

# Ageways

Practical issues in ageing and development  
Issue 76 / February 2011



## Food and nutrition

[Tackling the food crisis](#)

[Good nutrition in later life](#)

[Meeting needs in emergencies](#)

[Saving water to grow more crops](#)

[Preserving food together](#)

[Providing a daily meal](#)

[Breaking a vicious circle](#)

**HelpAge  
International**

*age helps*

### Contents

- 4 [Tackling the food crisis](#)
- 6 [Saving water to grow more crops](#)
- 7 [Preserving food together](#)
- 8 [Good nutrition in later life](#)
- 11 [Providing a daily meal](#)
- 12 [Meeting needs in emergencies](#)
- 14 [Breaking a vicious circle](#)
- 15 [HelpAge International network](#)
- 16 [Action around the world](#)

### Future issues

Issue 77 (July 2011) Madrid Plan: what progress?

Issue 78 (February 2012) Dementia

Issue 79 (July 2012) HIV and AIDS

We welcome articles for consideration. Please send them three months before the month of publication.

### Front cover

Preserving vegetables for the winter in Kyrgyzstan (see story on page 7).

Photo: Dina Zekic Gillham/HelpAge International

# Comment

## Having enough to eat

Welcome to *Ageways* 76. Older people are key producers and providers of food, yet millions go hungry. This is unacceptable. This issue looks at the many reasons why, from the impact of global food price rises to lack of understanding of older people's nutritional needs, and suggests ways to tackle these problems.

Across the world, countless community initiatives such as lunch clubs and "meals on wheels" services give older people their only chance of a decent meal. Many are run by volunteers, often older people themselves. This issue of *Ageways* is an opportunity to pay tribute to their vital work, as well as a call for action at all levels to alleviate older people's hunger.

*Celia Till and Sylvia Beales*  
Editors

# Letters

## Mobile library idea

Over the past six years, we have arranged visits to historic, cultural and educational sites for older people and young people. These visits help develop integrity and an appreciation of natural beauty. We have also organised many social activities.

In planning these events, we realise that these two groups are in dire need of reading facilities. We have decided to start a mobile library, so that we can take reading materials, games and the like to different communities.

With this mobile library, older people will be able to help young children with their reading, and older children will be able to assist those elders who did not have the good fortune to access education in their childhood. By giving them this opportunity, they will learn to respect each other and help promote education in Sierra Leone.

*Annetta Browne-Marke, President,  
Samaritan Charity and Kids Club,  
10 Wesley Street, Freetown,  
Sierra Leone*



Belize National Youth Chess Foundation

**Pat Robinson with international chess grandmaster Maurice Ashley.**

## Chess kings and queens

VOICE, the older people's organisation I belong to in Belize, came out of a human rights workshop sponsored by the National Council on Ageing and other agencies. In August last year we took part in the universal pension forum in Belize City, which was well attended including by younger people who seemed very interested in universal pensions.

I was interested to read Eduard Karyukhin's letter from Moscow in *Ageways* 74 about a chess tournament for older retired people and those who are disabled. We have a Golden Kings and Queens chess club. Unlike Eduard, who no doubt is an expert, we are all beginners, but we participated in an Olympiad involving children, teens and seniors.

It was a fantastic event run by a young woman who herself is Russian. Recently, one of our group had their picture taken with grandmaster Maurice Ashley at the chessboard.

*Pat Robinson, Belize (by email)*

## "Men are the ones to talk"

I was interested in the article in *Ageways* 75 on including older women in meetings and workshops. Here in Kilimanjaro, women are not allowed to speak in front of men. It shows disrespect to the husband. If the woman is widowed, she is termed a stressed woman who needs the care of a man to shut her up.

Women belonging to the Pare ethnic group are not allowed to sit where men are sitting or to speak at public

meetings. If a woman tries to do so, she causes trouble and confusion. Even her fellow women do not approve.

My grandmama fears even her sons. She cannot say a word when they are around. When we try to get her to change, she just says: "Listen, men are the ones to talk, not you." What can we do? I know you can't be heard if you don't speak out. I am a girl who knows how to speak her mind and it hurts me a lot.

*Tumaini Yarumba, Tanzania (by email)*

### Older women and finance

Low-income women above the age of 40 in Singapore are learning to take charge of their finances through the Citi-Tsao Foundation Financial Education Programme.

In 20 weekly sessions, the women learn how to save and plan for the long term. Since its launch in 2008, more than 700 women have attended the programme and another 1,160 have attended introductory sessions.

An impact assessment study, conducted by the National University of Singapore's Department of Sociology, shows that participants gain a better understanding of how to improve their financial wellbeing, including budgeting, emergency savings, investments, insurance and writing wills.

More than 50 per cent of respondents who did not previously have a retirement plan, now have a clear financial plan. The study also found that the programme increased participants' assertiveness when it came to managing their money.

"With Singapore's rapidly ageing population and the longer life expectancy of women compared with men, we hope to equip Singaporean women with basic money management skills to be financially independent through our continued collaboration with Citi," says Dr Mary Ann Tsao, President of the Tsao Foundation. There are plans to extend the programme to more women in Singapore.

*Susana Concorde Harding, Assistant Director, Interagency Collaboration Division, Tsao Foundation Hua Mei Centre for Successful Ageing, 298 Tiong Bahru Road #15-01, Central Plaza, Singapore 168730*

[www.tsaofoundation.org](http://www.tsaofoundation.org)

### Heritage industry

I am researching community-level heritage tourism in small island developing states. Findings from Jamaica confirm that older people are among the leading culture-bearers in their communities.

Their traditional knowledge and expertise are highly regarded and sought out by cultural tourists. However, they are the least likely either to contribute to or benefit from cultural heritage training research and development initiatives, especially the economic proceeds.

