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AGEING IN RWANDA – CHALLENGES AND OPPORTUNITIES FOR CHURCH, STATE AND NATION

Full research report

UNIVERSITY OF BIRMINGHAM

tearfund

AGEING IN RWANDA – CHALLENGES AND OPPORTUNITIES FOR CHURCH, STATE AND NATION

Francis Davis, Emmanuel Murangira, Madleina Daehnhardt

Forewords: The Right Rev Paul Butler, Lord Bishop of Durham and Nigel Harris, CEO, Tearfund

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FOREWORD BY RT REV PAUL BUTLER

I have been privileged to hold a long connection with the country of Rwanda and its people, for which reason I am moved to write in support of this research report.

My wife, Rosemary, and I were visiting a rural village in the Anglican diocese of Shyogwe. We were impressed by the work with families struggling with the loss of a parent, and the sheer grind of poverty. What we had never encountered before in our many visits to Rwanda was the activity that happened next. The church building filled with older people; some clearly very fit, others frail. Our estimate (though we admit to struggling with being able to age greying Rwandans) was that they ranged from mid to late fifties through to octogenarians. They proudly told us of how they had started their association for older people. They were clear that the primary purpose was to counter loneliness, and offer company. But they added words like, fun, support, encouragement, and skills. Some of the stories they shared of their poverty, their loss of family support, their hunger, their problems with leaking roofs and the abuse they encountered were sad and harrowing. Yet they sang and danced with us because of their delight in their weekly gathering.

I had often talked with my very good friend, former Anglican Archbishop Rwaje, of the problems clergy faced on retirement – no pension and no housing, so often serious poverty. Both in Byumba and Gasabo (Kigali), the two dioceses he served, he persuaded his clergy to join the state pension scheme and the local church scheme he established. He helped them think how they might provide housing for their future. For some this was not replicated everywhere in the Anglican church. However in 2015 the Provincial Synod made it official policy and now most dioceses have not only affiliated their clergy to the national scheme but also some catechists. It was, though, clear that such developed thinking or planning was not happening everywhere, let alone what most in Rwandan society faced in their future. So the reality outlined in this insightful, and courageous report, echoes my own experience of Rwanda. It is a very young nation. Yet it is also an ageing nation. The past 25 years have seen many wonderful improvements in health care, nutrition, housing, education and safety. So many more people are living well into old age. This trend is set to continue so the challenges of older people have to be faced head on.

This report is a preliminary step in the right direction. It is a clarion call to the Rwandan government, to churches and civil society, and should be to businesses that serious decisions need to be taken soon to ensure that this ageing nation continues its progress and development and cares properly for its elderly. There are many challenges for health care, housing and adequate financial provision through pensions. The church, in its many forms, is in every community in Rwanda. It is therefore well placed to take part at every level; providing support like that which Rosemary and I experienced, setting an example in developing sound pension schemes, continuing to encourage local savings programmes, and engaging with government in developing an adequate state pension scheme and ensuring health care develops to support the growing needs of older people (including dementia care and hospice provision).

This is a huge challenge. The international community can help. Rwanda could become a model for other ageing nations in facing up to this reality.

It is my sincere hope that this report will stimulate further and deeper research; that it will enable Tearfund and other agencies to examine how they work with the church and community on these issues; that it will aid the Rwandan government to develop new ways of supporting their ageing citizens. Above all I hope it results in the better well-being of older people in the beautiful land of a thousand hills that is Rwanda.

Rt Rev Paul Butler
Bishop of Durham
House of Lords
London
January 2020

FOREWORD BY NIGEL HARRIS
CEO, TEARFUND

Tearfund's history has been intertwined with Rwanda's from our earliest days as an organisation. Our relationship with this beautiful country began in 1969, the year after we were founded. Our goal in Rwanda was to address extreme poverty by focusing on health, education and the environment and by partnering with the church – and our commitment has continued, unwavering, ever since.

In 1994 came the genocide, when more than a million Tutsis were killed in 100 days. Our longstanding relationships and reputation in Rwanda meant we were able to step up our engagement quickly, initially through a large-scale relief programme through partners. Thereafter, we supported the Rwandan church to bring rehabilitation, peace-building and reconciliation, as well to wrestle with issues such as HIV.

Today, we continue to develop innovative approaches which have the local church and integral mission at their heart. Since 2006, our flagship Church and Community Transformation approaches have been equipping congregations across the nation to mobilise their communities to end poverty. Specifically, this has meant setting up self-help groups – 10,783 small-scale community savings schemes in the last six years. Already, these groups have more than 1 million direct beneficiaries. Alongside this, our partners continue to work on long-term development issues such as agriculture productivity, market access and value chain development, livestock and dairy development, WASH, environmental sustainability and climate change mitigation.

Our mission in Rwanda is – and always has been – to seek out and support the most vulnerable people in society. And, as this report explains, an increasing number of them are elderly. The 'greying' of Rwandan society has been accelerated by its recent history – but its situation is not unique. In fact, the issues associated with an ageing population find expression everywhere we work – yet, collectively, as Tearfund we have been slow to respond. Some of the consequences of this inaction are explored in this report and may make uncomfortable reading.

We believe the local church, which has such reach, authority and influence in Rwandan society, is well placed to address this important issue. In commissioning this report, we are signaling our determination to improve our programming based on evidence and to include the evolving needs of older people. And we will continue to conduct research to inform our own response and to encourage church, states and nations to act too. We hope this report will trigger constructive debate and dialogue on our collective response – and responsibility – towards older people in our communities.

Nigel Harris
CEO, Tearfund
January 2020

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EXECUTIVE SUMMARY

1 Research subject and method

This study analyses the needs, hopes and agency of older people in Rwanda in the context of a planet that will soon have more older people than under 16s and a nation where the number of over 65 year olds is set to increase threefold to fivefold in the next 20 years. The research makes a small, though new contribution to a relatively scarce literature on ageing in sub-Saharan Africa where theories and practices of development, investment and change have traditionally focused either on younger age cohorts or immersed the 'greying' of development challenges, if at all, in a more generic language of 'vulnerable adults'.

The study assesses:

- The significant and distinctive needs and agency of older people.
- The multi-dimensional contribution – and significant gaps and new risks – that churches and Christian life contribute to supporting and responding to those social, economic, pastoral, psychological and spiritual needs.
- Aspects of Rwanda's state social protection and health provision – and their gaps.
- How narratives of a 'young church' in a 'young nation' that champions its young has an impact on the shape, extent and quality of those responses from church and state alike.
- How Rwanda's emerging landscape of care – the 'carescape' – of support that elders face today and in the future is changing and offering new pathways and old patterns in refashioned form.
- Challenges and opportunities for Tearfund's models and tools, such as the 'Light Wheel' walk model of analysis, Church and Community Mobilisation (CCM) approaches and theory of change to initiate, improve upon and sustain appropriate recognition and responses to the needs of older people identified.

The study was commissioned by Tearfund in Rwanda on the basis of an identified need and opportunity to respond to the challenges of old-age poverty. The overall research objective was to establish empirical evidence that will inform a church and community based model for interventions addressing challenges of old-age vulnerability and breakdown in social safety nets for older people in Rwanda.

The primary field research was undertaken in April–May 2019 in one urban and two rural districts of Rwanda. It comprised 14 one-to-one semi-structured in-depth interviews with older people in their homes, and 21 focus group discussions with older women, men, pastors and members of savings self-help groups (SHGs) in each survey area. In total, 121 persons were interviewed. In addition, an adapted observational 'Light Wheel walk' on older people in public spaces was undertaken in each research area by research participants. The researchers also interviewed national church leaders and policymakers.

2 Major findings

In summary, the findings of the study show:

- Profound vulnerability, invisibility and intersectionality of needs of older people, despite deep resilience, contributions and agency.
- Very challenging mental health gaps, trauma and stigma affecting older people.
- Gaps in social protection and health policy and WHO advice in regards to older people, despite Rwandan welfare successes.
- Significant faith-based good practice with a huge critical mass of existing progressive action to underpin a renewed strategy and fresh focus on Rwandan older people.

- Gaps in the churches' understanding of older people and their consequent response.
- Possible weaknesses in the traction of Tearfund's approaches, such as the 'Light Wheel' walk, Church and Community Mobilisation (CCM) and integral mission approaches when it comes to inclusion of older people.
- Local elder abuse and safeguarding risks within churches, and wider NGO safeguarding risks. Gaps in the development of relevant safeguarding policies and codes of conduct in the wider NGO sector when it comes to the distinctive needs of older people.

3 Conclusions and key insights

The traditional narrative of familial care is fragmented and broken, but not entirely replaced by any other coherent form of care or solidarity. A new carescape has emerged and is emerging which is made up of the old and the new. This new carescape in turn presents new pressures. There is everything to play for on the part of church, state and nation.

The report brings forth recommendations to Tearfund in Rwanda and more broadly, to churches in Rwanda and to government as well as to international donors.

There are implications of the findings of the report throughout for church, state and nation, including civil society, both in Rwanda and in membership of wider networks and even the wider sector – for example, Integral Alliance, Micah network, the Disasters and Emergency Committee, and even Caritas International and Missio – and for those supported and advised by DFID, the WHO and other international institutions.

1 INTRODUCTION – AN EXPLORATORY STUDY

1.1 Overview of the research: a rapidly ageing Rwanda in an ageing world

This research on ageing in Rwanda is published in January 2020, six months before the Commonwealth Heads of Government Meeting (CHOGM) in Kigali, and seven months before the start of the global Lambeth Conference of Anglican Bishops in Canterbury. It therefore feeds into debates in and around those gatherings, but also discussion further afield.[1]

The evidence recorded here focuses on Rwanda's elderly and intergenerational relations, identifies needs and raises questions of relevance to governments, civil society and churches of all denominations. It benefits greatly in this regard from the laudable openness that the researchers encountered in government, civil society, churches and business to the questions raised. A shared and instinctive commitment to 'wanting Rwanda to do well' provoked thoughtful and candid responses. This has enabled the study to identify the most testing problems and the most creative potential solutions. As such, the study seeks to provide context for decision-makers across church, state and nation, provoke further reflection and inform future action.

The contents are intended to be read as a whole, representing as they do the fruits of original work carried out in a fast-changing country on a rapidly changing continent. The report describes the agency, struggles, mental ill health, contribution and needs of Rwanda's older people. Their articulation of an emerging new landscape of care – or 'carescape' – that they and other generations face together sounds notes of both caution and optimism. The study is relevant to leaders beyond Rwanda as the issues it raises – from safeguarding to fragility – are not unique to one nation, or a single religious denomination.[2] It raises tough questions about how gaps in support for populations and safeguarding can emerge, how new needs can be missed or met by even 'new' approaches, what true solidarity represents in such contexts and so what 'integral mission' and 'leaving no one behind' really mean.

1.1.1 Structure of the report

The report has six parts.

Part 1 sets out the context in which an ageing Rwanda finds itself.

Part 2 delineates the research method and approach.

Part 3 records the striking needs uncovered and the social policy gaps described.

Part 4 sets out the joys, problems, and positive and negative habits – including failings – of the churches as they seek to extend their service with and for older people.

Part 5 revisits and consolidates assessments of present and future carescapes.

Part 6 offers conclusions and recommendations.

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1   Notably, CHOGM has taken a major sub-theme of 'youth' as one of its key strands.
2   The concept of 'carescape' (ie landscapes of care) is used and developed here and later in the report, drawing on insights from Obrist (2018). The concept assisted the researchers to identify the variety of institutions, social forces and relationships (both those at play and absent) in any given setting; which have implications for the recognition (or not) of older people and support provided (or not) to meet their needs. It also helped to examine how the interplay between those forces and relationships helps or hinders, reduces cost and risk, or increases burdens and stigma, within and between families and the social institutions around them. In Part 5 of this report, potential new Rwandan 'carescapes' are pictured.

The report will be of particular interest for:

- church leaders in Rwanda and beyond (the focus of Parts 3, 4, 5 and 6)
- those in government and institutional donors locally and further afield (the focus of Parts 3, 5 and 6)
- NGOs and wider civil society seeking to build social and civic renewal, and tackle elder abuse and safeguarding risks in Rwanda and beyond (the focus of Parts 3, 4, 5 and 6).

The recommendations in Part 6 are relevant to all of the above.

1.1.2 Africa in an ageing world

Every second, two more people globally celebrate their 60th birthday. There are now, in 2020, more than 1 billion people aged 60 and above. Ageing is gendered: on average, women live 4.7 years longer than men. They have less access to the benefits of inheritance.[3] They carry a larger share of the responsibility of caring for those who have become the vulnerable old. These female carers can include young children, grandmothers, mothers, nieces, daughters and neighbours.

These trends are only going to increase, with more than one-fifth of the world's population predicted to be over 60 by 2050. By this point, for the first time in history, older people will outnumber children under 14 years old.[4]

These forecasts have provoked some responses from international organisations. In 1982 the United Nations (UN) held its first assembly focused on older people as a rising factor in the life of developed societies. The Second World Assembly on Ageing, 20 years later in 2002, revisited the topic, this time shifting the emphasis onto developing countries.[5] More than 100 nations attended and signed up to what became known as the Madrid Plan of Action.[6]

The Madrid Plan of Action, according to former UN Secretary-General Kofi Annan, offered a 'bold new agenda' for 'handling' the issue of ageing in the 21st century.[7] It focused on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. Global declarations, however, rely on the 'heavy lifting' of subsequent implementation.

Subsequent debates have been intense and commitments pursued in a demanding environment. Dominant development paradigms steeped in one or other theories of 'modernisation', 'dependency' or especially 'neo-liberalism' have been powerful.[8] Consequently, while older people's advocates advanced their needs, others were more likely to see them as 'unproductive' and merely adding to societies' 'burdens' and 'costs'.[9] Indeed, so much did traditional development models tend towards an instinctive economism or an uncritical rejection of anything perceived as 'less than modern' that at times, analytical tools developed to help governments and donors manage scarce resources, and especially health resources, came to value as somehow 'less' the lives of older people and children who were *not working*.[10]

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3   After the genocide, Rwanda introduced new laws to establish equality in inheritance practices which, before, privileged transfers to male offspring. However, enduring local custom and practice, in many localities, have made the law null and void. See Sabates-Wheeler et al. (2018).

4   Zaidi et al. (2019)

5   The assembly was preceded by much collaborative work, not least an experts' special meeting under the auspices of the United Nations Population Fund (UNFPA, 2002).

6   Rwanda was among those represented. Concerning the Madrid Plan of Action, see United Nations [UN] (2002) and the accompanying guide to implementation (UN, 2008), of which UK academic Peter Lloyd-Sherlock is the main author.

7   UN (2002)

8   Randall and Theobold (1998). These development approaches each have adopters in religious/theological debates. For instance, see Pope Paul VI (1967) on modernisation, Gutiérrez (2010) on dependency, and the work of the USA's Acton Institute (www.acton.org), which embraces the New Right.

9   Aboderin (2004) shows how normative assumptions have often diluted nuanced empirical observation. In doing so, she sheds new light on the policy debate and, by implication, on classics in the study of older people in Africa, such as Apt (1996).

10 In policy terms, this can lead to minimal support being given to older people, or the factoring out of older people's potential altogether by the weighting of their 'value' in economic terms, so discounting their presence or contribution. See MacIntyre (2004). In 'mainstream' development, it can take the form of a prioritisation of investment in younger people, a narrative that sees older people as a hindrance to 'modernisation', or ageist assessment procedures that cause the distinctive needs of older people to be overlooked.

📷 **Belancilo, from Bugesera district, Rwanda, is a widow from the 1994 genocide.** Photo: Edward Woods/Tearfund

Significant efforts to redress this balance have ensued. A Global Age Watch Index has been developed to begin to rank how nations perform in terms of inclusion of older people.[11] There have also been sophisticated attempts to design an Active Ageing Index (AAI), drawing on aspects of Sen's capability theories. The AAI seeks to measure the level to which older people live independent lives, participate in paid employment and social activities, and their capacity to age actively and positively.[12] The task, though, has seemed Sisyphean. The Chief Executive of Alzheimer's Disease International recently lamented: 'The stigma is huge (and) […] at policymaking level, it is clear […] older people's issues are not really on the radar of many countries.'[13]

Some have argued that these global ageing trends are bypassing Africa, owing to a significant 'youth bulge'.[14] However, despite projections that the continent will stay proportionately younger than every other region, sub-Saharan Africa is in fact seeing considerable segments of its population getting older. There are 40 million people in Africa over the age of 60 and that number is predicted to increase to 160 million by 2050.[15]

Alongside the pioneering work on this theme mentioned above, there are projects in South Africa and in East and West Africa, as well as the relatively new African Research on Ageing Network (AFRAN) based at Oxford University's Institute of Population Ageing. Yet, comparatively little is known about the lives, needs and roles of older people in Africa.[16]

1.1.3 The 'greying' of Rwanda: a distinctive context and pathway[17]

Rwanda is set to age faster than most African countries.[18] By 2050, it is predicted that Rwanda's total population will have doubled and the number of those aged 65 (Rwanda's official retirement age) or over will have increased threefold as a proportion of the population. By 2070, the number of over-65s will have risen fivefold.[19] Crucially, Rwandans age in a very unique context: they have endured distinctive 'shocks' such as famine, rapid urbanisation and intense economic growth, HIV/AIDS, displacement, migration and return. Many still face urban and rural poverty.

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11   HelpAge International (2018)
12   United Nations Economic Commission for Europe [UNECE] / European Commission (2019). See also Zaidi et al. (2018) and Sen (1985).
13   Alzheimer's Disease International (2017) 3
14   See, for example, a keynote speech made by Sir Mark Sedwell (Head of the UK Civil Service) in June 2019, www.instituteforgovernment.org.uk/sir-mark-sedwill
15   Hoffman and Pype (2018)
16   Concerning the African Research on Ageing Network (AFRAN), see the Oxford Institute of Population Ageing (2019a).
17   'Greying' denotes an increasing number and proportion of older people, and the implications of this change for political demands, social costs, new business sectors, and other wider socio-economic and cultural developments.
18   Ministry of Finance and Economic Planning / National Institute of Statistics of Rwanda (2012, 2014)
19   Sabates-Wheeler et al. (2018)

📷 **Kigali Genocide Memorial. Hundreds of thousands of those who would be 'adult children', died during the genocide, and so are absent from extended families.** Photo: Eleanor Bentall/Tearfund

The 1994 genocide against the Tutsi and its aftermath have added an extra layer of trauma, with profound effects on older people:[20]

• Genocide has disrupted intergenerational patterns found elsewhere in the region: as young men were the main target of the violence, hundreds of thousands of those who would be 'adult' sons are dead and absent from extended families. In addition, an estimated 250,000 rapes gave rise to 20,000 children. In 1995 these and other orphaned or separated children were living in various challenging conditions. This included 38,000 in government community centres and 135,000 living with foster families.[21] Now in their twenties, these are just one group – cohorts by age – of Rwandans navigating their adult lives against a backdrop of early trauma.[22]

• Genocide has quickened the wider statistical 'feminisation' of ageing in Rwanda, faster than in Kenya and Tanzania, for example. More women survived the genocide than men – and they live longer. By 1995, 70 per cent of the population was female: the 2012 census reported that there were 304,499 elderly women compared to 207,239 men.[23]

• Genocide has shredded public services: an estimated 80 per cent of health workers were murdered or left the country, for example. The formal legal system was overwhelmed by the huge number of cases brought in the aftermath of the genocide and, as a result, the government had to revive a traditional transitional court known as the *Gacaca* system.[24] Military demobilisation has also been costly and external and internal risks to government, civic bodies and community stability omnipresent.[25] While the government has made extraordinary efforts to (re)build state capacities, the sheer volume and depth of some policy problems have made the process akin to '(re)-building a ship … at sea'.[26]

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20   In relation to the genocide, the authors adopt the Rwandan government's formal language, for ease of reference.
21   See Kuehr (2015) and Graham (2018).
22   'Cohorts' are groups of citizens of comparable age. For example, those who were aged between 20 and 30 in 1994 might be described as a cohort. They are of relevance to this study because different cohorts will have different experiences of ageing, owing to and depending on a variety of factors, including the impact of genocide, displacement, family conflict and reunion, regional variations and wealth.
23   Ministry of Finance and Economic Planning / National Institute of Statistics of Rwanda (2012, 2014)
24   There have been several studies of this system. See, for example, the broad Longman (2017) and the more particular Ingelaere (2016).
25   As an example of an internal risk, one might look to the tensions associated with the many post-genocide court cases. As an example of an external risk, conflict in neighbouring DRC has caused many Rwandan families displaced during the genocide to return to Rwanda. Moreover, the UN has not facilitated the forensic identification of those who died during the genocide, as it has in Bosnia through the provision of forensic teams. This could be a source of continued community tension, enlivened whenever lost graves are discovered.
26   Elster et al. (1998)

- Genocide has fractured minds and bodies: 57 per cent of Rwandans witnessed a killing in 1994 and over 30 per cent saw extreme violence.[27] In 2002 a survey observed that 87.4 per cent of Rwandans were living with some form of Post-Traumatic Stress Disorder (PTSD).[28] The impact of these experiences on people's lifespan and lived experience has been seriously underestimated.

- Genocide has tarnished the reputation and credibility of several branches of Christianity as well as other major Rwandan institutions. Some religious groups were complicit in the creation of the ideas and classifications of communities that underpinned the racism that drove discrimination perpetrated upon the Tutsis and Twa before 1994, in the preparation and implementation of assassinations, in blocking the capture and prosecution of *genocidaires*, and in subsequent calls for clemency. In the Western churches it is often not commonly known how 'catastrophic' the failures of some Rwandan religious groups were.[29]

In a world where normative and broad-brush assessments have dominated the way we engage with older people, understanding this distinctive context is vital if we are to begin to comprehend the social position and human potential of Rwanda's older people in the future. In other words, over and above all its other public policy workload, economic pressures and civil society dynamics, Rwanda is 'greying' at a pace accelerated and complicated by genocide and its aftermath.

1.2 Honouring Rwanda's elders: a challenge and opportunity for church, state and nation

1.2.1 Landscapes of care, competing narratives and scarce evidence

According to formal tradition, any Rwandan in old age could rely on a landscape – or 'carescape'[30] – of practical help, solidarity and empowerment in which immediate and extended family and neighbours filled gaps in support. The traditional articulation of these 'carescapes' has been so powerful that it informs the African Union's formal approach to ageing and development,[31] dominates community conversations on the topic and underpins the public narrative supporting the Rwandan government's ambitious post-1994 social protection programme.[32] So confident have the nation's Reformed churches been of this depiction of old age, with its presumption of care that happens spontaneously and organically across the generations, that they have embraced the general narrative of a 'New (and young) Rwanda'. The church's discourse reflects the national one, focusing almost entirely on youth, growth and (physically) active opportunity.[33] In this, they have something in common with the World Council of Churches, of which many Rwandan denominations are members and which prioritises 'youth engagement' at the very heart of its core mission.[34]

However, contrary to this focus on the 'growing youth' of Rwanda, Tearfund in Rwanda began hearing anecdotal evidence suggesting emerging gaps in support, knowledge and skills when it came to the needs of older people. As Rwanda's pace of economic growth rose, child mortality rates dropped and urbanisation leapt forward, historic reports, fragments of research and summaries of field visits by Tearfund staff and

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27 Ministry of Health (2018b)

28 Pham et al. (2004). See also an important study by Munyandamutsa et al. (2012).

29 The word 'catastrophic' is used deliberately, mirroring as it does the word 'Shoah' in Hebrew, which is commonly applied to the Nazi genocide against the Jews and other groups such as those with disabilities, frailties or belonging to gypsy or opposition groups. 'Shoah' translates as 'catastrophe' or 'disaster'. Impacts of religion on Rwandan racism, dissent and development have been myriad: with religious bodies, at times, competing with and capturing the state; at other times, social forces and the state capturing the churches; and at times, the churches being complicit in the worst of atrocities. See early chapters of Liebhafsky Des Forges and Newbury (2011), Linden and Linden (1977), Gatwa (2005), Longman (2010) and Cantrell (2009). The Arusha Accords, which guided a Transition Government between 1994 and 2003, and later the 2003 Rwanda Constitution, outlawed any form of discrimination and set up far-reaching sanctions against those who violated them. The constitution placed an onus on the government to specifically uplift those historically discriminated minorities 'the Batwa'. It is highly contested whether this legislation has been successful or not.

