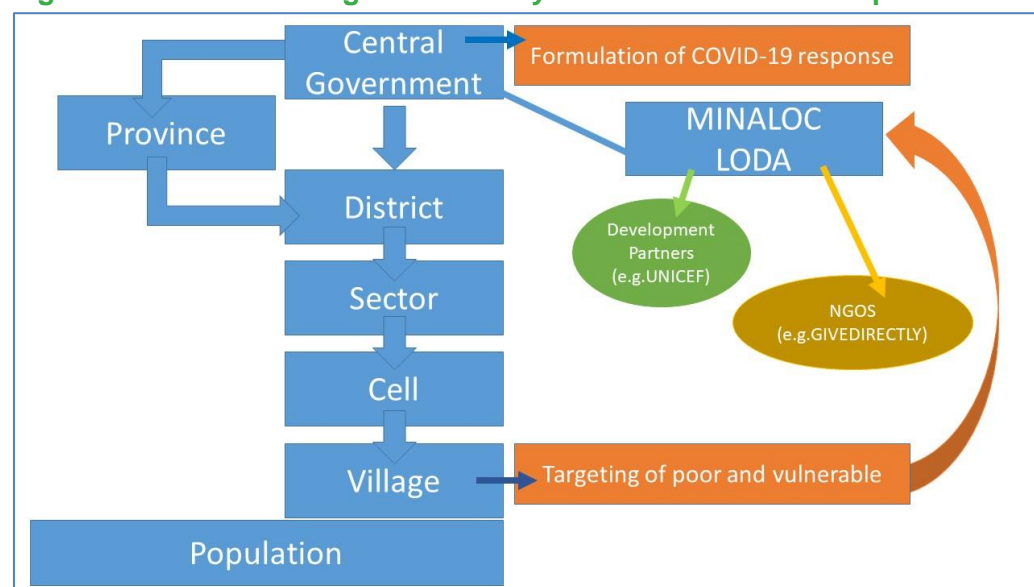
Source: Bishumba (2019)

The Ubudehe system has recently been adapted due to mounting critique of people being incorrectly classified and related misuse of social protection programs. In the new classification which took place in December 2020 the existing four wealth classifications (1 poorest - 4 richest) were replaced by five categories: A, B, C, D and E, and new rounds of classification are to take place every three years (Mutanganshuro, 2020). Under the new system Ubudehe will no longer be used to target beneficiaries of

school bursaries or credit schemes but only for social protection interventions including Girinka - one cow per poor family - program, direct support consisting of handouts to the most vulnerable people (who are old), and Vision Umurenge Program (VUP) public works where people get wages for work (Nitrenganya, 2020). The groups we have identified for our equity assessment all fall under category D (taxi-moto, taxi-velo and market women) or E (elderly) of the new Ubudehe classification<sup>34</sup>.

According to Ezeanya-Esiobu (2017, p.14) “Ubudehe plays a central role in determining the flow of government resources aimed at social protection. To a large extent, it determines the politics of who gets what and how at the grassroots level. Presently, the government channels its health insurance policy, cash transfer, credit scheme, public works and education bursary assistance through the Ubudehe categorization”. However, due to the impact of COVID-19 and related regulations, for some people their Ubudehe category might have changed. Therefore, the government ordered village leaders to do door to door assessments to make a list of vulnerable people who would receive support in the form of food distribution. These village-level lists were then sent via the districts to LODA which under the supervision of MINALOC managed the targeting of food distribution during lockdown as well as shared the data with NGOs such as GIVEDIRECTLY to target beneficiaries.

**Figure 2. Decentralised governance system and COVID-19 response**



Source: developed by the authors based on Chemouni (2014)

<sup>3</sup> Following the NIRS definitions of poverty, categories E, D and C would classify as extremely poor (those with a real adult consumption equivalent lower than Rwf 105,064) and category B would include both extreme poor and poor people (those with a real adult consumption equivalent lower than 159,375 per year) and non-poor. This implies that only a portion of the extreme poor benefit from government support for example in terms of waiving of fees for health insurance.

<sup>4</sup> Category D, are households that earn less than Rwf45,000 a month (mainly casual workers). Their land is less than half a hectare in the rural areas, and less than 100 square meters in urban areas. Category E or *les indigents*, are people out of the labour force as a result of age, major disabilities or incurable diseases. They do not own other assets or other sources of livelihoods. This category includes those where the head of household and their spouse is at least 65 years old and have no source of income to provide for the family. The rest are households headed by children under 18 years who do not have any source of income; or headed by a person who is still pursuing studies, yet does not have members who are able to work, and have no source of income.



## 2.4 Health service provision in Rwanda

Rwanda’s health system is built on public private partnerships and obligatory community-based health insurance schemes or *mutuelles de santé* (Vlaminck, 2014). This has allowed Rwanda to reach a health coverage rate of 87% in 2015 (Chemouni, 2018). In 2010 a progressive subscription system was installed with the extreme poor (category 1 in the old ubudehe classification) being exempted from paying subscription and fees increasing progressively for the higher ubudehe categories.

Health infrastructure in Rwanda has improved significantly especially at the local level through the creation of health posts. Between 2016 and 2019 the amount of health posts almost doubled from 471 to 885, significantly decreasing the time needed to reach a health facility (MoH, 2019, p. 3). For the extreme poor people (those in the lowest category 1 of the old ubudehe classification) access to health care however remains weak as they cannot afford to pay additional user-fees that are asked after receiving treatment (Nyandekwe et al., 2014).

The health care workers to population ratio in Rwanda is relatively high (see table 3) and EBOLA has given significant impetus to strengthen the country’s laboratory services, which are both important for addressing COVID-19. In addition, technological innovations such as robot-nurses and drones to deliver medicines to remote areas have been highlighted as good-practices in COVID-19 health care responses (Edwards, 2020). From an equity perspective these innovations however have had little impact on the accessibility of treatment for the poorest. Medical facilities to handle serious COVID-19 cases are limited. For instance, the country has only around 186 ventilators for a population of over 12 million people and had only over 50 ICU beds when the virus was first confirmed in the country (Asiimwe and Kache, 2020). While there has been a lot of improvements in preparedness to handle COVID-19 cases, the country still remains vulnerable, especially if infections would have risen exponentially.

**Table 3. Health Care Workers - Population Ratio in 2019**

	Current number	Ratio/population	Ratio/1000 people
Population	12374,398		
Doctors	1492	8294	
Nurses	10409	1420	
Midwife/women in reproductive age	1561	2889	
Total	13 462		1.09

Source: MoH (2019, p.18)

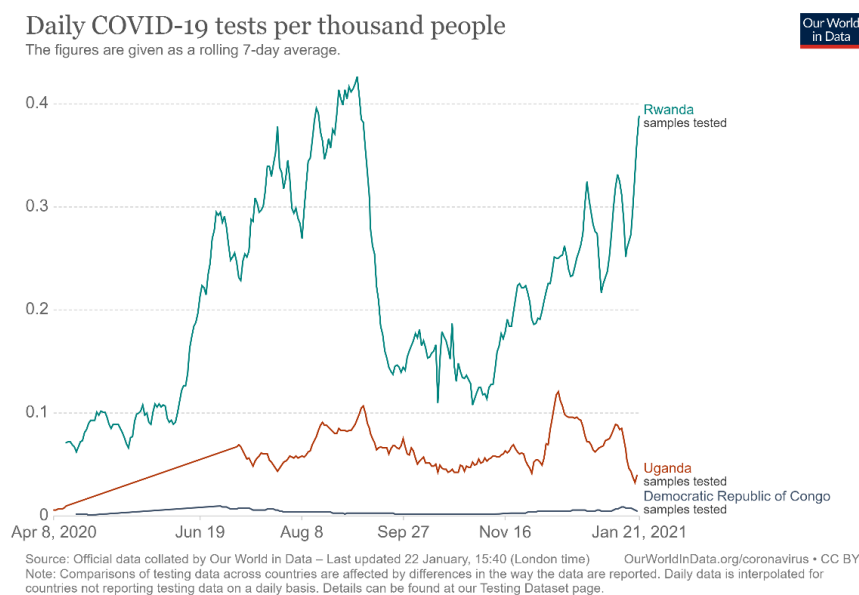
## Chapter 3. Mapping of COVID-19 responses in Rwanda

### 3.1 Situational sketch of COVID-19 in Rwanda

COVID-19 was confirmed on 14 March 2020 with the first patient coming from India. The first patient was put under quarantine, contact-tracing was started and Kigali was placed under lockdown. But soon other cases emerged through border transit zones and truck drivers, leading to the decision of a nation-wide lockdown with restrictions on movement between regions. Since the first confirmation of COVID-19, new cases have been confirmed in different districts across the country. According to Rwanda Biomedical Centre (RBC), all the provinces have now recorded at least one COVID-19 case with Kirehe and Bugesera districts accounting for the highest number of the coronavirus infections. These districts are more exposed since they are not only transit routes for cross-border truck drivers, but they also host the COVID-19 isolation centers (Byishimo, 2020). In terms of vulnerability, the western province of Iburengerazuba is according to the Africa COVID-19 Community Vulnerability Index (CCVI)<sup>5</sup> highly vulnerable due to the refugee populations, food insecurity, lower socioeconomic status and the largest elderly population (Africa CCVI, 2020). Other areas with high rates of infection are the Kigali city districts of Gasabo, Kicukiro and Nyarugenge (Byishimo, 2020).