Many small island developing states, particularly in the Caribbean, are at a crossroads in developing their heritage industries. I strongly believe that the time is right to lobby at every level to increase the participation of older people in this growing industry.

*Janice Lindsay, University of Tsukuba, 305-0005 Ibaraki Prefecture, Tsukuba City, Amakubo 2-6-4, Haitsu, Hirasuna 105, Japan*

Read more in Janice's blog at: [www.helpage.org/search/blogs](http://www.helpage.org/search/blogs)

### Leaders in sanitation

There have been various programmes to change attitudes and behaviour about hygiene and sanitation in Dagnam village development committee, Myagdi district, western Nepal, but few people have adopted these ideas.

Last year, however, older people's groups supported by a local woman, Mrs Sumitra Pun, who had attended

training in triggering behaviour change, helped bring about change.

Encouraged by the people-friendly approach of Sumitra and her older people's groups, people of all ages took part in constructing low-cost toilets. Every household in Dagnam now has a toilet. Older women and men are involved in creating open-defecation-free communities.

Older people's capacity to lead the sanitation programme was appreciated by district and village officials. When older people talk, people listen. They have an ability to touch people's feelings and people like to be their followers. We must respect their rights and dignity.

*Chhabi Goudel, Health and Sanitation Specialist, RWSSP-WN, Pokhara, Nepal (by email)*

### We welcome letters

Please write to: The Editor, *Ageways*, HelpAge International, PO Box 32832, London N1 9ZN, UK. Fax: +44 (0)20 7713 7993 Email: [ctill@helpage.org](mailto:ctill@helpage.org)

Please include your name, organisation (if any) and postal address.

Letters may be edited.

### Reader survey

We want to find out what you think of *Ageways*. Please use the survey form enclosed with this issue to tell us your views.

## New website

HelpAge International has a new website. You'll find a wealth of features, life stories, films and photos of older people.

The **Where we work** section outlines our projects and the **What we do** section describes our work in more detail.

To get lively updates, read the HelpAge **blogs**. Visit the **Resources** section to download free publications, including back issues of *Ageways*. Sign up to our eNewsletter, do our quiz, sign our petition and much more... **Enjoy!**

[www.helpage.org](http://www.helpage.org)





# Tackling the food crisis

**Sylvia Beales examines the reasons why older people go short of food and discusses policy responses and practical programmes aimed at tackling the problem.**

Ali, 74, is a former pastoralist in Ethiopia. “These recent years are the worst I can remember,” he says. “When there is no rain there is no water, so there is no pasture and our animals die. Because of the drought, most of my children are living far away, so getting enough food is very difficult. Sometimes I have to beg to survive and my neighbours help to cook food for me.”

Ali’s situation is far from unique. For millions of older women and men, the struggle for regular, nutritious food is constant and debilitating.

Older women and men play a vital part in producing, preparing and providing food. A high proportion of small farmers in developing countries are older people. In Jamaica, for example, the average age of farmers is over 55. In Mozambique, more than two-thirds of Small Farmers Union members are over 50.

Women are usually the main providers of food in the household and this role does not stop in old age. Indeed, more and more older women are responsible for feeding grandchildren whose parents have migrated or, particularly in areas affected by HIV and AIDS, are sick or have died.

### Reasons for hunger

Why do so many older people go hungry? The reasons are many, including their living arrangements, reduced mobility, poor access to land, declining capacity to farm, the demands of caring and insufficient income.

In 2011, global prices of wheat and corn, and staples such as flour, bread and oil, are rising again as a result of shortages caused by droughts and stockpiling in 2010. Food security has again become a political issue, recalling the crisis of 2008.

Food price hikes particularly affect older people with low incomes. In Kyrgyzstan, for example, some older people are now spending their entire pension on flour to make bread.

As well as lacking regular income, a high proportion of older people live in rural areas that are increasingly affected by water shortages brought on by more extreme weather conditions linked to climate change. Many are finding it difficult to grow enough crops to feed themselves and their families.

As the need for farmland becomes more acute, older people can be the victims of land-grabbing. Widows, for example, are denied their right to inherit land. And in areas affected by HIV and AIDS, older people are often left farming plots without the strength or time to do so, or the money to pay someone else.

**Agriculture training has enabled Heab and her daughter Romchang to grow more crops in their garden in Cambodia.**



In poor households, it is usual for older people and young children to live together. In households where food is short, older women and men often bear the brunt of the shortage because they give their share to younger family members. A study in the USA showed that older people living with a grandchild were 50 per cent more likely to go hungry than the child. In Sri Lanka, where the price of milk powder almost tripled in February 2009, a study by HelpAge Sri Lanka showed that older people went without, so that children in their care did not.

In emergencies, older people's nutritional needs are often unmet because they are not prioritised by humanitarian agencies. A recent survey by HelpAge International found that in camps set up in Haiti after the earthquake in 2010, one in five older people are receiving one meal or less a day. As well as going hungry, this

means that those receiving medicines cannot always take them, because they have to take their pills with food.

### **Improving food security**

With the world population forecast to reach 9 billion by 2050, there are calls for food and agriculture to rise up the political agenda and be coordinated with efforts to tackle the impact of climate change, water and energy supplies and loss of farmland.

The growing proportion of older people (by 2045, there will be more people over 60 than children under 15) and the prevalence of older farmers in the developing world makes the need to improve older people's food security and support their role as producers ever more pressing.

Food security was a central theme of the Millennium Development Goals (MDG) summit in 2010. UN member states reaffirmed their commitment to halving extreme poverty and hunger and recognising the right of everyone to have access to safe, sufficient and nutritious food.