30 Throughout this report, reference is made to the excellent collection of essays edited by Hoffman and Pype (2018). The idea of 'carescape' is developed here and later in the report, drawing on the essay by Obrist (2018) in that collection.

31 See, for example, African Union and HelpAge International (2003) and African Union (2016).

32 See the discussion that follows. Certain local activists and decision-makers, interviewed for this study, articulated this view.

33 Judging Rwanda's agricultural sector to be unsustainable, the current government focuses on 'transforming Rwanda from a subsistence agricultural economy to a prosperous knowledge-based economy', with 'education for all' – with particular focus on the technological sector. President Kagame is a thought leader in this regard and, notably, the language of digital literacy aligns with the articulation of Rwanda as a 'young country' and governmental policies to mobilise young entrepreneurs.

34 World Council of Churches [WCC] (2019). The WCC has often drawn attention to acute social issues, relating to racism and gender, for example, long before others raised their voices. For examples of WCC's radical edge, see Haslam (2016).

supporters began to illuminate new or unrecognised challenges faced by the nation's old people.[35] There are clearly competing narratives around ageing and development. For example, the First Lady established innovative '*Impinganzima* villages' for (especially female) elderly people left destitute by the genocide and with no surviving family members. Meanwhile, the narrative of both the government and other development actors continued its bias towards the other end of the lifespan, celebrating the 'young Rwanda' as the key drivers of future development. Elderly people were excluded.

Notably, research into specific needs, contrasting narratives and, more importantly, responsive action is very scarce.[36] The literature that does exist provides contradictory evidence relating to the churches. Research in West Africa suggests that some expressions of Christianity are intimately bound up with traditional narratives about intergenerational responsibility and care. One such example is Aboderin's recording of the conviction that those young people who did not care for their elders would go to 'hell'.[37] One study in Ghana observed that as theologies become more goal-centred and individualistic – especially in the new Pentecostal churches – the principle of people having a duty to support their elders becomes diluted and is more likely to disappear.[38] Evidence from Dar es Salaam in Tanzania, East Africa, suggests the church is absent in practical care for older people, despite its being held in high regard by them: 'All older people considered religious faith and prayers as a source of strength and comfort, even if they could not walk to the church or mosque and take part in collective prayers or ceremonies […] but concrete help from such organisations rarely materialised in older people's everyday experiences.'[39]

1.2.2 The strategic challenges of ageing at the time of Vision 2050

As Tearfund in Rwanda began to explore the issue of ageing, the complexity of needs became rapidly apparent. The new Rwandan realities of society's age structure and changing 'carescapes', or social landscapes for older people, the enduring impact of genocide and the focus and form of the country's economic development present a number of pressing questions for every social sector:

- **For citizens:** do traditional definitions and social narratives of the well-being, participation and empowerment of older people hold true?

- **For governments:** how is the design of social and economic policies suited to the specific, current and future needs of older people, especially where these needs are intersectional and resources are scarce?

- **For non-governmental organisations and civil society:** do assessments of older people's needs and interventions to build capability, capacity and solidarity reflect emerging forms of vulnerability and distinctive local pressures upon them?

- **For churches and other religious communities:** drawing on all of the above, how can existing approaches to pastoral support, training, outreach, critical spiritual and theological reflection, safeguarding and resource allocations be 'fit for purpose' as the 'greying' of society and the churches accelerates?

- **For business:** what new opportunities and fresh responsibilities does a longer lifespan bring for shareholders, employees and customers alike?

Ultimately, the needs and potential of older people deserve greater attention – as President Kagame looks towards Vision 2050 and the nation's new strategy for development, and as his country welcomes heads of government for an ageing Commonwealth in 2020.

Moreover, greater attention to older people's rights is warranted given that Rwanda became, in October 2019, a signatory to the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons

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35   These challenges were noted, particularly, by the Tearfund in Rwanda Country Director, who instigated this research project and is one of the co-authors.

36   For example, Rwanda is absent from the UN (2015) *Directory of Research on Ageing in Africa 2004–2015*. So far, AFRAN has an under-representation of those working on Rwanda (see Oxford Institute of Population Ageing, 2019b). Meanwhile, despite the exceptional work of Dr Isabella Aboderin (among others) and pioneers from South Africa, such as Professor Monica Ferriera and Dr Jaco Hoffman, the International Association of Gerontology and Geriatrics (IAGG, 2015) has found it difficult to expand its reach across all African contexts.

37   Aboderin (2004)

38   See Pype (2018).

39   Obrist (2018)

with Disabilities in Africa. The protocol includes the rights of older people with disabilities (article 30), and by signing it, the Rwandan government has committed to pursue relevant policies.[40]

Likewise, for the panoply of institutions that make up Rwandan society, the greying of communities, markets and population will have significant and vital consequences.

1.3 Tearfund in Rwanda: rooted locally, thinking globally

Established in 1968 by evangelical churches in response to human suffering, Tearfund started its work in Rwanda early in 1969, working alongside churches and church organisations in country. Over the years, Tearfund has continued to deliver relief and development to those in greatest need as part of a wider NGO network working in the Great Lakes region and greater East Africa (as well as in 50 other countries across the globe). Tearfund in Rwanda, the in-country office and team, benefits from external networks and capital flows, and also contributes Rwandan knowledge, skills, resources and insight to the regional and global Tearfund family.

Tearfund has a positive commitment to inclusion and this report feeds into wider strategic commitments and intent to develop the organisation's strengths and programming in this regard. A major disability review is under way. The fact that Tearfund in Rwanda, with support at senior level within the wider organisation, has initiated this study speaks for itself. And explorations of inclusion include the potential to make contributions to those networks of which Tearfund is a member. For example, Tearfund is a member of the Integral Alliance of NGOs, which is focused on humanitarian response, and the Micah Network, which focuses on development and theology. In the context of this study and at the time of writing, it is notable that Integral Alliance's standards do not mention disability or old age. As far as could be established, none of its members have yet adopted the 2018 Humanitarian inclusion standards for older people and people with disabilities, or developed an equivalent framework.[41]

Tearfund has a successful track record of working alongside thousands of Protestant church networks, congregations and associations to address pressing social and economic needs. Currently, in Rwanda, its reach extends to 1,800 local congregations in 11 districts across the country, and it has partnerships with three national denominations who work with a further 1,600 congregations. Its contribution in the country includes pioneering work on gender-based and domestic violence, saving schemes, HIV/AIDS and community empowerment.

Profoundly influenced by Christian theology and especially those accounts that emphasise a covenant with the poorest people, Tearfund seeks to work with and for those in greatest need, regardless of their background.[42] This is combined with a theory of social analysis and change called 'integral mission' (holistic development), which seeks to affirm the whole person. To this end, it partners with government, civic and other bodies – and most particularly the churches. In these regards, Tearfund in Rwanda has a unique specialism in unlocking and enhancing the potential of Christian communities and churches to address multidimensional needs.

This specialism can be summarised as:

- seeing churches as places and contexts whose theory and practice of organisation and agency – or theologies – can both constrain and raise awareness of aspects of congregational and wider agency, human fulfilment, meaning and purpose across the lifespan; also as settings from and through which local priorities and Rwandan futures can sometimes be contested[43]

- recognising religious congregations and networks as repositories of social capital and, consequently, as potential contributors of contexts, institutions, capacity and vehicles of participation and inclusion (and especially for and with those facing exclusion)

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40   See African Union (2018), p 22.
41   See Integral Alliance (2019), Age and Disability Consortium (2018) and Micah Network (2019).
42   See, for example, Murangira and Swithinbank (2020), especially the closing chapter.
43   Longman (2010, 2017) talks of 'hegemony'.

- acknowledging Christian congregations and networks as institutions that shape and are shaped by social forces; that are active in Rwandan social life, advocacy, mutual support, philanthropy and capital accumulation; and that are not there simply to transmit 'beliefs' and 'faith motivation' but rather are local community 'anchor' institutions[44]
- aiming to use avenues of 'social mobilisation' in and from the church space to engage church and community members in social action and positive behaviours to benefit the poorest.[45]

According to Tearfund, once the local church is mobilised, it becomes 'a facilitator rather than the provider'. The local church seeks to 'envision and empower community members to identify and respond to their own needs, rather than meeting those needs for them'. The local church therefore works with and as 'a facilitator of the community rather than an institution in control of the community's own social transformation process'. The local church can provide ongoing support to the community, and the community may call upon Christian organisations for technical support where necessary.[46]

For Tearfund in Rwanda, churches, as 'anchor institutions', are not in country for the short term. Rather, congregations are active and will endure in every locality, repeatedly making themselves accountable to their community. This gives them a competitive advantage over NGOs which can often come and go. Ninety-eight per cent of Rwandan citizens claim to have a faith; at least 1.2 million people in the country attend church each week. Faith-based, community-led action and social services have provided vital contributions to the architecture of social justice, care and social protection across the country. Individual Christians are part of every economic sector founding firms, ventures and organisations, and taking part in supply chains that include but are not confined to the churches. As such they contribute to the nation.[47]

Despite their influential role in Rwandan society, churches should not, in Tearfund's view, be predominantly advanced as sole actors or positioned as dominant ones.[48] Nor should churches uncritically collaborate with other social institutions. Rwanda's history clearly demonstrates that when faith groups become preoccupied with sectional needs or adopt poor practices, there can be dangerous consequences for both religious institutions and society. However, with good governance, transparency, a needs-led focus and sound practices, churches can be a vital source of support and positive contributors to people's empowerment and social and economic transformation.

Tearfund's potential scale of impact in elder inclusion

Tearfund in Rwanda has the potential for significant scale of impact should it actively promote elder inclusion, given its reach in churches and communities, especially through self-help groups (SHGs). Since 2014, Tearfund in Rwanda has helped communities form and manage 10,783 SHGs, supporting 215,660 households. The total number of direct beneficiaries between 2014–2020 has been 1,078,300.

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44 This view links closely to a variety of insights from the social sciences and historical studies including Lowndes and Roberts (2013), Putnam (2000), Gifford (1998), and Banchoff and Casanova (2016). Longman (2010) approaches churches as sites of struggle/politics. See also the work of the Ford Program at the University of Notre Dame (2019).

45 Daehnhardt (2020)

46 Tearfund (2019a) and Njoroge (2019)

47 Measurement of the economic value and impact of Christians and people of faith is a relatively underdeveloped academic and policy focus. During this study, researchers met Christians in every government sector, volunteer pastors who ran large companies, and Christians engaged in growth ventures. There is wide social, economic and environmental value to faith-based activity. See, for example, Davis (2019).

48 Longman (2017); Linden and Linden (1977)

2 WALKS, JOURNEYS AND CONVERSATIONS OF EXPLORATION

2.1 Methodology and scope: national context and local need

The study involved a desk-based survey of literature and data on older people in the emerging Rwandan context, combined with interviews with opinion-makers, service-providers and decision-makers (see Table 1). Interviews with elderly Rwandans took place at the national, regional and local level (see Table 2). Research was supported by an observation walk of pastors focused on a situational analysis of public spaces and institutions in the three research localities.

Table 1 Individuals interviewed at national and regional government level

District	Sector	Number of stakeholders
Kicukiro district (urban)	Government departments	3
	Health/care providers	4
	ODA	3
	Civil society/religious leaders	9
Bugesera and Gisagara districts (rural)	Government department/representatives	2

Three localities (see Figure 1) were chosen for further enquiry, to identify needs and potential:

- Kicukiro district in Kigali Province
- Bugesera district in Eastern Province
- Gisagara district in Southern Province.

Purposive sampling included both urban and rural localities to compare experiences.

Significantly, each locality has been intensely impacted by the genocide. In addition, each area had the following in common: previous Tearfund work around gender-based violence education, the development of savings groups and other social action. This was unlocked through Tearfund's Church and Community Transformation (CCT) priority with its distinctive Church and Community Mobilisation (CCM) approach, which in Rwanda operates through self-help groups (SHGs).[49]

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49   Concerning Tearfund's approach to Church and Community Mobilisation (CCM), see Tearfund (2019a) and Njoroge (2019).

Figure 1   Map of Rwanda's five provinces with districts of research localities highlighted in yellow
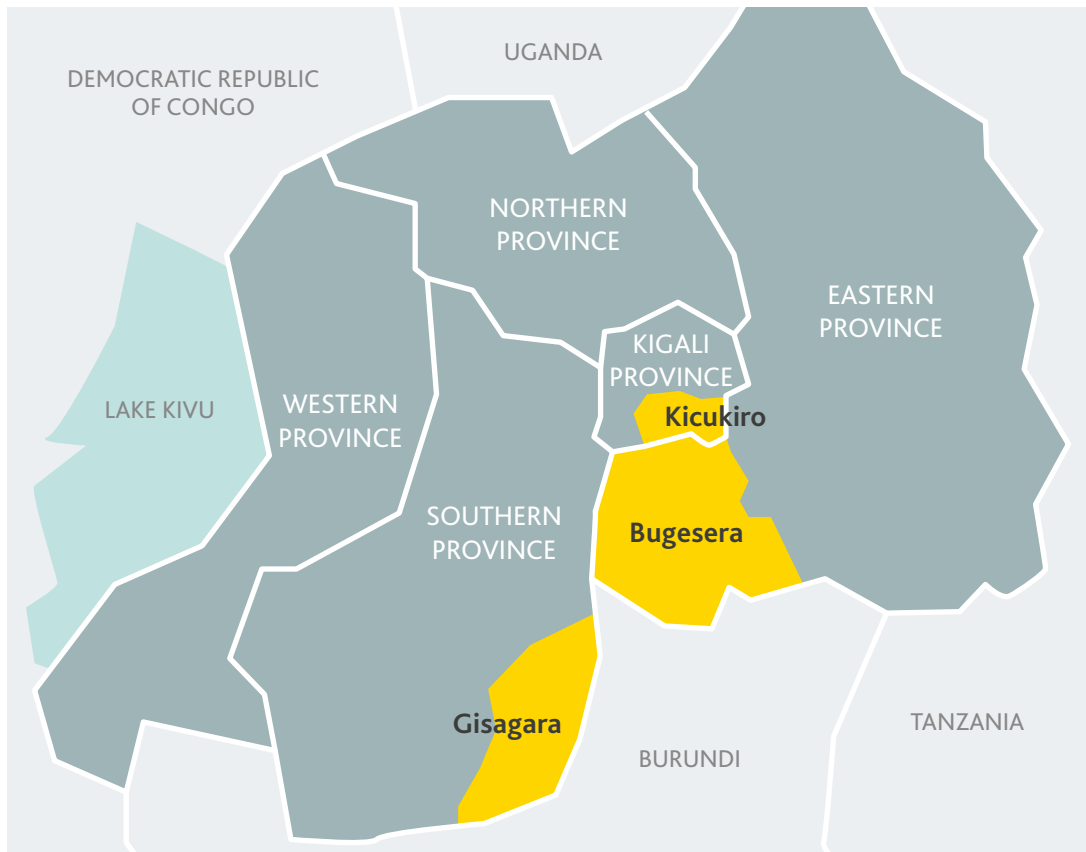
Table 2   Total number of interviews by type and locality

District	Focus groups	Individual in-depth interviews/ life portraits	Pastors' groups observation walk/survey
Bugesera (rural)	6	6	1
Kicukiro (urban)	7	4	1
Gisagara (rural)	6	4	1
Total number	**19**	**14**	**3**

In total, the researchers conducted 19 focus group interviews. On average, each focus group comprised eight participants. Characteristics of the focus groups were as follows:

- three 'women-only groups' of people over 65 or identified as 'old' locally (one in each locality)
- three 'men-only groups' of people over 65 or identified as 'old' locally (one in each locality)
- three 'mixed-gender groups' of people over 65 (one in each locality)
- six 'young people's' savings groups, in membership of a savings circle/credit union association[50]

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50   These savings groups, also known as self-help groups, are a core feature of Tearfund's work in Rwanda. The report uses the terms 'savings groups' and 'self-help groups' interchangeably.

- three pastors' groups of different denominations (one in each locality) who also conducted an observation community walk including note-taking.
- one 'men's breakfast group' in Kigali of educated men over 65 or identified as 'old'.

In addition, in each locality older men and older women, some in work and some out of work, were also interviewed one-to-one to capture their life stories in-depth.[51] These interviews, 14 in total, all took place in people's own homes, with the additional component of participant observation. This contributed to a richer understanding of older people's varying contexts and life conditions.

Approximately 152 people were interviewed in focus groups, including 80 older people, 48 members of self-help groups and 24 pastors. In addition, 14 older people were interviewed in individual in-depth interviews, and some decision-makers at national and regional levels were also interviewed (see Table 1). Therefore, in total, more than 170 people participated in the research.

2.1.1   The profile of those interviewed

The older people were 58 per cent female to 42 per cent male, with an average age of 65. This included elderly people in their 70s and some as old as 100; there were also a few in their late 50s/early 60s who considered themselves or were judged by others to be 'old' because of their physical condition or lived experiences.

Reflecting some of the socio-historical changes in Rwandan life, most respondents were impacted by one or more of the following: internal displacement, departure and return, genocide/violence, resultant health problems, and HIV/AIDS. The researchers encountered those who had lost large numbers of family members in the genocide and those who had spent time in prison for various genocide-related offences following prosecution in local *Gacaca* courts after 1994. The majority of those we met were living in a district different from where they had been born.

Participants could be energetically open and give powerful accounts and opinions underpinned by their lived experience, but written literacy was not the social norm. In a survey the authors conducted, between 44 and 77 per cent of each group of older people identified themselves as being able to read or write. In most cases, participants' schooling had stopped before the end of primary school. Some owned a radio, but very few owned a TV or had access to one. During the course of focus groups and interviews, many identified how connections with the wider world, whether through radio or relationships (including receiving financial remittances of earning family members), were sometimes limited. Poor eyesight, high blood pressure and disabilities arising from fractures caused by 'falls', 'work accidents' and a 'bicycle accident' were just a few of the constrictions mentioned.

2.2   Observation walks: shedding 'grey' light on localities

Tearfund has developed an important analytical tool, the Light Wheel (Learning and Impact Guide to Holistic Transformation), in order to help local activists tease out patterns in their communities and assess the impact of their interventions in light of personal and community well-being.[52] This tool is organised around several themes or 'domains' aimed at supporting 'holistic development' and includes a quasi-ethnographic observation walk, among many other elements. The Light Wheel is intended to complement Tearfund's theory of change as expressed in Church and Community Transformation (CCT). The Light Wheel's aim is to help provide greater insight into what makes a 'flourishing individual and society', underpinned by the agency of the frailest, as well as their subject needs. It does this by setting out a series of interrelated fields, including: social connections, emotional and mental health, physical health, living faith, material assets and resources, and participation and influence (see Figure 2).[53]

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51   In two of these cases, participants were so vulnerable, owing to legacy disabilities and health challenges, that the interviews were cut short.
52   Tearfund (2019c)
53   Tearfund (2016)

The research brief began as an 'economic' one, steered towards service delivery for elderly people, but as the research explored ways to frame questions around that narrow focus, it moved towards embracing other Light Wheel domains and recognising some of the challenges and dimensions that it left unrecognised.

Figure 2   Tearfund's Light Wheel domains and context
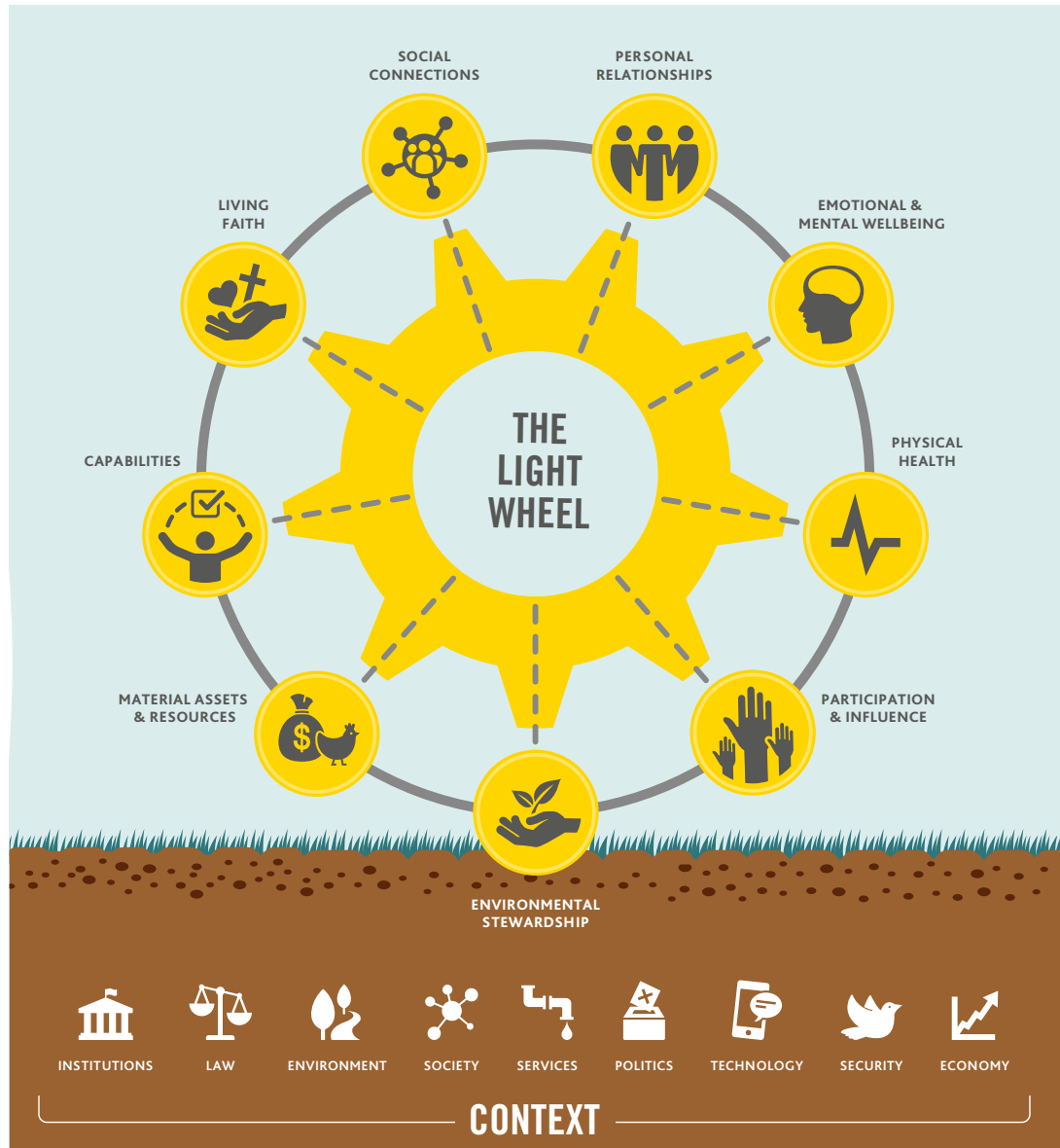
The Light Wheel undergirds these domains by encouraging an assessment of the 'social context', to take into consideration the strength of institutions, the role of the law and legal systems, the environment, technology, politics, security and economy.

