

# Ageways

ISSUE

64

Practical issues in ageing and development

JANUARY 2004



## *Ageing and disability*

*A matter of rights*

*Raising awareness*

*Opening doors to inclusion*

*Speaking up about daily problems*

*Blind and back in business*

*Aids and adaptations in the home*

**HelpAge**  
International

Leading global action on ageing

# Comment

## Focus on ability

**Welcome to *Ageways* 64. Disability in old age is not inevitable, but the risk of becoming disabled increases in later years. For many people, becoming old and disabled is a frightening prospect – not just because it means they cannot do things as before, but because of the severe poverty and isolation that it can bring.**

**This issue highlights the way that society discriminates against people who are old and disabled (focusing mainly on physical disabilities; issue 65 will look at mental health).**

**It suggests how older and disabled people's organisations can work together to raise awareness of the needs, rights and potential of disabled older people, and it looks at some practical ways to improve the opportunities for disabled older people to participate in society.**

**Celia Till**  
Editor

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### Themes of future issues

Issue 65 (May 2004) **Mental health**  
Issue 66 (September 2004) **Media**

We welcome articles for consideration. They should be received three months before the month of publication.

# Letters

## Doña Victoria Mamani

I am sorry to inform you that Doña Victoria Mamani passed away peacefully a few days after we received the last issue of *Ageways*. She had a chance to see her picture and so did her companions at the *Awicha* house where she lived. They called out her name and will remember her, as she wished.

It was a meaningful coincidence that her photograph appeared on the cover of an issue devoted to the end of life. *Ukhamaw*, which in the Aymara language means 'So be it'.

*Mercedes Zerda, Awicha Community for Older People, Casilla 12283, La Paz, Bolivia.*

## Postponing disability

The ageing process is influenced by lifestyle, environmental factors, healthcare, disease and genetics. Postponement of illness and disability can be achieved by undertaking physical and intellectual activities, keeping socially active, having a healthy lifestyle and having access to health interventions and care.

Interventions aimed at promoting health and preventing disability should never be dismissed as too late. Older people who are lonely feel more tired, have a lower opinion of their own health, visit health providers more often and take more medicines than those who do not experience loneliness.

*Konate Musah Mohammed Kudus, Executive Director, Help the Victims (HTV), PO Box 37, Frogville, Tamale, Ghana.*

## A dignified death

Thank you very much for sending us the 'End of life' issue of *Ageways* (63). It is a matter of great concern that many older people are sent to old

people's homes by their children, where they spend their last days feeling nostalgic. However, this issue of *Ageways* contains emotional and practical issues relating to older people and how they can enable themselves to fulfil their rights towards a dignified death. We hope that you would continue to publish articles related to such issues, in future.

*H K Mir, Vice President, Rural Development Foundation, PO Box 1170, Islamabad, Pakistan.*

## Active ageing

I would like to see an issue of *Ageways* on ageing and keeping active. As a social worker, the lack of training for older people to keep mentally active worries me. As well as physical activity, it is also important to take part in activities that keep the mind active.

*Rosilene Pollis, Social Assistant, Public Ministry, Paraná, Brazil. Email: rosepol@hotmail.com*

**Editor's note:** *Mental health will be the theme of Ageways 65, including ways to promote good mental health. We welcome ideas and articles.*

## Have you any anecdotes?

Older people are often disregarded as being unworthy of attention. However, in 10 years of caring for older people, it has certainly been my experience that when you take the time to stop and listen, there are a host of wonderful stories to be told.

I am trying to write a book on the interesting experiences we encounter in our day-to-day work with older people. Perhaps a book such as this could rekindle awareness that older people are often really amazing, worthy of both our respect and our love.

I would like to gather any humorous, sad, touching or interesting anecdotes from care staff, managers, and older people themselves. The stories must be true. They can relate to older people living in nursing or residential homes, or in their own homes in the community. All names and organisational details will be treated in the strictest confidence.

Henry Spencer, 78 Crates Close,  
Kingswood, Bristol BS15 4AF, UK.  
Email: [henry@halfmens.fsnet.co.uk](mailto:henry@halfmens.fsnet.co.uk)

**We welcome letters from readers.**  
**Please write to: The Editor,**  
**Ageways, HelpAge International,**  
**PO Box 32832, London N1 9ZN, UK.**  
**Fax: +44 20 7713 7993**  
**Email: [ctill@helpage.org](mailto:ctill@helpage.org)**  
**Letters may be edited.**

## Course

### **Training course on ageing in Africa**

Five-day course for mid-level or senior programme managers, social workers, health care professionals, senior government officers or planners, and others with an interest in ageing issues.

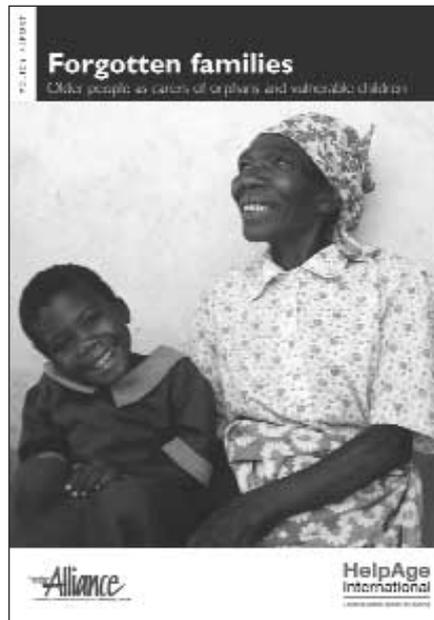
Covers the demographic situation and socio-economic implications for Africa; HIV/AIDS and its impact on older people; gender dimensions of ageing; poverty; and research and policies on ageing.

**16-20 February 2004,**  
**Nairobi, Kenya**

US\$400 (including accommodation)  
or US\$150 (non resident)

More information: HelpAge International  
Africa Regional Development Centre  
(address on page 15).

## New publications



### **Forgotten families**

Older people caring for orphans and vulnerable children in countries severely affected by HIV/AIDS face hardship and isolation. A new report by HelpAge International and the International HIV/AIDS Alliance urges international and national agencies and donors to respond to the needs of these families, and help to ensure the wellbeing of children who have lost their parents to AIDS.