They committed to "making special efforts to meet the nutritional needs of women, children, older persons and persons with disabilities... through targeted and effective programming". They also agreed on the importance of providing "social protection floors", which are regular services and cash payments for vulnerable groups at all stages of life, including old age.

Such approaches would help to meet the MDGs and the commitments made by UN member states in the 2002 Madrid International Plan of Action on Ageing (MIPAA). MIPAA calls for all older people to have access to food and adequate nutrition, and for policies for food security and agricultural production to take into account the implications of rural ageing.

What does improving older people's food security mean in practice? In some situations, such as disasters, it means distributing food. This means including older people in nutrition assessments and ensuring that the right kind of food reaches them.

Some governments are supporting food distribution to older people as a long-term measure. Chile has a national programme to distribute an instant food mix fortified with minerals and vitamins

to everyone over 70 years old who is registered with the national health service.

India, home to 27 per cent of all undernourished people in the world, has a proposed food security bill to provide foodgrains to poor people. The government's National Advisory Council has proposed that the bill, which is expected to be taken up in 2011, recommends total nutritional support for specific groups, including older people.

In situations where food is available but people cannot afford to buy it, the provision of regular cash payments to poor people is rising up the policy agenda. These may take the form of a food subsidy, as in Mozambique, or an income security policy such as a non-contributory pension.

Studies examining the impact of regular cash transfers on older people and their dependants in Kyrgyzstan, Mozambique, Nepal, Swaziland, Tanzania and Zambia show that recipients have used the money to buy more nutritious food for themselves and children in their care.

Supporting older people's ability to farm or earn an income by improving their access to credit and providing inputs and training is also important.

In communities across the world, there are many practical initiatives such as community gardening, community kitchens, "meals on wheels" and "food on foot" services that make all the difference to how many meals an older person eats. Often older people are involved in running these schemes, or they are run on a self-help basis, or young people volunteer, bringing different generations together. Older people's associations are also involved in campaigning for credit, regular income and inclusion in development programmes.

The food crisis is not going to go away. Action at all levels is needed to ensure that older people and children in their care have enough to eat. Local initiatives, combined with health education and campaigning, will continue to be vital in improving older people's access to food.

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**With thanks to Mahindar Singh, Indian Federation on Ageing, for information on India.**

# Saving water to grow more crops

**Lisett Larico Vásquez shows how subsistence farmers in Bolivia are growing more crops and “eating like city folk” despite erratic rainfall and longer droughts.**

Most people in the remote district of Poroma in the Bolivian Andes have depended all their life on subsistence farming. Poverty is widespread. More than 99 per cent of the population lives in poverty.

The effects of climate change are making people's lives even more precarious. Erratic rainfall and longer droughts over the past few years have caused the water table to drop dramatically, leading to poor production of staple crops. “Life is dying,” says Don Felipe, a 60-year-old farmer. His maize only produces one ear when it used to produce three, his potato crop is down by two-thirds, and his quinoa is stunted.

Many people have left the area to swell the shanty towns of the cities. Older people generally prefer to stay behind, often caring for their grandchildren. Most have no choice but to go on eking a living from the land. Although a monthly social pension is available to everyone over 60, many older people do not receive it because they cannot make the long and expensive journey to collect it or they lack identity documents.

People in Poroma feel neglected by government development programmes. “No projects reach our community,” says Don Sabino, a 74-year-old subsistence farmer. “We are only remembered at election time when the government wants our vote.”

## Adapting to climate change

One organisation that is helping to make a difference is Sumaj Punchay (Great Dawn), a Bolivian NGO and a partner of HelpAge International. “We saw that the effects of climate change were exacerbating older people's poverty, so we developed a programme with them to conserve water and adapt to climate change,” says executive director Karina León.

Over the past year, with funding from Sida, the Swedish government development agency, Sumaj Punchay has helped 34 older people and their families construct closed water storage tanks, create irrigation systems and grow a wider variety of crops.

Older people can now eat better and feel more hopeful about the future. They can see how they can contribute to their community. “Before, we didn't know how to grow vegetables. We only ate potatoes and wheat. Now we are eating like city folk,” says Don Sabino.

“Being young is only one stage of life. When you get old you get ill, so it's better to have good nutrition. Now we can drink clean water, grow vegetables and endure the drought. We want to

learn more about water conservation, as without water we cannot survive here. We want to produce enough food for ourselves and our families, the village school and health post. We also want to sell for our children and grandchildren.”

The municipal government has said that its budget will not stretch to building covered water tanks. However, if water is left uncovered, it becomes dirty and unsafe to drink. Although the efforts of subsistence farmers such as Don Sabino will not hold back the depletion of natural resources, they show what a difference can be made with a little investment.

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### More information:

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Families have set up systems for conserving water.



# Preserving food together

**Dina Zekic Gillham describes how a project in Kyrgyzstan has not only provided older people with food for the winter but also brought people together.**

When communal violence erupted in the south of Kyrgyzstan in June 2010, many older people were left dazed and confused. One was 72-year-old Sharipa Abdykarimova, an ethnic Kyrgyz woman who had lived peacefully with her neighbours in a predominantly Uzbek neighbourhood on the outskirts of Osh, the provincial capital, for over 30 years.

On the night of 6 June, Sharipa and her family watched in terror from a window in their house as armed groups rampaged the streets outside. The next morning they fled to relatives in the country.

When they returned home, they found that their house had been burnt and everything in it destroyed. In total, more than 400 people were killed in the conflict, more than 2,000 homes burnt and hundreds of thousands of people displaced.

“When I saw the destruction, my blood pressure went so high I thought I was going to die,” says Sharipa. “The blessing was that our small farm was not burnt.”

During the summer, Sharipa and seven members of her family lived in tents donated by international organisations. They cleaned the farm buildings and moved into them so they could be somewhere warmer in the winter.