However, as Figure 2 shows, none of the domains currently specifies age, disability or mental ill health as factors worthy of priority consideration, observation or recognition. This could have implications for the reach of the CCT approach. While CCT has been evidenced to have highly positive impacts within the domains it includes,[54] older people, disability and mental ill health are not explicitly present in its approach. Therefore, some modifications to the Light Wheel exploratory walk and surveying method were necessary to take into account older people specifically. Rather than accept CCT at face value, a discursive approach was adopted in interviews, to tease out whether such an omission had concrete consequences.

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54   James (2016)

The researchers asked pastors, all of whom had previously used or were familiar with the Light Wheel, to spend time on an observation walk – in a market, bus station or health centre, for example. The purpose was for them to record their insights pertaining specifically to the visibility and participation of older people in local public life.

2.3 Recording, translation and transcripts

The research team consisted of six team members: three pairs who went into each locality together and then split up to interview different groups and individuals. The principal investigator was joined by a Kigali-based translator, three Tearfund staff members, one from the UK and two from Rwanda, as well as one CCM area coordinator.

The transcripts of all these interviews were recorded using a digital device and the transcripts were translated from Kinyarwanda to English by professional translators. The individual notes of observation walks were similarly translated from Kinyarwanda to English.

2.4 A process that provoked advocacy

It is worth noting that the very act of enquiring about older people provoked reflections and responses among the participants. Thus, the research itself contained an important 'advocacy' element.

For example, all of the pastors reported that the simple act of being asked to undertake an observation walk specifically to consider older citizens changed their encounter with the locality. One group of Christian businesspeople and pastors began to discuss the challenges of old-age provision for pastors over and above existing pension schemes where they existed. Some admitted that they had never given or heard a sermon on old age, nor considered the topic in any way in 'young Rwanda'. In central government, officials observed that it was the first time they had thought of churches as employers in the 'formal sector'. They had not previously seen churches as potential partners in encouraging citizens working in the 'informal' sector to join some of Rwanda's developing pension and old-age-related savings initiatives to help them in later life.[55]

2.5 Stigma, language and reframing conversations about age

During the course of this study it became increasingly apparent that the way that social norms, stigma, bureaucratic categorisation and descriptions emerged often involved the nuanced use of words. In languages other than – but including – English, how these were worked out in practice had direct impacts on the inclusion and exclusion of older people.

It is beyond the scope of this study to develop such assessments extensively. However, there is much to be learnt from the tendency of disempowering categorisations to become attitudes that reproduce exclusions. Responding directly to the way that linguistic nuance could be part of the challenge in seeing older people's need in the neighbourhoods, policies and debates touched on in this report, the authors approached related terms with caution. These terms have significant implications in the Rwandan case and upon further inquiry are likely to have implications in other national contexts. *The elderly* and *the aged* are not used for this reason.

Words matter, and they matter especially where a term such as 'the elderly' could mean anyone above 50 years old for the World Health Organisation (WHO), anyone over 65 years for Rwandan and other governments, or any point in time when the body got tired or could not work, as was suggested to us in some villages.

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55 Interview at the Rwanda Social Security Board (RSSB), Kigali (April 2019).

Research inspires an 'elderly festival'[56]

Before conducting the field research, the research team held a preparation day for Tearfund's partners at the Kigali office, introducing the research project and fieldwork methodologies. Among those attending was Jean de Dieu Munguyiko, the CCT coordinator at AMU (Association Mwana Ukundwa) and a member of the research team. During the research, he interviewed pastors and local government staff, and also led observation walks with pastors in the community.

Jean de Dieu was so inspired and challenged that, ahead of the field research, he arranged a day to celebrate older people at the church where he serves on the leadership team. Jean de Dieu recalls:

'I was challenged after the [research] preparation day. I had no courage to go and ask what churches do to honour elderly when myself, as one of the church leaders, I did almost nothing with my church to honour them.'

He shared the vision of increasing church engagement with often neglected elderly people with his senior pastor who agreed to host a festival for 40–50 elderly people. A well-known retired pastor was invited to speak: there was a meal, a performance by a children's choir, prayers and small gifts of appreciation for those who had come. The many conversations people had with older people in the community were enlightening. Before this, the senior pastor said:

'I had never imagined how lonely [some] elderly feel and I hadn't any idea of what the church should do for them except supporting those without people to care for them.'

A festival celebrating older people at a church in Gikondo, Kigali. Photo: Jean de Dieu Munguyiko/Tearfund

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56 This case study was originally written by Nikki Harrison for an interim update report to the Elise Pilkington Charitable Trust. It has been adapted by the authors for this research report, with input from Jean De Dieu Munguyiko.

3 OLD AGE IN RWANDA – PROFOUND NEEDS DESPITE RESILIENCE AND AGENCY

'Here in Rwanda, we grow old very early. I do not know if it's because of poverty but I think that around 50, someone is considered old […] one's thoughts become limited […] one is unable to think big.'[57]

3.1 A predominantly rural phenomenon

Certainly, there are many achievements to celebrate in Rwanda's recent history, such as the country's steady economic growth (of around eight per cent per annum), representation of women in parliament, and innovative health insurance.[58] With its plans to build an urbanised high-tech society, the government's future ambitions are equally notable. But social pressures, especially in rural Rwanda, are already great.

Figure 3   Urban-rural split of the older Rwandan population[59]

Key:
- Urban – 52,799 individuals
- Rural – 458,939 individuals

10.3%

89.7%
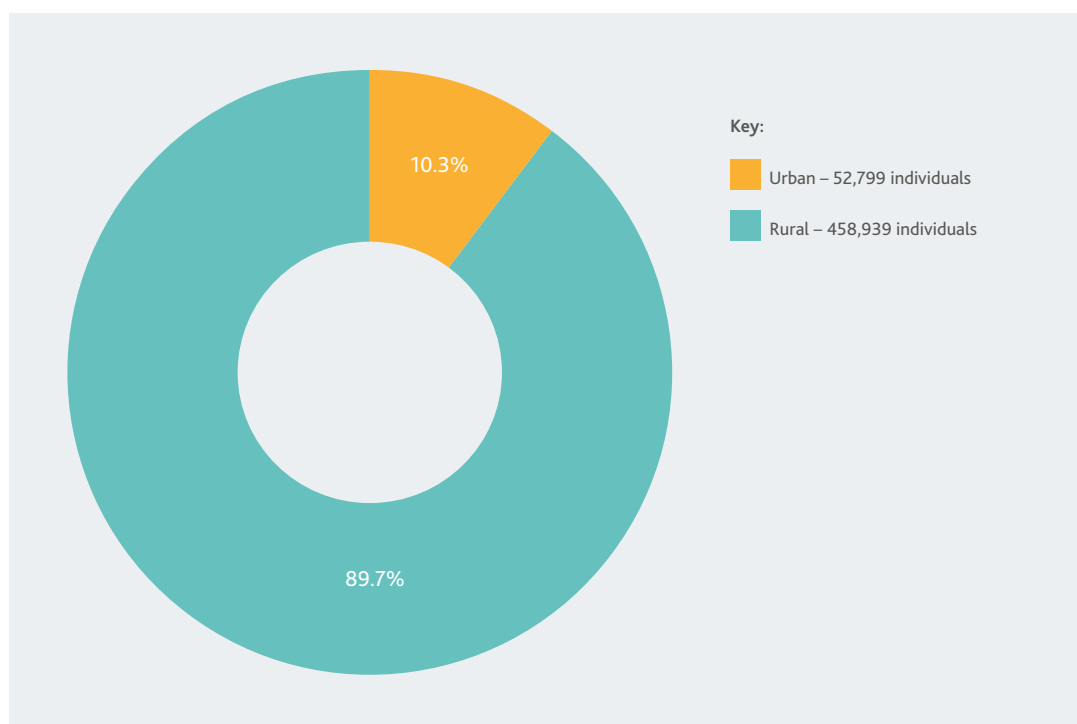
In Rwanda, as Figure 3 shows, the proportion of older people is higher in rural than in urban areas. The largest proportion is found in the Southern Province (29 per cent), followed by the Western and Eastern Provinces – both 23 per cent. The Northern Province and Kigali City have the smallest population share of older people (19 per cent and 6 per cent respectively).[60] Due to high migration rates, this does not necessarily reflect where

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57   Older working man in an in-depth interview, Bugesera (3 May 2019)
58   Clark and Kaufman (2009) and Gourevitch (2000)
59   Ministry of Finance and Economic Planning / National Institute of Statistics of Rwanda (2012, 2014)
60   Ibid.

the elderly population was born. Rwanda's civil war and genocide (1990–1994) created a gender imbalance: approximately 70 per cent of the population were female in 1995.[61] As mentioned in Section 1.1.3, data from four Rwandan censuses confirms that the elderly population is currently composed of more women than men, with 304,499 elderly women compared to only 207,239 elderly men.[62]

Since the genocide, a majority of older people (68 per cent) live with working-age adults, especially in urban areas, and over half live in households of three generations which include children. For some, this is a choice, but for others it reflects their care duties or family disruptions. In rural areas, older women are much more likely than men to be living with working-age adults, but this begins to change as the younger adults marry or remarry. This creates new risks as older people move to late old age. Later sections explore in greater detail how being on one's own can add to elder risk (see sections 3.4.5, 3.4.7, 3.4.8, 4.5 and 5.1).

In global debates, large households would often be seen as pointing towards improvements in family conditions because of the opportunity to secure economies of scale. In Rwanda, though, the opposite seems to be the case. Households with an older person seem uniformly to struggle with food scarcity, and overall consumption is low. Because of disruptions to age structure, extreme needs and vulnerabilities, older people in large households are very likely to be the head of the household.[63] Tri-generational households are almost certain to 'lack' a male breadwinner.[64]

Most older citizens have been married. Men are much more likely still to be married in later life: this indicates a habit on the part of men to remarry after being widowed. It also reflects the fact that women tend to live longer and, in Rwanda, many women were widowed in the genocide.

The density of older people in rural areas, shifts to urbanisation, genocide impacts (not to mention impact of HIV/AIDS) all have subtle, and not so subtle, effects on social and family norms.[65]

These factors add to the complexity and challenges of older people's lives. Before turning to those challenges in detail, it is worth emphasising that, throughout the research process, it was clear that interviewees sought to affirm the contribution they had made in the past. Furthermore, they wanted to assert the contributions and places where they still had agency and were still making a difference, and to emphasise the resilience and search for participation with which they approached their everyday lives.

3.2 Older people's agency: contributions to family, church and society

Traditional gradations of the ageing process in Africa have often meant that as age advances, respect and honour are undimmed. As this tradition has possibly become diluted, one of the consequences is a deepening view of older people as 'being dependent' rather than contributing even though they may be more or less active economically or in other ways.[66]

Again and again, interviewees wanted to reaffirm their own 'resilience': the sense of seizing, sustaining or seeking agency was palpable. Even the most vulnerable older people expressed their intense wish to retain their dignity, to make a contribution and to belong to the wider task of what was often called 'building the nation' or 'building the church'.

For example, one housebound woman would receive young couples who were planning to get married, to talk them through the practical aspects. Others reported counselling each other or younger generations. Rwandan

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61   Ibid.
62   Ibid.
63   The 'age structure' of a country refers to the concentration or otherwise of population groups in particular age cohorts. Rwanda's age structure has been disrupted by genocide, while other African countries may see gaps in certain age groups due to the impact of HIV/AIDS.
64   Sabates-Wheeler et al. (2018)
65   Ibid.
66   A subtle discussion of language and relationality, and the impact of assessment of age and respect, can be found in Pype (2018). Similar gradations and cross-use of terms is present elsewhere in sub-Saharan Africa. For example, in northern Zambia's ChiBemba, *bali baka* means tired and old; *umkote* means old man and old woman; and *umloshi* means witch but is most-often directed towards older people.

older people contribute economically too and there is evidence that they are more likely than their aged counterparts in other countries to work late in life.[67]

Figure 4 below sets out some of the themes that emerged in interviews in terms of contributions listed by older people.

Figure 4   Multiple contributions that older people are making in old age
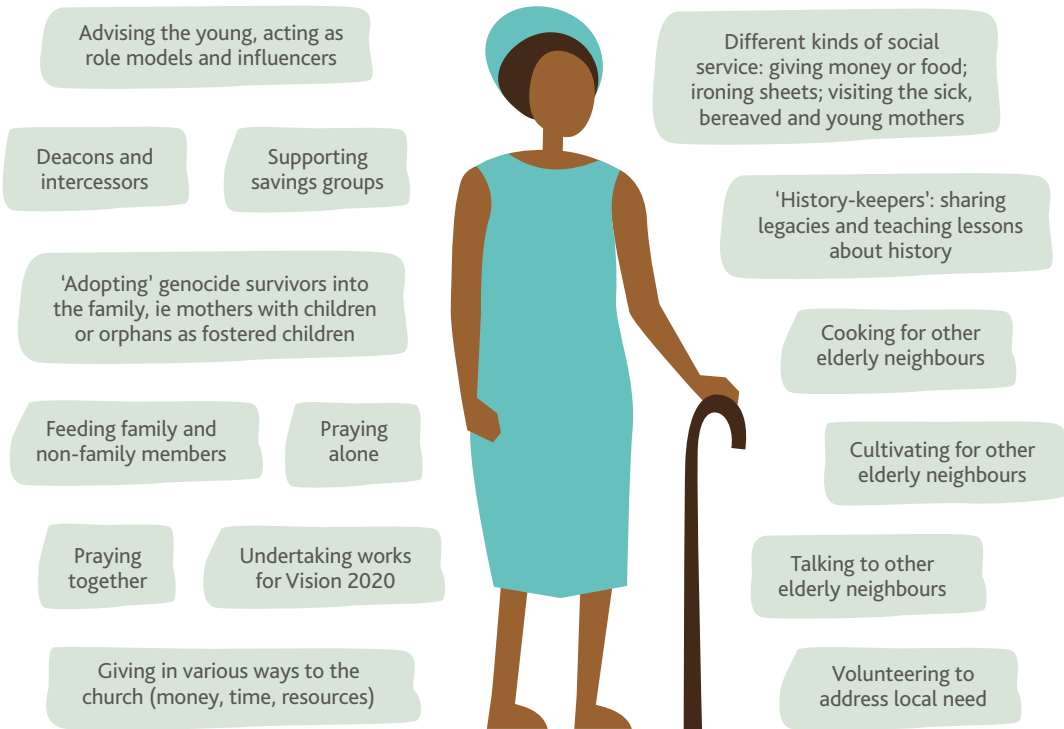
These contributions, of course, complemented those across a lifetime of contributions to national life. These included, and where possible continued to include, the contributions outlined in Figure 5.

Figure 5   Contributions of older people to national life across their lifetime
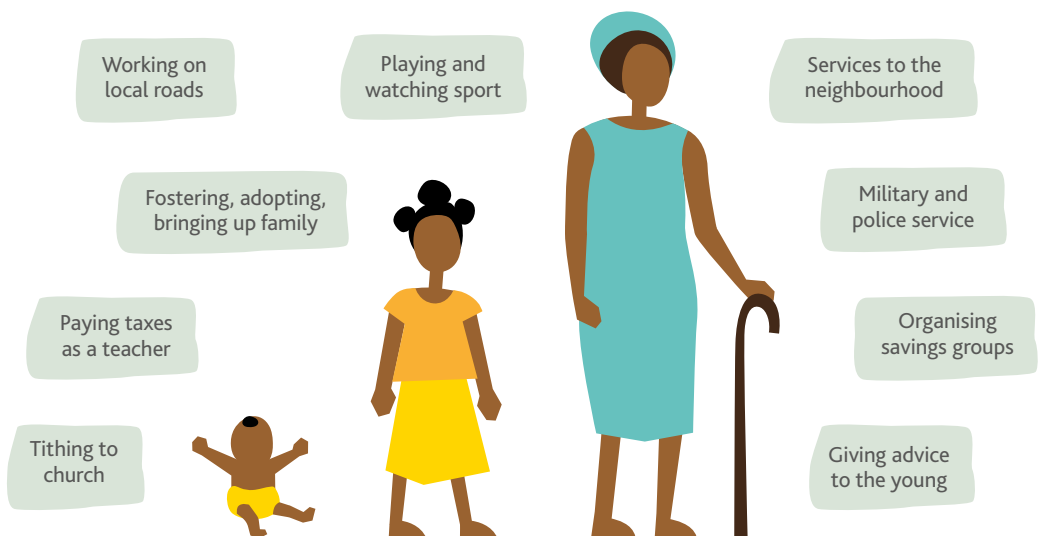
67   Sabates-Wheeler et al. (2018)

3.3 Vulnerability and invisibility of older people

While the research team recognised the participation and agency that older people have had and are having, the observation walks immediately revealed their civic invisibility. Despite all the strengths identified within Rwandan older people, they generally have a very low public profile.

Subsequent sections in the report give more detail on different aspects of the insights gained. In summary, those undertaking the observation walks noted variations in recognition of older people's physical and mental health needs, the absence of social and health services geared towards them, and the invisibility of older people in the public sphere. They also highlighted the presence of multiple definitions of what constitutes 'being healthy', 'being active' and 'old age', even in the same community.

The near 'absence' of older people in busy places where the wider community had gathered and the presence of the young were a dominant feature. Even in health centres, they were a very small proportion of the total number of those present, when waiting patients and carers were counted. The few older people were 'sitting down resting', 'lying down under a tree resting' or 'sitting waiting for (medical) treatment'.

Older people were not being treated badly, but they were not easy to find or to see at all, suggesting they were mostly at home – if indeed they had a home. Even where local decision-makers were acutely aware of severe needs, they expected even the frailest older people to come to them to collect resources or receive support.

Subsequent enquiries and interviews began to reveal the personal stories behind these observation walks – and very significant poverty and isolation.

As interviews progressed, it became more and more apparent that the bare essentials were often or almost entirely absent from the lives of those being interviewed in local neighbourhoods. These included: clean water to drink, easily accessible water to wash, light and electricity, regular food with some variety in diet, psychological support, medical services, company, accessible help nearby and freedom from the fear of abuse. There was clear evidence of the intersectionality of needs and particular vulnerabilities for widows and others living alone.

3.4 Insecurity, exclusion and basic needs unmet

3.4.1 Water for drinking and personal hygiene

'If I were young again, I would go clean the house of the elderly, fetch them water so that they don't lack water, I would get firewood for the elderly and put it close to them so that they would not lack [it].'[68]

Water supplies can be at some distance and when water is collected it can be 'the colour of a dark tea'.[69] Those too frail to fetch water, or without surviving family members to help them, must rely on neighbours who are themselves often under pressure. In a very few cases, the local church has positioned a rainwater-capture tank next to their home. Alternatively, entrepreneurs have established water-collecting companies but they charge for their services, even from families who have no cash. This can mean households having to choose between eating their own cultivated goods themselves and bartering them for other goods, health care or water.

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68 Older woman in a focus group discussion, Gisagara (7 May 2019)
69 Older woman in a focus group discussion, Bugesera (2 May 2019)

Speaking to older research participants, it was apparent that many of them lack essentials including independent access to clean water. Those too frail to fetch water, or without surviving family members to help them, must rely on neighbours' or paid help. Fear of neglect was found to be widespread. Photo: Will Boase/Tearfund

3.4.2   Scarcity and lack of food

'I can say this is a general problem in Rwanda. We have people who are not productive but need to eat […] if you add the number of the elderly to the number of children who are not in age to work, and it is not easy.'[70]

Older citizens are possessed of great dignity, ingenuity and resilience and have overcome huge challenges of history, poverty and family damage including, but not only, loss. Food, though, can be scarce and lack variety; its availability and price can vary greatly across the seasons and harvests. It is limited to what older people have had the means to grow or can afford. Even those able to cultivate may have no land, or only have access to land of very low quality, making nutrition a pressure and the hope of growing excess cash crops a faint one. Without cash income, older people are then unable to cover, among other items, health insurance premiums and often have to offer up crops as in-kind payment for other transactions.

3.4.3   Light and electricity

'As you can see we are in our old age, and nowadays people no longer use kerosene lamps, homes are lighted by electric power. But we do not have the means to connect our home to the network. We would be happy if we could get electricity in our house.'[71]

Access to electricity came up in self-help group interviews as one of the improvements achieved through savings schemes.[72] At the same time, as the above quote indicates, some of the older people interviewed could not afford to pay for electricity, although their area was connected to the grid. In other cases, where older people had electricity, they would express gratitude to 'the president' who had made the supply

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70   Focus group discussion with members of a savings group, Gisagara (6 May 2019)
71   Older man in a focus group discussion, Bugesera (3 May 2019)
72   Focus group discussion with members of a savings group, Bugesera (2 May 2019)

possible. Where electricity and consistent light were not available or affordable, this added to the physical strain of basic tasks and presumably to the likelihood of falls.

3.4.4 Psychological support and medical services

'I live like a disabled [person]. I have ulcers, I have back problems, kidneys, and there is another thing that is painful in the back.'

Someone else replies:

'We all have it.'[73]

Psychological support, despite the trauma of the past, is almost absent. It is also widely misunderstood, feared, has low take-up where it is offered and held in low regard. As a later section records, mental health budgets conflate psychological health with neurological conditions, and public services are overwhelmed (when they are accessed at all).

Immediately after the genocide, attempts were made to increase the availability of psychosocial support, but after a transitional phase, funding dried up. Reports to the research team suggested that some who had qualified in clinical psychology could not work as much as they would like and that working outside the capital was not viable for most.

Where health services are working, access is patchy because of distance, disability, absence of insurance, or the cost over and above insurance. Respondents repeatedly reported self-managing severe loss of eyesight, post-break bone pain, high blood pressure, diabetes, respiratory troubles and other ailments. Others lived with severe mental ill health, PTSD and depression, without access to support.

📷 **A couple look out over Gisagara district, in Southern Province, where they live.** Photo: Marcus Perkins/Tearfund

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73   Older woman in a focus group discussion, Kicukiro (10 May 2019)

3.4.5 Company as a defence against loneliness and a source of help

'Yes, we get visitors and we visit others. We meet our elderly friends and have conversations with them. We talk about how we can build our nation. We also discuss how the things that happen in this country should not happen again.'[74]

Interviewees loved company and being together, and a value for them in church life that was often cited was the chance to meet. Women laughed merrily as they described gathering to say a few prayers, to share woes, to comfort each other. Visits from pastors' wives were appreciated, as were those of children, grandchildren or neighbours. One man described how he was able to visit his friends because, if he got stuck as the light faded, his children would come with their bicycle and give him a lift home. Others described how, frailer than others, they might go for days or weeks without speaking or receiving help of any other kind.

3.4.6 Elder abuse and neglect[75]

'I would pay someone to cultivate my land but they would cheat me, tell me that they finished the task, when in reality he hadn't done anything and I would pay that person without [him] having done any work.'[76]

Fear of abuse or exploitation was widespread. This was most often expressed with regard to neighbourhood relations and particularly the risk of help being offered in return for payment but that help never materialising. This could include water not being collected or cultivation of basic food remaining incomplete. Some also mentioned a fear of 'poisoning'.

A 'new' feature of care in the Rwandan context is the contribution of those paid in cash and in kind for the support they provide to frail elderly people. In the context of 'long hours worked', 'new financial pressures' and the vulnerability of family members themselves, it is a new profession. Indeed, it is a growing economic and professional sector that families with means have found ways to access.[77]

For now though, arrangements are ad hoc: in one house researchers visited, a young man lived in and was paid to bathe, cook, lift and support a very vulnerable older woman. His previous experience had been doing the same for one of his own family members and he had then come to this household on recommendation by word of mouth. It is becoming socially acceptable because it (can be) the only choice. These roles are entirely unregulated and these carers untrained.

