Home-grown and Grassroots Based Strategies for Determining Inequality towards Policy Action: Rwanda’s Ubudehe Approach in Perspective

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BACKGROUND
Survey based tools for determining inequality in Africa south of the Sahara has been criticized for being unaffordable, and oftentimes unsuitable to the realities of the region. Rwanda, however, using the Ubudehe community based practice has been able to determine household inequality across the nation. Data generated through Ubudehe has been used in policy making, two of which are in the key health and education sectors.

Under Ubudehe, communities come together at the smallest village level - comprising of 100 – 150 households - to place all households at pre-set socio-economic categories.

Six Ubudehe categories:
- 1 - Malnourished and sick
- 2 - Undernourished, but able to work
- 3 - Poor but can work
- 4 - Resourceful poor, owns small livestock
- 5 - Has large land holdings and livestock
- 6 - Good housing, often own a vehicle

Ubudehe based policies:
1. Community Based Health Insurance Scheme (CBHI)
   CBHI - nationwide health insurance scheme initiated in 1999. From a low 7% citizen sign-up in 2003, the program recorded a high 92% sign-up in 2012 after Ubudehe was introduced and used to determine premium payment.

2. Scholarship/Bursary
   In 2013, government of Rwanda, decided to give scholarship and bursary to students based on Ubudehe categorization. This was against the previous practice of funding all university students.

   At the beginning of the semester in January 2014, a record number of students were unable to resume classes, and blamed Ubudehe for wrongly placing them in a category where they could not afford the stipulated school fees for registration.

METHOD

Interview conducted among 158 randomly selected students of the University of Rwanda. Community leaders and government workers involved in the Ubudehe categorization were also interviewed.

Government papers and documents.

RESULT

Most students were placed in the third and fourth Ubudehe category.

Most students were dissatisfied with their placement.

Many respondents complained, that their households were not consulted prior to being categorized.

Community leaders noted that several citizens did not honor the invitation to participate in Ubudehe town hall meetings.

ANALYSIS

Ubudehe, unlike survey based methods, considers the African culture of family responsibility towards the old and infirm.

Ubudehe distinguishes between inequalities that are as a result of lack of opportunities and those that are as a result of irresponsibility on the part of citizens.

The bottom-up structure introduced by the Ubudehe categorization is innovative, and an achievement for participatory democracy.

Ubudehe stratified payment offers equal health care access to all citizens.

Failure of the scholarship policy shows the need for more citizen input prior to Ubudehe based policy action.

CONCLUSION

Ubudehe is a transformative methodology that holds prospects for further cost-effective and efficient innovation in the area of governance across Africa and the developing world. Amidst its successes with the community based health insurance scheme, the stated challenges of Rwanda’s Ubudehe categorization, evident in the education bursary policy, are expected; every new process must submit to further innovation and sharpening of strategy towards improved outcome.

REFERENCES