



**NSINDAGIZA**  
Organization

**THE POWER OF COMMUNITY PARTICIPATION IN IMPROVING HEALTH OF OLDER PERSONS DURING THE COVID-19, CASE OF RWANDA**

Presented during the GHF2022  
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**Introduction**

The first case of COVID-19 was reported in Rwanda on March 14, 2020. Older persons aged 70 years and above are the least infected but most die by COVID-19.



**Community response to COVID 19**

NSINDAGIZA conducted a COVID-19 rapid needs assessment (RNA) for older persons, to build evidence, designed the response and advocacy strategy, documented and used evidence to engage government and other stakeholders

**RNA**

**Methodology**

Trained volunteers chose randomly 248 people (177F and 71M) in Nyarugenge and Ruhango, interviewed individuals and focus groups, data were treated by the expert of Helpage Int.



**Results**

- On the question about their top three priorities: food (67%), livelihoods (29%) and shelter (19%).
- 76% could not avoid touching their faces, 46% could not keep social distance. While 71% were able to wash their hands, most older people did not have access to soap.
- Those 80+ are more likely to experience barriers in accessing information (21%) compared to those in their 50s (13%).
- Top three preferred ways of receiving information were: 51% via the radio, 24% loudspeaker and 14% via TV.
- 13% of older people were using traditional un-tested plant-based remedies.
- 62% had difficulty accessing food, 48% had faced greater difficulty in accessing humanitarian assistance, especially those 80+ and 34% had greater difficulty accessing health services.
- While lockdown has been reduced, the government has requested communities to provide support to those who were financially precarious.



**Designing the response and advocacy approach**

Worked with older persons to analyse and interpret the findings, decision on the response priorities, agreeing on approach to engage the government.

**Delivery of the response and engagement**

Distribution of PPEs, non-food items (NFIs), assistive devices, engagement in policy dialogue with government and outcomes of these engagements.

**Conclusion**

Through the RNA, we reached the most marginalised facing the impact of the lock down. We engaged the older persons' structure to plan and provide PPEs, NFIs and Assistive devices and through the lobby with government and other key decision-makers was achieved for the older persons.