One man had paid for a live-in carer to look after his father. For four years, this was the arrangement. During that time, three care workers had been employed and all seemed well. One of them was 'nice' but only afterwards did it emerge that 'the other guys, he told me, pinched him, and beat him or didn't feed him'.[78]

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74   Older man in a focus group discussion, Gisagara (7 May 2019)
75   The literature on elder abuse in Africa is underdeveloped. See, for example, Lloyd Sherlock et al. (2018).
76   Older woman in an in-depth interview, Bugesera (4 May 2019)
77   For a discussion of the value of the care and disability economy, assistive technology, and its relationship to industrial as well as social policy strategy, see Davis and Booth-Smith (2017). This discussion has a nascent Rwandan counterpart; see Kalinganire and Rutikanga (2015), for example.
78   Focus group discussion with older pastors, Kigali (4 May 2019)

3.4.7   Widows' vulnerability

'Before we opened these homes […] we used to go in different places to visit women who were widowed by the genocide. We used to find these older women who were left with no children. They were in bad conditions because they were living alone in their houses. For instance, in some cases […] the person was sick and there would be no one to take her for treatment. We also used to find those who are very elderly facing challenges like not having anyone to fetch water or get firewood for them and they were really struggling. Yes, the government used to help them and give them allowance for the vulnerable elderly but, they […] were unable to go to the market for shopping or do anything else with the money [themselves].'[79]

In what appears to be a break with traditional Rwandan family and village conceptions of social care, a small number of specialist residential homes for the *incike*, the most vulnerable of all widows, have been established by the First Lady, Jeannette Kagame.[80] Better resourced than any other provision identified, these '*Impinganzima* village' homes are run by AVEGA and funded by FARG and the Imbuto Foundation.[81] They benefited from a high-profile launch and attract visits from national and international figures. During the annual mourning period in 2019, the British High Commissioner and head of the UK Department for International Development (DFID) visited the programme's Kigali home.

However, the needs of elderly widows remain striking. Even these centres, with their powerful elite patronage, have a waiting list of 600, despite the tight criteria of extreme destitution that marks qualification for entry. Residents in these centres, unless they have severe disabilities, must be over 65, be survivors of genocide and now be deemed by the authorities to have no family member, broadly defined, to care for them. There will be many more in the country who only partly meet those criteria.

CASE STUDY 2
A widow's struggle for survival
....

One elderly woman who shared her story is now a resident in one of the *Impinganzima* homes. Her husband and all but one of her 12 children had been slaughtered in 1994. She had been set alight by the same attackers.

Living in a rural area, she had somehow got by. But, years later, her last child had come home from work feeling unwell and had passed away in her house. She had been stuck there on her own, with no one to call. The grief and the pain of losing this son triggered sadness and overwhelming trauma. She began to wander, extremely unwell, and had found herself destitute and far from home in Kigali. At night, she snuck into latrines and stinking outhouses to sleep. Early, in the morning, she would attend church seeking consolation. She won a prize for the regularity of her church attendance, without the morning congregation ever learning of her desperate plight.

Only by accident did she eventually find a faith-based NGO who helped her access a place at an *Impinganzima* home. After years of being unable to use her arms because of burn scars, she could now move them once again, thanks to the medical care she received. She rejoiced that she now had access to the essentials that had long been absent in her life.

The one constant in her life was spiritual comfort – prayer and the consolations of her faith. With regular opportunities for prayer and chaplaincy in the home, she had this in common with our other interviewees.

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79   Coordinator of one of the widows' homes visited by the researchers (interview 4 May 2019)
80   *Incike* refers to an individual who does not have a child, or has lost all of his/her children. The word, more deeply, evokes the experience of having no legacy, and of knowing that one's death 'really is the end'. However, these individuals are also known as *Intwaza*, which means courageous or resilient: for even though they lost all their children and relatives, they themselves survived.
81   FARG stands for The Genocide Survivors Support and Assistance.

📷 Older women, widows of the genocide (whose immediate families were wiped out), living in Impinganzima hostel, Bugesera district.
Photo: Francis Davis/Tearfund

3.4.8   Intersectionality of needs

Beyond the recurring absence of these core needs, a further array of concerns were commonly articulated:

- falls, accidents and illness in isolation
- dizziness[82]
- unsafe or unusable roads and paths, making movement difficult
- fear of being poisoned or 'bewitched' or of being accused of being poisoners or witches
- addictions, especially alcohol.

In many cases these challenges interlock and intertwine: repeatedly, participants mentioned older people who had not left their dwellings for days while neighbours had thought they had gone out to cultivate. Or others, after falls, who had struggled without water or food for long periods, either alone or as other household members looked on – because they themselves were too vulnerable to help. Even if people were insured for health support, they very often lacked the financial means and physical and psychological capabilities to travel to a health centre.

Figure 6 seeks to represent some of this moving and challenging variety of needs that older people described. Not only does each factor impact the other, but they are also impacted by issues such as changes in weather, interpersonal relationships, local governance, local success of government policy, falls, accidents or illness, among many others.

Cutting across them all is the powerful, widespread and intense pressure on mental health and well-being that Rwanda's context has generated. The next section addresses this intersectionality more closely.

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82   This sounded like a symptom of hypertension.

Figure 6   The multitude of needs that older Rwandans experience

Dilapidated dwellings/roofs

Local transport

No food, little food, little water

Cost of water

Eyesight, blood pressure, badly healed fractures

Absence of pension coverage for current cohorts of elderly

Vulnerable to exploitation

HIV status

Gacaca stigma

No or little health insurance

Land disputes, fear of poisoning, trust of neighbours

Caring for orphans, foster children

Church has no means to help

Power

Trauma

Physical weakness

Poor, confusing, uneven implementaion of social protection

Coverage for current cohorts of older people

Water supply far away

Young people gone, intergenerational laments, changing Rwanda

(Severe) mental ill health

3.5   Lifespan, loss, bereavement and trauma

'[My not talking] […] this is what causes us heart problems […] All people who have heart problems developed them after the war […] Prior to the war we were healthy.'[83]

3.5.1   'The body keeps the (psychological) score'[84]

Not everyone who experiences poor mental ill health is old and not everyone who has reached old age without mental ill health will continue without struggles. Interviews pointed to the prevalence of mental ill health in society, a ticking time-bomb of breath-taking suffering that is likely to increase as more Rwandans reach later life, and live through the normal wear and tear of life's uncertainties.

Coleman, Johnson and Burnell's work explores the impact of past life experiences on the ability of older people to maintain meaning and sense-making and sustain coping as they face late-life challenges and change. They suggest that as later phases of age trigger periods of 'life review', there can be a reassessment of the past which in turn shapes perceptions of self, role and meaning in the present.[85] Positive reminiscences can emerge and help, but when life review includes moments that are not recalled as positively, 'biographical pain' can have adverse effects. 'Biographical pain', to explain, relates to feelings related not only to a specific (traumatic) event – significant though that can be – but may also arise from the cumulative review of a hard

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83   Older non-working woman in an in-depth interview, Bugesera (2 May 2019)
84   Van Der Kolk (2015)
85   Coleman (2011), Coleman et al (2019), and Burnell et al (2011). See also Johnson and Walker (2016), especially the chapter by Johnson (2016).

life or a life in which feelings of struggles, failure, loss, bereavement or regret of various kinds, sometimes seemingly trivial to onlookers, are present.[86] Even without major social disruption, mental ill health may increase in old age if support is not present and 'biographical pain' crowds in on minds that have thus far not experienced such concerns.

There are an estimated 2.13 million people living with dementia in sub-Saharan Africa. This figure is expected to rise.[87] Alzheimer's Disease International reports huge stigma in the region, an association of the disease with 'bewitching' and an explicit crowding out of older people's needs by a development community overly focused on reproductive rights, communicable diseases and early-life interventions. These trends also exist in Rwanda.[88] Those with dementia are found in many Rwandan villages – often living in isolation.

Meanwhile, those who study severe trauma specifically suggest that when lives have been characterised by intense shocks, the body-mind-spirit distinction can be overrun.[89] An individual's 'physical' ailments become both the cause and consequence of psychological stress, while past lived experience actively shapes current perceptions and assessments in distressing (or not so distressing) ways.[90] The past can always be present and present physical challenges can define current perceptions. Examples of this are numerous: on the one hand violent trauma may return through sights, smells or voices that may not be present. On the other hyper-tension or bone pain might add to low mood or other psychological factors. 'Biographical pain' may merge with physical pain as diminishing capabilities interface with spousal loss or disabilities or even the seemingly most basic of regrets.

Most Rwandans have lived experiences of fragility and social and economic struggles and vulnerability. Many have grown up in families formed, broken and remade by poverty, accident, illness and urbanisation, as well as life's normal opportunities and setbacks. Thousands more were impacted by the genocide, directly and indirectly. A girl who lost her parents at 15 in 1994 is now 40. A mother who lost her son in the genocide at 30 is now 55. As Rwanda's over-65s cohort triples in size over the coming decades, cohort after cohort entering old age is likely to bring unique pressures to their experience of 'life review', sense-making and physical coping.[91]

3.5.2   Loss, bereavement and 'biographical pain'

Within focus groups, as well as more informally, enquiring about loss, bereavement and mental health was clearly highly sensitive. There were various recurring explanations for this given in interviews, such as the the burden being 'too great', and the need to 'look forward' instead. In addition, more controversially, it was suggested that tensions still exist within communities, even many years on from 1994.

Nevertheless, most respondents in every locality described periods of 'despair', 'feeling suicidal', 'having nothing' and getting by with no one.

'What made me sad was losing my family (in the genocide),'[92]

said one.

'The war did not choose […] I lost many […],'[93]

recounted another. One parent who lost five children explained:

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86   A related example is noted by Apt (1996). Apt cites Arth, whose 1968 study pointed to a rise in mental ill health among elderly members of the Igbos ethnic group in south-eastern Nigeria, triggered by a loss of 'elderly prestige' as a consequence of their recently urbanised sons making sufficient money so as not to have to request bride wealth.

87   Alzheimer's Disease International (2017)

88   See Shyaka (2017). One elderly individual, interviewed for the present research, disclosed that they lived with dementia.

89   Obrist (2018) links mind-body-spirit-place.

90   Van Der Kolk (2015)

91   'Old age' itself has different phases, including third age (represented by those who are old but active or working) and fourth age (those who are not or unable to be active or working). Merchant (2017), in his work on the church in an ageing UK population, referred to the third and fourth age as more representative of the differing experience of older people, regardless of their actual age. In fact, for many people, their lived experience sits in between these two phases: people whose resilience means that they strive to remain active, but whose vulnerability means that they move in and out of frailty, capability and dependency. These variations and this variety are at the heart of the work of Coleman, Johnson and others already cited.

92   Older woman in a focus group discussion, Bugesera (2 May 2019)

93   Ibid.

'We were living here but some of my children were killed in Butare. That's where they were murdered. Others were murdered in Kabgayi and Kigali […] They were killed everywhere.'[94]

For some the pain was almost unspeakable. 'It is best not to ask' was a recurring response by participants to some interview questions.

In all interview settings, evidence of these pressures and dynamics were clearly spoken, subtly referred to and/ or visibly obvious. Several respondents explained that they had lost very many relatives in the genocide.

One younger person observed that…

'older people can face mental problems because of loneliness'.[95]

'Loneliness', the young person observed, 'isolation' and 'being in pain all the time' were all drivers of frailty. These were all embodied in the intersection between physical and emotional pain, as well as the intersection between consequences of 'normal' ageing processes and results of the genocide –and this reflected majority opinion across focus groups.[96]

One woman set out her suffering, how it endures and her attempts to cope:

'When I feel sad […] I keep quiet and leave it alone […] We don't talk about it but during the night it all comes back to me.'[97]

3.5.3   Mental ill health, severe mental ill health and stigma

Many interviewees were visibly struggling. One explained:

'There is something in my head that is very painful to me. I often […] hear loud noises in my ears […] There are sounds, some like people talking, loud sounds, even now I feel it. This side of the head, it is painful and sometimes swollen. My breasts become so heavy […] the noises come down all the way from the head to the breasts and the breasts become heavy.'[98]

Another elderly person described his journey as a carer. His wife had become mentally ill and broken everything in the house. After admission to hospital, she stopped taking her medication because it was making her weak, and she relapsed. She was now at home but he had to be constantly vigilant for her safety. They no longer owned furniture, clothes or any other item for in her moments of peak anxiety she had broken and burnt them all.[99]

Another woman explained:

'If the [church] had not helped me, I would have lost my mind […] My neighbours sent me three young ladies and told me they could stay with me […] They stayed for six months […] I had so much sorrow and great pain. It's a lot; it would take the whole night if I was to share my story.'[100]

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94   Elderly non-working woman in an in-depth interview, Bugesera (2 May 2019)
95   Focus group discussion with members of a savings group, Bugesera (2 May 2019)
96   Respondents reported 'shocks', such as famine before 1959, the 'persecution' from 1959, drought, flight (and in some cases, return) from the country in 1994, and the violence of the genocide and war itself. Some respondents told us that contracting HIV made them 'sad'. Others had struggled with addiction, including alcohol addiction, and still others were or have been carers for those who suffer from the same.
97   Elderly woman in a focus group discussion, Bugesera (3 May 2019)
98   Elderly woman (not herself a survivor of the genocide) in an in-depth interview, Gisagara (7 May 2019)
99   Elderly man in a focus group discussion, Kicukiro (9 May 2019)
100   Elderly woman in a focus group discussion, Bugesera (3 May 2019). This woman had lost her husband and children to 'poisoning'.

Hearing this, another woman, her friend, replied:

'I know her story […] She spent a year without talking […] a year without sleeping.'[101]

These patterns are all remarked upon by those with professional responsibilities for counselling, psychiatry and well-being.

According to a Kigali-based mental health specialist, who was at the city's national stadium during the official mourning period in 2019:

'In the course of the commemoration a woman became uncontrollably distressed […] She was shouting, crying and she had to be removed […] I was concerned so I followed and there was medical support available […] She was heavily sedated and then I understood the plan to be that she would leave with those who had come with her (without further treatment or referral).'[102]

The annual mourning period is important but, as one international health professional observed, 'for some, it is like the picking open of wounds that seep all year round without attention', adding that 'mental ill health of whatever cause is still a matter of great stigma'.[103] As if to confirm this, when researchers visited Ndera, the country's only specialist mental health facility and itself the focus of some 'fear',[104] it was 'surprising' to some staff that any interest was being shown at all in their client group. The pressures on their services were visible.

Ndera's psychiatric ward was over-subscribed, its large waiting area filled with more than 200 people. It has only two resident psychiatrists who also facilitate community outreach 'when possible' and contribute to the training and development of the next generation of specialists 'on a new course (recently started) […] because there is a shortage'.[105]

Interviewees reported that epilepsy, drug and other addictions, brain injury and learning disabilities constantly run the risk of being conflated in common and policy parlance. These conditions and disabilities can in many contexts be rolled into a singular category of 'mental health' or 'mental disorder' and then be conflated with needs arising from loss, bereavement, trauma, psychosis and other severe pressures, by omission or through scarcity of resource.

According to the Rwanda Mental Health Survey of 2018, 225,000 people annually seek mental health help from public services but of these over half are for epilepsy and this figure also includes some learning disabilities. And yet depression is running at 12 per cent of the population, with 36 per cent of genocide survivors facing this illness. Only two per cent of those attending government services present with PTSD, although it is estimated that as many as 35 per cent of the country may be suffering with PTSD. A 2002 survey of genocide survivors found 87.4 per cent to be living with PTSD, with more research revealing the national figure for all Rwandans to be 30 to 35 per cent. By comparison the UK figure is five per cent, rising to 7.4 per cent among those who have seen military service.[106]

Across the lifespan as life review and transitions in meaning of self, work and family roles, and financial and physical insecurity play into the ageing journey, old shocks can re-emerge or existing ones become amplified. As early-onset and other dementias accompany the ageing process, it is likely that these will increase demand for psycho-geriatric support over and above trauma.[107]

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101   Ibid.
102   Interview with a mental health professional, Kigali (April 2019), who requested anonymity.
103   Ibid.
104   This comment was made to us by staff of this facility, but also by NGO professionals.
105   During the annual mourning period in April each year, existing (limited) resources are stretched further still, placed under significant pressure from the central government. At Solace Ministries, time is set aside during services for weeping, in a kind of collective outpouring of grief. Counselling is made available to visitors to the Genocide Memorial in Kigali, who may be experiencing distress. Moreover, the Council of Protestant Churches has, with German partners, run training workshops on mental health care for church volunteers.
106   Baker (2018)
107   The Rwandan government does not deny the prevalence of mental ill health. Indeed, it has a national Mental Health Policy, and mental health is addressed in the Ministry of Health's (2018a) *Strategic plan*. At the time of writing, new government initiatives are under development. However, greater precision is needed in order to clearly define the needs, design appropriate responses, and address stigma and fear, across all social sectors and in all localities.

Faced with this demand, just 2,000 psychologists and 14 psychiatrists serve the entire nation of Rwanda. This is one psychiatrist per 17,857 patients of the current patient load across all conditions and disabilities reported. This is despite the very low presentation rate by patients in the mental health category. And with most care being provided 'at home', these lived experiences intensify by class, life journey and locality.

As those currently aged 40 to 64 pass retirement age, pressure – or unmet need – may increase significantly. Either way, reflecting the trend of a 'greying of Rwanda', the total population of over-65s is set to increase threefold by 2050; by then, at present staffing levels, this would mean about 205,000 over-65s per psychiatrist.

There are clear current needs and a clear danger that mental health services will either fail or be overwhelmed in the next two decades.

3.6 'Home-grown solutions' for social welfare: successes and gaps[108]

'The president instructs them to support the elderly. He loves people but in the local administration, at lower levels, people are not cared for in the same way. I think at the top leadership they believe that every old person in need gets support from the government but only a few [actually] get it.'[109]

The priority focus of this report is how the church is responding – and could respond – to elder needs and potential. So, it was not part of the brief to undertake a full and systemic review of all of the energetic efforts made by the Rwandan government to build social protection and health safety nets for its citizens. Nevertheless, interview responses so often indicated that volunteer help, church thinking and need were regularly shaped by the local implementation of social welfare and health reforms that it ought properly to merit an initial assessment. Interview comments also shed helpful light on how that local implementation was faring. The picture that emerged was of heroic efforts, muddled narratives and an urgent need for education, training and additional support.

3.6.1 Government reform

At the outset it was noted that the design of government policies to meet social needs in sub-Saharan Africa can often be characterised as 'who gets what, when and how'. Policies can also be characterised in relation to the manner in which they adopt, or otherwise, particular outlooks on development, with modernisation, dependency and neo-liberalism having more or less traction over time. A fourth dimension of this contested arena has been the call for an 'African Renaissance' and the attempt to reclaim indigenous narratives of very strong instinctive mutuality and reciprocity, over and against the rhetoric of 'catching up' with the developed world.[110]

By tradition and of necessity, the needs of elderly people, as set out above, have come to be particularly associated with intergenerational responsibility, 'African' narratives and Rwandan traditions of mutuality.[111]

Since 1994, the Rwandan government has made extraordinary and laudable efforts to build a social protection scheme with accompanying pension, health and other reforms. Pensions, as will be described, are relatively recent; health reforms have been at work longer. Today, the definition of individual vulnerability within the Vision 2020 Umurenge Programme (VUP) social protection scheme codifies the authorisation of entry points to both health insurance and care, in addition to a wide array of other public services and resources.

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108   There are strong home-grown features of Rwanda's reconstruction efforts. These are both contested as having been adopted for 'political legitimation' and being qualified by ideas flowing from international consultancies and especially models of work developed by Partners In Health. For the purposes of this study, though, we accept the government's main narrative because it was strongly reflected in local discourses.
109   Elderly widow in a focus group discussion, Gisagara (7 May 2019)
110   Aboderin and Ferreira (2008)
111   The researchers had an extended discussion, on this topic, with anonymous church leaders in Kigali (4 May 2019).

📷 A majority of Rwandans are supported by agriculture. Those who have access to a pension to support them in old age comprise just 0.7–5.9 per cent of households. Photo: George Cuffley/Tearfund

These three strategies of pensions, social protection and health are central features of the government's pro-active attempts to mitigate the impacts of the deep poverty that faces so many citizens. Assessing their progress gives us important insight into the balances to be worked out between social institutions and between local and external approaches to priority-setting and policymaking. They also shed light on regional variation, pace of change, survival of enduring principles of duty, and the role of the traditional Rwandan narrative of older peoples' care.

3.6.2 Pensions

The government has worked hard to develop pension infrastructure, consolidating its efforts in 2015–16 regarding pension contributions for those in formal employment. According to the Rwanda Social Security Board (RSSB), the pension scheme originally aimed to:

- help the worker who becomes old and incapable of working for a salary or becomes invalid and incapable of living by working

- help the survivors of the deceased worker.

Individual workers are eligible for a monthly pension at the age of 65 years.[112]

About 48,363 Rwandans were receiving retirement pensions in 2006, roughly one-eighth of the over-65s. The amount of the pension paid is calculated, the government said, 'according to a formula that takes into account the level of wages earned and number of years of service in the formal sector'. The average monthly pension then was 3,477 RWF (4 USD).[113]

In 2019 a voluntary pension initiative, supported by short-term incentive funding for individual contributions, has been made available to the informal sector. Uptake has been slow.

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112   Uwera (2013). An individual in the pension scheme can retire early, after the age of 55, if he/she has made pension payments for at least 15 years (Art. 124 of the Law on General Statutes of Rwandan Public Service).
113   Ministry of Finance and Economic Planning / National Institute of Statistics of Rwanda (2014). See also, Nyayieka (2017).

Overall, at present national adoption of all pensions by contribution is well below ten per cent and concentrated in younger-working-age cohorts.[114] Those who currently have access to a pension in old age comprise only 0.7 per cent to 5.9 per cent of households, depending on household type.[115]

Because pensions are relatively new and the financial sector is not yet diverse, annuities and equivalent financial products are hard to find. This means that pension payment generally takes the form of a one-off lump sum payment rather than acting as a long-term source of income in old age.[116] In turn this drives up the risks of resources running out early in the life course and ageing process, and poverty ensuing.

As new age cohorts enter old age, there is likely to be a lag of decades before even contributory pensions, where they exist, are able to meet projected demand. Meanwhile, debates in the Rwandan media have urged the government to bring the retirement age down from 65 to 55 so as to open up jobs for the young. Given the size of the informal sector, such a proposal would have no impact on the bulk of citizens entering old age while accelerating the likelihood of financial insecurity for those close to that age. If the government were to fund payments in perpetuity, it would advantage those in younger age cohorts over and above those in intense need in older cohorts. It might trigger large numbers of one-off payments being drawn, leaving those in their 50s at grave risk a decade or more later, as people lose the physical capability to cultivate and earn, to top up limited pension funds. It would also not address the underlying proportionate bias in VUP and health funding away from those who have contributed so much and are already 65 or more.

Unless they are very well established, older people who are currently unable to (continue) to work then face immediate scarcity, partly because support, especially from pensions, is not huge but mostly because the bulk of citizens were not and are not covered. Other than a very few who had served in the military or had a short spell working for a government body, pension income among this study's sample was entirely absent.