One of the biggest worries facing older people such as Sharipa was having enough food and fuel for the winter. Temperatures can fall as low as -30°C. Food and fuel prices have risen steeply since the violence. The cost of a monthly “food basket” of 12 staple items is 2,381 som (US\$51), while the pension for most Kyrgyz pensioners is just 1,500 som (US\$32) or less.

Dina Zekic Gillham/HelpAge International



**Groups of volunteers prepare vegetables for cooking and bottling.**

Recognising that many older people were in a critical situation, Luch Lotosa, a local community organisation, started a three-month project supported by HelpAge International, with funding from UNHCR, to produce and distribute preserved fruit and vegetables.

The idea came from a phone call and questionnaire survey by HelpAge International of older people in Osh to assess their needs after the crisis. One of their worries was that the traditional harvest-time activity of preserving food for the winter had been disrupted and they would run short of food.

With the help of officers from the city’s Department of Social Protection, Luch Lotosa arranged for five groups of 10-15 volunteers to get together and prepare, cook and bottle fruit and vegetables. This was largely a self-help initiative, with at least 80 per cent of the volunteers being older women.

From late August to October, the volunteers produced a total of 4,000 jars of fruit and vegetables (including salad with cabbage, carrots, onion, garlic and tomatoes), and 3,000 jars of jam and of honey with nuts. During October and November, Luch Lotosa distributed the preserved food to 500 older people who had been identified through the survey as the most vulnerable.

Shapira was among them. “Luch Lotosa came to my house with preserved salad,” she says. “We don’t have anything to preserve food in our house and winter is at the door. This help has arrived just in time.”

## Creating a social space

The project did more than provide food – it also created a space for older people and their families to socialise, helping to strengthen cohesion between different ethnicities and generations.

“I must say I had some doubts that people from different ethnic groups would want to mix with each other after all the violence,” says Luch Lotosa’s founder, Bolush Saiev. “But I’ve changed my mind completely, now that I’ve seen them becoming involved in the project and spending time together.”

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**Dina Zekic Gillham was Emergency Security and Communication Officer, HelpAge International, Eastern Europe and Central Asia in 2010.**

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# Good nutrition in later life

This article looks at older people's nutritional needs, why they may not be eating well, and what can be done to improve their diet.

We all need a healthy diet to keep up our energy levels and fight infections, whatever our age. A healthy diet is a balanced diet, containing food from five groups:

- Fruit and vegetables are a vital source of vitamins and minerals, as well as fibre.
- Starchy foods, such as cereals, potatoes, bread and maize are a good source of energy.
- Meat, fish, eggs and beans are good sources of protein, which is essential for growth and repair of the body.
- Milk and dairy foods are good sources of protein and also of calcium, which helps to keep our bones healthy.
- Foods containing fat and sugar are good sources of energy (although when we eat too much of them we put on weight).

## What older people need

Older people need smaller, more frequent meals containing a variety of food from the five food groups. They need less staple food (such as cereals and potatoes), fats and sugar than younger adults and less red meat and fish than growing children and young women. But they need just as many fruits, vegetables, pulses or beans, milk, eggs and fluids as other adults, and they need protein to help retain muscle strength.

At this stage of life, protein is important for sustaining a healthy immune system and preventing the wasting of muscle. Since older people's energy needs are less, they should eat high-quality protein such as egg white, lean meat, poultry and fish. Fibre and water help to prevent constipation. Fibre is found in whole grains such as brown bread, cereals and brown rice, as well as fruit and vegetables.

Older people need micronutrients (minerals and vitamins) to protect their immune system and reduce the risk of disease. They need calcium to maintain good bone health (from milk, yogurt,

cheese and green leafy vegetables); vitamin D to help absorb calcium (mainly from sunlight but also from eggs and oily fish); iron for general health (from red meat, oily fish, beans and lentils); and vitamin C to help the body absorb iron (from fruit and vegetables, especially citrus fruit and green vegetables).

Calcium is one nutrient that many older people do not get enough of, because they avoid milk, believing that it will upset their stomach. They should be getting around 1,500 mg of calcium a day. Non-fat powdered milk can be used in recipes as a substitute for milk.

It is important that older people and their carers know what foods contain these micronutrients, so that even if a person is eating less, they are still getting the micronutrients they need.

In addition, many older people have chronic conditions such as hypertension (high blood pressure), cardiovascular disease (disease of the heart or blood vessels), diabetes, anaemia (iron deficiency), arthritis, chronic liver disease or kidney disease, which require special diets.

Most older people need to drink 8-10 cups of liquid a day to stay healthy – mainly water but also fruit juices and soups. Older people can become dehydrated quickly if they are not drinking enough or are losing fluids through diarrhoea or vomiting. Drinking plenty of liquid also reduces the risk of constipation, along with eating enough fibre (from fruit, vegetables and cereals) and taking exercise.

## Being malnourished

A person is malnourished when the food they eat does not give them the nutrients they need to stay healthy. Malnutrition commonly occurs when someone does not eat enough food. It can also occur if a person has an unbalanced diet. It is possible for an obese person to be malnourished because the food they eat lacks the nutrients that their body needs.

Many older people become malnourished because they do not eat enough of the right foods. Being malnourished makes you weak and tired and more at risk of developing infections. It also leads to poor wound healing, skin breakdown with ulceration, memory loss and confusion, decreased muscle function, and breathing and heart difficulties.

There are many reasons why older people may become malnourished.

### Physical reasons

- An older person may be too frail to prepare food themselves.
- They may be eating less because they are getting less exercise.
- Problems with teeth or a sore mouth can make it difficult to chew.
- They may have an illness that affects their digestion or causes loss of appetite.