The report discusses the impact of HIV/AIDS on older people and the children in their care, with case studies from Africa and Asia. It contains recommendations for policy makers, programme planners and researchers.

Available from HelpAge International  
London (address on this page).  
Email: [publications@helpage.org](mailto:publications@helpage.org)  
Also available at:  
[www.helpage.org](http://www.helpage.org) (Publications)

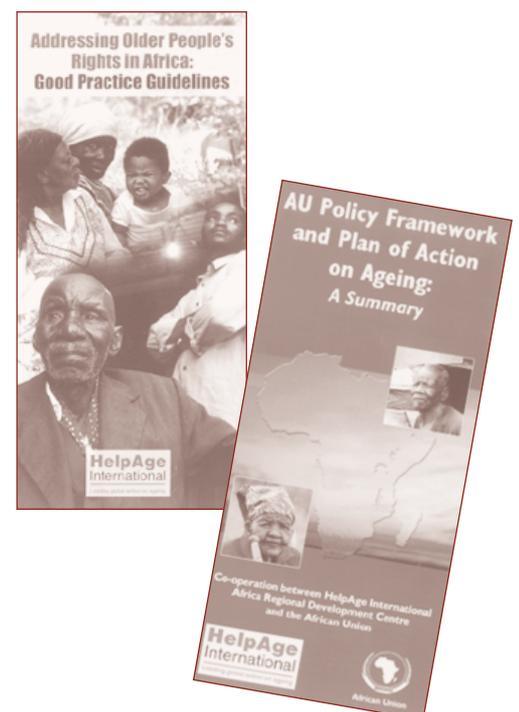
### **Rights and policy in Africa**

*Addressing older people's rights in Africa: good practice guidelines* is a new leaflet from HelpAge International's Africa Regional

Development Centre for those working with older people and those involved in human rights issues. It describes the underlying principles in promoting older people's rights. Specific areas include abuse, emergencies, property and inheritance, HIV/AIDS and access to health.

*AU policy framework and plan of action on ageing: a summary* is a leaflet explaining the background to this document and summarising recommendations in 13 key areas: rights, information and coordination, poverty, health, food and nutrition, housing and living environments, social welfare, family, employment and income security, crises, emergencies and epidemics, ageing and migration, education and training, and gender.

Both leaflets are available from HelpAge International Africa Regional Development Centre (address on page 15) and on the web at: [www.helpage.org](http://www.helpage.org)



# A matter of rights



Brent Madison/HelpAge International

*Having a mild impairment, such as poor eyesight, need not result in disability, if services are available.*

*Disabled older people are among the poorest and most marginalised – yet they are widely ignored by development programmes. **Ageways** looks at the links between ageing, disability and poverty, and suggests ways to include disabled older people in development activities.*

**M**ore than two-thirds of the world's disabled people live in developing countries.

**Numbers of disabled people are growing, and the fastest growth is in the older age groups, particularly 65 plus.**

Becoming older does not necessarily mean becoming disabled. However, older people are more likely to have impairments than younger people. This is because, in middle age, factors causing impairment in old age start to stack up:

- Illnesses associated with work or lifestyle, combined with poor health and safety provision, generally take their toll after a certain number of years.
- The effects of chronic poverty – poor living conditions, poor nutrition and lack of access to basic healthcare – become more acute with age.
- Injuries and impairments sustained during conflict, civil unrest or in refugee situations can become worse with age, without appropriate treatment or support.

## What is disability?

'Disability' can be defined in different ways. It can mean being unable to do certain things, or needing extra support to do them, as a result of having an impairment.

**An impairment is the loss or partial loss of a function, such as seeing, hearing, talking or moving – for example, as a result of an injury, illness or chronic condition.**

**There are different approaches to disability. The 'individual' model regards disability as mainly a health issue. The disabled person may be seen as passive, dependent, sick, or even cursed, abnormal or evil. Solutions may include excluding the person from the community, trying to make them 'normal', or taking care only of their physical needs.**

**The 'social' model regards disability as a relationship between the individual and society. It does not exclude the need for rehabilitation and medical services, where appropriate. However, it means adapting the services to the person, not the person to the services. It also means tackling physical barriers, such as steps or poor public transport, and social barriers, such as discriminatory attitudes.**

**The social model is consistent with a human rights approach, because it focuses on the responsibility of society, and the equal dignity and worth of all human beings.**

**This issue of *Ageways* focuses primarily on disability related to physical impairments. Issue 65 will look at mental health issues.**

Some impairments may occur naturally as part of human vulnerability and mortality, especially:

- hearing loss
- eyesight disorders, such as cataracts
- 'wear and tear' on bones and muscles, reducing mobility and dexterity
- illnesses such as stroke and heart disease, affecting movement and speech, or dementia, affecting mental capacity.

At the same time, more people who have acquired physical or mental impairments earlier in life are living longer, resulting in growing numbers of disabled people becoming old.

## Having an impairment

Having an impairment need not result in disability. A person with poor eyesight may be able to see perfectly well with spectacles, or someone with a heart condition may be able to lead an active life if they take medication.

But if these services are not available, the person may become severely disabled. This is particularly so in very poor or remote communities, or in difficult circumstances, such as conflict or natural disasters – especially for older people, who are often seen as low priority by over-stretched health services.

Too often, disabled people of all ages are left at home, hidden away, and therefore not known about or included. They become part of a 'cycle of invisibility', becoming even more vulnerable and hidden away.

In Morogoro, Tanzania, the Amani Centre for Children with Disabilities carried out outreach work and discovered 30 previously unknown disabled older people in the village who badly needed support. Its work involved integrating disabled people of all ages into social activities.

## Strategies for inclusion

Disability is a major cause of poverty, social exclusion and inequality throughout the world. Age discrimination means that disabled older people are especially likely to be left at the 'bottom of the heap'. Many experience severe poverty, malnutrition and isolation.

Disability affects men and women differently. For example, men who have worked in mines or doing heavy labour will be more at risk of impairments related to chest infections or accidents.