3.6.3 Social protection and the Vision 2020 Umurenge Programme (VUP)[117]

After the genocide, 80 per cent of Rwandan health workers were dead or had fled the country. Public services had collapsed. Courts were overwhelmed, civil society fractured. USAID described children, the infirm/disabled and elderly as 'exceptionally vulnerable'.[118] Facing this internal emergency the Rwandan government has sought to deliver exceptionally bold policy ambitions.[119]

The overall policy programme has been underpinned by social protection commitments to Rwanda's welfare needs. These, like the related health programmes described in the next section, have used community engagement as a source of labour and reach beyond the capital, but also as a means to legitimise reform and the approach adopted.

This government flagship interlocking social protection strategy, entitled Vision 2020 Umurenge Programme (VUP), was introduced in 2008.[120] It combines neighbourhood community mobilisation to identify and categorise social needs, with devolved local-level decision-making as to how protection resources are then distributed to households. The strategy is modelled – it is claimed – on the mutuality and support that were once sustained by 'traditional', pre-colonial Rwandan social institutions. The formal narrative of VUP is to build on the deep Rwandan cultural commitment to family and village welfare, care and mutual aid. In other

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114   Interview in central government (April 2019)
115   Sabates-Wheeler et al. (2018)
116   Ibid.
117   Lavers (2016), Ezeanya-Esiobu (2017), Food and Agricultural Organisation [FAO] (2016), and interviews with a number of local and international sources, who wish to remain anonymous.
118   Ezeanya-Esiobu (2017)
119   Elster et al. (1998) have described the task of designing policy in post-communist societies as 're-building a ship at sea', whilst attempting to stay afloat. The Rwandan government's work – across economy, war, diplomacy, refugee pressures, transitional justice, and social protection – might be described in similar terms. For a consideration of the external pressures upon Rwanda, see Power (2008), especially Chapter 10. There are, of course, dissenting voices that question the extent of the governments' achievement, such as Ingelaere (2016).
120   Under *Ubudehe* – a process of mass community mobilisation said to be rooted on long-standing Rwandan traditions of collective action – local government authorities are mandated to gather community members together and, with the help of facilitators/trainers, identify and place local households into different economic categories. According to the *Ubudehe* guidelines, the established steps of the process are as follows. Local volunteers receive training to conduct a survey of their community, which is meant to establish the level of poverty among them. The volunteers, with facilitators/trainers, consider the potential or likely root causes of poverty, and then construct a social map of the community, which displays the names of heads of households and the social/economic categorisation to which they assign each household.

words, it seeks explicitly to associate itself with the dominant narrative of familial and village care that is Rwandan and deeply African, rather than one of modernisation, globalisation or individual autonomy.

The VUP comprises a mix of support, including: paid public works; unconditional direct support for those unable to work; and a financial services component that promotes financial literacy and provides credit.[121]

The level and form of support to which beneficiaries have access is managed through a categorisation of local households. In practice, local volunteers are trained, sent out to undertake community surveys at the most local level, and then feed back a proposed category. Local government decision-makers then decide on the veracity of that proposal. Since 2015 a streamlined set of four categories has replaced the previous six for government use.

Where a household is categorised on the VUP scale has consequences well beyond that programme. Over time, the four VUP categories have also come to be the criteria by which families gain (or do not gain) access to the government's support across a wide range of complementary schemes. A household's VUP categorisation dictates where it sits in relation to the Girinka programme to provide households with cows, government subsidy for higher education fees, and charging levels when using the Rwandan mutual health insurance scheme.[122] The VUP has led to the creation of an integrated database to enable sharing of information between government departments and is the subject of strong international donor support.

Unofficially, in 2015 it was recognised that VUP's reach was not as widespread as had been hoped.[123] The wording of especially the 'top' category *Abatindi Nyakuja* – a Kinyarwanda term for 'those without hands and feet' – had attracted stigma to its beneficiaries.[124] Some older interviewees who were unaware that this phrasing has been changed still feared being placed in this first category.

At the time of writing, the government is again reviewing its VUP categories but also considering how mobilisation and allocation procedures for the whole policy might be improved.[125] Informally, there is recognition of concerns about petty corruption, the number of appeals against categorisations and centre-local issues in cashflow management.[126]

3.6.4 VUP gaps in recognising old-age vulnerabilities

What, to interviewees, seemed a rational policy at face value has so many challenges of implementation as to make it part of the very complexity that older Rwandans have to manage.

Interviewees repeatedly advised that entry into old age is directly and primarily associated with decline in economic productivity and decreasing physical capacity. Across government, church, young people and older people themselves, physical capacity stood out clearly as the dominant marker of what constituted 'old age'. Other forms of frailty, or age-related rights, are discounted.

Even so, in the top category of poverty, respondents said that even if VUP help was offered, they may not be able to collect the support due to them, because of their physical incapacity or because they did not know anyone who might collect it for them.

A local government leader closely involved in VUP implementation reflected perhaps a bias towards placing more households into categories that demand work for social protection payments when he observed that, when it comes to needs and provision…

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121   See Rwanda Agricultural Board (2013). VUP had a number of goals that suggested a risk mitigation approach to social protection, combined with one that aspired to create conditions under which those living at one level of poverty might be 'graduated' to less economically stressed positions and, in due course, out of the need for support altogether. For many families, military pensions, and preferential access for former soldiers and public servants to micro loan capital, add to the mix of what comprises the VUP.

122   This discussion draws upon Ezeanya-Esiobu (2017) and Chemouni (2018).

123   By 2014, *Ubudehe* coverage was running at six per cent of the country.

124   Notably, a recent study by Sabates-Wheeler et al. (2018) observed that 'quirk' in the survey tool used by community volunteers for economic categorisation, which conflated old age with physical disability, leading to older people being missed.

125   Reported in national media and confirmed in a private briefing by an external government donor (2019). This review will help shape a new Vision 2050 for the Kigali government.

126   Private briefing by an external government donor (September 2019)

'we are interested in those who can do things'.[127]

Similarly, a 2018 Sussex University study observed a 'quirk' in the Rwandan survey tool used for the classifications in the VUP which conflated old age with *all* forms of physical disability. Sussex discounted the materiality of this 'quirk', though, because they felt the government surveys of older Rwandans that they saw bore comparison with other countries east of Rwanda that have 'more nuanced' survey tools.[128]

The findings of this study, however, suggests that any seeming 'quirk' is actually likely to be rooted in deep social norms that shape its discussion and use. The (stigma-free) differentiation of economic productivity due to age, mental ill health, disability, dementia, physical incapacity, household structure and entry into the years post-65 is a highly skilled task requiring extensive community and professional training. In Rwanda it is done by community mobilisation in localities where widespread stigma and rich linguistic variety are in play.

In Kinyarwandan, someone can be over the age of 65 and still be *umusaza* (male) or *umukecuru* (female): in other words, older but active. Before 65, some Rwandans can be physically or mentally incapable due to disability or mental ill health but still not be *abakambwe*, meaning old, frail and having parental responsibilities.[129] Parental responsibility in turn can play into definitions of 'age', irrespective of illness or capability.

Discerning these nuances to ensure classifications are correct has implications for training, for government support, and for making sense of households' ability to cope with the scale of the particular need they face. If nuance is absent, those in dire need of support can be categorised as not needing help or pushed into a lower category. It also has bearing on the question of who else might safely become involved in providing assistance. For local pastors and church leaders, it is developing as a pastoral concern which they often feel ill-prepared to address.

Based on the needs expressed in this research, and participants' lived experience of the VUP, older people live in social realities where their needs may be greater than in other East African contexts because of their prior experiences. The fact that these are not recognised is made worse by the survey tool and is then compounded by skills gaps, language nuance, informal stigma and needs that go beyond just the physical. These were clear in the needs and narratives of the older people interviewed.

In 'lower' VUP categories, interviewees reported facing further blockages. Payments to these older people are often 'by results' and in return for works undertaken in the neighbourhood. The more vulnerable the older person, the longer the work takes: hypertension-related dizziness, bone aches, headaches and low mood all militate against allocated tasks being completed speedily. The more vulnerable the elderly person, the more the work adds to health burdens. The slower the work is done, the later the payment and the more likely a cashflow problem for the older person. Payment typically comes, interviewees explained, two weeks after work has been completed. The resulting extreme pressures on elder-led households in the VUP were everywhere, so even those in lower categories could move in and out of more severe need without formal recognition of those pressures.

Despite huge progress overall, our respondents described a conundrum at the heart of the VUP and associated schemes to date, a severe 'grey gap' that will need to be filled. Among other consequences, this impacts on the likelihood of their accessing critical health services and the timeliness or likelihood of support.

3.6.5 Health *mutuelle*

Payments by patients were always a feature of the pre-1994 Rwandan health settlement. For a short time after the genocide, health care was free but tight government budgets meant that the option of charging had to be re-examined. Impressed by the success of insurance schemes trialled in Zambia, the government opted to establish a pioneering *Mutuelle de Santé* – an insurance-based approach – involving compulsory contributions, community mobilisation and exceptional political support across departments of state.

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127   Interview with a government official during an observation walk (2 May 2019)
128   Sabates-Wheeler et al. (2018)
129   Pype (2018)

Pitching the innovation to international donors as a crosscutting initiative aimed at a step change in health coverage in the face of poverty, it secured funds to roll out its pilot phase nationally.[130]

Locally, as with the VUP, the government sought to emphasise Rwandan traditions of self-help: ground-breaking combinations of small-scale technology use and community mobilisation have been aligned with successful collaboration with international donors. Physical health indicators and child mortality improved dramatically, and very significant relocation of orphans from institutions to community settings was set in train. Backed by strong ministerial encouragement, the appointment of 44,000 community health workers across every locality and some very forceful local action, the scheme expanded and health outcomes improved.[131] In 2011, community-based health premiums were linked to the categories of the VUP.[132] By 2016, it was the highest enrolment health insurance by coverage in sub-Saharan Africa, 'setting Rwanda on the path to universal health coverage'.[133]

Developing the government's vision further still, the latest Rwandan health strategy was launched in 2018. It aimed to build on original progress and was designed around the contributory insurance model, with a system of decentralised health centres with upward referral rights to regional and national centres of excellence. While insurance coverage had risen to 95 per cent, according to government claims, 17 of 30 sectors of the country still had no health facility.[134] The strategy expressed an ambitious desire to lift national per capita health spend from 36 to 60 USD over the subsequent six years, while reducing the percentage of household incomes spent on health to ten per cent. Moreover, in a country where car ownership is not the norm, the government was anxious to reduce the walking time to the nearest health facility from the 56 minutes of its baseline (2016) to 45 minutes by 2024. Ground ambulance coverage would remain at around one per 50,000 of the population.[135]

And yet in all of the elderly people's focus groups and interviews for this research, there were respondents without health cover for themselves or their household.

Those outside Category 1 of the VUP are required to pay a premium of 3,000 RWF (3 USD) per annum for each household member. Under current policy, if one member of the household has not paid their premium, the whole household is not insured. In other words, the whole family is required to pay *mutuelles* premium for any single family member to be covered.

This household approach militates against cover for many key groups of elderly people interviewed including:

- the many older people heading a household where they are the carer for working-age adults seemingly able but actually too mentally unwell to work

- those older people acting as carers in other ways for informal foster children, the children of now-absent siblings, and children and neighbours

- those older people who live in areas where VUP implementation has not been successful so as to help their household income, or where the levels of appeal against categorisation are very high.

A large number of respondents hobbled on makeshift walking sticks; limped; had badly healed bone breaks, poor eyesight and high blood pressure; and could not even cross a room in their dwelling. For these people, even successful insurance coverage or payment would make no difference because of the absence of the capability, means or resources to travel to clinics and hospital, or to fund medication upon treatment.

Many households visited, even those beyond VUP Category 1, had no financial income at all and literally relied on neighbours, ad hoc funds from distant relatives or neighbourhood whip-rounds. When health needs arose, lack of resources combined with the other factors above could provoke extreme panic when support was needed at speed.[136]

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130   Ezeanya-Esiobu (2017) and Chemouni (2018)
131   The pressure on local officials to maintain high *mutuelle* membership has led to the use of swift, and at times harsh, methods, including arrest, confiscating livestock, banning entrance to local markets, or denying administrative documents to the non-bearers of *mutuelle* cards. In one instance, local officials did not hesitate to steal money from a community health workers' cooperative in order to pay for the population's CBHI and keep the enrolment rate high (Ezeanya-Esiobu, 2017).
132   Ibid. See also Ministry of Local Government [MINALOC] (2011).
133   Chemouni (2018)
134   Ministry of Health (2018a)
135   Ibid.
136   Based on feedback from respondents across all interviewed groups.

3.6.6 WHO support, the 'OneHealth Tool' and the new national health strategy: deprioritising older people?[137]

In developing and planning its post-2018 phases of innovation, the Rwandan government followed over 40 other countries in adopting a planning software package commended by the WHO. Named the 'OneHealth Tool', it is significant for a number of reasons:

- In its development for launch in 2012, OneHealth sought to 'lever […] the best components of the different tools that currently exist'.[138] This meant that the launch version was focused on maternal and child health interventions (including malaria and nutrition), HIV/AIDS treatment, TB, and water and sanitation. This meant that it did not include highly developed detail with regard to older people and, at the time of the development of Rwanda's plan, its modules were incomplete.

- More sensitively, OneHealth uses 'disability adjusted life years' (DALYS) assessments to calculate whether health spend to secure positive impacts is 'worthwhile'. DALYS are widely recognised as a health metric sitting at the heart of the Global Burden of Disease survey. However, DALYS have been widely criticised when they are weighted for age insofar as they are seen to discount the value of interventions to improve elder (or some child) health because of the likely lifespan or productivity limitations that beneficiaries are said to offer in return.

- The WHO officially ceased to use age-weighting in 2010. At the formal level, OneHealth's team advise that their tool does not use age-weighting either. However, its technical manuals seem to suggest that the emphasis in its underlying direction of travel is not consciously inclusive of a positive view of older people, their contributions and their needs. And in writing up the recent development of the tool's module for non-communicable diseases, the team responsible provided links to evidence and data sets on the WHO website that enable those using the tool to include age-weighted assessments in their planning, should they so wish.

The role of OneHealth in relation to older people across several countries merits further detailed study, which falls beyond the remit of this report.

Nonetheless, something seems to have happened locally, at the planning stage, to give immediate cause for concern in the case of Rwanda. While the narrative for the nation's new health strategy for 2018–2024 talks up investment in older people for the first time – especially through palliative care – the accompanying financial plan allocates the bulk of its financial priorities to those in the youngest age cohorts.

In the same strategy, the description of a new 'life course' approach to health policy is welcome. But it then seems to suggest that the best health spending for a healthy life after 65 should be achieved by concentrating investment almost exclusively in the early and middle parts of the lifespan. Indeed, the most explicit strategic reference to old age explains how early investments in health will enable older people to work longer (than ever) into old age.[139] Even planned investment in non-communicable diseases, which might often be used as a proxy for some conditions faced especially by older people, is heavily focused on those under the age of 40.[140]

As civil society contributions, the VUP and the health strategy are further refreshed in dialogue for the period beyond 2024 and towards Vision 2050, there are significant learning and conversation points in these findings.

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137   This commentary draws upon WHO (2019a) and WHO (2019b). For applications of the OneHealth Tool, see Chisholm et al. (2017) and Cantelmo et al. (2018).
138   See Avenir Health (2019). More than ten attempts were made to contact the OneHealth team(s), with zero response.
139   Ministry of Health (2018a)
140   Ibid.

4 LAND OF A THOUSAND HILLS AND THOUSANDS MORE CHURCHES

4.1 Critical institutional mass for an ageing future

The previous sections described in detail the social needs reported in the course of interviews. They then assessed aspects of the social and policy environment, and recorded the lived experience of those using those schemes.

Aside from providing insight and learning into the extent and nature of older people's interactions and struggles, the research provides churches with material for ethical, theological and practical reflection: Which policy gaps are of ethical concern for the nation? Which might benefit from church support at the national as well as the local level? How might national church networks and national church headquarters be better prepared and better trained to become partners, agents and advocates in their own right as Vision 2050 is moved forward and as the number of older people in Rwanda increases?

The process of such reflection is significant in its own right, but also because of the potential positive critical institutional mass bound up in the variety of Rwandan Christian bodies. For example, Kigali Anglican Diocese, a Tearfund partner, has 30 schools with 400 staff and 26,000 students.[141] In addition, the Anglican Diocese sustains a vocational training college, and 408 saving groups with 7,289 group members (2,358 male and 4,931 female); these groups have a total of 35,263,851 RWF saved (38,000 USD) and 38,394,481 RWF (40,000 USD) in loans, with 68,698,759 RWF (75,000 USD) of investments made in livestock, land and other small business. The Presbyterian Church of Rwanda runs 117 schools, has a training centre for street children and has engaged in campaigns to bring water and electricity supplies to some of its 153 parishes.[142] The Seventh Day Adventists are one of many denominations with a university that is running or under development.[143] Tearfund has done outreach and capacity building in congregations of these denominations and others, including growing Pentecostal, Baptist and independent churches. So this concentration of engagement represents a significant starting point of community access, goodwill, social capital and willing partners from which to build savings, education, advocacy and practical assistance campaigns for those who are old and those who want to plan a sustainable old age.

Part 4 concerns the churches themselves: their strengths, current contribution and weaknesses. The following sections explore older people's experience of the churches, their support and pastoral care. It identifies very many congregations and individuals making hugely valuable contributions, while also describing others struggling to make sense of, and address, gaps in their own role and performance. At times, this performance is inspirational; at others, it is a source of grave concern, even at times presenting direct safeguarding risks to older people.

Like aspects of government performance, it needs to be celebrated and it needs to be improved. The worse elements need to be halted altogether. To recognise more fully the current position is an important place from which to begin to plan and discuss anew.

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141 Anglican Church of Rwanda (2019)
142 See Eglise Presbyterienne au Rwanda (2019).
143 See Adventist University of Central Africa [AUCA] (2019).

📷 *Dancing in a church in the Kigali diocese. Across focus groups, church emerged as a community in which to take part and be noticed, and as a gathering of people who offered conversation, laughter, practical help and song.* Photo: Marcus Perkins/Tearfund

4.2 Trust, hope and the church[144]

Interviewees strongly expressed the view that churches attract very high levels of social trust: they can be vehicles that bring great hope through their pastoral work, community links, and spoken words as well as written scripture. They are locations and channels to maintain and encourage consolation and mutual support, for well-being, and a means to take part in local life. They are facilitators of reminiscence and conversation.

'When I am sad, I read the Bible. When I have sleepless nights, I read the Bible and when I am tired, I can sleep,'[145]

and,

'If I didn't pray, I would lose my mind. When I feel lost it is the Bible that gives me hope, otherwise I would lose my mind […] There are days when I feel I am going to lose it.'[146]

'In the genocide, all my family was wiped out and I was left alone: my children, my in laws, everyone […] so I worked much in the church. I was a preacher, and we preached the gospel.'[147]

Respondents described 'feeling lonely' but overcoming 'so much pain' by discovering 'joy' in faith. One elderly blind woman described how Jesus was now the person with whom she shared 'everything' because:

'I (now) cannot even see what is coming in front of me […] I see many people, who are in a dark place. I have become blind. Apart from praying to God, I am no longer able to do anything.'[148]

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144   This section focuses on hopes and needs in community contexts and not on the governance of churches. With regard to the latter, we identified very particular issues relating to clergy pension provision and church finances, which are described and have significant implications for local development and international development action.
145   Elderly widow in a focus group discussion, Gisagara (7 May 2019)
146   Ibid.
147   Older man in a focus group discussion, Gisagara (7 May 2019)
148   Ibid.

'The one thing that made me happy and satisfied my heart is to receive salvation through Jesus Christ. I was a widow with no husband, but it protected me.'[149]

'Knowing Jesus [is] […] the greatest joy.'[150]

The combination of scripture, prayer and singing clearly brought great psychological benefits to many individuals who were interviewed:

'Every Sunday when I go to church, I always feel young because I sing, even though I am not in the choir […] When I am talking to God, I feel young again.'[151]

'If I were to tell my entire story, it wouldn't end, I wouldn't end. Before I used to be a person living in depression but through the church, I have been set free, transformed. I no longer live in pain.'[152]

'We get visitors and we visit others. We meet our elderly friends [many are speaking at the same time] and have conversations with them. We talk about how we can build our nation. We also discuss how the things that happen in this country should not happen again.'[153]

'We feel welcomed. They give us seats as elderly people. We are respected.'[154]

Church emerged across focus groups as a place to visit, away from cramped or empty dwellings, as a community in which to take part and be noticed, as a gathering of people who offered conversation, laughter, practical help and song. Scripture offered solace, Bible reading groups comfort and company, and 'salvation' – a form of hope that many interviewees described as having been absent from their lives.

It was noted above that observations have been made regarding 'mind-body-spirit-place' distinctions converging in the outlook of studies of older people and mental health. This interplay was present in all focus groups. It was often the basis for legitimation of churches and pastors as friends, allies and potential helpers in times of need. It was the mode through which pain was expressed when joy had entered lives or when the church was perceived to have failed its members and neighbourhoods.

The *potentiality* of the churches – subject to removing occasional weaknesses and failings – to do more with, for and alongside older people was consequently strongly affirmed.

The challenge, respondents asserted, is for the church to understand those hopes and needs and fulfil the richness of that potential.

4.3 Song: stories and spiritualities of consolation

Each individual interviewee and focus group was asked if they had a favourite Bible verse. Despite all they had experienced, there was little if any talk of 'hell' as a disciplining force for mutual support, care or fear such as that Aboderin had found in her study mentioned above.[155]

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149 Elderly widow in a focus group discussion, Kicukiro (9 May 2019)
150 Elderly widow in a focus group discussion, Gisagara (7 May 2019)
151 Older working man in an in-depth interview, Bugesera (3 May 2019)
152 Elderly woman in a focus group discussion, Bugesera (3 May 2019)
153 Older man in a focus group discussion, Gisagara (7 May 2019)
154 Ibid.
155 Aboderin (2004)

Again and again, scripture was used by interviewees in distinctive ways, very often as a means to reclaim tranquillity, assert identity and articulate hope and empowerment.[156] In the case of elderly people this was not in any way related to ambitious goal-setting or to any underpinning theology of prosperity or expectation of financial rewards for their faithfulness, as had also been observed in previous studies recorded above.

One woman interviewed was unable to walk, housebound, isolated, bereaved, disabled by beatings during the genocide, widowed, and remarried to a man who was also vulnerable and with no income. She said:

'God is my only friend […] because there is no friend of people like us.'[157]

It is not an understatement to observe that, in the way respondents articulated their favourite scriptures and prayers, they showed:

- deep discernment of the struggles, trials or tribulations that they had or were facing
- a need for comfort, consolation, liberation and hope
- that scripture, song and conversation provide reasons to meet
- the means by which elderly women had learnt to read, and the value of these passages in helping them talk of the past and interpret the present.

The Bible was the only book in most houses the researchers visited. They spoke of the loss or deterioration of sight or the breakage of spectacles as much more than the loss of an ability to read the text: rather it represented the loss of a lifeline of immense value.

In one group where there was a shared love of a verse describing survival in the 'valley of death', there was also an affirmation that came from the promise: 'Call upon me and I'll answer you.'[158]

'I thank God he took me out of alcohol addiction and gave me salvation […] It's a big thing […] Nothing makes my life miserable anymore.'[159]

Respondents described depths of despair, struggles towards meaning, narratives of hope, and feelings of desolation and sheer resilience through these scriptural texts. It was clear that for all the wrong turns that parts of the churches may have taken in the past – including petty corruptions and indifference to discrimination and genocide – faith and religious observance were still part of the song by which elderly people made sense of their lives and their nation. There was a strong sense that elderly people pressed deeply into personal faith irrespective of – and sometimes despite – any failures of local church leaders or the wrongdoings of the churches as community institutions. They did so despite also the gaps in social and other support that they faced:

'I do not lose hope or sink in desperate thoughts because I know that God helps me in everything, and he does everything for me. There is a Bible verse, Isaiah 41:10: "So do not fear, for I am with you; do not be dismayed, for I am your God."'[160]

This deep identification and consolation heightened their solace. As a subsequent section records, it could also add to their vulnerability when it is abused.