**The AHISDO Elderly People Day Centre in Ethiopia helps older people such as 68-year-old Ginja eat a better diet.**



- They may have a chronic condition that requires them to follow a special diet, such as a low-salt diet for high blood pressure, yet they settle for foods that are easy to prepare, rather than those that they need.
- Memory problems or dementia may make it difficult for a person to obtain and prepare food.
- Depression can make someone less interested in cooking and eating.
- Physical disabilities, caused by stroke, for example, can make it difficult to cut up or swallow food.
- Sense of taste and smell changes with age, which can make food less appetising.
- The process of digestion slows down with age, so the person cannot eat as much food at any time.
- Medicines may affect a person's appetite and the way their body absorbs food.
- They may not be drinking enough because they do not feel thirsty, or because it's too much effort to pour a glass of water.

### Economic reasons

- Older people may have no reliable food supply, because food is unavailable or they cannot afford it.
- They may have no access to land to grow their own food, or they may not have the strength or time to farm.
- Lack of money may lead them to scrimp on important foods such as fresh fruit, vegetables and meat.
- Financial problems may cause older people to delay medical and dental treatment that could correct problems that interfere with good nutrition.
- They may buy cheaper food which they find harder to prepare or less appetising, so they eat less of it.
- If there is a shortage of food in the family, an older person may give away some of their food to other family members.

### Social and educational reasons

- The person may not know what a balanced diet is.
- Their family may not know how to prepare food for them.
- Their family may not be sharing food with them.
- They may be choosing foods that are easy to cook and eat, but do not give them all the nutrients they need.
- They may avoid dairy products (an important source of calcium, protein and some vitamins), believing that they cause gas or constipation.
- Loneliness and isolation, especially after bereavement, can affect how someone eats. For example, someone whose partner has died may not make the effort to eat well because they no longer have someone to cook for or eat with.
- Cultural beliefs and taboos may limit what a person is willing to try or what their family will offer them.
- A change of living situation can affect a person's eating habits. For example, if they move into a care home, they may have to conform to mealtimes and menus that do not suit them.
- They may avoid drinking enough because they fear going to the toilet or are worried about incontinence.

*continued on next page*

## Medical conditions

Some age-related conditions require special diets, which often require extra effort.

For example, a person with diabetes should follow a low-fat, low-sugar, low-salt diet high in fruit, vegetables and starchy foods. Someone with heart disease needs a low-fat, low-salt, high-fibre diet; someone with high blood pressure needs a low-salt diet; and a low-calorie diet is needed for weight reduction.

It is essential that someone with a medical condition receives advice from a health worker as soon as the condition is diagnosed, followed by regular check-ups.



Suzanne Porter/Age UK

# Good nutrition in later life

*continued*

## Steps to better nutrition

If you think an older person is malnourished, try to arrange for them to see a nutritionist. It is important that malnutrition is detected as early as possible to prevent it from getting worse and to devise appropriate treatment.

Otherwise, you will need to do what you can for the person in their own community. Try to find out how balanced their diet is. To do this, you will need to ask them what they eat. Find out what is available, ask them whether they eat it, and if not, why not. Work out which food groups the different foods they eat come into and see if the person is eating foods from the five groups.

If the person is not eating a balanced diet, try to work out the reasons why.

Discuss ideas for improving their nutritional intake with them and decide together what the best course of action is. The main options are:

- improving their diet
- making it easier for them to eat
- improving their access to food
- reducing social barriers.

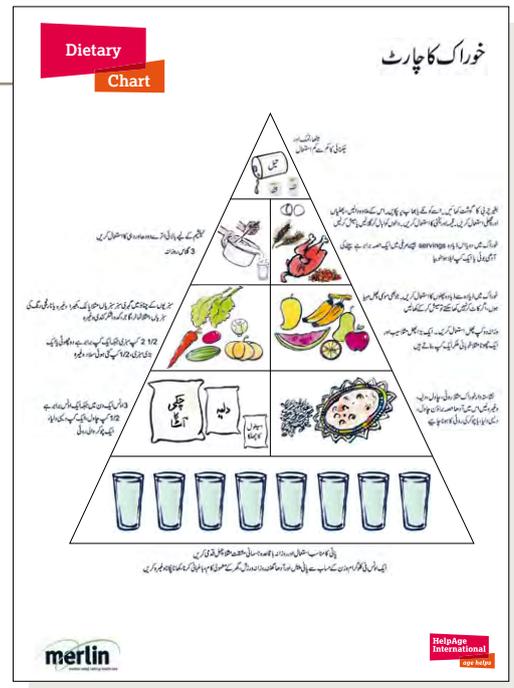
### Improving the diet

Use the information about the person's diet that you have collected, especially the reasons why they do not eat certain foods. To help the person improve their diet, you need to know which locally available foods are good sources of different nutrients. If possible, consult a nutritionist.

Older people's protein intake often drops because they are eating less red meat, whether because they have teeth problems, cannot digest it or cannot afford it. If this is the case, look at alternative locally available food that is protein-rich and inexpensive.

Remember that it can be difficult for people to make big changes to their diet. It is often easier to make changes a little at a time.

Posters, such as this one from HelpAge International and Merlin in Pakistan, help raise awareness of older people's nutritional needs.



### Making it easier to eat

There are a number of ways to make it easier for an older person to prepare and eat meals. For example:

- Adapt equipment if the person finds it difficult to handle, for example, if they have arthritis, such as using a thicker piece of bamboo as a chopstick.
- Promote good hygiene and assist the person to obtain healthcare.
- Arrange dental care and promote good dental hygiene.
- Arrange eye check-ups and eyecare.
- Arrange for the person to see a doctor if you suspect any illness.
- Arrange help with food shopping and collecting fuel and water.
- Arrange for someone to help prepare food.
- Assist the person to stay mobile, for example, by providing a walking stick or walking frame.
- Prepare smaller, more frequent meals instead of one main meal a day.
- Give someone with missing teeth or sore gums soft foods, or grind up foods such as nuts and dried fruit.
- Cut food into small pieces if the person has difficulty cutting it up themselves.