Compared to other countries in the region, such as the Democratic Republic of Congo and Uganda, its testing to population ratio has been significantly higher (as shown in figure 3). A decentralized approach through the use of laboratories at district levels (e.g. in the districts of Rusizi, Kirehe, Nyagatare, Rubavu, Rwamagana and Huye) and pool-testing allowed for increased efficiency and testing-capacity. The Rwanda Biomedical Center is in charge of testing and by mid-July over 200,000 samples had been tested for COVID-19 (Government of Rwanda, 2020).

**Figure 3. Daily COVID-19 tests/1000 people**



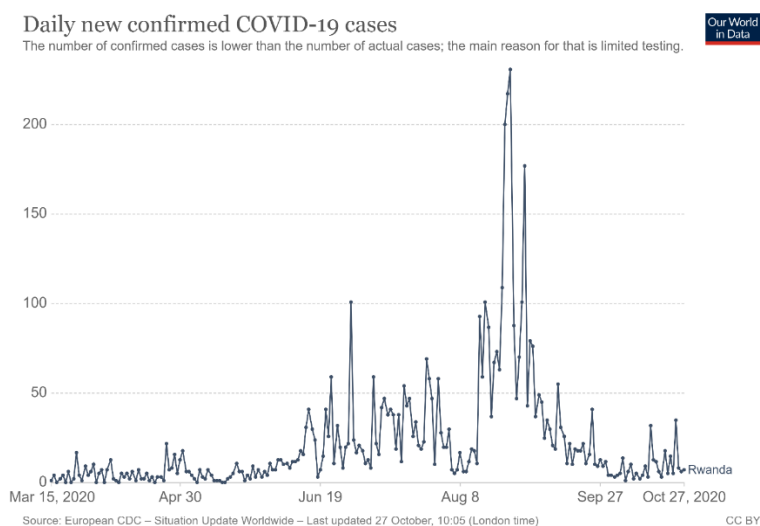
Source: Our World in Data (2020)

<sup>5</sup> <https://precisionforcovid.org/africa>



As observed in Figure 4, Rwanda has been largely successful in containing the first wave of the virus but the second wave, which kicked in at the beginning of December 2020 has been less easy to curb (Broulard, 2021). By 22 January 2021, 165 people have been recorded to have died due to COVID-19 (Our World Data, 2020) with the total case count standing at 12443 in January 2021 with an estimated 7580 recoveries (Government of Rwanda, 2021). The most recent surge has led the Rwandan cabinet take additional mitigation measures including the lockdown of Kigali from 19 January 2021 until 7 February 2021, restrictions of movement between provinces, closure of schools in the capital, closure of non-essential public offices, private businesses are allowed to work with 30% of staff, market and malls will open for essential vendors and must not exceed 50 percent of registered traders. All public gatherings remain banned and bars remain closed (Gardaworld, 2021).

**Figure 4. COVID-19 New cases in Rwanda (March to October 2020)**



Source: Our World in Data (2020)

### 3.2 Rwanda’s COVID-19 policy formulation process

With the spread of COVID-19 across the world, Rwanda was on full alert before the virus was confirmed. The government, more precisely through the cabinet of ministers (from here on referred to as the cabinet), prior to the first case, came together and directed the relevant mandated ministries in charge of local government and health to take measures to prevent the importation of the virus through dispatching health officials with fever scanners to all border posts and installing handwashing systems in Kigali bus stations (Edwards, 2020). After the first case was reported on 14 March 2020, President Kagame called for calm but also solidarity and working together among Rwandans. In addition, he observed that the new challenge required the discipline Rwandans have always shown in confronting challenges and getting good results (WHO, 2020). Subsequently the cabinet held bi-weekly meetings to review and adapt policy measures accordingly. The cabinet decisions were then implemented by different ministries and local government entities according to their respective mandates<sup>6</sup>. Local village leaders have for instance been activated to compile lists of vulnerable people for targeting food distribution. Communication was done through

<sup>6</sup> Interview with representative of local CSOs

addresses by the prime-minster, occasional presidential addresses or communiqués by the Ministry of Health (MoH), as well as through broadcast, print media and transmitted via WhatsApp<sup>7</sup>.

This approach, namely, central decision-making, disseminated and implemented through decentralized local government entities, is characteristic for Rwanda’s governance style and has both strengths and weaknesses (see table 4) in line with those found in existing literature (see e.g. Chemouni, 2018 and Gaynor, 2014).<sup>8</sup>

**Table 4. Strengths and weaknesses of a decentralised COVID-19 response in Rwanda**

Strengths	Weaknesses
Efficient targeting of the poor and vulnerable through the village or <i>umudugudu</i> leaders who, based on their experience with Ubudehe participatory poverty assessment exercises and monthly community meetings (prior to COVID-19), identify the vulnerable people. Village level data is then centrally gathered by LODA (Local Administrative Entities Development Agency)	Village leaders have monopoly over targeting process as monthly community meetings were suspended during lockdown. Research has also questioned the true participatory nature of community-meetings and poverty assessments in Rwanda (Bugingo and Interayamahanga, 2010.). Village leaders overlook those with non-permanent housing situations (who often have precarious, flexible working situations obliging them to move between places)
LODA serves as a central source of data for targeting the poor and vulnerable and is used by state and non-state development partners	Due to centralization the government has monopolized targeting. So, when people are excluded they are excluded by both government and NGOs or other development partners.
Efficient service delivery through the lowest decentralized level (village or <i>umudugudu</i> ) of government, linked to results-oriented governance	Results-oriented governance could lead to policies being rapidly implemented but not necessarily effectively in terms of equity.
Solidarity between village members. Village leaders via WhatsApp asked village members to give what they can to support the most vulnerable in the village. Via mobile-money basic needs have been distributed to the poorest.	The phrasing “in thé village” is key here. As stipulated above some of the most vulnerable do not belong to one village but move between various locations depending on job opportunities.
Strict coordination of social protection measures at district level decreasing incidence of duplication of interventions by government and development actors	High level of government control restricts the implementation of solidarity initiatives by individuals and CSOs. (e.g. journalists who wanted to give support in an informal settlement have been arrested).

Source: Authors’ compilation from literature review and key stakeholder interviews.

<sup>7</sup> Interview with representative of local CSOs

<sup>8</sup> Legally, it is based on article 6 of Rwanda’s Constitution of 2003, revised in 2015, which stipulates that public powers are decentralized at local administrative entities in accordance with provisions of law.

CSOs have not been consulted by the government in the formulation of the COVID-19 containment measures<sup>9</sup>. Development partners such as UNDP have on the contrary worked closely with the government, raising questions regarding downward versus upward accountability and the embeddedness of the government's response in local realities.

*"In addition to providing technical inputs and advice in the formulation of the plans, UNDP has been working closely with the Ministry of Finance on the planning for Social-Economic Impact Assessment jointly with UNECA, the World Bank, and the IMF. UNDP and the World Bank have been designated to co-lead the COVID19 Socio-Economic Sub-Group working with the Ministry of Finance. This sub-group will co-lead on the socioeconomic impact assessment of the COVID-19" (UNDP, 2020b).*

Besides UNDP, the cabinet has worked closely with WHO and CDC officials on health related issues. Both organisations were already key advisers to the government in the context of the prevention of the spread of EBOLA. On issues related to education UNICEF played an informative role. On a regional level EAC developed the East African Community COVID-19 response plan which was also signed by President Kagame but close observers indicate that the regional response has overall been fragmented (EAC Secretariat, 2020). With border issues dealt with through ad-hoc bilateral dialogue (O'Reilly & Vaughan, 2020).