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156 For example, in a focus group discussion in Kicukiro (10 May 2019), participants shared their favourite verses, which included '"Call to me and I will answer you"' (Jeremiah 33:3), and 'So do not fear, for I am with you; do not be dismayed, for I am your God' (Isaiah 41:10). In addition, one participant shared verses from Psalm 23: 'The Lord is my shepherd, I lack nothing [….] Even though I walk through the darkest valley, I will fear no evil' (Psalm 23:1, 4).

157 Older woman in an in-depth interview, Bugesera (2 May 2019)

158 A focus group discussion, Kicukiro (10 May 2019), who referenced Psalm 23:4 and Jeremiah 33:3.

159 A focus group discussion, Kicukiro (9 May 2019)

160 Elderly non-working woman in an in-depth interview, Bugesera (2 May 2019)

4.4 Participation: Church and Community Mobilisation (CCM)

4.4.1 Early adopters: pastors and churches engaged with older people

The Tearfund Church and Community Mobilisation (CCM) programme in Rwanda works with more than 2,000 churches nationwide. It takes the form of an intensive community development approach channelled through, and integrated with, the worship, prayer groups and practical strategies that local congregations sustain. It identifies needs, provides training to build capacity, facilitates action and long term creates the conditions where congregation members and the church can act as a local community resource and anchor for the whole community.

Although CCM and the associated Light Wheel tool are not deliberately designed explicitly to do so, it was discovered that in some localities the needs of older people had been so pressing that as the church had set about the CCM process, older people's needs have been highlighted and driven up the agenda. In one place this had happened deliberately and in others it had occurred spontaneously as the gravity of needs was recognised.

In one church older people had been identified as an essential constituency for representation on the church council. There were examples where congregation members had deliberately been mobilised to build houses, repair roofs and undertake cultivation for vulnerable older people, as well as bringing them cooked food.

CASE STUDY 3
Awareness-raising of older people in CCM processes

One of the effects of organising events for older people (not just the youth) in church is increased awareness of their importance in the congregation and community. This is exemplified in the festival for older people organised by one church (see case study 1). After the festival, the church board decided to organise a similar event at the church every six months. Tapping into community resources, some people with cars committed to volunteer to pick up those older people who could not walk to church. According to CCM coordinator Pastor Jean de Dieu, who had initiated the festival:

'Everyone at church realised the importance to recognise elderly [people] because everyone will eventually get old.'[161]

One church member said:

'If the church does not nurture a good culture of honouring [the] elderly, and neglects them, myself I will regret [it] when I get old.'[162]

Another church member said:

'Why do we neglect them when they are the ones who laid the foundation of everything we are proud of?'[163]

One of the older people participating in the event reflected:

'I knew Jesus loves children, but I also see that through his church, he loves the elderly too.'[164]

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161   Email exchange between Jean de Dieu Munguyiko and one of the authors.
162   Ibid.
163   Ibid.
164   Ibid.

In another locality older people had come together in a self-help savings groups to pool their resources. The revolving loan and savings approach they had adopted had created the situation where a few had been able to accumulate enough to cover their health insurance premiums.

Choir members described how, after rehearsals, they would adjourn to cook elderly people a meal or fix their roofs. Other said they appreciated mothers groups as places to share concerns.[165] Others told how, during periods of family illnesses, intercessors would spend the night with older people who were acting as carers to offer assistance. During the daytime they would help them cultivate. Elsewhere some had got together to establish an older people's saving scheme, which today has 93 members.[166] One extremely vulnerable woman told the researchers:

'Because I survived the genocide there is a period when they organised to come and visit with food stuffs. A few days ago, I did not have a toilet, the church members came, and they built it for me and gave iron sheets for the roof. Yes, the church respects and honours and takes care of the elders.'[167]

Other participants said:

'In our church, we decided to help someone who didn't have a house. We made mud bricks and people from outside came to support that initiative and the local administration supported us with iron sheets for roofing […] We partnered with government leaders.'[168]

For older people, whether a church-going member or not, the appreciation of practical help extended by the church was immediate, and for the church there was an impact on thought and practice too. Older people described how the 'transformed' church was more pro-active in its support. Some of this support was life-changing, not least as older people described how they had been supported through problem drinking, relationship collapse, financial crises or illness.

📷 **Alphonsine, Augustin, Frida and Diogene look over the accounts of their self-help group at Kagarama Parish Anglican Church. One way in which the group have used their collective savings is to pay for health care for all members' families. They hope to be able to do the same for vulnerable people in their community too.** Photo: Tom Price/Tearfund

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165   A focus group discussion, Bugesera (4 May 2019)
166   Older man in a focus group discussion, Bugesera (3 May 2019)
167   Older non-working woman in an in-depth interview, Bugesera (2 May 2019)
168   Older man in a focus group discussion, Bugesera (3 May 2019)

'I lost my husband and children. Had it not been for the church, most probably I would have been a mad woman on the streets […] It has changed our lives.'[169]

Among the many one-off, spontaneous and repeated practical modes of help arising from congregations or organised within and beyond them are those listed in Figure 7 below. At times, these were described as literally life-saving.

Figure 7   Areas of practical help extended through church members to older people

Carrying older people on stretchers to hospital

Voluntary cultivation of land

Communal meal-cooking

Help with property disputes

One-off community collections to cover medication costs

Pastors feeding congregation members

One-off community collections to cover health *mutuelle* costs

Fetching water

Short-term loans from other church members

Gifts of food

Signposting to other charitable support

Visiting

Other transport; lifts by pastors with cars to health and VUP meetings; lifts on bicycles

Help with the sale of cultivated goods

A rainwater harvesting tank installed at church to help with irrigation of crops

Often, pastors described these achievements nervously, and amid joking and laughter, almost as if they were surprised at the positive impact they had been able to have. However, there was a recognition that the CCM process had caused them to be more aware and to pick up on vulnerabilities that they otherwise might not have recognised. This had led one pastor, as noted, to include older people on the church council, another to bring them together for mutual support, and others to be much more aware of the isolation and loneliness that could be felt even by those who attended services.

In conversations, each act of naming a concrete positive response in one locality shed additional light on the absence of a response in another, even in the work of the same pastor, not to mention the wider church and neighbourhood. Conversations could be difficult amid realisation and counter-realisation that needs were being addressed or were still unmet.

4.4.2   Empowerment across generations: CCM, self-help groups and the future of ageing

A very substantial and core feature of Tearfund's CCM Rwandan programme is the mobilisation, training and support of hundreds of self-help groups (SHGs) which act as savings groups.

SHGs work by bringing together people from congregations within one cell and sector, or across several. They meet for prayer, Bible study, skills training, financial literacy development, mutual support and company. They carry within them an openness to save – and, as the research gradually uncovered, to save for old age – to volunteer and to build relationships and shared cultures of collaboration. So, they are conceivably a key element in how churches might facilitate a variety of actions to mitigate old-age risks in the decades to come.

SHG members interviewed were young and made their livings from a wide variety of trades in the informal sector. These included: masonry, drilling, sorghum-dealing, sorghum-beer-selling, cultivation, growing bananas for sale, and mining. Some were young mothers or fathers, several were carers for disabled siblings.

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169   Older woman in a focus group discussion, Bugesera (3 May 2019)

All set out the scarcity of their means and the 'hard' struggle to make ends meet. Their responses, however, suggested they were developing habits and behaviours that may mark generational change.[170]

Each of the groups described how together they sought to save 'the coins we waste'. Other quotes pointed to this thrift:

'[It is a] little money but now we save it and when it's time to collect the money, it's a lot of money.'[171]

'The reason why I got involved […] is because I give money in instalments (to save) but when I get it, it is a considerable amount. For example, with 50 000 RWF I can buy a goat and make a profit. I wouldn't have got the money together at once […] For someone in the savings scheme, even one coin is not wasted.'[172]

Some had saved small sums over time but had been able to make very significant purchases. One young woman shared how she had saved enough to be able now to build a house:

'When I joined, I didn't own a house. Later I bought a piece of land.'[173]

Another said:

'At the end of the year (of saving) I managed to pay the community health insurance for my whole family and me.'[174]

A mixture of savings and loans made this possible and differentiated the group from other lenders who would not provide funds for health insurance.

'The group is very important for us. We might wait up to nine months for our turn to use the money but when your turn comes you can take your child to school, you can pay school fees, use it for other problems at home. For example, some of us had no electricity and dirt floors but after getting the money, we got connected to the grid.'[175]

The teamwork and encouragement deep within these groups make a significant contribution to their success. In one group that meets weekly and where members seek to save in multiples of 500 RWF (0.5 USD), there had been personal breakthroughs:

'It's because they encouraged us […] It changed our lives […] It took us from poverty […] We can now think bigger.'[176]

The benefits of membership, though, were not only financial. Because members are not all from one congregation but from churches across a sector, belonging to a group also built friendship and social capital and created networks of encouragement beyond immediate localities:

'If you're not a member of the group, you can't know all these people. It's brought us together.'[177]

170   Examples taken from across the SHG focus groups.
171   Young person in a focus group discussion with members of a savings group, Bugesera (2 May 2019)
172   Ibid.
173   Ibid.
174   Ibid.
175   Ibid.
176   Ibid.
177   Ibid.

📷 A meeting of a self-help group in the Gasabo district of Kigali. Most of the self-help group members interviewed for this research (not pictured here) were young. However, they expressed an openness to save for their own old age, and to build relationships and cultures of collaboration that could encompass older people in their communities. Photo: Maggie Murphy/Tearfund

'It's also in the spiritual dimension we grow. When we meet, we first learn the word of God so I can say that I make progress in tangible things but also grow spiritually, socially, intellectually, emotionally.'[178]

For some, belonging to the group was the equivalent to extending their family, and members would bump into each other at weddings, church and community events.

One woman spoke of having lost self-confidence in the face of domestic travails only to rebuild her life and her marriage and to secure a modicum of financial independence with the group's support. 'Our life at home,' she said, 'has improved so much.'[179]

Sometimes membership of the group had provided the conditions for the wider church to help collectively and individually.

'Especially for us women, it took us out of loneliness […] We learnt a lot and acquired much knowledge.'[180]

'I used to be very poor; I could not afford to even have soap […] I had no house, I was living in a tent […] The church supported the savings group and because I was a group member, I built a house and I'm still working on it.'[181]

Many group members were volunteers in the community. Others were active in church and others provided support for extended family members.

'In the group I lead, we like to visit the elderly, we send children to get firewood for the elderly and we go to cultivate.'[182]

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178   Ibid.
179   Young person in a focus group discussion with members of a savings group, Bugesera (3 May 2019)
180   Young person in a focus group discussion with members of a savings group, Bugesera (4 May 2019)
181   Ibid.
182   Ibid.

While SHG members, on balance, were not convinced that older people were consistently honoured by the church, they were sure that young people are. Most of them knew old people who were working long after 65. And they were keenly aware of how much older people can struggle even if they (the young people) had little or no awareness of pensions, pensions-saving or how they might access such opportunities.

One participant said they had not joined a pension scheme because they didn't 'have enough information about it'.[183] When asked if pension education, training and saving should be added to the work of the SHG, there were expressions of interest and enthusiasm, and no opposition.

'I didn't know I would be alive today […] By [God's] grace, I can do savings today so that I will have a period of retirement.'[184]

'We are healthy, whole, we have both arms and legs, we also have a church and we are saving, preparing for the future. In our old age we'll be sustained by what we did when we were young.'[185]

One or two had an awareness that the wider Christian family beyond Rwanda might assist in building on this hope:

'You know the church is a large institution and it also has programmes that are sponsored from outside the church and so all those projects supporting the church can also support the elderly.'[186]

That said, they felt responsibility for theirs and others' old age should be the responsibility of 'the family', 'the church', 'neighbours' and 'government'.

The idea of partnership was a recurring theme:

'When the government honours [the elderly], the community follows that example.'[187]

With their strong roots and reach in the informal sector, and their close alliance with congregations at the grassroots, the large number of self-help groups are a powerful force for positive support and behaviour change in the future. Combined with the wider critical institutional mass of Christian institutions, they are a significant Rwandan asset.

4.5   The financing of the church: weak governance, training and elder abuse

The research team had plans to explore pension provision and the role of churches in supporting congregational members in old age. However, the conversational pathway of enquiry that interviewees opened up spontaneously led to a series of sensitive topics, issues and concerns which the next sections now record. Rwanda's churches were affirmed as having great potential but within that potential are some areas for improvement.

183   Young person in a focus group discussion with members of a savings group, Bugesera (2 May 2019)
184   Young person in a focus group discussion with members of a savings group, Bugesera (4 May 2019)
185   Young person in a focus group discussion with members of a savings group, Gisagara (6 May 2019)
186   Young person in a focus group discussion with members of a savings group, Bugesera (4 May 2019)
187   Young person in a focus group discussion with members of a savings group savings, Gisagara (6 May 2019)

4.5.1 Narratives and practices of church 'growth', clergy income, authority and governance[188]

Rwanda's churches, like its economy, are seeking to grow. In this aspiration they have a shared vision with especially evangelical and Pentecostal churches across the continent of Africa, and globally.

One church leader explained that while the family and community of his denomination was growing across the country, it was doing so at a pace that was outstripping resources. In response it had adopted a model of sending pastors to open congregations to build churches in new areas where they would be expected to stay for a long time. This enabled them *'to acquire land and to have an ability to farm'* but also meant that for any financial means they were entirely dependent on their congregation who in turn might be among the most vulnerable.[189] In another denomination pastors reported that repeated changes of assignment reduced their ability to cultivate, sometimes compromised their pension provision and ability to provide for their families, and required them to seek more resources from congregation members who are themselves already under pressure.

In some denominations, the further the researchers travelled from the major cathedrals and church headquarters, the less likely it was that pastors worked full time. This was because the local church clearly could not sustain the cost of a full-time minister. S/he would have to spend time cultivating or earning a living, for example by boring water holes and doing building to make ends meet. It was clear in these circumstances that pastors and their families could also struggle to make the domestic books balance. Some did better, to the extent that they were even able to run a car or have small businesses on the side.

Church headquarters required them and their congregations not only to fund local apostolates but also to make heavy contributions to the church's central offices from their local congregational giving as a matter of course.

4.5.2 Tithing, offerings and elder abuse

This is not to say that regular giving by even the poorest of Christians was not accepted as being a welcome opportunity to contribute, to play a part in building a community, and to signify service to Christ himself. More than acceptance it was described as rewarding, a joy, a duty and a necessity, and as giving a deep sense of belonging and participation as well as spiritual fulfilment.

Tithing was fully accepted as a duty. Crucially, it was seen by the respondents as a method by which they could express their agency, their belonging to the church and their gratitude to God who was often seen as their prime ally. Its implementation, though, also provoked argument, anger and terror among elderly respondents. Conversations revealed that, when badly or inappropriately managed, the practice of tithing, along with other forms of fundraising and offerings, could in some instances become an unbearable burden for congregations and their pastors alike.

In at least one church or congregation in every locality visited, older people interviewed expressed their sadness, anger, frustration and grievance, sometimes very explosively, regarding their treatment with regard to money and the church. This fury was unsolicited and, as in cases of elder abuse in families, it was accompanied with profound fears of there being repercussions if it was discovered that they, the older people, had even raised the topic.

The three areas of concern that were raised with regard to Reformed, independent and Pentecostal denominations related to practices of tithing in general, expectations of additional gifts for denominational capital projects outside of the area, and the role and purpose of one-off or regular giving for the needy. In each case, reservations were expressed about:

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188 Although 'ecclesiology' is referenced below, the decision has been taken not to use the term here generally. For those in development debates, 'governance' is a common term; for those with backgrounds in management the discussion might look like one about theories of organisation. Every idea, metaphor or structure of church, however, is linked to ecclesiology – the application of theology to church structure – and there is a 'politics' as well as a safeguarding set of questions that arises from its omission and inclusion. See Borer (1998). The Dutch organisation Porticus ran a major project on these topics in the mid-1990s under the leadership of Rev Dr Kenneth Wilson at Birmingham's Queen's Foundation.

189 Anonymous church leader, interviewed in Kigali (4 May 2019)

- pressure being exerted horizontally (by others in the church) and vertically (by ministers) to give *financially* even where households had almost no financial income
- clarity of purpose for which some gifts were being solicited
- scarcity of reporting, financial information or other communication on where and how the money had been spent or invested or what returns or impacts it may or may not have had and for whom.

Some respondents – provoking focus groups to effervesce with comment – trusted church leadership, saying:

'We cannot tell them how to spend it […] It is their right.' [190]

Others wanted the funds to be used to…

'build the church (locally) […] so we have a nice sanctuary'. [191]

Respondents reported, at times, feeling under such pressure to give that they had gone without food to do so:

'Yes, we were depriving ourselves in order to contribute […] Up country, people sold their hens and goats to contribute.' [192]

Elsewhere, they had found a little each week to give but then the local church had faced intense demands to assist with a regional or national capital project and more had been expected and demanded. One local church had fallen behind central expectations so badly that it took out a commercial loan to pay off the centre's demands and had passed on the pressure of repayment for the expensive loan to congregants. In such a situation, the denominational arrangements not only created pressure on elder households but conceivably added to financial scarcity in the very poorest localities. It is a moot point whether expecting tithes from households with no income is acceptable and the authors have encountered conflicting debates upon enquiring in country and beyond. [193] One anonymous national church leader accepted it as a necessary feature of church planting in modern Rwanda. Others described it as financial abuse. This is why the report returns to the matter of 'adults at risk' later in the narrative.

In another locality, everyone agreed that because as 'sincere believers' they gave offerings and the tithe, they hoped that in their times of struggle the church might help them.

Instead, mystery surrounded other resources that had been gathered – and pointed towards the possibility of explicit abuse. Respondents in the case of one church spoke of having supported savings schemes to help buy soap, clothes and other basic goods for the vulnerable (including older people) in that church. Yet, led by pastors, these pooled funds had allegedly 'disappeared' upon the rotation of clergy – an old man – to a new locality. When congregation members had asked successor clergy where the funds were, silence had reigned, even when the sums were as large as 20,000 RWF (22 USD – approximately 9 to 14 times the local monthly household income).

The experience of these research participants resembles that of family members in elder abuse literature whose relative had abused them, whose trust had been exploited, whose goodwill had been taken for granted. They felt they had no choice, as interviewees asserted:

'That money […] has been a real stumbling block for us […] but because we love God's work, we didn't want to leave the church.' [194]

190   Participant in a mixed-gender focus group, Kicukiro (9 May 2019)
191   Ibid.
192   Anonymous church leader, interviewed in Kigali (4 May 2019)
193   Interviews with anonymous church leaders and at University of Birmingham.
194   Older man in a focus group discussion, Gisagara (6 May 2019)

The research team and a group of older men in a focus group discussion taking place inside a church. Many of those interviewed clearly press deeply into a personal faith. Photo: Madleina Daehnhardt/Tearfund

There was a deep appreciation of spiritual care and the power of prayer, and the not insignificant number of examples of successful practical support already described (see section 4.4). Yet, there simmered a quiet (and often loud) anger, strong feelings of disillusionment and a wish that the church and others could do better.

'No, the church has never helped me at all. But the church honours its elders. They care for us by preaching to us and teaching us the word of God and we live like that.'[195]

This was not confined to any particular kind of denomination:

'I am a Catholic […] I live with my grandchildren whose parents passed away. They don't help me, they don't respect me, and I am like a stranger to them. No one brings water at home, no one brings firewood and except one girl I have […] no one can help.'[196]

This experience caused people to feel devalued while being at the very heart of their Christian community.

'No, no one bothers me at church. Some can pass by you and not even greet you.'[197]

Some explained this by saying the church lacked the means, while some said that the church was entirely 'focused on the youth'. Others still said that…

'the church has its own problems [so] we cannot expect it to support'.[198]

One community, though, when asked if the church was spending the money they themselves gave in a manner of which they approved, exploded with energy.

Everyone speaks:

'Yes, we do [help the church with money].'

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195   Older working man in an in-depth interview, Kicukiro (9 May 2019)
196   Elderly widow in a focus group discussion, Gisagara (7 May 2019)
197   Older non-working woman in an in-depth interview, Bugesera (2 May 2019)
198   Participant in a mixed-gender focus group, Gisagara (6 May 2019)

Interviewer:

'When you give money to the church where would you like the money to be spent?'

Everyone talking and shouting:

'They don't feed us.'[199]

Another participant said of the church congregation and leaders:

'They visit us but there is nothing else they do for us.'[200]

These arguments are noteworthy most especially in a Rwanda where attention has already been focused on ecclesiastical leadership lapses. Before the genocide there is evidence that congregational leaders would behave as part of 'hegemonic' local elites acting as gatekeepers to resources such as educational scholarships, food and practical support.[201] More recently, in 2017,[202] members of the Rwandan Pentecostal federation ADEPR called for a 'Restoration Commission', expressing concerns that congregants were being 'forced' to give to church projects. During 2018 President Kagame closed upwards of a thousand churches and mosques in and near the capital – with another 6,000 shuttered up further afield. He expressed concerns about their health, safety and governance and called for better regulation of the burgeoning religious sector.[203] [204]

While awareness, then, of the weakness of church governance in the region is not entirely new, the particular impact of generic priority setting and bad practice on older people 'greys' the problem in a fresh and pressing manner. What is new is the identification and naming of this development as 'abuse'. There has been reluctance to do so and in turn this has hindered people from coming together to improve and weed out bad practice where it does exist.

The sheer variety of arrangements within and between denominations that were observed, and the varying levels of skill, capability, transparency and approaches to accountability, support and training are so great that they cannot all be addressed here. Based on the responses of the interviewees, though, it is clear that in some denominations in some places some of the time, and in some denominations all of the time, there is without doubt abusive practice. This includes practice of which some national leaders may be fully aware but without having fully registered so far how distressing its impact can be. This gives rise to immense distress and serious safeguarding concerns.

CASE STUDY 4
An example of how bad giving, offering and tithing practices can cause elder abuse

Tithing and gifting was not the only source of pressure, nor Protestant denominations the only source of elderly anxiety. In (Roman) Catholic canon law, it is permissible for 'mass stipends' to be used by clergy for their living costs. A 'stipend', though, is not intended to become a commodified transactional payment for, say, a requiem mass, marriage, or a mass celebrated in memory of a loved one or in favour of a particular cause. Canon law specifically excludes the permissibility of 'charging' or expecting gifts, most especially where the means to make an offering are absent. Notwithstanding these internal stipulations, respondents described pressurising behaviours on the part of their clergy, fixed demands for 'fees' and even an arbitrary hike in

199   Focus group discussion, Kicukiro (9th May 2019)
200   Older non-working woman in an in-depth interview, Bugesera (2 May 2019)
201   Longman (2010)
202   KT Press (2017)
203   See Ssuuna (2018) and News24 (2018)
204   In 2019, a Kenyan Catholic archbishop had to deny that his fellow Bishops' Conference members were receiving large sums from 'corrupt politicians'.

required 'mass offerings' for those seeking solace by those means.[205] The sums were often not small as a proportion of household income. Without payment, even a funeral mass could be refused.[206]

One older woman described how, as she was planning to bury her mother, she had asked the local priest – a young man – for a requiem mass. He had demanded 10,000 RWF (the equivalent of three times the health *mutuelle* premium that so few can afford). The same priest has recently increased his requirement for the standard mass offering from 1,000 RWF to 1,500 RWF.[207]

4.5.3 Ecclesiastical governance: clergy pensions, donors and extreme clergy poverty in old age

Unlike their parishioners, current working pastors interviewed were almost uniformly full members of the government's health insurance *mutuelle*. In many cases the premiums are paid by the church. Their churches are also making pension contributions, in the main, into the government compulsory pension scheme. In some cases, as mentioned above, pastors top up on their church income with cultivation, or with paid work. The pressure to do this arises from a variety of factors:

- the extent of poverty in their area and the health of their church's finances
- whether they may have inherited or bought a small plot of land
- their family situation and the aspiration to pay school fees and support kin
- their denomination, its policy on movement between congregations across a lifetime, and the manner in which it has gone about making provision, if any, for clergy retirement
- the sense of responsibility that the region and the centre takes for local staff/pastors in theory and practice.