Various national surveys show that older women are more likely to be poor and to have impairments than older men, because they are more likely to experience domestic violence and poor access to education, income, food, work, healthcare, inheritance, social security measures and political power. Disabled older women are particularly likely to face exploitation and discrimination.

Disabled older men and women have a right to be included in development programmes – and their inclusion is necessary if the Millennium Development Goal of halving extreme poverty by 2015 is to be achieved.

However, existing disability programmes tend to focus on children or younger adults, while most development programmes, including those involving older people, exclude a disability perspective. There is an argument for including disabled older people in every programme, in the same way that it is increasingly acknowledged that a gender perspective needs to be included.

Often, 'development' for disabled people is limited to rehabilitation and healthcare only, but they have a right to be included in all aspects of development and poverty alleviation programmes, not as passive recipients, but as full participating citizens. Of course, not all disabled older people will want to be active or fight for their rights – but they have a right

to have the opportunity, and for their choice to be respected.

It is also a fact that many disabled older people will need a lot of help with the basic daily activities of living. The point is to enable them to have a choice about their care, for their carers to be supported, and for them to be valued as human beings.

In Asia, HelpAge International has analysed care services for older people and supported home care pilot projects. These show how care and support delivered in the home can help to maintain the independence and quality of life of older people, including those who are frail.

The disability movement and older people's organisations could work more closely together to promote the inclusion of disabled older people, for example, by:

- addressing disability and ageing as specific issues and building them into their programmes, policies and areas of funding
- recognising that the rights of disabled older people are best promoted by disabled older people themselves
- arranging disability and age awareness training for staff working in NGOs, UN agencies and relevant government departments
- promoting better access for disabled older people in terms of health and rehabilitation services, aids and equipment, physical access and communication
- encouraging disabled older people and their carers to set up self-help organisations
- encouraging emergency relief agencies to build the needs of disabled older people into service assessment, delivery and monitoring.

*We are grateful to Sue Stubbs, disability consultant and International Disability and Development Consortium coordinator, for contributing to this and other articles in this issue. Email: co-ordinator@iddc.org.uk*

*With thanks also to Nancy Breitenbach, disability consultant, for information for this article. Email: nbreit@club-internet.fr*

# Raising awareness to bring about change

*Awareness-raising is an important step to promoting disabled older people's participation in community life.*

**Awareness-raising activities can help members of the community to change negative attitudes to older and disabled people.**

Awareness-raising in itself changes nothing – it needs to be followed by concrete action, such as changing policies, removing age limits, making venues accessible and welcoming, offering appropriate services and support, imparting knowledge and skills, and making appropriate aids and equipment available.

The messages to get across will vary according to the local situation. The main point is to keep the message clear, and to focus on disabled older

people's rights and their abilities. For example:

- People may be disabled by their lack of access to health and rehabilitation services and by discriminatory attitudes, rather than by their impairments.
- Disabled older people can participate in a wide range of activities, in the family and community, socially and at work.
- Both the community and individuals benefit from disabled older people being encouraged to participate in society.
- Venues and events need to be not only accessible, but positively welcoming to disabled older people.

- For older people who need a lot of help with the basic daily activities of living, the emphasis should be on valuing them as human beings, respecting their dignity, enabling them to have a choice about their care, and supporting members of their family and community to manage their care appropriately.
- Prejudice is usually based on fear and misunderstanding. Prejudice can be challenged by exposure to positive role models, dispelling myths (see box on page 7), and referring to anti-discrimination laws and policies.
- It is often useful to give factual information about impairments, such as different types of hearing or visual impairments, or the effects of stroke, to help people know how to respond.
- The privacy of a disabled person should be respected. Sometimes it is useful to ask a person about their impairment or medical condition, to know how to help them, but often it is not necessary and can be offensive.



**Public places are often difficult for older and disabled people to reach.**

## Who to involve?

The first people to reach with awareness-raising activities are older, disabled people themselves, who are often unaware of their rights, and what they can hope for and achieve.

It is common for people who are discriminated against consistently, and who have no access to positive role models, to have low self-esteem. Peer counselling by disabled older people who know about their rights may help to dispel such feelings. It can be inappropriate and difficult for younger, non-disabled persons to try to 'empower' disabled older people, without any personal experience of their situation.

*‘When we’re looking at the older population who have disabilities, they are virtually not listened to.’*

*Judith Heumann, World Bank Disability Advisor*

The next people to reach are disabled older people’s families, carers and older people’s organisations. Other groups include health and social workers, local government officials, employers, NGOs, religious leaders, teachers, traditional healers and local media.

Wherever possible, disabled older people should be encouraged to carry out awareness-raising activities, and to represent themselves.

### Achieving change

A first step is to work with disabled older people to find out what changes are needed – for example, which policies need changing, which buildings or open spaces need adapting, which committees need to reserve a place for a disabled older person, or which credit schemes need to change their rules.

Then awareness-raising activities can be organised with people who can bring about these changes. These may range from informal counselling in a person’s home, to a public event such as an open day.

There are two main areas of focus for awareness-raising activities:

- the individual person and their own support – practically, socially and emotionally
- the barriers that disabled people face in their community (such as lack of information about services and lack of accessible transport) and how to work with others to remove these barriers.

<b>Myths and beliefs about disability</b>	
Impairment is an inevitable part of ageing.	Many people grow old without any significant reduction in their ability to function, particularly if they are supported with good healthcare and nutrition, and they have the opportunity to lead active lives.
Disabled people are ‘not like other people’ because they look, speak or behave differently.	A person’s impairment is only one characteristic. We all have the same needs and rights to family life, social life, participation in society, and being valued and respected.
People with disabilities are ill or infectious.	Many people live with an impairment, but are healthy and active. It is not possible to ‘catch’ someone else’s impairment through contact – this fear is the result of lack of knowledge and misunderstanding.
Older people and disabled people cannot contribute to the household, workplace or community.	Older and disabled people have a wide range of skills, knowledge and abilities that can make an important contribution to the family and community. They often just need the opportunity, encouragement, and proper access and support.
Older people do not deserve access to the aids, treatment or rehabilitation services that are available to children or younger adults.	Every human being has inalienable rights that should be respected, regardless of age, disability or any other characteristic. Moreover, to deny proper healthcare and rehabilitation is likely to make a person’s impairment worse, and therefore make life more difficult for the person, their family and the community, economically and socially.
Disability is caused by evil spirits or a punishment for sins.	Disability has a wide range of causes, and anyone can become disabled at any time. Whatever our religious or spiritual beliefs, we need to understand and work within the cultural framework of the community – while trying not to endorse any cultural practices that may be harmful. This requires patience and respect, and an understanding of what informs our own values and beliefs.