Trade unions and workers' associations such as taxi-moto or taxi-velo associations were consulted on how measures could be effectively enforced. Confirming studies on CSOs in Rwanda which argue, they are tolerated if they play a constructive (non-critical) role. In the case of COTRAF external mediation via Friedrich Ebert Stiftung (FES) was used to open up conversations with MINALOC, trade unions and other CSOs. On another occasion COTRAF also met with the Ministry of Public Works and Employment together with representatives of other trade unions and the private sector to discuss health and safety issues during the pandemic and ways to decrease infection for instance through the payment of salaries through banks<sup>10</sup>. The farmer union, SYNATRAEL, mentioned they did not raise any concerns to the government as their sector fell under essential services and was therefore less affected by the government's containment measures.

Despite the limited social dialogue trade unions have made their views clear through research on the impact of COVID-19 on the workforce and various communiqués directed to government. According to trade union representatives some of their concerns have been taken up by government such as the private sector fund and loans for private school teachers<sup>11</sup>. But their demands to make mitigation measures more inclusive to informal workers were left unanswered. The media has also played an important role as leverage to influence COVID-19 policies. An example in case are the taxi-moto associations and their advocacy to lift the ban on their services<sup>12</sup>. Although the media has also been restricted by the containment measures as sometimes sources could not be reached, and independent journalists were not allowed to report freely (HRW, 2020b).<sup>13</sup>

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<sup>9</sup> Interview with representative of local CSOs.

<sup>10</sup> Interview with trade union representative

<sup>11</sup> Interview with trade union representative

<sup>12</sup> Interview with trade union representative

<sup>13</sup> Interview with representative of the media

### 3.3 Rwanda’s stringent containment measures and its economic impact

Rwanda’s COVID-19 response has been hailed as robust and rapid (Bower et al., 2020). It was the first country in the region to impose a nationwide lockdown on 21<sup>st</sup> March 2020 and its experience with EBOLA lead to the rapid installment of handwashing-stations and ThermoScan-checks (Edwards, 2020). The Rwanda Biomedical Center coordinates tracking and tracing of COVID-19 cases and has recruited hundreds of volunteers to support their staff. The processes are digitalized and it not clear how people without mobile devices are monitored (48% of the poorest quintile in Rwanda do not own a cellphone). Whilst technological innovations, such as robot-nurses, have been boasted in the media their significance in the overall approach of the government and relevance in terms of equity is questionable. Rwanda has furthermore been classified as one of the least vulnerable countries in terms of COVID-19 spread and impact on the continent according to Africa COVID-19 Community Vulnerability Index (CCVI) (CCVI, 2020). This is in part due to the stringent measures that have been put in place. According to the Oxford COVID-19 Governance tracker, Rwanda has a stringency score of 75.93 (Ghana for example has a score of 44.44) (University of Oxford, 2020). The high score is mainly due to the prolonged national lockdown, restriction on mobility and closure of schools (see annex for timeline of government responses).

Key government directives included<sup>14</sup>:

- citizens practicing social distancing;
- a ban on public gatherings in places of worship, schools, weddings, and sports events;
- a thirty day suspension of all commercial flights to and from Rwanda and indefinite suspension of domestic travel between cities and districts;
- closure of all land borders except for Rwandan residents and essential businesses;
- ban on public transport except for busses within provinces and ban on all public transport between provinces;
- closure of all businesses except those providing essential services including medical care, telecommunications, security, and banking services;
- encouraging of citizens and legal residents to use mobile money and online banking services whenever possible with the aim of limiting the transfer of paper money;
- a national curfew from 9pm to 5 am (later extended from 7pm to 5am);
- and a nationwide lockdown initially for two weeks starting on 21 March which was twice extended to last until 4 May. During lockdown there was a ban on all non-essential movements outside homes. Later on, in June and August 2020, targeted local lockdowns were imposed in specific cells within 6 districts in Kigali and several districts in the Western and Southern Province after spikes of new COVID-19 cases were reported

As Rwanda is known to be a law-abiding country most people followed regulations and among the vulnerable people we talked to, there was respect for the government approach which was deemed to be necessary. As cases started to increase in June the government however adopted punitive measures to increase compliance. Fines were issued and stadiums were used as “education” centres for COVID-19 regulation

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<sup>14</sup> Source: Compiled by authors based on based on government pronouncements and field interviews

offenders, who were forced to stay overnight to serve as an example to the people. Some reports mentioned that among those brought to stadiums were various journalists and bloggers covering the impact of COVID-19 measures on citizens (Asala, 2020). The police also issued lists of offenders with names and number-plates to increase responsibility through social naming and shaming campaign<sup>15</sup>. Due to the economic realities of the poor, offenders are more likely to be of lower social classes. Social distancing in informal settlements, for example, is challenging as are the restrictions on movement between regions because the livelihoods of many of the working poor depend on moving between the city (Kigali) and their villages in rural areas. A respondent for example mentioned that “*some people walked for days, hiding from the authorities in the bush to travel back to their homes*”<sup>16</sup>. The closures of land borders have also been devastating for many informal traders and market women. An estimated 59% of all exports to Rwanda’s four neighbouring countries is informal cross border trade and for border communities informal trade is a vital lifeline for many households, 60 to 80% of which live below the national poverty line. Whilst cargo vehicles are allowed to pass small-scale informal traders (an estimated 80% of whom are women in East Africa), who trade on foot or by motor-cycle taxis, are excluded (Stuart, 2020; Klopp et al, 2020). On the border with the Democratic Republic of Congo a specific crisis has unfolded as Goma relies on water brought by informal traders from Rwanda. With the closure of the borders Goma is running dry and the Rwandans who lived from supplying water are left to find alternative means of income (Mwasa, 2020).

Overall, the stringent containment measures and punitive enforcement have had a significant socio-economic impact on the poor and vulnerable as well as the economy at large which cannot be underestimated.

Many business ventures and services in both public and private institutions have either been closed or have had their operations drastically reduced. GDP growth has dropped to 3.5% in 2020 from 10.1% in 2019 and will remain lower than the country’s average at 6.7% in 2021 according to IMF calculations (Bizoza & Sibomana, 2020, p.3). Between February 2020 and April 2020 there was an employment decrease of 40.6% and in May the unemployment rate reached 22,1% (NISR, 2020a). By August 2020 however unemployment rates decreased to 16%, back to the level found last year before COVID-19, according to the latest labour market survey of the NISR (2020b). The unemployment rate among young people (16-30 years old) increased from 17.7 percent to 27.2 percent (Matengo, 2020). In June 2020 the UNDP estimated that there would be significant increase in poverty; in the worst case scenario, with a lockdown of 8 weeks and a 12 week recovery period, the poverty rate was estimated to rise from 38.63% before COVID-19 to 44.33% (UNDP, 2020a, p.67). By the end of 2020 Rwanda’s lockdown period had already exceeded 8 weeks suggesting that poverty will increase even more than the UNDP report prognosticated.

The increase of poverty income insecurity was also captured by the RECOVR survey in which almost 80% of the respondents have gone through their savings to cover basic needs. 50% of the respondents had to decrease their food consumption and 25% stated they had experienced difficulty with buying food due to restrictions on mobility and market closures (IPA, 2020). A key coping strategy of Rwandans has been relying on social and family networks for financial support (IPA, 2020).

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<sup>15</sup> Interview with Amnesty International representative

<sup>16</sup> Interview with TU representative



Workers in the informal sector are among those that have been hit the hardest. Since they usually have no or verbal contracts, their daily incomes have been blocked by lockdown measures. For those living from hand to mouth this had had disastrous effects. Without adequate social security and safety nets many households were left without an income to cover food and other basic needs. Besides informal workers, SMEs have also suffered. A study by Business Professionals Network (BPN) and the University of Rwanda (UoR) shows at least 57.5 per cent of SMEs operating across different industries were forced to close between March and April due to COVID-19 (BPN and UoR, 2020). Despite the shy reopening of SMEs when lockdown measures were relaxed, many did so with reduced capacity leading to job losses.

Besides the economic impact of the pandemic the social impact, especially on education cannot be underestimated. Schools were closed from March 2020 when the virus was just confirmed with about 80 percent of children in primary and secondary school forced to learn from home (Debenedetti et al, 2020). The Ministry of Education closed schools as a containment measure, with efforts directed towards remote learning. However, remote learning has had different effects depending on the income levels of households. Poorer households relied more on radio lessons, which limited their access to education while wealthier households got access to different platforms such as television, WhatsApp groups set up by the respective schools and internet-based learning programs (Debenedetti et al., 2020). Although schools were partially reopened in October 2020, the second wave of COVID-19 which started in December has again forced to close schools operating in the Capital Kigali on January 18 2021 for two weeks as the authorities monitor the situation (Xinhuanet, 2021). In as much as the closure of schools is on legitimate grounds, the effects disproportionately affect the poor and vulnerable such as girls from districts outside of Kigali who are now experiencing increased rates of teenage pregnancies (Nkurunziza, 2020).