One anonymous national church leader advised that coverage by his church of the health *mutuelle* payment was the exception rather than the rule.

A senior clergy person in the UK from a diocese with close historical links to Rwanda observed that in that person's experience, funding requests from visiting Rwandan prelates typically focused on the needs of the nation's 'young and growing church and the consequent cost of funding the training for a rising tide of new clergy'.[208] At the other end of the lifespan, this research uncovers a reality that a significant number of clergy are approaching retirement with trepidation. An equally significant number are experiencing it as a hardship. One East African archbishop reportedly starved to death for the lack of an income in old age within living memory.[209]

No donor interviewed could recall having had Rwanda or East African clergy retirement or elder needs raised with them.[210] One wondered out loud if this reflected not only Rwandan interest in the 'young church' but also an alignment between Western narratives of 'growth' with 'youth' and an assumption that pensions were a reality throughout the Anglican communion and other denominations.

Although they carry social and spiritual standing as an asset, pastors, especially in the rural areas, share a large part of the vulnerabilities faced by their parishioners, as has already been described. In some established denominations, clergy salaries will be a maximum of 250,000 RWF (approx 260 USD) per month, with a pension – for those who have one – a maximum of 150,000 RWF (approx 165 USD) per

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205   Under a new canon law, which is coming forth in June 2020, a legal document has been issued by Pope Francis, saying that such instances of required 'mass offerings' are to be reported to appropriate church authorities.

206   Briefing by the Canon Law Society of Great Britain and Ireland (May 2019) and interview with an anonymous canon lawyer and judge of Portsmouth RC Diocese (September 2019). See also, https://canonlawmadeeasy.com/2010/01/14/canon-law-and-donations-to-the-church/

207   Older woman in a focus group discussion, Gisagara (10 May 2019)

208   Interview with a representative of Winchester Diocese (May 2019), who requested anonymity. In the UK, the two Anglican dioceses that maintain most active links with Rwanda are Winchester and Ely. In addition, denominations and churches in Northern Ireland, the Nordic countries, Germany and the USA, keep strong links with the country.

209   The life story of the archbishop, and his name, were shared by senior church leaders who requested anonymity.

210   Interviews with representatives of Winchester Diocese (May 2019) and two mission support agencies based in the UK (June 2019).

month in pension income after the age of 65. Even in urban areas, pastors in less established denominations and new churches can attract salaries of 50,000 RWF (approx 54 USD), with a pension payment of 30,000 RWF (approx 32 USD) per month after 30 years' service.

'Only the Adventist church has put in place a provident fund to top up on the gap between what the government pension might pay and what the pastor and family might need.'[211]

To this information, one church leader replied:

'Some don't even earn that, brother.'[212]

One senior figure said:

'You cannot plant a church with everything […] It begins with nothing […] so for this reason we could not plan for how the older pastors might retire […] The government even suggested the pastor should have a pension […] but few churches can do that.'[213]

Another denomination said that their policy was not to move clergy, to allow them to stay in the same place…

'so he can have a farm, and cattle […] and […] the parish can give the tithe and the offering as usual and that way the pastor can be helped.'[214]

Housing can be problematic during active ministry and can be lost immediately upon retirement.

Some denominations in some places make no pension provision for their clergy at any time. Kigali Anglican Diocese has a stated strategic goal, over time, to lift pension coverage to 100 per cent of its existing clergy. For now, one clerical respondent observed:

'I am an Anglican […] The big problem with our pension system is, if you are going to get a continued pension, you need to have contributed for at least 15 years.'[215]

The consequence, then, of having had to live abroad or having been assigned to care for Rwandans abroad then returning, was likely to be poverty in old age. Likewise, those becoming clergy later in life and therefore accumulating limited pension contributions, or those needing to spend time away from ministry because of family caring responsibilities and therefore also missing out on pension contributions, are all at greater risk.

For those already retired in 2019, or for those close to retirement, work or cultivation remains essential. When not possible, contributions that have been made are very often too little too late. One pastor described this as an experience whereby clergy are worked hard and valued until their retirement, and then they are ignored until their death, after which the living throw a joyful and expensive funeral party with food and other things that the minister has gone without for years.

In this category, significant existing, varying and emerging needs were encountered at every level of religious hierarchy. [216]

Some denominations had noted this risk and have sought to create additional provident funds to fill gaps but these were still stretched. In others, the region and the centre assume little responsibility for local staff/pastors so that many retirees have no pension cover at all and no plan in place to share in their support.

As in the case of giving, the sheer variety of arrangements observed within and between denominations, and the varying levels of skill, capability, resources, and regional and international linkages were so great that that they cannot all be addressed here.

211   Older pastor in a focus group discussion, Kigali (4 May 2019)
212   Ibid.
213   Ibid.
214   Ibid.
215   Ibid.
216   The focus was on Reformed, independent, Episcopalian and Protestant churches.

Suffice to say that, based on responses received, these varieties could very regularly leave retired pastors in housing but still farming with little income, with scarce income, with very low income and few assets or destitute, and feeling that the church has 'abandoned' them and their families. One said they felt like 'sugar cane' where…

'they chew out the sweetness and after that spit the rest'.[217]

4.6 Theologies of authority, leadership and governance: worst practice, best practice and the potential of Rwandan churches and Tearfund

4.6.1 Inclusive leadership and authority: ensuring truly 'integral mission' without safeguarding gaps

There was agreement that as Rwanda ages, there is new work to be done by all Rwanda's churches to develop shared standards, guidelines and good practice to reduce the risk of elder abuse and of clergy being left uncared for in old age. More substantially, the literature on ageing and inclusion identifies that if such commitments are not consciously upheld, they fall by the wayside.

What is at stake here – and elsewhere where churches with similar or identical structures are active – runs to the heart of the authentic development impact and potential of 'the church'. It is also key to the coherence and rigour of the development model of 'integral (or holistic) mission' and CCM, and any management, quality and evaluation frameworks that grow from them or are commended to them.

Without the development of approaches to, and safeguards of, ecclesiastical governance policy and practice that reflects the possibility of financial transparency and elder and disability inclusion for all of Tearfund's partners, their authenticity could be permanently compromised. The problem of exclusion, abuse and resource dissipation could remain unchecked, thus threatening to call the whole project into disrepute.

In Christian assessments such a fresh – or refreshed – approach would ordinarily flow from a theology of authority and leadership[218] that takes the organisation of the 'visible' church as seriously as that of the 'invisible' church. This requires having robust methods to 'read', 'manage' and develop ecclesiastical governance. It also means recognising varieties in understanding 'church' by reference to its organisation, decision-making and the theological terms used to defend and criticise alternative practices and structures. There is some evidence that in Rwanda theologies of leadership and governance have emerged that are neither entirely congregational nor entirely episcopal but where decision-making is in either case definitely not 'local', nor 'national', and cannot simply be defined as 'networked' or 'para-church'. This development is partly theological but may also be a product of the civil law regulation of churches being based on generic associational law so that churches tend to register as denominations with branches where they have more than one outlet for their mission.[219] So, even if they tell a story of localism, they are not able to practise it in reality. Tearfund's intense commitment to empowering the local has left parts of this shift unattended to. It has inadvertently promoted theological assumptions that divert it from robust analysis of its partners, from joined-up support at every level and from adequately assessing the crucial authorising environments that 'local churches' have to mobilise and manage.[220]

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217 An older pastors' focus group in Bugesera (2 May 2019) drew the comparison with sugar cane pulp. It resonated with subsequent interviewees and focus groups. For instance, in a focus group discussion in Gisagara (6 May 2019), an older pastor said, 'The churches abandon you when you are no longer working.'

218 In some traditions, this is expressed in terms of 'ecclesiology'.

219 Briefing by a local NGO

220 An established and widely adopted strand in mainstream public service leadership literature shows that a deep understanding of authorising environments can facilitate maximum impact but also reduce risk while increasing innovation. For example, see Moore (1997), Heifetz (1994), and the work of the Ash Center at the Kennedy School of Government (Harvard Kennedy School, 2019). For ecclesiological dimensions, see Davis (2001) and the other essays in that collection.

Older women who participated in a focus group discussion. Some people considered it 'surprising' that older people should be the focus for research and interest was being shown in them. Photo: Peninah Kayetisi/Tearfund

Tearfund's training materials for activists and managers do not currently recommend including models of church or structures of church that are not considered local, in the analysis of how change can happen or how change can be blocked. This has potentially serious implications too for understanding and assessing fully how safeguarding could be advanced – or blocked – by parts of the church that do not conform to a pure narrative of 'the local'.

Thus Tearfund's influential ROOTS series suggests the 'church' is *'believers'* gathered together in a place, or believers in a place *'even where they are not meeting'*. It specifically is '*not* the building'. 'This "local church" is God's primary agent of transformation (which) is an outpost of God's kingdom and is used by God to transform communities.'[221]

Moreover, any 'structures' beyond the local have no 'purpose', it is suggested, other than a utilitarian one. They are advanced and affirmed as merely administrative: 'Denominations and networks can be useful for pastoral accountability, sharing of learning, resources and gifts, and useful for enabling local churches to be heard at national level.'[222]

More significantly still: 'Christian leaders have argued over whether different structures are right or wrong, but history shows us that God can bless people through any Christian structure and that the godliness of the leader is far more important than the position they hold.'[223]

Consequently, for example, the following are discounted as irrelevant to practical leadership decisions, authorisation allocations or resource control: raging conflicts about theologies of governance and leadership and their impacts during the Reformation on the sale of indulgences and episcopal privilege; the reservation of pews for elite families and races; the prioritising of some kinds of pastoral duties over others: the appropriate balance between local action and wider oversight or mutual accountability, between collective decision-making and decision-making that is more concentrated; the rise of radical theologies of prosperity. Likewise, it may hinder learning that flows from Roman Catholic institutions being led, in some instances, by men who were so 'holy' that it never occurred to others to enquire about safeguarding or good governance in their part of the church. This kind of oversight in analysis points to a potential weakness and potential barrier

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221 Blackman (2007), especially Section 2
222 Ibid.
223 Ibid.

to effective CCM work and to being able to discern where blockages and opportunities lie for safeguarding, governance, authority, authorisation and leadership in Tearfund partners carrying out, in this case, CCM and also other work. It is possibly particularly significant given Tearfund's specialism in church-related development, especially when it comes to mitigating the risk of abuse of elderly people, adults at risk and/or other vulnerable adults.

In Tearfund's materials relating to good governance and the stewardship of resources, this tension is present too. Here, there is a marked absence of critical engagement with the way in which what universities call 'ecclesiology' can powerfully shape institutional and cultural norms within churches, both spoken and unspoken. Likewise, there is little critical reflection on how ideas of 'godliness' and 'position' can become intertwined. In fact, very often the informal habits of ecclesiological theory – the idea of church – do not fit within the codes of civil law when personal holiness will compensate for any gaps in good policy, process, government or management competence.

The combination of this utilitarian view of 'usefulness' of 'structures' with this foreclosing of concrete theological arguments about good decision-making or of theologies of structure on different levels beyond the local, has potential serious pitfalls. It ignores the urgency of the impact these matters have on institutions, skills and resources in very low-resource settings, including the churches examined in this study. In this study the researchers observed how new local and hybrid understandings of church, theology, and governance could drive up the risk of elder abuse in congregations. All the local Tearfund teams the researcher met were informally alert to such threats but as yet their integration into mainstream Tearfund policy and training is underdeveloped.[224]

4.6.2 Misreading the relationship between theology and church behaviours

The best and worst practice encountered by this research arose directly from theologies of leadership, authority and governance that affirmed 'church' as more than the local meeting or presence of believers. In the case of good practice regarding clergy pensions, this arose because of a conviction that the church 'as a whole', beyond the local, shared in responsibility of support. In the case of the worst cases of intense pressure for gifts from congregations who could not afford to make them, greater theological and structural value was given to missions abroad and outreach in the capital than to the poorest of believers in Rwanda's villages. Whether a denomination or community's theology of church considered 'church' to be more than 'local' was thus a defining feature of this balance and could both unlock and destroy even the best of local intentions, missions and service in localities – as well as safeguarding.

The parallel literature on elder abuse – like that of domestic abuse and a good deal of gender-based violence – shows how intimacy, interpersonal relations, trust and governance can open up situations and occasions that make abuse more likely, when safeguarding is not consciously mainstreamed, or where it is poorly undertaken, and inadequately thought through. Deep love and a sense of responsibility to family – for which also read as church family or community, locally but also more broadly – can intimidate and silence those who are vulnerable or 'at risk'. This is because power relations between members, 'friends' and spiritual mentors in varying roles and positions of 'authority', not necessarily within hierarchies, have significant force or power. Absenting serious theological reflection from those dynamics and related management standards only aggravates the problem. Failures in such contexts put older people, and especially frail elderly women, at high risk of abuse.[225]

That churches in low-income contexts can be fragile institutions is not surprising. Yet, when that fragility is combined with specific leadership policy choices that do not consider the specific vulnerability and position of older people, and the specific governance of very common forms of church, they can exacerbate exclusion.

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224 If an NGO or other partner assessing or supporting a church denies theories of church that are not 'local' as outside their realm of interest, or always not salient when it comes to planning local action, then it is not responding to the social reality being encountered. Rather it is responding to an *a priori* theology or imagined idea that it is imposed onto a reality that is different. When repeated, it could 'absent' from view places and spaces where good and very bad practice could be occurring and/or might occur, be supported, or be blocked.

225 Interview with Anita Nayar (CPsychol) (September 2019). See also Lloyd-Sherlock et al. (2018), Morgan (2009), and Kotza (2018). While literature on elder abuse in US and African-American churches has been identified for the purposes of this report, the authors would, in future, welcome contact from others who are interested in or have published on the subject of elder abuse in religious organisations in Africa.

Churches with problems such as those identified must urgently be helped, across all their mission(s), to arrest the sorrow, pain, fear, psychological anguish and physical hunger that poor self-governance and practice unlocks on all levels.

4.6.3   Rwandan best practice and cascading Rwandan learning globally

That said, there is learning to be drawn from best Rwandan Christian practice.[226]

Examples of good practice deserve some reflection in this space. Some of the Rwandan churches visited for this study permitted labour and in-kind contributions in lieu of financial offerings where families were facing hardship.

In 2019, the Anglican St Etienne Cathedral in Kigali introduced a habit of setting out transparently how funds will be used before they are raised and then reporting back to congregation members how they have been dispensed. Cathedral clergy reported that the approach *'had been very popular'*.[227]

The national Council of Protestant Churches informed the researchers that they shared the study's particular concern for vulnerable older people. In addition, following the government's concerns about some churches and denominations, they said they had begun to develop and implement a registration scheme that would contribute to raising the quality of local governance.[228]

Wider church history also points to coherently Protestant and creatively effective ecclesiastical options. Early Methodism, for example, sought to minimise clergy costs to poor rural communities by maintaining networks of itinerant preachers. To conserve funds it tended to convert or borrow existing buildings and barns for church use rather than build new ones. Churches as barns or new buildings often integrated reading rooms into their design for literacy work. Only as the denomination grew did Methodism's funding of pastors allocate resources to enable pastors to settle and support families. Moreover, John Wesley, with the support of wealthy allies of the church who were often not necessarily members, also established a central investment fund which provided long-term loan capital to those mission areas where there was a shared view that a new church building and activities were needed but where resources were not yet available. By earning a modicum of return for those investing from the centre, financial risk was spread but also the funds were revolving. In turn, the option of giving by gifts of time and labour were very often practised where families were too poor to make financial offerings.

> Tearfund itself is demonstrating reflexivity and goodwill to engage with matters of inclusion more seriously. Crucially, as Tearfund in Rwanda responds to the findings of this piece of research, new critical thought, and practical training, as well as increased resources and staffing to implement CCM with a focus on ageing, it will have new insights to share with the Tearfund family in all these regards. And as Tearfund more widely considers these new vistas of risk and potential mission reward, it has the capacity to cascade best practice, including an integration of local action with ecclesiastical analysis, across partners and networks.

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226   Interview with Clive Norris (October 2019). See his important 2017 work (Norris, 2017).
227   Conversation with clergy of St Etienne Cathedral in Kigali (April 2019). It was apparent that such policies were less consistent or absent in other congregations visited by the researchers.
228   Interview with the General Secretary of the National Council of Protestant Churches (April 2019)

5 NEW PARTNERSHIPS FOR A NEW CARESCAPE

Part 3 set out some of the intense needs faced by older people. It described the government's energetic attempts to build a social protection and health support framework in as many regions as possible. Part 4 showed how some local congregations had begun to respond to these needs; noted the existing extent of church-based social action; and assessed the potential to build on the positive elements that were already present. Part 5 turns to the symbiosis between all of these patterns.

The traditional paradigm of seeing older people's inclusion as solely the preserve of extended families might tend towards a view that locates the churches as the primary – or a dominant – agent to improve older people's lives going forward, given the close proximity of family life and local neighbourhoods. Conversely, an uncritical adoption of 'modernisation' in development could default to an unreflective statism that positions the state as the sole actor in what good progress looks like and what inclusion could be. However, as has been noted, the Rwandan reality today, and the reality emerging for the future, is more complex than easy 'silos' would suggest. For example, if pro-active local church action to support older people to access the VUP encountered petty local corruption or stigma, both church and state would be the lesser for it. Meanwhile, if government more actively 'greyed' its prioritisation of needs to the very poorest areas, only to discover that local tithing or gifting abuse was undermining out-of-pocket assets, both would be compromised. In turn, neither question looks to the future potential for a wide variety of institutions and associations, including business, to play their part in ensuring care, solidarity and empowerment in the years to come. The conscious choices that could flow from such a collaboration could be crucial.

5.1 Optimism, pessimism and Rwanda's new carescape

With so many moving parts in play, what kind of carescape do Rwanda's older people find themselves navigating? Having to juggle all of the demands and opportunities, hopes and sorrows described above, how do they manage and what is the map of threats, risks and opportunities that they have to assess?

When it comes to discussions of Rwanda's intergenerational bonds and ideas of reciprocity, *optimists* argue that cultural norms of family responsibility are stronger in developing countries than in developed countries. Consequently, so the argument goes, they can be relied upon in the future. *Pessimists*, meanwhile, suggest that new urbanisations, family decay and an increasing materialism will necessarily destroy such bonds.

Elderly respondents in this study, while articulating positive views as to why the intergenerational bond was good, and ought to be followed, or could be legitimated, did not mention fear as a driver of that commitment. Rather they referred to a culture of duty:

- rooted in pre-colonial Rwandan traditions
- reflecting the best in Rwandan values
- arising as a form of solidarity in response to the real risks and absolute needs that life before and – especially – after the genocide presented.

An older woman explained:

'Since the ancient times, in our Rwandan culture, when you had neighbours, […] when you could see that things are not going well with someone, you had to approach this person.'[229]

Very many of the older people, as has become evident through the research, described positive experience of self-help, of assistance from family and neighbours and of other practical signs of the tradition in action. Where older people had made explicit mention of their needs in church, there often had been a response:

'We have youth in the church and inculcate values in them […] We exhort them to cultivate for the elderly in church. So that when they grow up, the young ones will treat them the same way they see them helping the elderly.'[230]

Younger respondents also approved of the traditional narrative, often advancing an equivalent view. However, whereas the older people who expressed a view tended towards language that was closer to 'gift' relationship and historical legitimation, the younger respondents could at times reject intergenerational care as outside their responsibility. Alternatively, younger people could sound more transactional: the likelihood of receiving care in old age, it was suggested, would be directly associated with one's earlier performance as a parent. For example:

'My opinion is elderly people who can no longer work and who have grandchildren should be supported by their children, paying back what their parents did for them when they were still young.'[231]

In practice, however, many of the younger people had helped others with funds or taken full responsibility for grandparents, ageing parents, foster children, nephews and neighbours, so that siblings could work or because of illness in the family.

'I have a child living with me who's 12 years old; he's a relative I fostered. I feed him and I pay for his education.'[232]

And:

'My old mother-in-law, we don't live in the same house. She lives alone. We're the ones that take care of her. We are neighbours […] We are the ones who do everything for her.'[233]

This can have knock-on effects:

'My father's disabled […] so [my] mother and [I] are taking care of the grandchildren and the father and the siblings […] It's why I can't go to university.'[234]

Pastors almost uniformly linked the duty to care for older people to Christian precepts, but in all cases had never preached on the topic to their young congregations.

These carescapes can be located in the discourse of Africa as a 'young continent'. Rwanda's president makes time each year to meet with large numbers of young people, telling them to work hard, locating them in powerful narratives of the future.[235]

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229   Pastor in a focus group discussion, Bugesera (2 May 2019)
230   Older man in a focus group discussion, Bugesera (4 May 2019)
231   Young person in a focus group discussion with members of a savings group, Gisagara (6 May 2019)
232   Young person in a focus group discussion with members of a savings group, Kicukiro (9 May 2019)
233   Young person in a focus group discussion with members of a savings group, Gisagara (6 May 2019)
234   Ibid.
235   As, for example, in August 2019. See www.youtube.com/watch?v=SP0-kXwTsCE

For the churches and pastors we met, this national call was mirrored in intense articulations of 'growth', 'a young church' and an equally 'young' future.

However, as the research has revealed, Rwanda's future is not only 'young', nor is the church's. It is significantly 'grey'. One respondent observed:

'It was the power of youth that destroyed this nation.'[236]

So even in 'young Rwanda', ideas of solidarity, duty, reciprocal gift, reciprocal obligation, care and support, are by no means dead. Indeed, they are powerfully present across all focus groups interviewed. Nevertheless, they are matched with concern that they may be diluted or sustained by reference to multiple ideas and narratives of the duties that undergird them. In this way, there is continuity and change, stability and diversity, just as is noted above in the varying way that needs and responses are articulated between and within government departments and contrasting parts of the churches.

There is a conundrum here: this is not a simple story of economic growth leading to social change, but rather a variegated horizon of habits and views. First, those habits and views vary locality by locality and seemed also to vary by intensity of need. Second, some of the variety of outlooks (un)intentionally clash with each other. The intense focus by the government and the churches on the young in society is perceived to be adding to the pace at which intergenerational and familial ties are loosened. Yet, at the same time, the VUP and health mobilisation exhort a return to a rootedness in traditional approaches to intergenerational solidarity, and older people affirm the importance of such values. The trailblazing work of the First Lady in bringing the attention of the nation to the honour with which destitute widows should be treated exists alongside the OneHealth Tool and the 2018–2024 health strategy, which culminated in a plan to invest most effort in those population groups who are least likely to be elderly. Likewise, when churches think about older people, they instinctively value them – but they do not think about them consciously or consistently.