### Improving access to food

- If the main problem is lack of income or difficulties producing food, you might start an income-generation or food production project. Make sure this includes nutrition education, so that older people, their families and carers understand why older people need a balanced diet.
- Encourage community members to cultivate older people's gardens and to shop and cook for them if they cannot do these things for themselves.

### Reducing social barriers

- Encourage older people to eat together and arrange social activities for them.
- Make sure you reach older people who have been bereaved, who live alone or are housebound.
- Serve food hot and use spices or herbs to improve the flavour for older people who are losing their sense of smell and taste.
- Encourage older people to take some regular exercise to improve their appetite.

Just raising awareness in the community of older people's nutritional needs is a valuable thing to do. Also remind the community that older people know about local foods and dietary customs and encourage them to ask older people to pass this information on.

With thanks to Dr Asma Badar, Senior Training Officer, HelpAge International, Pakistan.

# Providing a daily meal

**Erna Mentenot-Hintz and Gacheru Maina show how a daily meal in Ethiopia makes all the difference to older people who have no income.**

Bekele was born in the Ethiopian countryside and moved to the capital, Addis Ababa, when he was 12. Employment was not easy to come by, and after he finally found work with a construction company, his career was cut short because of failing eyesight and abdominal pains. Paying for medical care cost him all the money he had.

Bekele married and had nine children, but seven of his children have died. His wife is also dead. Now aged 62, he lives with his nine-year old granddaughter, in a one-room mud house in a slum area. He has no income, even from his surviving children, and fears he may lose his home.

## Not enough food

Bekele's situation is far from unique. A new study by HelpAge International and partner organisations in Ethiopia reveals that nearly nine in ten homeless older people and two-thirds of older people living at home in Addis Ababa do not have enough food. This is mainly because of rising food prices, inadequate income and the erosion of traditional coping mechanisms. More than half the older people in the study said their prime concern was food. They are having to buy cheaper food and eat less of it.

*Nearly nine in ten homeless older people and two-thirds of older people living at home in Addis Ababa do not have enough food.*

A number of organisations in Addis Ababa provide services to older people. One of these is Community Based Integrated Sustainable Development Organisation (CBISDO), which runs a range of community programmes. Through its day-care centre, CBISDO provides food, clothing, soap and other essentials to 174 older men and women aged 55 and over, with funds raised by Age UK's Sponsor-a-Grandparent programme.

For those who cannot come to the centre, CBISDO organises a "food-on-foot" programme, in which a few older people deliver food to them at home. Some older people are also involved in serving food, collecting plates, watering the garden and helping to arrange special activities such as coffee ceremonies and meals to celebrate public holidays.

A member of a voluntary neighbourhood group noticed that Bekele was in desperate need and recommended that CBISDO include him in their programme. Since Bekele started going to the day centre four years ago, he has been guaranteed one nutritious meal each day, six days a week.

Depending on the day of the week, the meal may include soup (containing cabbage, potatoes and beetroot), *dabo* (traditional bread), *injera* (a yeast-risen flatbread with a slightly spongy texture, made out of teff flour) and *wot* (a sauce with meat or vegetables), as well as a cup of hot coffee or tea.

Bekele not only eats better now but also enjoys socialising with his peers, playing cards and board games and chatting. And he has started receiving treatment for his illnesses since CBISDO arranged for him to visit its clinic and the local hospital.

One meal a day is still far from ideal, but it is a lifeline for Bekele and others in his situation.

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CBISDO

**A good meal**

**a better life**

**Bekele is in better health, now that he has a daily meal.**

# Meeting needs in emergencies

**This article explains why older people need special attention in emergency food distributions and how to meet their needs.**

In emergencies, malnutrition of older people is a largely neglected area. Humanitarian agencies usually recognise the vulnerability of groups such as children, pregnant women and breastfeeding mothers, and arrange supplementary feeding programmes for them.

Older people are recognised by the Sphere guidelines as a vulnerable group. The guidelines state that special attention should be paid in food distributions to the nutritional requirements of older people (see box). However, older people are often not targeted in food distributions, because it is assumed that their needs will be met by general food distributions. In practice this is often not the case.

There are two main reasons why many older people do not receive the food they need. Either food rations are not appropriate for older people, or the way food is distributed means that it does not reach them.

## Nutritional needs

For details of older people's nutritional needs, see "What older people need" in the article on page 8.

To summarise, older people need smaller, more frequent meals containing a variety of food from the five food groups. They need less staple food (such as cereals and potatoes), fats and sugar than younger adults and less red meat and fish than growing children and young women. But they need just as many fruits, vegetables, pulses or beans, milk, eggs and fluids as other adults, and they need protein to help retain muscle strength.

Older people need micronutrients (minerals and vitamins) to protect their immune system and reduce the risk of disease. They need calcium to

maintain good bone health; vitamin D to help absorb calcium; iron for general health; and vitamin C to help the body absorb iron.

## Distribution

There are many reasons why emergency rations may not reach older people. Older people may be unable to walk to distribution points. Neighbours collecting food on their behalf may keep some of it as payment. Often older people will give away their ration to younger family members, particularly children.

In an emergency, families often abandon older relatives in their care in order to survive themselves. This leads to increased numbers of unaccompanied older people who cannot access food or prepare it themselves. These older people will be at particular risk of malnutrition and developing infections.

## Recommended action

The following approaches will help ensure that older people receive the food they need:

**Needs assessments** Collect and analyse data broken down by age and sex, so that older men and women can be located, their needs for assistance identified and programmes planned to meet their needs. Ideally, collect data in ten-year age groups, or at least have an age group for people aged 60-plus.