# Opening doors to inclusion

*Enabling disabled older people to participate in society means removing both environmental and social barriers.*



John Cobb/HelpAge International

*Mary Mponda enjoys a social event with other members of the Elderly People's Association of Malawi.*

**People's feelings about becoming disabled are strongly influenced by their circumstances. An older person may feel embarrassed or sad about not being able to do things the way that they used to, not 'fitting in', or having to rely on others.**

Those caring for children may face the emotional strain of relying on the children they are supposed to be caring for. 'When I wake up I just sit here because of my disability,' says Mary Mponda from Malawi, who lost the use of her legs after a car accident. 'My plot of land lies empty, as I cannot work it. As for my grandson, it is child labour. He will do anything for a small something to eat.'

Disabled older people are more likely to experience depression than older people who are not disabled –

not necessarily because of their impairment alone, but because of physical pain and social exclusion.

However, for older people who are well supported and respected, growing old and losing certain functions may not necessarily be a negative or frightening experience.

Disability is a very personal issue. It is natural to take time to adapt to dramatic changes in our lives. Rehabilitation involves healing; help with moving about and doing daily activities; and promoting participation in the community, whether the person is at home or in care. It requires sensitivity to develop solutions for each situation – although some general principles apply, such as the value of support groups.

## Barriers to inclusion

Disabled older people face environmental, institutional and attitudinal barriers that exclude them from society:

- Environmental – Transport and buildings that have steps may be inaccessible to people who have difficulty walking, or who use a wheelchair.
- Institutional – Employers or credit facilities may specify an upper age limit for job applications or credit schemes, or require a person to be able to see, hear or walk, even if this is not strictly necessary for the job.
- Attitudinal – Many societies refuse to acknowledge the rights of disabled older people, resulting in lack of respect and exclusion.

In a media survey in Sri Lanka, it was found that, in general, older persons with visual and hearing impairments were neglected in the provision of information, and there were hardly any services that reached the community to improve the situation of such persons. Among disabled people with mobility restrictions, only one had access to a television.

## Enabling environments

Disabled older people themselves are best placed to identify what would make them feel welcome. Based on their views, guidelines can be drawn up for meetings and public places to make them accessible. These could cover:

- choice of venue – holding meetings in places where disabled older people already go
- adaptations to public places to enable disabled older people to feel comfortable and at ease,

covering issues such as physical access, seating, toilets and eating arrangements

- transport arrangements
- disability awareness training for staff.

## Encouraging participation

A disabled older person who is unsupported and unstimulated may lack energy and enthusiasm. Prolonged bed-rest may make their condition worse. It may be useful to encourage them to move about and meet people, to help restore their energy and interest in life. Visits and friendship can make a big difference. Someone may need to explain to others:

- what the person can do, emphasising their abilities
- how their impairment affects them (if this is necessary for other people to know how to respond)
- how to communicate with them, if they have hearing, visual or speech impairments
- and that – like anyone else – they need to feel that they belong.

# Setting up a self-help group

*Self-help groups can go a long way to reducing the isolation of older and disabled people, their families or carers, and helping them find solutions to their problems.*

In Nepal, the International Nepal Fellowship provides technical and financial support to self-help groups of disabled men and women, ranging in age from teenagers to 70-year-olds.

A rehabilitation worker starts the process by engaging the support of village leaders, helping to identify disabled people, arranging a meeting of disabled people and others, and providing advice on running the group.

Advice covers issues such as group size (usually 5-10), accessible venues, membership rules (for example, no one may be barred on grounds of age, sex, race, religion or type of disability) and procedures for meetings. Group activities include:

- assessing members' needs and potential
- raising awareness in the community about disabled people's situation

- building members' confidence and ability to cope through training and information exchange
- collecting information about government welfare policies, and promoting cooperation between different sectors
- supporting members to get treatment or social security entitlements
- setting up savings and credit schemes to help fund the group, encourage commitment, and enable individuals to carry out income-generating activities such as farming and trading
- taking part in social events and community development activities, such as cleaning water sources and building schools, which helps members win respect.

*With thanks to Chhabi Goudel, Disability Consultant, National Disability Upliftment Programme, PO Box 28, Green Pastures Complex, Pokhara, Nepal. Email: ndup@fewamail.com.np*

## Better communication

**Using Braille** Braille takes longer to read than printed text, and it is harder to scan through. Keep documents that will be produced in Braille as short as possible. Edit them to remove unnecessary words and phrases. Make sure the content is well organised. Clearly head pages and sections. For longer documents, include a contents list.

**Sign language** This is a language in its own right. When working with a sign language interpreter, try to use simple words. Explain any technical terms. Be aware that some words may not have exact translations into sign

language. Make sure that you use an interpreter who is familiar with local sign language and dialects.

**Talking to someone who cannot hear well** Try to use a well-lit place with no background noise. Face the person, speak clearly and slightly louder than usual, but do not shout. If the person has not understood, rephrase what you have said.

**After a stroke** A stroke can cause difficulty with speaking and/or understanding. Recovery is fastest in the first six months, and continues more slowly after that. The extent of recovery depends on how much damage has been done to the brain.

Communication difficulties after a stroke can be very frustrating.

It is important to include family members in assessing the type of difficulty, so that they can understand why the person has difficulty communicating, and work with them to build up their communication skills.

For a person who has difficulty speaking, a communication board may help. Find out the main things the persons needs to communicate. Develop symbols to represent these and draw them on a board (or in a notebook). Help the person learn to recognise and use the symbols. Place the board within easy reach.