### **3.4 Rwanda's socio-economic impact mitigation measures**

Despite the unequal impact outlined above, the measures adopted to mitigate the socio-economic impact of the containment policies are, except for fixed prices for food items and food distribution, all geared towards buffering the impact on businesses and formal sector employees rather than the extreme poor (see table 5). The measures were moreover biased towards urban citizens and companies, which was thought to be justified by most respondents because in rural areas: "one always has something to eat". However, in the context of the decreasing food-security of Rwandan farmers (see Ansoms, 2020), this assumption is questionable. A survey conducted by IPA (2020) on the impact of COVID-19 (from here on referred to as RECOVER survey) debunked the myth of rural plentitude and found that rural citizens are more likely to experience difficulty buying food than urban citizens. In the same survey 10% of the respondents stated they had received food or reduction in utility charges from the government (IPA, 2020). If we extrapolate this finding to the entire population the percentages will likely be lower due to the bias of Kigali residents in the survey respondents, as food distribution was limited to Kigali districts. Taking into account that 16% of the national population falls under the lowest poverty category or the extreme poor according to the Ubudehe assessment, the IPA survey estimates that approximately half of the extreme poor have received government support during COVID-19.

**Table 5. State Socio-Economic Impact responses and equity considerations**

Actor	Measures	Equity considerations
Central Government	Fixed prices for selected essential food consumed by most people like maize, beans, bananas, sugar, rice, cooking oil among others <sup>17</sup> .	Fixed prices benefitted everyone nonetheless more than 50% of respondents of a RECOVR survey (2020) stated to have reduced food consumption due to a decrease in income.
Central Government through village leaders	Food distribution to support vulnerable families who had been affected by the lockdown. Food was sourced from the National Strategic Grain Reserve managed by the Ministry of Agriculture and Animal Resources. The government stated they would reach 20 000 households, but this could not be verified	The coverage of the programme is uncertain; some respondents mentioned it was restricted to Kigali whilst others said it was rolled out nationally. <sup>18</sup> Targeting was rapid but dependent on “being of the village” leading to the exclusion of people with none-permanent homes such as day-labourers in the construction sector. Moreover no specific attention was given to gender as rations were handed out on household level without taking into account intra-household inequalities and discrimination.
Central Government	“Social Economic Recovery plan to support activities affected by COVID-19”. This provided a fund to support access to capital for small and medium enterprises (SMEs) with the reported plan to launch a targeted USD 200 million fund inclusive of the IMF borrowed funds.	The Recovery Plan is not accessible to informal business due to registration requirements.
Rwanda Revenue Authority (RRA)	Extended the deadline for businesses to file and pay income taxes from the end of March to the end of April, and relaxed other administrative requirements.	Informal businesses did not profit from these tax-reliefs.
National Bank of Rwanda (BNR)	Instructed commercial banks to ease loan repayment conditions to borrowers, introduced an Extended Loan Facility to banks of RWF 50 billion.	Informal businesses generally do not have loans with commercial banks and therefor did not benefit from this measure.

<sup>17</sup> For example, the price of a 25kg bag of rice was fixed at Rw18,000 and a kg between Rw750 and 800. A 25 kg bag of Pakistan rice was fixed at Rw20,500 or 900 a kilo. A kilo of sugar has been fixed at between Rw850 and Rw1,000 while cooking oil has been fixed at between Rw1500-2000 per liter.

<sup>18</sup> Interview representative CSO; interview representative CSO

Central Government	Promised to inject Rwf 100 billion to start a coronavirus (Covid-19) exit process and counteract the impact of the pandemic on the economy. The funding would be used to support agriculture and livestock activities as a move towards enhancing food security and agro exports. Other sectors to benefit from this fund include; industry, tourism and hospitality, and water, electricity, road infrastructure projects. Since tourism and hospitality is expected to be affected for a much longer time, a special funding is to be allocated to the sector.	Focus on agribusinesses instead of small-scale farmers and on formal sector businesses. Informal workers have been excluded.
Ministry of Finance, Planning and Economic Development	Waived Pay as You Earn (PAYE) Taxes for six months, starting with the month of April 2020 for private schools' teachers earning up to Rwf150, 000 net salary. For those in the tourism industry, this waiver applied for three months (April-June) for employees of tourism and hotels earning Rwf150, 000 net salary.	These measures are only for formal sector workers.
MINECOFIN	Value Added Tax (VAT) exemption was placed on all face masks made in Rwanda	Everybody could benefit from this measure.
Central Bank	Lifting of transaction costs of mobile money for three months (18 <sup>th</sup> March – 2 June).	Use of mobile money increased with 450% in 4 months (moto-taxi association leaders were pleased with the measure).

Source: Compiled by authors based on Broulard (2020), Bower et al. (2020), Edwards (2020), IPA (2020), Mwai (2020), Sabiiti (2020), Tabaro (2020), WHO (2020)



## 3.5 Responses by Non-State Actors and Development Partners

A wide range of non-state actors have rolled-out measures to mitigate COVID-19's negative impact: ranging from trade unions' awareness raisings campaigns, to solidarity between citizens at village-level and INGOs providing cash-transfers. The Rwandan government through its decentralized authorities oversees these initiatives. Each programme is approved by the district level government authorities along the lines of its COVID-19 preparedness and response plan and targeting of the poor is done using the village level data centralized by LODA.

Trade Unions and workers' associations have reached out to their members by implementing COVID-19 awareness raising-campaigns, creation of COVID-19 clubs in factories, lobbying companies to ensure safe workplaces, making agreements with companies fabricating sanitizers to give a lower price rate for taxi-moto drivers and paying out part of the savings to members in need. Most union leaders and association leaders expressed that their main objective was to support their members to fulfill the government requirements. Both taxi-moto and taxi-velo associations in this regard mentioned they worked together with security guards to control whether regulations were being followed. When asked if the government supported them, they said the support comes in the form of allowing them to operate normally again.

International development actors have made large financial and in-kind contributions to the government of Rwanda in support of their COVID-19 prevention and response program. Table 6 gives an overview of the key interventions from international development partners and UN-agencies.

**Table 6. Responses by Development Partners**

Development Partner	Support
European Union	<ul style="list-style-type: none"> <li>• €1.8 million to civil society organisations for COVID-response</li> <li>• €52.87 million (about Frw 55.5 billion) to support the SP coverage via cash transfers and food assistance and to support livelihoods for food security (630 000 beneficiaries)</li> </ul>
AFD France	<ul style="list-style-type: none"> <li>• 40 million Credit facility agreement (about Frw 42 billion) for COVID-19 Preparedness and Response Plan (improve diagnostic capacity, treatment and containment) and Social Protection Response and Recovery Plan to COVID-19. Nutrition and financial support programs for Informal Sector (212.000 HH)</li> </ul>
USAID	<ul style="list-style-type: none"> <li>• 10 billion Rwf to assist Rwanda’s response to COVID-19, focused on disease surveillance and case management</li> <li>• 100 new state-of-the-art ventilators and trained health workers on how to use them to care of critically ill COVID-19 patients. This equipment and training donation is valued at more than 1 billion Rwf</li> </ul>
China	<ul style="list-style-type: none"> <li>• Donation of medical equipment and PPEs</li> <li>• The Chinese Embassy in Rwanda donated around 16.3 tons of necessities to 300 teachers and their families in Gasabo district to help fight against COVID-19.</li> <li>• Various Chinese companies in Rwanda have giving financial and in-kind donations to the government of Rwanda</li> </ul>
East African Community	<ul style="list-style-type: none"> <li>• With the support of the German Government donated two mobile PCR platforms (Thermo Cycler) from BioRad to facilitate field testing. The machines can be deployed anywhere in the field to test for COVID in high-risk populations in case of need</li> </ul>
World Bank Group	<ul style="list-style-type: none"> <li>• US\$100 million (approximately Frw 93.1 billion) supplemental financing agreement for the Third Rwanda Energy Sector Development Policy Operation (DPO)</li> <li>• US\$14.25 million International Development Association (IDA)* credit in immediate funding to support Rwanda’s response to the global COVID-19 (coronavirus) pandemic under a new operation, the Rwanda COVID-19 Emergency Response project</li> </ul>
IMF	<ul style="list-style-type: none"> <li>• USD 109.4 million to support Rwanda by cushioning the impact of lost foreign earnings from trade and tourism and bolster foreign exchange reserves</li> </ul>
AFDB	<ul style="list-style-type: none"> <li>• Concesional loan of \$98 million for multisector COVID-19 response</li> </ul>
UNICEF	<ul style="list-style-type: none"> <li>• Cash transfers through Extended Public Works Programme (1900 HHs)</li> <li>• Remote learning opportunities through TV, radio and e-learning (1,985,000 students)</li> <li>• Support to construction of group WASH facilities in schools</li> </ul>
UNDP	<ul style="list-style-type: none"> <li>• Reprogrammed US\$1 million for immediate COVID 19 response in three areas: (1) Support to build resilient health systems (including health procurement, training, high-tech robots etc.) (2) Promote inclusive and integrated crisis management and multi-sectoral responses (3) Support to address socio-economic impact and recovery</li> <li>• Introduced high-tech robots at treatment centres to administer temperature checks, monitor patient status and keep medical records of COVID-19 patients</li> </ul>
United Nations Population Fund (UNFPA)	<ul style="list-style-type: none"> <li>• Donated 72000 surgical masks and 15000 goggles to protect frontline workers especially those providing sexual reproductive health services during the pandemic.</li> </ul>
WHO	<ul style="list-style-type: none"> <li>• WHO experts on the ground provided expert opinion to the government in terms of isolation, treating and contact tracing among others. In reopening some sectors of the economy, WHO also helped for instance, participation in designing the school re-opening plan</li> </ul>
CDC	<ul style="list-style-type: none"> <li>• 70 experts and 400 frontline workers trained in disease surveillance and outbreak response during the EBOLA crisis have now been implemented to tackle COVID-19</li> </ul>
Jack Ma Foundation	<ul style="list-style-type: none"> <li>• Donated 20,000 test kits, 100,000 masks, and 1000 medical use protective suits and face shields</li> </ul>
GIVEDIRECTLY	<ul style="list-style-type: none"> <li>• Cash transfer to 19 000 vulnerable households Kigali and Western Province</li> </ul>