**Nutrition assessment** A rapid assessment survey can be used to assess the nutritional status, diet, food choices and beliefs that people may have about food, using a structured questionnaire. Find out what foods are typically eaten by older people in the area and how far these differ from those eaten by the general population. See what others in the community think are the main risks to older people's nutritional status.



This information will help you understand older people's eating patterns and any misconceptions that older people and carers may have about what older people should eat. It will help ensure that older people receive the food they need to top up their diet. It will also help with buying food for older people from local markets.

**Appropriate food** The type of food distributed to older people should both meet their dietary needs and be easy for them to prepare and eat. Older people (along with young children, pregnant women and breastfeeding mothers) should be prioritised to receive blended foods containing appropriate nutrients such as fortified cereals and milk.



HelpAge International

**Special food distributions to older people should be accompanied by distributions to the rest of the family, as older people often give their food to children.**

## What the guidelines say

The Sphere Humanitarian Charter and Minimum Standards in Disaster Response is an internationally agreed charter setting out what people affected by disasters have a right to expect from humanitarian assistance in five key sectors. In a chapter on nutrition, the Sphere Handbook states that:

Older people can be particularly affected by disasters. Nutritional risk factors which reduce access to food and can increase nutrient requirements include disease and disability, psychosocial stress, cold and poverty. These factors can be exacerbated when normal support networks, either formal or informal, are disrupted.

While the average planning figures for general rations take into account the nutritional requirements of older people, special attention should be paid to their nutritional and care needs.

Specifically:

- older people should be able to easily access food sources (including relief food)
- foods should be easy to prepare and consume
- foods should meet the additional protein and micronutrient requirements of older people.

Older people are often important caregivers to other household members and may need specific support in fulfilling this function.

*Chapter 3: Minimum Standards in Food Security, Nutrition and Food Aid, Sphere Handbook, Sphere Project, 2004. [www.sphereproject.org](http://www.sphereproject.org)*

Where possible, provide food that older people are familiar with, so they are not expected to make sudden changes to their diet. Make sure you provide enough fluids (8-10 cups a day) to prevent dehydration and aid digestion. Show community workers, health promoters and families how to prepare food that is attractively presented and easy to chew (such as mashed or grated fruits and vegetables, soups, minced meat and thoroughly cooked pulses).

**Community support** Find out about community support structures for older people and whether they are still functioning. Identify those that can be strengthened.

**Distribution** Organise distribution so that the food reaches older people. Since older people often give their food to children in the household, make sure that food distributions to older people hand-in-hand with distributions to the rest of the family. Set up community programmes to help older people collect rations, prepare food or fetch fuel and water. If necessary, arrange special transport to distribution points. Find out if there are care homes in the area and make sure they are included in distributions.

**Medical care** Encourage health services to detect and treat malnutrition in older people, provide mobile medical services for isolated older people, and put plans in place for older people to obtain food after they are discharged.

Work with staff of health ministries and medical centres to help them understand the nutritional needs of older people and ensure they provide older people with the right kind of food.

**Raise awareness** Raise awareness of older people's nutritional needs and rights at inter-agency meetings (especially the Health and Nutrition Cluster, and the Disability and Psychosocial Support Working Groups).

With thanks to Margaret Chilcott, Emergency Programme Coordinator, HelpAge International, London and Dr Asma Badar, Senior Training Officer, HelpAge International, Pakistan.

# Breaking a vicious circle

**Merlijn Kouprie describes a project that shows what a difference good food makes to older people's ability to earn an income and look after their families.**

**Rehema now earns an income making and selling snacks.**



"My family and I can now eat two meals a day," says Rehema, a 63-year-old widow from Songea district, southern Tanzania. "Before, we used to eat once a day. I feel much more capable of working now, as I am sure there is food after hard work."

Rehema is involved in a project supported by HelpAge's partner, Tanzania Mission to the Poor and Disabled (PADI), which shows how improving older people's health and nutritional intake breaks a vicious cycle affecting the whole family.

Three years ago, Rehema's daughter died, leaving her with four grandchildren to care for – two girls and two boys aged six to 16. Rehema was constantly worried, not only about how to pay for school fees and materials for the three children at school, but also how to buy enough food for the family.

She could not even give her grandchildren enough food to stay in school the whole day. She could never afford meat or fish, but gave them *ugali* (cornmeal porridge) or rice with beans, just once a day. Because the children were hungry, they did not normally stay at school in the afternoon, but came home and slept to avoid feeling hungry.

Rehema also faced difficulties because of disability and poor health. She was

lame in one leg and often ill with malaria. Because of her disability, she could not easily go out and ask people for help when she needed it, or collect medicines prescribed by her doctor. "Life was very tough. Accessing health services was not an easy task. I had no support from anybody," she says.

## Income and health

In 2009, PADI started a project to improve older people's income and access to health services, with funding from WorldGranny and Cordaid. PADI distributed insecticide-treated nets, set up a community health fund and provided low-interest loans and agricultural inputs for older people to start businesses.

To receive a loan of 65,000 shillings (US\$45) repayable after 12 months, older people have to be organised in groups of five. Group members support each other, decide how to allocate loans and encourage each other to make savings.

Poor households headed by older people are each asked to contribute 13,000 shillings (US\$9) a year to the health fund. Their contributions are matched by a contribution from the government. The fund covers the cost of healthcare for up to five people in each household.

With money from the community health fund, Rehema had an operation on her leg and was given crutches, so she can now move around more easily. She felt more confident about taking on work and took out a loan from PADI, which she used to set up a small business selling poultry and making and selling snacks. "PADI staff have been a great catalyst," she says. "They have visited me several times to monitor progress."