*Sources: Access to all; Ageways 54; Disability Dialogue 3 (details on page 14).*

# Speaking up about daily problems

*A workshop organised by the Muthande Society for the Aged gave disabled older people a chance to voice their concerns and come up with recommendations for the government.*



Sarah Graham-Brown/HelpAge International

*Older people at a day centre run by MUSA in Durban.*

**T**he Muthande Society for the Aged (MUSA) has been working with older people in and around Durban, South Africa, since 1982. Services include day centres, meals, home-based care, agecare training for families, transport to health clinics and a literacy programme.

In 2001, MUSA brought together 22 disabled older people (six men and 16 women) for a two-day workshop in Chesterville to discuss their daily challenges and come up with solutions and actions for the government. Some of the participants had had strokes, and others had chronic arthritis.

On the first day, participants brainstormed daily activities, and then discussed which they could do well, which they needed help with, and which they could not do. Activities included:

- Personal hygiene – washing, keeping toenails and hair tidy,

shaving, foot care (for themselves and their dependants)

- Domestic activities – cleaning, tidying, laundry, cooking, sewing, crochet, giving instructions
- Other activities – listening to the radio, exercising, walking, resting, reading, watching TV, praying
- Making journeys – to church, to collect their pension, to visit the health clinic.

It emerged that older people who had had strokes were able to cope with many activities, by using one hand to prepare vegetables, make the bed and do their laundry. However, those with chronic arthritis were unable to cope with most of the activities.

The next day, the older people compiled a list of difficulties that they experienced relating to their disability:

- Washing – Many found it difficult to wash in baths without handrails. Those who washed in cold water said that in very cold weather they sometimes had to go without

washing, which they felt was unhygienic.

- Home layout – The stairs and amount of furniture in their family homes prevented many from moving around easily. One said: 'I am not just house-bound – I'm also upstairs-bound.'
- Health services – There was no public transport to take them to the health centres, and ambulances did not take those over 60 to hospital. Participants felt that doctors did not give them proper examinations, disability aids were not available to older people, and hospital fees were unaffordable. One remarked: 'Our sickness is taken as old age, pain is not considered.'

Other concerns included:

- Difficulty in getting admission to an old age home – a particular problem for those wanting to leave home because of neglect or abuse by younger family members
- Shortage of carers
- Lack of transport
- Shortage of graveyards
- Inability to get foster care grants for orphans in their care.

From the discussions, participants identified key issues for government to take forward. These included free medication for senior citizens, changing hospital doctors' attitudes to older people, allowing older people to obtain foster care grants for grandchildren, and providing more respite care, retirement homes and carers. As one participant said: 'Caregivers from MUSA give us love that we do not even get from our families!'

*More information: Roselyne Mabasa, Head of Services, MUSA, PO Box 10070, Marine Parade 4056, South Africa. Fax: +27 31 3326853 Email: msfta@saol.com*

# Blind and back in business

*A credit scheme in Haiti is helping blind older people towards economic independence.*



Fiona Lloyd-Davies/HelpAge International

**A credit scheme for blind older people helped Belice Saveur earn an income.**

**The Haitian Society for the Blind (SHAA) has been working for more than fifty years to provide practical support to blind and visually impaired people.**

Haiti, a Caribbean state that shares an island with the Dominican Republic, has a long history of political, economic and social unrest, making it the poorest country in the Western hemisphere. More than half Haiti's inhabitants live below the poverty line, and most people have no chance to save for their old age – they go on working as long as they can.

The main causes of blindness are cataract, glaucoma, trachoma and injuries, combined with lack of information about basic eye care. Many people who become blind do so later in life. About 60 per cent of the people who use SHAA's services are older people.

SHAA offers rehabilitation services, including training in using a white cane, moving around with a sighted guide, carrying out daily activities

and reading Braille. SHAA also offers counselling to help blind people accept their condition and learn that blindness does not mean that life is over.

## Credit scheme

SHAA also runs a credit scheme to help blind people set up their own businesses. For the past three years, SHAA has run a credit scheme specifically for blind older people, with support from HelpAge International and the UK Community Fund.

The scheme is available to senior citizens who have participated in SHAA's rehabilitation programme. They must previously have been involved in a small business activity and submitted a business plan. SHAA provides small loans, repayable over one year at a relatively low interest rate, to support home-based trading and farming activities.

The scheme includes training in business management and personal development, to build up blind older people's self-confidence

and equip them for working in a difficult business environment.

Most participants are accompanied by a sighted guide, who can take notes, make calculations, act as cashier and buy goods. Some get help from friends or relatives. As well as using Braille, SHAA is experimenting with providing participants with tape recorders and batteries, so that they can record business information.

When 61-year-old farmer Belice Saveur lost his sight through glaucoma, he said he wanted to 'throw himself in the river'. A widower, with three of his eight children still at school, he could not imagine how he could cope. Then he met Patrick, a volunteer rehabilitation officer for SHAA.

Belice told SHAA he needed two things – rehabilitation and livestock. First, he attended SHAA's rehabilitation programme, to enable him to accomplish daily tasks, supported by his son Felice, who now acts as his guide. Then he joined the credit scheme, and received a loan to buy a young bull. He fattened it up and was able to sell it for double the price.

'At the beginning we didn't have anything and I was very worried about the future,' says Belice. 'SHAA has been very helpful.'

The fact that SHAA supports disabled older men and women to be economically independent is both unusual and important. Many people who are both older and disabled never have the chance to work for themselves, but SHAA's experience shows that they need to and can.

*More information: Michel A Pean, National Coordinator, SHAA, Delmas 31, rue V Ricourt # 12, HT 6120, Port-au-Prince, Haiti. Email: shaa1@hainet.net and oelazard@yahoo.com*

# Aids and adaptations in the home

*A disabled older person's ability to carry out everyday activities can often be improved with appropriate aids, equipment and adaptations.*

**Emelina Maluleke can move around and do her own housework in Elim, South Africa, using a wheelchair and ramp organised by Elim Hlanganani Society for the Care of the Aged.**

## Identifying needs

Talk with the disabled older person and other members of their household or care home to identify activities that they are having trouble with.

These might include:

• <b>eating</b>	• <b>getting up</b>
• <b>dressing</b>	• <b>cooking</b>
• <b>housework</b>	• <b>washing</b>
• <b>using the toilet</b>	• <b>getting about</b>

Then discuss what can be done to overcome these problems.