Source:

Compiled by authors based on <sup>19</sup>2021222324252627

<sup>19</sup> CGTN, 2020

<sup>20</sup> Xinhuanet, 2020.

Because most of the programs have only recently been implemented it is hard to assess the extent to which they have reached the most vulnerable. At first glance the majority of aid focusses on strengthening the health sector through in-kind contributions of equipment and PPEs as well as capacity building. Another area which pops-up is social protection as well as cash transfers. Only one donor is supporting CSOs, which is the European Union, the other agencies seem to work through the government more specifically supporting its COVID-19 preparedness and response programme. If programs will not address existing barriers experienced by the poor in accessing basic services, the investments in health care infrastructure will generally not favour the poor. The inclusiveness of cash transfers will mainly rely on the transparency and efficiency of targeting. The former being the most challenging in the context of Rwanda.

Besides these emergency funding lines Rwanda has a longstanding relationship with some of the development partners. WHO and CDC, for example, have been building the capacity of Rwanda's health services and frontline workers since the EBOLA crisis which provided a foundation for the COVID-19 preparedness in Rwanda (WHO, 2020b).

Apart from the key development partners outlined above Rwanda hosts many NGOs, both local and international. Some, such as Worldrelief work with local organisations, such as churches whilst others are focused on education and yet others provide direct cash transfers to beneficiaries, just to name a few. GIVEDIRECTLY serves as a good example of the latter. By October 2020 GIVEDIRECTLY had reached 19 000 people in three districts (Gasabo, Kicukiro and Nyarugenge) in Kigali and was seeking to expand to the Western Province (Rusizi and Rubavu). Targeting was done based on the data of affected families gathered by local village leaders and compiled by LODA. From these lists GIVEDIRECTLY targeted those households with family heads under 40 years old. Local staff then carried out enrollment-surveys via phone to verify eligibility after which the cash was transferred via mobile money. Each beneficiary received two transfers of 153.21k RWF (or \$150)<sup>28</sup>. Due to the centralized targeting system of the government via LODA further investigation on how duplication between development partners giving cash transfers is or can be prevented is recommendable.

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<sup>21</sup> UNDP, 2020a

<sup>22</sup> Republic of Rwanda, 2020

<sup>23</sup> CDC, 2019

<sup>24</sup> WHO, 2019

<sup>25</sup> Bower et al., 2020

<sup>26</sup> Interview with GIVEDIRECTLY local officer

<sup>27</sup> USAID, 2020

<sup>28</sup> Interview with GIVEDIRECTLY local officer

## Chapter 4. Equity assessment

In the following short-term equity assessment we will shed light on the impact of COVID-19 and related responses on the vulnerable groups we have identified, across four dimensions of wellbeing i.e. material, relational, subjective wellbeing and collective. Material wellbeing is associated with income and patterns of consumption. While relational wellbeing is associated with the interactions an individual has with their kin, clients and those around them. Cognitive wellbeing is about mind-set positivity and satisfaction with one’s life. Finally, we examine the extent to which the pandemic has created windows of opportunity for political participation and mobilization of the poor which relates to the notion of collective wellbeing (Kingdon, 1984; Sen, 1984).

### 4.1 Short term equity assessment

#### 4.1.1 Impact on material wellbeing

All of the vulnerable people included in this study have been severely affected economic wise by the government response to COVID-19. Taxi-moto drivers (32 230 drivers in 2018 according to RURA (2018)) and taxi-velo riders who form a significant section of (mostly young) people informally employed in Rwanda have been specifically vulnerable as many of the adopted COVID-19 containment measures restricted their services: ban on public transport, restricted mobility, general slow-down in economic activities, obligation to use mobile money payment systems and the night time curfew. During the lockdown motorcycle and bicycle taxi-drivers were only allowed to carry goods. Transportation of passengers was prohibited resulting to a huge loss of income for this large group of urban service providers of which approximately 80% are youth. Some of the people had their incomes decreased as much as 50%.

Many of the respondents indicated they had to eat less and survived on one meal a day to be able to come by with the little food they had for their families. Whilst moto-taxi drivers were allowed to resume taking passengers as of 1 June, bicycle drivers remained solely relying on transporting goods until October 2020. In some districts in the Western province both taxi-moto and taxi-velo drivers were not allowed to operate for much longer. Out of the ten taxi-velo and taxi-moto drivers interviewed only two mentioned they received a little support from government to get by in terms of food. One stated he received some support from the association in terms of a payment of his savings. Two respondents said they received support from family to eat. Since business has reopened, the numbers of clients are still lower than usual due to the general slow-down of the economy, limited movement and the fear of close social contact.

*“My life has been affected so much in moral, social, spirit, health, economic and financial ways.”*

*Taxi-moto driver, Kigali.*

*“Of course my living condition has changed a lot, I am at the extent that I don’t have basic needs like food and shelter.”*

*Taxi-velo rider, Kigali.*

The market women were also affected economically in various ways. First of all, all non-essential businesses were closed during the lockdown leaving only those that sell food stuff to open their shop but even for these woman business was slow due to decline of customers and increase of prices which made their profit decrease owing to the fact that some 17 good stuff prices were fixed by the government. On 28 August the government adopted additional regulations leading to markets operating on 50% of their capacity via a rotation system. This has had severe impact on the incomes of the vendors. Market attendance has also decreased as customers have lesser money to buy and people still tend to avoid crowded places. Some women have mentioned they have lost frequent customers because they were not on the market when they wanted to buy. Furthermore, despite being allowed to sell only 50% of the time, vendors still have to pay the same amount of taxes for security etc. Lastly market women generally fall outside of the lowest Ubudehe category and are therefore not eligible for government support such as food distribution.

*“I am speechless in this period of working 50% because of COVID-19 regulations. We have a serious problem regarding taxes, imagine we are continuing to pay all taxes.”*

*Market woman, Kigali.*

When it comes to our last vulnerable group under focus, the elderly, the situation is perhaps even more fragile as they are less resilient to adapt to the crisis. A number of issues were raised by elderly people: the lack of energy to go out and find work to cope with decreasing incomes, the decrease of support from development partners and “supporters”, such as wealthier families in the communities and relatives, as well as their higher vulnerability in terms of contagion. In the interviews the vulnerability of the elderly in terms of their financial dependency on the government, development partners and family became apparent. All three sources of income have been affected by the crisis. Most poor elderly people fall under the lowest Ubudehe category and are thus receiving cash transfers from the state through the decentralized village level. During the pandemic the transfers have not been extended in amount or coverage despite an increase in poverty among elderly people (with those just above the poverty line now falling into poverty) and a decrease in their purchasing power due to price hikes of basic goods<sup>29</sup>. The cash transfers are about 8000Frw per household which is not enough to have a dignified life considering cost of food (1 kg of sweet potatoes is 300Frw and a kilo of beans is 1000frw for example)<sup>30</sup>. Furthermore, the cash transfers are given at household level, without consideration of the number of members. With many people returning back to rural areas because of unemployment in the cities due to COVID-19, rural households have been faced with more mouths to feed. Development partners have also undergone changes in their service provisions due to new priorities and regulations in line with COVID-19. These changes have been felt by some of the elderly people we interviewed. Lastly, families in many cases have witnessed a decrease of income due to job loss or decreased working hours or sales leaving them with lesser money to support their elderly relatives. The ability of elderly people to search for alternative sources of income is however low and many are also too old to cultivate land for their own consumption.