The biggest change Rehema has experienced is that she is now earning enough to give herself and her grandchildren two meals a day, so the children are going to school for the full day. She has also managed to put some money into savings. Now that she is eating better, she feels more energetic and has hopes for building up the business.

"Before I started the business, I couldn't make any savings," she says. "I am much more active than before. I hope the business will grow."

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## HelpAge International affiliates

**More than 80 organisations in over 50 countries are affiliated to HelpAge International, forming a global network standing up for the rights of older people.**

### Caribbean

Action Ageing Jamaica  
Dominica Council on Ageing  
ECHO, Grenada  
Haitian Society for the Blind  
HelpAge Belize\*  
HelpAge St Lucia/National Council of and for Older Persons  
Old People's Welfare Association (OPWA), Montserrat  
REACH Dominica  
Society of St Vincent de Paul, Antigua

### Africa

Age-in-Action, South Africa  
APOSEMO, Mozambique  
CEM Outreach, Sierra Leone  
Elim Hlanganani Society for the Care of the Aged, South Africa  
HelpAge Ghana  
HelpAge Kenya\*  
HelpAge Zimbabwe  
Kenya Society for People with AIDS (KESPA)  
Maseru Senior Women Citizen Association, Lesotho  
Mauritius Family Planning Association

Muthande Society for the Aged (MUSA), South Africa  
RECEWAPEC, Cameroon  
SAWAKA, Tanzania  
Senior Citizens' Association of Zambia  
Senior Citizens' Council, Mauritius  
Sierra Leone Society for the Welfare of the Aged  
Sudanese Society in Care of Older People (SSCOP)  
Uganda Reach the Aged Association (URAA)

### East Asia/Pacific

China National Committee on Aging (CNCA)  
Coalition of Services of the Elderly (COSE), Philippines  
Council on the Ageing (COTA), Australia  
Fiji Council of Social Services (FCSS)  
Foundation for Older Persons' Development (FOPDEV), Thailand  
HelpAge Korea\*  
Helping Hand Hong Kong  
Instituto de Acção Social, Macau  
Mongolian Association of Elderly People  
NACSOM, Malaysia  
Office of Seniors Interests, Australia  
Research Centre for Ageing Support (RECAS), China  
Singapore Action Group of Elders (SAGE)  
Society for WINGS, Singapore

Tsao Foundation, Singapore  
USIAMAS, Malaysia  
Vietnam Association of the Elderly  
Yayasan Emong Lansia (YEL), Indonesia

### South Asia

Bangladesh Women's Health Coalition (BWHC)  
GRAVIS, India  
HelpAge India  
HelpAge Sri Lanka\*  
Pakistan Medico International  
Resource Integration Centre (RIC), Bangladesh

### Eastern Europe and Central Asia

Dobroe Delo, Russia  
Mission Armenia  
NGO Lastavica, Serbia  
Second Breath (Gerontological Association of Moldova)  
Slovene Philanthropy  
UMUT (Resource Centre for Elderly People), Kyrgyzstan

### Western Europe

Age Action Ireland  
Age UK  
Caritas Malta HelpAge  
Centre for Policy on Ageing, UK  
Cordaid, Netherlands  
DaneAge Association, Denmark  
HelpAge Deutschland, Germany\*  
WorldGranny, Netherlands  
Zivot 90, Czech Republic

### Latin America

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CAPIS, Peru  
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ISALUD, Argentina  
Lima Coordinating Group, Peru  
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### North America

AARP  
HelpAge Canada\*  
HelpAge USA\*  
West Virginia University Center on Aging

\*HelpAge "sister" affiliates



## HelpAge International regional centres

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- Local government
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# Action around the world

**Thousands of older men and women around the world took part in the latest Age Demands Action campaign.**

Older activists in 51 countries took part in Age Demands Action on or around 1 October, the International Day of Older Persons, supported by organisations in the HelpAge network. They called for policy changes on issues affecting them, including food security, pensions, healthcare, housing and work.

In Mozambique, a meeting between older people and the Minister for Social Action was followed by a government pledge to increase the food subsidy for the poorest people by 27 per cent from January 2011 and to extend its coverage.

In Kyrgyzstan, at a meeting with older people, the Ministry of Agriculture representative agreed to consider revising the country's land reform programme to ensure that older people in villages receive plots they can farm on, and to help them obtain low-interest credit to invest in agriculture.

In Kenya, the permanent secretary of the Ministry of Finance promised a delegation of older people that the government would increase regular cash payments to the poorest older people and extend the scheme to all 47 counties by June 2011.

At a meeting with older people in Sri Lanka, the Minister of Social Services agreed to back their call for a senior citizen's allowance for everyone over 75.



**Hundreds of older people march for their rights in (clockwise from top) Haiti, Kenya and Colombia.**



In Ghana, a meeting between older people and the Minister of Employment and Social Welfare was followed by the cabinet's approval of a new national ageing policy and four-year implementation plan.

In some countries, older people organised marches, exhibitions and fun runs to raise awareness of their rights.

This was the fourth Age Demands Action campaign and the biggest yet, with ten more countries than last year taking part. National actions were unified by a global call to end age discrimination.

Read more at: [www.agedemandsaction.org](http://www.agedemandsaction.org)

Watch a video at: [www.youtube.com/watch?v=jSxIuBIHtMA](http://www.youtube.com/watch?v=jSxIuBIHtMA)

**HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.**

Copies of *Ageways* are available free of charge to people working with older people. Please use the order form on page 15 or at: [www.helpage.org/ageways](http://www.helpage.org/ageways) You can also download *Ageways* as a PDF from this address.

*Ageways* exchanges practical information on ageing and development, particularly good practice developed in the HelpAge network. It is published twice a year.

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