There are two types of solutions:

- adapting the environment and equipment to make it more accessible and easier to use
- working with the disabled person to make it easier for them to carry out the activities they have identified, through appropriate aids, equipment and exercises.

A key point is to ensure that the aid is adapted to the person – not the person to the aid – and that the person feels comfortable with it. Someone receiving an aid or adaptation may need training before they can use it. Wherever possible, other disabled older people should be involved in providing peer support and training.

Another important issue is sustainability. Many expensive and complex aids that are 'donated' to poorer countries can be harmful in the long run, because the person becomes reliant on them, but cannot afford to buy replacement parts when needed.

Wherever possible, aids and equipment should be made from locally available materials, such as wood, bamboo, rubber tyres, fibreglass or papier maché, that are easy to maintain or replace.

It is also worth considering solutions other than aids and adaptations – for example, the person could do different household tasks.



## Daily activities

### Eating

Meals should be a pleasant social activity, but they can be a worry for a person who has difficulty with coordination and is nervous of making a mess. Encouraging tolerance by other family members, and an understanding that making a bit of a mess is a small price to pay for including a disabled older person in the family meal, is as important as providing aids.

- For a person with arthritis, push a sponge ball onto cutlery handles or wrap a piece of rubber round, to make them easier to hold.
- For a person with unsteady hands, use a plate with sides (for example, cut from the bottom of a bucket). For drinking, offer a straw, or glue a cup to a weighted base.

### Getting up

- A rope hanging from the ceiling can help someone get out of bed.
- Horizontal bars on the walls and on chairs can help a person sit or stand up.

### Dressing

Clothes can be adapted to make dressing and undressing easier, without looking different.

- Encourage the person to dress and undress themselves, putting clothes on the weaker limb first, and removing them from the stronger side first.
- Replace fiddly fastenings, such as buttons or laces, with Velcro, if available.
- Attach fabric loops to the end of zips to make them easier to pull.
- Help someone with a visual impairment know what colour each garment is by sewing different shaped or textured pieces of cloth to the inside.

### Cooking

- For a person using a wheelchair, build a raised fire. Extend pan handles so that the person can keep away from the fire. Make sure surfaces have space underneath for the person's legs.
- For a person with weak hands, provide connecting surfaces, so that they can slide heavy pots instead of lifting them, or supply a trolley.
- For a person with a visual impairment, label cooking ingredients or medicines. Put brightly coloured tape around pan handles, sharp items or anything that can get very hot. Make sure fires are protected.

### Housework

For a person in a wheelchair:

- Clothes can be washed by putting the washing bowl on a table or setting it into a workbench.
- Washing lines are easier to reach if they are hung low.
- Provide a bucket on wheels for mopping.

### Washing

It is generally preferable for a disabled person to use the same washing facilities as other family members. Separate facilities could create a feeling that a normal activity is attracting too much attention.

Many people feel that their dignity is more respected if they can be supported to wash themselves. However, some people will need help, so finding ways to respect their privacy when being helped in personal functions is very important.

- Make sure everything the person needs is within easy reach.
- A long-handled brush can make it easier to reach more parts of the body.

- A flexible hose may make it easier for the person to direct water over their body.
- If there is no running water, a hose attached to a water container above a chair or stool with a hole in the seat may make it easier for the person to wash.

### Using the toilet

- If the person is unsteady, install a horizontal bar on the wall, which they can use as a support.
- For a person in a wheelchair, build raised toilets at the same height as the wheelchair. Make sure the wheelchair has removable armrests, so the person can get across.

### Getting about

- If the person uses a wheelchair, make sure there is enough space for the wheelchair to move through doors and between furniture, and to turn around.
- If the person cannot walk easily, replace steps with ramps.
- Position any light switches, taps, shelves and surfaces within easy reach.
- Avoid slippery floors, bumpy paths and loose floor coverings.
- Adapt outdoor areas by putting ropes or bars along routes to toilets and washing places, so that a person with poor mobility or eyesight can move around unaided.

*Many of the ideas in this article are taken from Life After Injury by Liz Hobbs, Susan McDonough and Ann O'Callaghan, published by Third World Network (details on page 14). We are grateful to the authors and publishers for this information.*

*Other sources include Training in the Community for People with Disabilities (details on page 14).*

# Resources

## International agreements

### Madrid International Plan of Action on Ageing (2002)

Calls for the promotion and full participation of older people with disabilities.

### Resolution on the rights of the disabled people and older people in ACP countries (2001)

Calls for governments in Africa, Caribbean and Pacific countries to promote and protect the basic human rights and freedoms of disabled and older people.

### Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1994)

Developed during the Decade of Disabled Persons (1983-1992).

### United Nations Principles for Older Persons (1991)

Sets out older people's rights to independence, participation, care, self-fulfilment and dignity.

### Declaration on the Rights of Disabled Persons (1975)

Refers to disabled persons' rights to respect for their human dignity, treatment, training, and economic and social security.

### Universal Declaration of Human Rights (1948)

Recognises the dignity and rights of all human beings.

## International events

### International Day of Disabled Persons

Takes place on 3 December each year.

### European Year for People with Disabilities (2003)

Promoted disabled people's full equality and participation.

### African Decade of Disabled Persons (2000-2009)

Aims to promote equal opportunities for disabled people in social, political and economic life.

### Arab Decade of Disabled Persons (2003-2012)

Declared to promote the integration of Arab persons with disabilities into society.

## Organisations

### Disabled Peoples' International

Network of national organisations or assemblies of disabled people, promoting the human rights of disabled people.

748 Broadway, Winnipeg, Manitoba, Canada, R3G 0X3. Web: [www.dpi.org](http://www.dpi.org)

### Disability Awareness in Action

International human rights network run for and by disabled people.

Publishes resource kits for disabled people's groups.

11 Belgrave Road, London SW1V 1RB, UK

Email: [info@daa.org.uk](mailto:info@daa.org.uk)

Web: [www.daa.org.uk](http://www.daa.org.uk)

### UN Enable

United Nations Programme on Disability, promoting the full

participation of disabled persons in social life and development.