*“Before COVID-19 I had something to eat from the supporters and other donors. Bu now in this period of pandemic most people who have supported me are not working as before.”*

*Elderly man in Western Province.*

<sup>29</sup> Interview with local government official in Western province

<sup>30</sup> Interview with member of civil society in Western province



## 4.1.2 Impact on relational wellbeing

The above-mentioned impact on material wellbeing can also be felt in the relational wellbeing of poor and vulnerable people. Poor families survive through mutual support with family members helping one and other out when in need. With the financial insecurity brought about by the pandemic these ties have been affected and some people have been forced to make difficult choices of who to support having consequences on social relations.

Whereas it is custom to borrow money between colleagues, the economic hardships have made this complicated and stressful. This issue of credit is also significant for market women where buying goods on credit is a normal practice. Due to the slowdown of the market some women might have to default on their credits creating social conflicts. The higher competition over fewer clients might also raise tensions between market women. The relations between clients has also been affected as the COVID-19 protocols have made all human interactions less spontaneous. Although by now people are getting used to the new normal of wearing face masks and social distancing, the social interactions which are characteristic for marketplaces for example have been reduced. A motor-cycle taxi driver responding to a question regarding the decrease in clients mentioned: *“I think it is because some people are afraid to have contact with others”* (Kuteesa, 2020).

*“It affected so much my relations because I always ask them credit, some little money to eat, so it creates a problem to my colleague, community and my friends.”*

*Taxi-velo driver, Kigali.*

*“My relationship with my friends and colleagues has been very negatively affected, because I have no money to help them.”*

*Taxi-moto driver, Kigali.*

One of the respondents mentioned that on a positive side the lockdown has allowed him to spend more time with their families, whilst others were separated from theirs due to the restriction on movement between regions. Those with children at home had to combine the difficult economic times with taking care of the children. The closure of bars has also influenced especially the younger taxi-drivers, as it is where they used to go and relax and meet with friends.

For the elderly, the restrictions on mobility seemed to have affected them. Some stated nobody came to visit them, highlighting their loneliness. Another man expressed he wondered if people could imagine the impact of COVID-19 on the old people accentuating their feeling of being left out of considerations. Their plea for any kind of support was furthermore heart taking.

## 4.1.3 Impact on subjective wellbeing

Apart from the economic and social impacts of COVID-19 the pandemic has also influenced the way people feel about their lives and the future. Only one respondent, a taxi-moto driver from Kigali, mentioned that the pandemic has had a positive impact on his life.

The desire to save was also found among other respondents.

*“It has affected my home future, my children stopped to go to school, the economy will be affected. I don’t know my future for next year.”*

*Taxi-moto driver, Kigali.*

This individualism and the belief that one is responsible for one's own life resonates with the RPF political discourse of moving forward by working hard (see Chemouni, 2014). This mindset helps people from getting bitter over the government measures. Also, among most of the respondents there was a recognition that the virus must be halted and that the government measures were necessary to achieve this.

This reflects a level of trust in the government in dealing with the situation. Market women shared the idea that the measures were necessary and that they should find a way to live with this pandemic although the lack of changes in their taxes made some bitter.

The general feeling among elderly was different. There we found more expressions of being left out of not being taking care of and in being in need of support accentuated by their lack of ability to support themselves.

#### 4.1.4 Impact on collective wellbeing

With collective wellbeing we refer to the position on the specific vulnerable group within society and their political power and voice.

Taxi-moto drivers and taxi-velo drivers were met with public prejudices when the lockdown started and their businesses were banned as many feared they would resort to theft and other illegal practices to substitute their loss of income. Interestingly, this negative sentiment spurred the public opinion to join the taxi-moto associations in pushing the government to lift the restrictions on their service provision. After a media campaign in which the associations appeared on a popular radio program and highlighted their concerns, the government decided to lift the ban as of 1 June. The bicycle-taxi drivers however were excluded from this change of policy and their livelihoods remained halted until October. To a certain extent the government has recognized the importance of their services for urban transport and is taking steps to incorporate mobile-money paying systems, providing loans so they can buy helmets which are now a requirement for both taxi-velo and taxi moto drivers.

When it comes to the market women it is unclear if the associations were involved in the policy formulation processes. The government has in recent years come a long way in formalizing the markets and its vendors but this process does not seem to have given the market women more bargaining power as decisions are rather taken and imposed in a top-down manner.

The elderly people in the study have shown no sign of collective action. Although they are aware their group is more vulnerable to the virus there have been no collective organization on behalf of them. Their expectations for support are furthermore not expressed in citizen-state relations but rather in family-community or development partner-ties.

*"It has made the biggest change in my life, so I have to work hard, and saving must be my culture. I would say that my life has improved, it made me to think that I can do different things and make saving."*

*Taxi-moto driver, Kigali.*

*"These changes made me learn how I can save money even if I gain little. I have to save and avoid unnecessary needs."*

*Taxi-moto driver, Kigali.*

*"I feel that this epidemic will end and we will return to normal life."*

*Taxi-moto driver, Kigali.*

*"Some older people are losing patience with the future because of hunger and other conditions of this pandemic."*

*Elderly man, Western Province.*

## 4.2 Long term equity assessment

Besides the direct impact on people's wellbeing COVID-19 and the related responses will also have potential long-term effects on the following (among other) structural inequalities in Rwanda.

### 4.2.1 Rural vs Urban

One of the most apparent inequalities within Rwanda is geographical: between urban and rural communities and between Kigali and the other provinces. As stipulated above poverty in rural areas is almost three times higher than in urban ones and Kigali has on average a poverty rate which is half of those in the other provinces. Nonetheless, socio-economic impact mitigation measures were responses urban-biased food due to the assumption that people were more affected by COVID-19 here in terms of lack of income and basic needs. This approach overlooks the (in) direct impact on poor rural people. An Oxfam survey indicated that also in rural areas there has been significant job loss (Oxfam 2020). Furthermore, whilst the direct economic impact might be a bit lower than in Kigali, the indirect impact is very high. As mentioned above elderly people living in the village often rely on family in the city. With the loss of jobs, money sent to the village has decreased, pushing poor elderly people and households deeper into poverty. Although people in rural areas might have been hit less, the high poverty rates implies that they are also less resilient and that the impact of a shock will be higher. Furthermore, rural areas present fewer opportunities to find alternative income generating activities. The VUP public works program which provides jobs for rural citizens in the second Ubudehe category was also halted during lockdown. Although in some districts advances were paid to beneficiaries of the VUP public works program, this was not the case everywhere<sup>31</sup>. According to trade union representatives the food distribution program could have been complemented with agricultural productivity support such as hoes, pangas and seeds.

Another inequality with geographical characteristics is the digital divide and the implications on school children to continue learning despite school closures. Despite the efforts of development partners such as UNICEF to address this challenge disproportionately more school children in rural areas have no access to online or television school programs.

### 4.2.2 Gender

According to the UNDP (2020, p. XV): "the current crisis threatens to push back the limited gains made on gender equality and exacerbate the feminization of poverty, vulnerability to violence, and women's equal participation in the labor force. Female-headed households are at a far greater risk of being impacted by the adverse effects of the COVID19 crisis; in fact, they could fall into deeper poverty levels and even face extreme poverty."

Women are overly represented in the category of daily wage laborers and operators or SMEs, two categories which have been badly affected by COVID-19 and related policies (UNDP, 2020, p.XV). Specific attention must be paid so that women are not left behind in recovery programs. At first sight the government has not taken specific steps to ensure gender equality in responses. There have been no solutions offered for female workers of SMEs owners who have had to combine caring for the children due to school closures and their work. Information sharing of recovery programs and loans for SMEs must be specifically targeted and women

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<sup>31</sup> Interview with CSOs representative



should be supported to improve their financial literacy, according to Dr. Monique Nsanzabaganwa, Deputy Governor of the National Bank of Rwanda (AFI, 2020).

The pandemic might also put a strain on the fight against gender-based violence (GBV). In Rwanda, 4 in 10 women and 2 in 10 men aged 15-49 years report having experienced emotional, physical, or sexual violence from their spouse, according to the 2015 Demographic and Health Survey. Due to the prolonged lockdown measures many women and girls have been forced to stay home with their abusers (Bizimungu, 2020b). Shifts in health care budgets might also affect access to Social and Reproductive Health services whilst many women and girls have avoided going to clinics and hospitals out of fear of catching the virus. School dropouts among girls after COVID-19 will probably also be higher partially caused by increased teenage pregnancy. On a positive note “Mark Bryan Schreiner, UNFPA Representative to Rwanda commended Rwanda's efforts to assess continuity of sexual and reproductive health (SRH) services under the Covid-19 response, saying the country leveraged strong community platforms to promote SRH services” (Bizimungu, 2020b).