There is no simple single cause of this changing carescape and the flux in ideas and practices of duty. On the one hand, it could arise from omission: our respondents could both hope for the traditional way to endure and then admit that they had rarely, if ever, spoken about it to the next generation. On the other hand, demographic, health, social and economic forces were said to be chipping away at its foundations; some of the factors identified as threats (recorded above) look set to accelerate rather than slow down. In turn, the 'thin' nature of social trust in so many localities described by respondents means that even government schemes to help can be radical sources of division. This in turn may open up new vistas of action for churches that attract very high levels of trust.

5.2 Civic conversations, advocacy and partnership

Cutting across all that has been described, what comes into view are not only the particular strengths and weaknesses in particular policies and actions but also a deeper existential question. As Rwanda ages, what kinds of pathways do all of its social partners wish to sustain, choose or protect in the future? The old way is not totally dead: the new way is not fully born. This means that partners across society have the opportunity to shape and improve what comes next.

Many have mistakenly assumed that the 'carescape' is still present, while many more have wrongly decided it has been destroyed for all time. If this disconnect is not given active attention, it is increasingly likely that a tattered and even more structurally damaged set of relationships will be the result in the future.

Even with continued growth, government will struggle to meet all the needs that are now in play. Despite goodwill and with a fresh energy to act in solidarity with older people, there will be gaps in what the churches can unlock. Aside then from any specific actions or programmes, there is an education task to be undertaken, to help Rwandans understand how their society is moving. There is a preaching, political and

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236 Participant in a mixed-gender focus group, Bugesera (2 May 2019)

wider civic conversation challenge which is simply to make sure that older people's needs, rights and potential are debated.

New partnerships, fresh collaborations and a wider civic conversation of need, citizenship, agency and inclusion are now essential. And as much as any policy proposal or pastoral plan, this will need proper structuring and to start from where the 'carescape' is today rather than where it is imagined to be by optimists or pessimists.

Figure 8 New carescapes

		Cost of care	
		Free care / care assets	Paid for / care debit
Care provider / source of solidarity	**Informal**	Neighbours Fostered children 'House' sharer Spouse Grandchildren nearby Children nearby Church congregation	Lifespan shocks Grandchildren that send remittances HIV status Absent children Dependent adult children Absent grandchildren Children that send remittances
	Arranged	Church other than one's own VUP Choir or (wo)mens' group Pastor Pastor's wife *Mutuelles*	Paid cultivators on own land *Gacaca* conviction Cost of health insurance Paid live-in carer Paid water carrier Tithe/gifts under duress Miscategorisation in VUP Paid carer

Key: Free care   Care assets   Paid-for care   Care debits

6 UNLEASHING DEBATE AND ACTION: CONCLUSIONS AND RECOMMENDATIONS

This research set out to explore if anecdotal evidence suggesting a rising need among Rwanda's elderly people pointed to deeper or wider questions than were commonly being discussed or admitted in nationwide and regional discussions in Rwanda. Growing from, and working through, Tearfund in Rwanda's track record and deep engagement with the nation's churches, it wanted to begin to tease out some of the urgent and longer-term challenges that may be coming in to play in this context.

This practice-led research was aimed at the Rwandan churches, but also to consider the church as a social partner with the reach and potential to partner with state and nation to address some or many of those needs, if Tearfund's hypothesis of an important gap in the inclusion of elderly in development practice were confirmed.

In the new post-genocide Rwandan context, the question remains as to whether the old narratives of traditional Rwandan mutual aid are adequate to meet the needs that are already present and are rising. What will the 'carescape' of the future need to comprise? And in responding to that present and future, what tentative and initial conclusions, conversations and recommendations are needed next and what can be drawn from reflecting on the voices of older people and other Rwandans set out in this study?

Part 6 consolidates a description by the research respondents of Rwanda's current carescape and reiterates the continuities and discontinuities from that which has gone before. It then looks towards future carescapes, teases out wider conclusions and makes recommendations for further action.

6.1 New evidence and new conversation for changing times: the 'grey gap' in NGO and government approaches

An exploratory study cannot touch on every issue, nor resolve every matter uncovered. In this regard a conclusion of this work would be that, as Rwanda's population of over-65s increases, more research will be needed across the economy, social protection, health, civil society and the full variety of the country's faith and religious communities. While the researchers here visited varying geographies – both rural and urban – and heard a wide variety of voices, research in other less-developed countries emphasises that simplistic 'nationwide' assumptions are to be treated with caution. This is due to the multiplicity of ageing pathways which different localities of a country can entail.

Worse still is the manner in which mainstream development theories and practice, funding priorities and approaches to safeguarding seem imbued with a preference for the youngest at the expense of the oldest. This research contributes to scarce data with added paradigms of insight and planning which compound the already multi-dimensional pressures that, as has been seen, older people face.

Based on those other studies, it is likely that at the very least, the needs, abuses and best practice described here are replicated in other regions and that some of the most severe need is replicated with even deeper pressure on other people's lives. [237]

Crucially though, as was intimated in Part 5, there is relatively little conversation, debate or discussion of the data of the kind that has been recorded here, or may be needed for the future, not to mention the urgency of the needs as they are set to grow. The new data here needs to support not only detailed policy and leadership

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237   Regional variance is a consistent theme in the work of Peter Lloyd-Sherlock (for example, 2010).

planning but also form part of a fresh, wider conversation that puts 'young Rwanda' and the old carescape firmly in its place.

6.2 New models and action amid scarcity: raising the bar

There is a pressing need to develop even more understanding so that examples of excellent practice are protected and extended, and existing and emerging needs are not overlooked. In addition, there is an urgent necessity to rapidly increase the number and quality of practical examples of action. This is in order to improve older people's lives, but also to provide examples of what is possible.[238]

Help Age International's in-country partner, Nsindagiza, has bravely worked to bring the position of Rwandan older people to the attention of policymakers and civil society bodies.[239] A more secure footing for their work, and that of other advocacy groups, will be essential to ensure that voice and choice emerge as norms in welfare provision in its widest sense in times to come. The First Lady's initiatives are exemplary and deserve attention from international donors.[240] A fresh way of acting needs to be encouraged among major companies as wide-ranging as the one that shaped their behaviour regarding health, employees and HIV/AIDS to unlock their backing for pensions, micro-savings and retired staff and family benefits.[241]

For the churches in general, and the thousands of congregations with which Tearfund in Rwanda works, the excellent examples of care, support and consolation that have been recorded in this piece of research need to be consolidated. They also need to be complemented by new initiatives and fresh education, theological work and practical capacity building, to iron out and remove abuse and bad practice where it has become a norm. This can best be achieved in the short term by the design, development and delivery of a pilot programme of work which would add to learning and social impact in Rwanda but also offer up insights to social partners in – and beyond – the country.

6.3 Local elder abuse and safeguarding civil society beyond Rwanda[242]

As the researchers had not prioritised either questions of church governance or abuse, it was a major discovery of the study that these topics should have arisen with such intensity and significance. It appears later in the study that the mitigation of elder abuse is urgent and has very concrete implications for a wide range of stakeholders in country and beyond Rwanda.

The suggested pilot project flowing out of the research could begin to address immediate risk.

Interventions though will need to be aligned with action by all Rwanda's denominations, including the Rwandan Catholic Bishops' Conference and the Council of Protestant Churches. This matters for those partners who stand with these networks, such as Tearfund itself, and also Integral Alliance, Missio, Caritas International, International Union of Superiors General and also the World Council of Churches, Lutheran World Federation, and other Protestant funders.[243]

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238 Examples include the work of the Cathedral Innovation Centre (2014), the Disability Innovation Hub at University College London [UCL] (2019); and Social Innovation for Ageing, a project of the AGE Platform Europe (2019).

239 Mugabowishema (2019)

240 Representatives of the UK Department for International Development (DFID) and UK High Commission visited during the mourning period in 2019, but this can only be a beginning of learning from, and growing the reach of, similar works. The attention on older people needs broadening to other donors and alongside it those of mental ill health, building on very recent work by the Royal African Society (2019) partnering with the Wellcome Trust among others. www.royalafricansociety.org/event/mental-health-africa-innovation-and-investment

241 Best practice has included provision of antiretroviral treatment for staff, sector engagement and outreach, such as roadside clinics in the transport sector. See, for example, Bendell (2003) and the International Bank for Reconstruction and Development [IBRD] (2009).

242 As far as could be established, very few NGOs have signed, adopted or adapted ADCAP's (2018) minimum standards for elder and disability inclusion or an equivalent (Small, 2018). This in turn seems to reflect the culture of safeguarding omission that underpins the much more generic category of 'vulnerable adults', which runs, for example, across most of the codes of conduct and safeguarding policies of the DEC's members (see below).

243 Rwanda's denominations include the Catholic Bishops' Conference (GCatholic, 2019) and the Council of Protestant Churches (Conseil Protestant du Rwanda, 2019). Partners that work with these networks include Caritas Internationalis, Missio, Tearfund, Lutheran World Federation and the World Council of Churches.

It matters in another way because the issue of elder abuse raises deep questions about the nature and quality of safeguarding policies within the churches but also well beyond.

For example, in the UK, all members of the Disasters Emergency Committee (DEC) commit to the Common Humanitarian Standards, but these in turn do not mainstream elder abuse mitigation as forcefully as they do the risks to children. The codes of conduct and safeguarding policies are not consistently strong in this regard either. While the statement of intent that flowed from Kenya and the UK hosting the 2018 Global Disability Summit is forthright in including elder needs in disability rights, the joint statement of Bond members that emerged from the UK child safeguarding crisis is not as powerfully explicit about elder risks as it is about children.[244]

It is true that some of these policies are strong on 'vulnerable adults' but, as the learning from Rwanda has shown, broad-brush categorisations risk excluding older people once more. There are also many definitions of what 'vulnerable' means. Some believe that the term puts the onus on the 'vulnerable' themselves to demonstrate or evidence their vulnerability, thus adding to disparities of power and absolving government, NGOs and others from taking proper responsibility. A contrasting professional view prefers to frame safeguarding as responding to 'adults at risk', with responsibility resting clearly with the organisations, institutions and others before they engage in communities, not with the individual.[245]

Age is not the same as disability and is not the same as the worthlessness of age-weighted DALYS (disability adjusted life years, see 3.6.6). The 'power' of the pastor in asking for resources from those with none may not be the same as that of the senior pastor or a neighbour or a child. Mental ill health is not the same as growing old, or dementia or disorders such as epilepsy. Omitting nuance drives up safeguarding risks in very concrete ways, especially where distinctive and changing forms of sexual, interpersonal, familial or financial abuse may be present.[246]

📷 **An older woman stands in church. Implied elder abuse due to poor tithing practices, and the consequent importance of good church governance, arose as acute, unexpected themes in the course of the research.** Photo: John Appleton/Tearfund

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244 Bond (2018)

245 The UK Care Act (Department of Health and Social Care 2015) settled on 'adults at risk', putting the onus for safeguarding on the provider of care not its recipients.

246 Western Cape Government Department of Social Development (2019)

There is an opportunity for Tearfund here to further develop and adapt its own theories of change, modes of exploration (such as the Light Wheel tool), safeguarding polices and practice to be more rooted in empirical realities and also more than 'best in class'. In turn, this presents an opportunity to mainstream the needs of older people in the quality standards of the wider family of institutions that Tearfund cherishes more broadly, such as the Tearfund family, the Integral Alliance and the Micah Network. This also applies to the DEC and Bond, of which Tearfund is a member. [247]

Halting elder abuse and stigma in NGOs, church and public bodies is as urgent a cause as the other safeguarding risks that some agencies have highlighted more strongly.

6.4 Leadership and governance: significant learning for Tearfund

An exploration of the question of elder needs, the gaps in ecclesiastical pension provision, the risk of elder abuse and the need for best practice to address pension omissions and abusive practice (all discussed in Part 4 and forming part of the pattern of the new carescape set out in Part 5) is revealing. It indicates a blind spot in both the CCM methodology and Tearfund's wider approach to 'integral mission'.

In terms of internal division of labour, Tearfund as a whole develops its strands of work on mobilisation in at least three ways. Firstly, thinking and principles around 'integral mission' are developed and resourced to work with 'national' and international church bodies, partners and charities, to deepen and strengthen their **development and adoption of integral mission principles and behaviours**. Second, publications and learning resources are developed to assist churches, 'church-related' communities and partner organisations to **improve their governance and leadership**. Third, in-country national offices are tasked with working with **local congregations to build community transformation and mobilisation**.[248]

These strands relate to each other, but this research suggests that as African and wider ecclesiological / organisational/governance expressions of Christianity expand in their number, shape, variety and form, stronger alignment and better coordination between Tearfund's programmes of work are now essential. For example, if an NGO assumes that congregations have primacy, they are making a theological assumption rather than a comprehensive assessment of the actual situation. This is because some Christian groups say that congregations take priority, but in their behaviours that is not the case. It is also because many parts of the Christian family, including Reformed and Pentecostal traditions, hold ideas of church where church includes structures beyond the local congregation that are as important to ideas of church as the local congregation is. There are lessons in theologies of structure to be drawn here. There may also be insights available in those parts of management studies that focus on the ideas of organisations.[249]

Tearfund in Rwanda has identified with some clarity how the absence of a conscious focus on elder and disability rights can add to exclusion of key population groups. It has also identified how theologies of church – which elsewhere would be termed theories and design of organisation – which are not simply local or congregational can disrupt its theory of change by, possibly, imposing elder abuse on the one hand, or positive pension provision on the other. The question that arises is: how can the principles and standards that are embodied in such theologies of church and result in practical decisions, be developed to establish or improve safeguarding and inclusion?

As has been observed, an emphasis on intense capacity building at the local level risks putting elder inclusion and governance protections achieved by Tearfund's CCM process under threat or depriving it of support from other parts of the church – unless there is simultaneous investment in reading, understanding and capacity building of theological, organisational and structuring authorising environments beyond the local or congregational. Local congregations that pass safeguarding tests may actually be at grave risk of failure because of authorising environments and governance which have material impacts upon them from beyond their locality. These impacts may not only be about hierarchy but may also relate to the method of sharing

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247   Integral Alliance (2019) and DEC (2018)
248   Interviews with Tearfund staff and review of public working papers, such as the ROOTS series (Tearfund, 2019b)
249   For the way that metaphors of organisation both empower and distract from the current reality, see Morgan (1986).

skills, experience and a view of the duties of pastors and/or elders that is horizontal or multi-geographical. When such thinking is highly underdeveloped and actively discounted, it puts the whole development task at risk – and is likely to create an environment where abuse can creep or leap back in.

The weakness of learning materials to date in these regards compounds the problem and also restricts Tearfund's ability to improve practices within its other key collaborations such as the Integral Alliance.

Tearfund's quality and management standards, and its published commitments to other common codes of good practice in the NGO sector, include no specific commitments to elder, disability or mental health inclusion, as far as this study has been able to ascertain.[250] Across the rest of the sector there is interchangeable or contrasting use of terms such as 'vulnerable adults', 'positions of power' and other safeguarding terms and criteria.

The UK Care Act offers a pro-active definition of 'adults at risk' in the UK domestic sphere which may help clarify some of this confusion and support a process towards shared approaches in the future. Those using it have already observed that 'cold calling' for philanthropic giving, if carried out without reflection, has parallels with 'cold calling' by salespeople who target adults at risk.[251]

As part of other changes these are changes that need rapid attention and advocacy.

6.5 Social protection and the Rwandan health budget and strategy

As has been described in this research, the Rwandan government has been creative and inventive and taken extraordinary strides forward in developing a hyper co-produced model of social protection and health improvement. Its impact has been positive despite the management, delivery and resource pressures that have been faced. Interviewees expressed confidence that the president especially wanted and is seeking to do better and better in this regard.

As part of that improvement process, recognising that the VUP's methods of classification and capacities for allocation have in-built biases against older Rwandans will be an important next step. Survey tools, community training for mobilisation, and design all need elder-friendly adjustments.

The use of the OneHealth Tool needs to be revisited to make sure that it has not inadvertently weighted investment almost entirely towards the young, at the expense of the proud, active and committed older Rwandans the researchers met. Either way, the balance of strategic budget allocations in the health strategy need re-visiting because of their focus away from elder needs. It may be a 'young Rwanda' but citizenship, lived experience, active contribution and substantial elder needs merit attention too.

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250   Tearfund (2018)
251   Private briefing by UK major national charity safeguarding department, November 2019

📷 Valerie, a 65-year-old widow (in green), stands with younger fellow members of the 'Lifting each other' self-help group in a church in Kigali. When Valerie joined, the group used their pooled funds to buy a mattress for her and her three grandchildren to sleep on. As the 'greying' of Rwanda advances, a coalition of support, advocacy and solidarity for older people will become essential.
Photo: Marcus Perkins/Tearfund

6.6   Immense resilience and needs requiring positive action

The needs uncovered in this report are devastating and life-changing for those who face them: resilient elder Rwandans will do all in their power, jointly and individually, to make do and get by. Yet, a new coalition of support, advocacy and solidarity from church, state and nation will be essential as the 'greying' of the nation advances.

The researchers encountered great hope and resilience among interviewees, which are an impressive part of those fresh possibilities and a testament to Rwandan values, culture and spirit. They also are evidence for the distinctive and vast contribution that Christian communities make to sustain mind, body and soul so well. On their own, though, they are already not enough.

This is because the Rwanda that will welcome Commonwealth Heads of Government, whose churches will observe Lambeth Palace, and whose wider social institutions are at the forefront of the ageing journey, has a new carescape to navigate already.

It is no surprise, then, that so many elderly respondents expressed appreciation for what 'the president' had set out to do with and for them, but also clearly expressed hopes that things could yet be further improved by church, state and nation.

6.7 A clarion call to conversation and action – DFID, DEC, Bond and beyond

This study has been motivated by a desire to explore the breadth and depth of the needs of older people in Rwanda today. It also sought to begin to identify places and spaces where a better equipped Christian church might more substantially and creatively engage with those needs in partnership. Involving wide-ranging research interviews with decision-makers, community members, pastors, local government officers and many more, it has recorded that those needs are greater than expected. It also identifies that traditional Rwandan approaches to meeting them will not be enough on their own in the future. It concludes that the steps taken so far in that direction are not unhelpful but, by accident and by design, they leave huge challenges still to be considered and addressed. And it also identifies that those needs, challenges, changes and future pressures are relatively undiscussed or misunderstood.

It is consequently a resource to provoke further conversation, research and study on the part of church, state and nation. It is particularly apposite as Rwanda moves from being solely a 'young' country in a 'young Commonwealth' to taking its place among those parts of Africa and the world who wish to honour their elders by making sure that they too are actively included in the narratives, policies and resources that shape local and global life.

6.8 Recommendations

To the Rwandan government

- Consider the creation of a national presidential commission of enquiry themed around 'honouring the elders'.
- Consider the encouragement of local festivals and public events to celebrate older people's past, current and future contributions to the life of the nation.

To Tearfund in Rwanda in partnership with Rwandan churches

- Through the interactions with the research seek out opportunities to sensitively work with the Rwandan churches on their responses.
- Bring to the attention of national denominations and church leaders actual elder abuse, and potential risks of elder abuse, in some local approaches to raising funds and resources in churches, as a matter of urgency. Underline the need for new (national) guidelines, training, safeguarding and practice.
- Design, develop and trial a pilot programme that combines a refreshed elder and mental health inclusive and integrated approach to CCT, integral mission and the Light Wheel tool for the Rwandan context and beyond, developing and expanding on themes from this report.
- Facilitate a process of dialogue, education and development between churches and government to enhance the VUP and health strategy in the context of Vision 2050 so they will work in partnership towards greater pension coverage among the young and increased elder inclusion across all policies. This dialogue and advocacy should be at both national and local levels.
- Organise a cross-sectoral side colloquium and event showcasing Rwandan best practice and advancing the needs and potential of older people globally to coincide with the Commonwealth Heads of Government Meeting in Kigali 2020.
- Appoint an additional member of staff to work full time on mainstreaming older people into Tearfund in Rwanda's work, support the national denominations in improving their own practice, and to mobilise government, business and wider society with regard to elder needs.

To the Tearfund family

- Take time to consider this report at the most senior strategic levels as part of the wider strategic commitment already in place to enhance Tearfund's existing skills and capabilities in inclusion.

- Mainstream ageing, disability and mental ill health inclusion in its CCT and CCM processes, integral mission, education, emergency response, advocacy, theology and wider strategies, training and work plans.

- Integrate elder and disability inclusion in management, quality and safeguarding standards where these are currently not prominent or absent, as a matter of urgency.

- Support the work of mainstreaming elder inclusion, through its theology, education, training and evaluation teams, not least by developing resources at the interface of 'the local church' and the 'wider church'. Also, mainstream elder inclusion through managing its design, theories and theologies of organisation, governance and structure.

- Consider the implications for elder inclusion, 'vulnerability' and/or 'adults at risk' of its recruitment, fundraising, theological and communications work in its national offices and in its UK headquarters.

Tearfund's network and partner organisations

- Work across different networks and partner organisations to consciously mainstream elder inclusion in its development models.

- As a priority seek to mainstream work on safeguarding, funding criteria, quality standards and agendas, and explore any gaps regarding wider questions of vulnerability and adults at risk with those networks with whom Tearfund works, to develop and draw down its own quality standards and statements. For example BOND, Integral Alliance, Micah Network and other partner organisations, for example in membership of the DEC.

- Advance the need for elder inclusion in the quality standards, work plans and strategies of other faith-based networks and alliances and other international humanitarian standards.

- Advocate across the development sector for improved policies, practice and training that intentionally consider and include older people 'at risk' and the intersectionality of old age, disability and mental ill health, alongside positive views of old age at a time of agency, empowerment and participation.

To Tearfund, UK Christian churches and church leadership

Advocate to donors and institutional bodies such as DFID and FCO that:

- In investing in Rwandan process, they should give additional consideration to its elder and mental ill health needs, both now and going forward.

- Mainstreaming elder and mental ill health inclusion should be demonstrably enhanced by reference to a clear development plan by donors and policymakers in developing future investment strategies.

- They should include in their existing safeguarding programmes explicit strands of work to ensure elder and disabled safeguarding are key standards in procurement, grant allocations, equality impact assessments and performance reporting.

Next steps

- Tearfund in Rwanda to devise, develop and deliver a pilot programme response in Rwanda, and to recruit someone with the necessary skills to take this work forward.

- The principal investigator, Professor Davis, working with Tearfund and colleagues at the Oxford University Institute on Ageing and Population and beyond, to develop additional publications and outputs harnessing unused data and new research. This should include accompanying any trial/pilot adopted by Tearfund in Rwanda.

- Tearfund to engage in widespread dissemination of the report findings in Rwanda, and Tearfund in the UK to support by engaging in dissemination to appropriate strategic and operational leads, with the broader Tearfund family and other partner organisations such as those already referred to.

- The researchers and authors of this report to engage in widespread dissemination activities within church, academic, policy and civil society contexts.

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'I was challenged after the
[research] preparation day. I had
no courage to go and ask what
churches do to honour elderly
when myself, as one of the church
leaders, I did almost nothing with
my church to honour them.'

**JEAN DE DIEU MUNGUYIKO, A MEMBER OF THE
RESEARCH TEAM, WHO WENT ON TO ORGANISE A
FESTIVAL TO HOST AND CELEBRATE OLDER PEOPLE, AT
HIS CHURCH IN GIKONDO, KIGALI**

'Before this, I had never
imagined how lonely [some]
elderly feel and I had no idea of
what the church should do for them
except supporting those without
people to care for them.'

**SENIOR PASTOR OF JEAN DE DIEU'S CHURCH IN
GIKONDO, SPEAKING DURING A FESTIVAL FOR
OLDER PEOPLE**

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