Division for Social Policy and Development, Department of Economic and Social Affairs,

United Nations, 2 United Nations Plaza, DC2-1372, New York, NY 10017, USA

Web: [www.un.org/esa/socdev/enable/](http://www.un.org/esa/socdev/enable/)

### International Disability and Development Consortium

Group of international NGOs supporting disability and development work in over 100 countries.

c/o Handicap International, 5 Station Hill, Farnham, Surrey GU9 8AA, UK.

Email: [administrator@iddc.org.uk](mailto:administrator@iddc.org.uk)

Web: [www.iddc.org.uk](http://www.iddc.org.uk)

### Action on Disability and Development

NGO supporting rights-based development work with groups of disabled people in Africa and Asia.

Vallis House, 57 Vallis Road, Frome,

Somerset BA11 3EG, UK. Email:

[add@add.org](mailto:add@add.org) Web: [www.add.org.uk](http://www.add.org.uk)

### Source International Information Support Centre

Collection of materials on health and disability issues.

c/o Centre for International Child Health, 30 Guilford Street, London WC1N 1EH, UK

Email: [source@ich.ucl.ac.uk](mailto:source@ich.ucl.ac.uk)

Web: [www.asksource.info](http://www.asksource.info)

## Publications

### Nothing about us without us: developing innovative technologies for, by and with disabled persons

Resource book with ideas for low-cost, locally produced aids and equipment, and participatory approaches to problem-solving.

David Werner, HealthWrights, 1998.

ISBN 0 9655585 3 3. Price: US\$15.

Available at: [www.dinf.ne.jp/doc/english/global/david/dwe001/dwe00101.htm](http://www.dinf.ne.jp/doc/english/global/david/dwe001/dwe00101.htm)

### Training in the community for people with disabilities

Illustrated manual on how to carry out activities such as eating, dressing, communicating, moving around, and taking part in work and social activities.

E Helandar, P Mendis, G Nelson and A Goerd, World Health Organization, 1989. ISBN 92 4 154401 5. Price: Sw.fr.56 (developing countries) Sw.fr.80 (elsewhere).

Available at: [www.who.int](http://www.who.int)

### Life after injury

Illustrated handbook covering issues from emergency care to reintegration in the community. Includes sections on mobility aids, daily activities, encouraging positive community attitudes, and making places accessible.

Liz Hobbs, Susan McDonough

and Ann O'Callaghan, Third World

Network, 2002. ISBN 983 9747 770

Third World Network, 121-S,

Jalan Utama, 10450 Penang, Malaysia.

Email: [twnet@po.jaring.my](mailto:twnet@po.jaring.my)

Web: [www.twinside.org.sg/title/injury.htm](http://www.twinside.org.sg/title/injury.htm)

Also available from TALC, PO Box 49,

St Albans, Herts AL1 5TX, UK. Tel: +44 1727 853869 Fax: +44 1727 846852

Email: [info@talcuk.org](mailto:info@talcuk.org)

Web: [www.talcuk.org](http://www.talcuk.org)

### Access to all: helping to make participatory processes accessible for everyone

Guidelines on planning a meeting, workshop or publication.

Save the Children, 2000. Available at:

[www.iddc.org.uk/dis\\_dev/strategies/accessibility.shtml](http://www.iddc.org.uk/dis_dev/strategies/accessibility.shtml)

### Training manual on ageing in Africa

Includes activities exploring what happens as people age, lose their sight or experience exclusion and abuse.

HelpAge International, PO Box 14888, Westlands, 00800 Nairobi, Kenya.

Email: [helpage@helpage.co.ke](mailto:helpage@helpage.co.ke)

### Helping adults after a stroke

Article in *Disability Dialogue 3:*

*Improving communication.*

Healthlink Worldwide, Cityside,

40 Adler Street, London E1 1EE, UK.

Available at: [www.healthlink.org.uk](http://www.healthlink.org.uk)

### How to adapt to hearing loss

Article in *Ageways* 54.

## HelpAge International Members

### Caribbean

Action Ageing Jamaica  
 Extended Care Through Hope and Optimism (ECHO), Grenada  
 HelpAge Barbados/Barbados  
 National Council on Aging  
 Haitian Society for the Blind  
 HelpAge Belize  
 National Council of and for Older Persons/HelpAge St Lucia  
 Old People's Welfare Association (OPWA), Montserrat  
 REACH Dominica  
 Society of St Vincent de Paul (SVP), Antigua

### Africa

Associação dos Aposentados de Moçambique (APOSEMO)  
 CEM Outreach, Sierra Leone  
 Elim Hlanganani Society for the Care of the Aged, South Africa  
 HelpAge Ghana (HAG)  
 HelpAge Kenya

HelpAge Zimbabwe  
 Maseru Women Senior Citizen Association, Lesotho  
 Mauritius Family Planning Association  
 Muthande Society for the Aged (MUSA), South Africa  
 Regional Centre for Welfare of Ageing Persons in Cameroon (RECEWAPEC)  
 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

### Asia/Pacific

Bangladesh Women's Health Coalition (BWHC)  
 China National Committee on Aging (CNCA)  
 Coalition of Services of the Elderly (COSE), Philippines  
 Council on the Ageing (Australia)  
 Fiji Council of Social Services  
 Foundation for Older People's Development (FOPDEV), Thailand  
 HelpAge India  
 HelpAge Korea

HelpAge Sri Lanka  
 Helping Hand Hong Kong  
 Instituto de Acção Social de Macau  
 Mongolian Association of Elderly People  
 NACSCOM, Malaysia  
 Office of Seniors Interests, Australia  
 Pakistan Medico International  
 Positive Ageing Foundation, Australia  
 Resource Integration Centre (RIC), Bangladesh  
 Senior Citizens Association of Thailand  
 Senior Citizens Council of Thailand  
 Singapore Action Group of Elders  
 Tsao Foundation, Singapore  
 USIAMAS, Malaysia