### **4.2.3 Income**

Income inequality is likely to increase in Rwanda as many of the measures favor formal businesses over informal SMEs. Whilst market women have been giving no tax exemptions companies have been able to benefit from tax relief. Furthermore, the above mentioned urban-bias runs the risk of increasing the income inequality between and within provinces. There have been no measures specifically catered to informal workers although they represent the majority of Rwanda's workforce. Most of them were left to fend for themselves by depleting their savings or diversifying their income. A moto taxi driver summed this up as quoted: “Even though we lived badly, we never missed a meal because I was looked for another income generating activity”.

Furthermore, due to their informal housing situations and their regular movements between Kigali and rural areas day laborers have been left out of food distribution as stipulated above. The way in which Rwanda will be able to manage income inequality after COVID-19 will very much depend on its ability to cater for those who are now falling between the social protection gap and are not receiving support from the government.

## Chapter 5. Effect of COVID-19 on structures and systems of power

*“Whether the people trust or fear their government Rwandans listen to their government and have been following the order regarding masks, washing hands and staying home” (Beaubien, 2020).*

Based on our findings COVID-19 has strengthened existing systems of power and reaffirmed state-citizen relations in Rwanda rather than changed them. The centralized response implemented through decentralized government institutions, punitive measures against non-compliance of regulations and control over media are known characteristics of Rwanda’s governance system.

*“Rwanda is a law abiding country and how the government approached the pandemic did not come as a surprise to us” (Amnesty International representative)*

The high level of compliance by citizens to COVID-19 regulations is embedded in the country’s political culture which is weary of publicly showing discontent and have been infused by the values of togetherness and joint-responsibility as a result of the post-genocide nation-building discourse. Among respondents from vulnerable groups there was a high sense of responsibility to follow the restrictions. Furthermore, the warlike rhetoric adopted by government in COVID-19 communications, such as referring to COVID-19 as a deadly sniper which cannot be seen, seems to have inserted fear of infection among many Rwandans. 70% of the respondents of the RECOVR survey (IPA, 2020) say their household is at risk of contracting COVID-19.

The socio-economic policy choices made by the government in response to COVID-19 are embedded in Rwanda’s neoliberal growth path in which the power lies where the money is. According to a trade union representative the “doing business” model once again prevailed, with huge jobless and related increase in poverty as a result. The rush to flatten the curve had another consequence, namely, the negligence of human rights and civil liberties. The detainment of people for education in stadiums for instance could be considered as an excessive use of force and the strict control over information, research and reporting on the impact of COVID-19, which has also had consequences on this research, raises red flags regarding freedom of speech and press.

Another system of power that has been highlighted through COVID-19 has been that between the Rwandan Government and international donors. As mentioned above, local CSOS have not been engaged in the policy formulation processes of COVID-19 prevention measures but were consulted posteriori to share ideas on how to reactivate certain sectors in a COVID-19-safe way. International donors such as UNDP have on the other hand played an important role in developing the government’s response throughout. This reinforces existing tendencies towards upward-accountability rather than accountability towards Rwandan citizens.

From a donor perspective Rwanda can be seen as a success case in its fights against COVID-19 as it has managed to flatten the curve relatively quickly. The cost of the adopted approach on the most poor and vulnerable have however been, and are, very high. The civil society and broader population have little political space to truly voice their concerns and the media has indicated that whilst government has been relatively open about COVID-19 data they have been much more careful in sharing information about the socio-

economic impact of adopted measures<sup>32</sup>. Critical independent media trying to dig below the surface have been met with oppression, bringing us to the next systems of power: media and human rights.

All the above falls in line with existing systems of power and the ways through which Kagame's regime (which for some classifies as developmental and for others authoritarian) sustains in power.

One positive development has been how the pandemic has spurred political activism via social media and its influence over political decision making. An example in case is related to the crimes committed by security officers at the beginning of lockdown in Kangondo II an informal settlement in Kigali. On 26 March 2020 security officers raped various women and severely beat several men. Independent YouTube journalist who reported on the event were later arrested on charges of not respecting the COVID-19 regulations. Human Rights Watch has in response criticized the government: "It's unacceptable for Rwanda to use authoritarian tactics to enforce public health measures to contain Covid-19's spread," Lewis Mudge (HRW director for Central Africa) said: "The media crackdown sends a deliberately chilling message at a time when scrutiny of security forces' behavior is critical." Later, when the crimes became public outrage on social media forced government officials including the head of police and president Kagame to condemn police brutality and detained 5 police officers related to the crime<sup>33</sup>.

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<sup>32</sup> Interview with representative of the media

<sup>33</sup> Interview with Amnesty International representative.

## Chapter 6. Overall lessons learnt

### 5.1 Decentralization: balancing efficiency and equity

The benefits of decentralization for service delivery should be harnessed in the management of pandemics. The Rwandan government's use of local governments seems to have facilitated the response, through civil education, awareness raising and distribution of food support. The strong institutions are however also their weakness as there is little room for flexibility. People with no fixed homes for example were not eligible for support although they are often among the most vulnerable (e.g. day laborers in the construction sector).

### 5.2 Inclusive targeting: what about the homeless or those with irregular/fluctuating housing situations?

This brings us to another lesson: targeting is often based on data gathered at household level implying that government officers make poverty/vulnerability assessment in people's homes. Many of the extreme poor however have no home or not a permanent one leaving them outside of poverty assessments. In order to be inclusive, targeting must take into account people who are homeless as well as those who migrate within and between countries such as many construction workers who only have temporary residencies in Kigali.

### 5.3 Participation: beyond implementation

At the onset, Rwanda seemed to have taken quick measures, based on earlier experience and the advice from experts. This approach though important at the time did not consider all stakeholders especially workers in the informal sector and those in rural areas. As such, measures like lockdown and night curfew greatly affected the livelihoods of many people. However, later on, the government engaged more stakeholders to put in place measures for reopening the economy as well as implementing and enforcing containment measures. Whilst trade unions and workers' associations have presented this as consultation, their room to critically question the government's decisions seems to be limited. To prevent CSOs from being instrumentalized by government, room for playing a more critical role should be created. Moreover, enhancing equity in these responses requires CSOs to be involved in decision making from the start, not only as means to execute damage control.

### 5.4 Upward vs downward accountability

Government collaboration with development partners and experts have been instrumental in fighting COVID-19 in Rwanda. Yet, as mentioned above the sidelining of local CSOs in response formulation raises important issues regarding accountability. The current governance approach supports a culture of upward accountability towards international donors rather than downward accountability towards local civil society and citizens. To change this dynamic, donors could put more emphasis on involving local CSOs not only as implementing agents but as critical counterparts with grounded knowledge at the table.

## 5.5 Human rights: the cost of flattening the curve

Human rights issues should be put at the center of programming and execution of plans, even during times of crisis like the pandemic. Punitive measures for those who violated lock down and night curfew measures with many taken to stadiums for whole night “education programs”. The education programs focused on the dangers of COVID-19. The invitation of and media houses to cover and shame people during the night education programs can be considered as a violation of human rights. Freedom of press has also been affected by COVID-19 restrictions and detainment of independent journalists. While the strict enforcement of COVID-19 containment measures have been key in keeping infections low, the cost in terms of contributing to the oppression of Rwanda’s people and civil society are high.

## 5.6 Streamlined communication

Communication using various channels is key to effective management of pandemics. From the onset, the radio stations, television and newspapers have been the link between government departments and the general public in terms of information. The centralized decision-making as well as strict government control over information in Rwanda furthermore resulted into clear messages of what COVID-19 is and how it can be prevented. Communication about social protection measures was however less clear and limited. There is limited information about loans and how tax reliefs were effectively distributed with consideration of people with disabilities and women.

## 5.7 Supporting a saving-culture

Interviews with taxi-moto drivers raised the importance of saving as a coping-mechanism to the economic shock presented by COVID-19. The RECOVR (2020) survey underlined this importance by mentioning savings the most adopted measure to bridge households’ losses of income. Taxi-velo drivers however did not speak about saving but mentioned hunger and the decrease of daily meals to get by. This stipulates the significant difference in terms of vulnerability between taxi-velo and taxi-moto drivers. So while stimulating saving might be a good policy option for the poor, the extreme poor (such as the taxi velo drivers and the elderly in this study) need to have a social protection floor that is shock-responsive to ensure that when another crisis hits – be it another virus, an economic recession, or a climate-related catastrophe – the government can respond efficiently and effectively to safeguard the most vulnerable in society, including children (Harman, 2020).

## Chapter 7. Conclusion and recommendations

Kagame installed a rapid and robust approach building on its experience with EBOLA and long-term support of development partners. The decentralized governance approach, backed by a strong state allowed for efficient implementation of mitigation measures. The use of village leaders, “*who know the vulnerable people*”, made it possible to coordinate and implement food distribution relatively rapidly and in orderly fashion (no chaotic crowds were witnessed in Rwanda during food distributions). The question however raises whether the stringent measures including prolonged nation-wide lockdowns and restriction of mobility, closure of all schools for 7 months, as well as night curfews were appropriate considering the high costs on the livelihoods of the poor? In the eyes of the government the containment of the virus or “flattening the curve” seemed to be the most important challenge in the context of Rwanda’s fragile public health system and one could argue that from this perspective the measures indeed were appropriate. The initial nation-wide lockdown was eventually eased, being replaced by targeted quarantine measures in “transmission hot spots”, the transport of goods, including medicines and agricultural produce was waived from restrictions on mobility and essential services (e.g. pharmacies) were allowed to operate on 50% of the staff. Most of the vulnerable people we spoke to, shared the belief that the measures were in the best interest of the country and perceived COVID-19 as a big and dangerous threat. However, the socio-economic support provided by the government was disproportionate in terms of the needs of the extreme poor and biased towards formal sector industries and formal workers, exacerbating existing inequalities.

Food-aid distributed by local government officials was insufficient compensation for the loss of income and the targeting was un-transparent and left-out important groups of people who have irregular housing situations (such as day-labourers in the construction sector). Other measures such as loans etc. are not accessible to SMEs in the informal sector. Most poor people were left to fend for themselves and depleted the little savings they had whilst those without savings limited their food consumption as primary coping mechanism, followed by borrowing from friends or relatives in and outside the country (IPA, 2020). Overall, the government has thus provided limited support to Rwandans living in poverty.

The strict way in which regulations were enforced and the instrumentalization of local CSOs as implementers and watchdogs of COVID-19 prevention measures highlighted and at the same time exacerbates the country’s authoritarian governance style. The fact that this same governance style also allowed for quickly flattening the curve (during the first wave) could be used as a legitimation for restricting human rights and civil liberties in the name of efficient service delivery and “development”.

The following policy recommendations could be considered.

- Social protection interventions should be complemented to include rural citizens by for example giving agricultural inputs to farmers to increase food-security
- Development partners should engage with government to also include - on equal footing - local CSOs when designing and implementing crises responses
- Targeting by village leaders should be more transparent. Whilst the monopolization increases efficiency it creates challenges to inclusiveness
- Press freedom and human rights should be respected at all times including those of independent journalists
- Education facilities should be considered for reopening as closures disproportionately affect the poor in terms of limiting access to education services.
- Tax-reliefs should be made available to informal businesses and own account workers such as market women
- Development partners should cooperate with government and local CSOs to make sure cash transfers are not duplicated and reach the most in need with special attention to citizens living outside of Kigali
- Targeting of social protection programs should not only be based on areas with high COVID-19 cases but more importantly on existing inequalities such as gender and rural-urban divides.

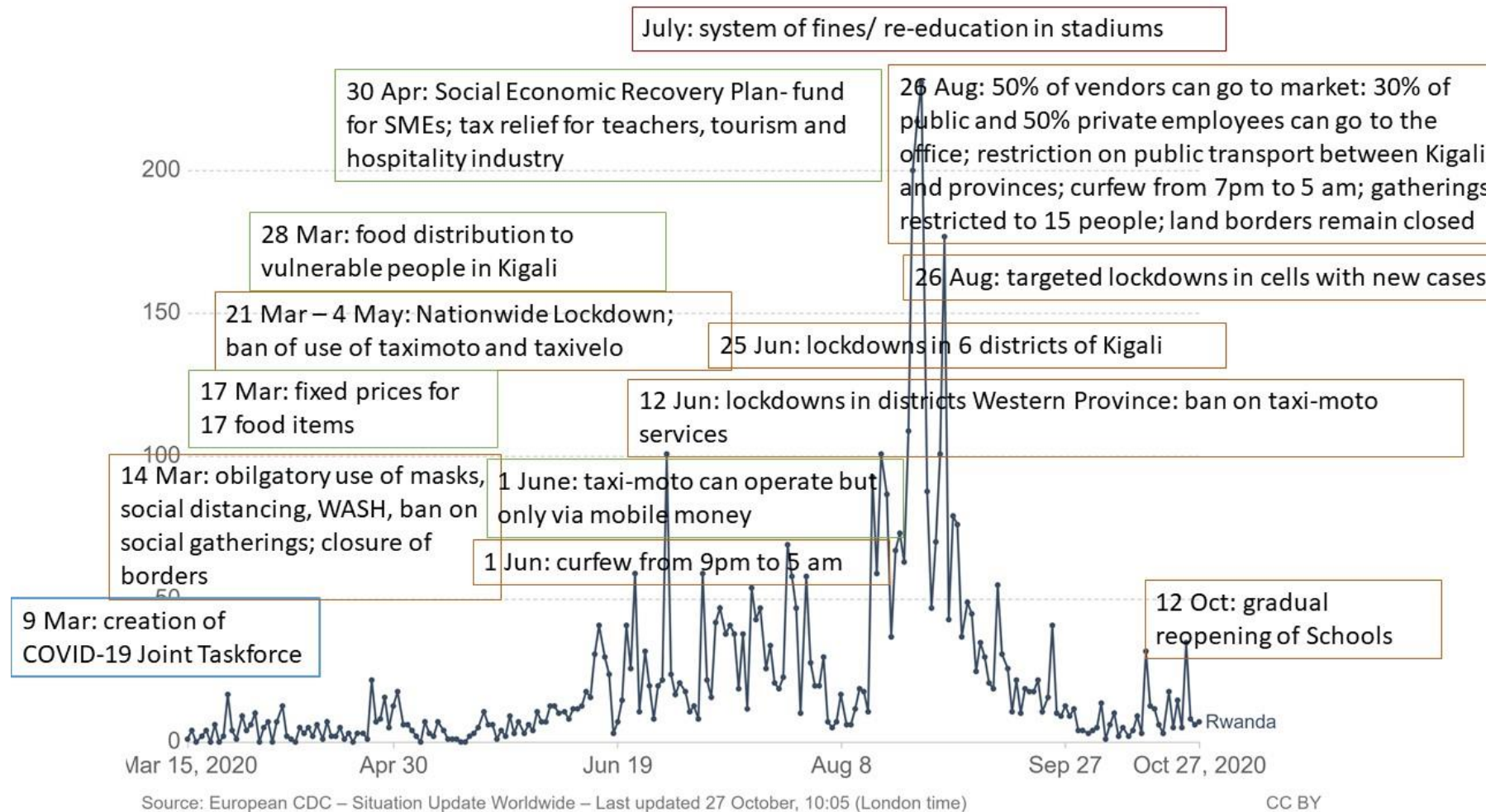
## Annex

**Table 1. list of respondents**

Category	Organisation
Government officials	Ministry of Agriculture and Animal Resources
	Ministry of Education
	Ministry of Infrastructure
	Western Province (Iburengerazuba)
Non State Actors	Congress of Labour and Brotherhood of Rwanda (COTRAF-RWANDA)
	Syndicat de Transport Taxi moto au Rwanda (Sytramorwa)
	Centrale des Syndicats des Travailleurs du Rwanda (CESTRAR)
	Trade union of agricultural workers (SYNATRAEL)
	The New Times (media)
	Amnesty International
	Friedrich-Ebert-Stiftung Rwanda
	GIVEDIRECTLY
	RWAMREC VENANT Nzabonimana
	Taxi-velo association In Kigali
	Market women association in Kigali
Development partners	Word Health Organization
Vulnerable People	Kigali (inclusive of Kicukiro and Nyarugenge districts): <ul style="list-style-type: none"> <li>- 5 Taxi-moto drivers</li> <li>- 5 Taxi-velo drivers</li> <li>- 3 market-women</li> </ul>
	Iburengerazuba <ul style="list-style-type: none"> <li>- 3 elderly receiving cash transfers</li> </ul>



Figure 5. COVID Daily Cases and Government Interventions



Source: development by authors based on: Our World Data (2020), WHO (2020); Sabiiti (2020); Bower et al., (2020); Mutanganshuro (2020), France 24 (2020), and the Ministry of Trade (2020)

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