### Europe

Age Concern England  
 Caritas Malta HelpAge, Malta  
 Centre for Policy on Ageing, UK  
 Cordaid, Netherlands  
 DaneAge Association, Denmark  
 Elderly Woman's Activities Centre, Lithuania  
 Help the Aged, UK  
 London School of Hygiene and Tropical Medicine (LSHTM), UK

Mission Armenia  
 Slovenska Filantropja (Slovene Philanthropy)  
 Zivot 90, Czech Republic

### Latin America

Asociación Gerontológica Costarricense (AGECO), Costa Rica  
 Caritas Chile  
 CooperAcción, Peru  
 FAIAF, Argentina  
 Fundación Centro de Estudios e Investigaciones del Trabajo (CESTRA), Colombia  
 Mesa de Trabajo de ONGs sobre Personas Mayores (Lima Co-ordinating Group), Peru  
 Red de Programas Para al Adulto Mayor, Chile  
 Pro Vida Bolivia  
 Pro Vida Colombia  
 Pro Vida Ecuador  
 Pro Vida Perú

### North America

AARP  
 Help the Aged (Canada)  
 West Virginia University Center on Aging

## HelpAge International Regional development centres

*These offices can put you in touch with members in their region.*

### Africa

PO Box 14888,  
 Westlands,  
 00800 Nairobi,  
 Kenya  
 Tel: +254 20 4444289  
 Fax: +254 20 4441052  
 Email: helpage@helpage.co.ke

### Asia/Pacific

c/o Faculty of Nursing, s  
 Chiang Mai University,  
 Chiang Mai 50200, Thailand

Tel: +66 53 225081  
 Fax: +66 53 894214  
 Email: hai@helpageasia.com

### Caribbean

PO Box 1260,  
 c/o HelpAge St Lucia,  
 Castries,  
 St Lucia  
 Tel: +1 758 456 0471  
 Fax: +1 758 456 0618  
 Email: helpage@candw.lc

### Latin America

Casilla 2217,  
 La Paz, Bolivia  
 Tel: +591 2 2410583  
 Fax: +591 2 2410957  
 Email: helpage.bolivia@unete.com

### Eastern Europe and Central Asia

This is coordinated from the HelpAge International London office  
 (email: chine@helpage.org)

## HelpAge International Country programmes

### Cambodia

PO Box 525, Phnom Penh,  
 Cambodia  
 Tel/fax: +855 23 216076  
 Email: haicambtb@online.com.kh

### DR Congo

c/o London office

### Ethiopia

PO Box 3384, Addis Ababa, Ethiopia  
 Tel: +251 1 631021  
 Fax: +251 1 611563  
 Email: hai@telecom.net.et

### Iraq

c/o London office

### Moldova

Bulgara Str. 142-45, Balti 3112,  
 Moldova  
 Tel: +373 3179494  
 Email: jonathan@mtc-bl.md

### Mozambique

CP 4112, Maputo, Mozambique  
 Tel: +258 1 415816  
 Fax: +258 1 416435  
 Email: haimoz@virconn.com

### Sudan

c/o Acropole Hotel, PO Box 48,  
 Khartoum 2, Sudan  
 Tel: +249 11 461657  
 Fax: +249 11 461594  
 Email: hlpgsd@sudanmail.net.sd

### Tanzania

PO Box 9846, Dar es Salaam,  
 Tanzania  
 Tel: +255 22 2774796  
 Fax: +255 22 2775894  
 Email: haitz@helpagetz.org

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**Go on the mailing list for Ageways, please complete this form using CAPITAL LETTERS and send it to: Publications, HelpAge International, PO Box 32832, London N1 9ZN, UK Fax: +44 20 7713 7993. Alternatively, email your details to: publications@helpage.org**

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# Bringing hygiene closer to home

*Older people in Cambodia found a practical solution to the problem of poor hygiene in their villages.*



HelpAge International

**Constructing a toilet near an older person's house.**

**Most people living in rural Cambodia do not have access to a modern toilet. Instead, they use the rice fields or forest. This can lead to a number of unsanitary areas around villages, which can put people's health at risk – for example, if they are close to water sources or where children play.**

For some people, including many older people, far-off toilet areas can be difficult to reach, creating further problems.

'In my village... people would often get sick because of the poor hygiene,' said Yin Koen, a 73-year-old rice farmer in Battambang province. 'At night, it was difficult for me to go to the faraway field that I used during the day, because I was afraid of being bitten by snakes or other animals, or tripping over something. So I would go near my house, which was unhygienic.'

In 1997, older people's associations in Battambang met to discuss their problems and identify possible solutions. They decided to build toilets for homes in which vulnerable older people lived.

HelpAge International provided funding for construction materials such as cement rings, toilet bowls, stones and sand. The older people's associations distributed building materials to families to build their own toilets. They monitored the work and arranged help for people with disabilities.

A construction expert was employed by HelpAge International to oversee the building work and provide technical advice, such as how to deal with waste.

After two years, 150 toilets had been built in six villages. HelpAge International staff showed families how to use and maintain the toilets, and gave advice on basic hygiene.

The result was a cleaner and healthier environment. 'The area around my house is clean and I don't have to spend money buying medicine for diarrhoea,' said Yin Koen.

*More information: Mr Dim Vy, Programme Manager, HelpAge Cambodia, PO Box 525, Phnom Penh, Cambodia. Email: haicambb@camintel.com.kh*

**HelpAge International is a global network of not-for-profit organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.**

**Ageways exchanges practical information on ageing and agecare issues, particularly good practice developed in the HelpAge International network. It is published three times a year by HelpAge International, with funding from Help the Aged.**

Copies are available in English, Spanish (*Horizontes*), Russian and Ukrainian, free of charge on request to project staff, carers and older people's organisations. Please write to Publications, HelpAge International at the address below to request an order form, or email: [publications@helpage.org](mailto:publications@helpage.org)

**Ageways** is also available as a pdf at: <http://www.helpage.org>

Edited by Celia Till  
Additional editing by Eleanor Stanley  
Translations coordinated by  
Caroline Dobbing and Viktor Mishchenko

HelpAge International, PO Box 32832  
London N1 9ZN, UK.

Tel: +44 20 7278 7778

Fax: +44 20 7713 7993

Email: [hai@helpage.org](mailto:hai@helpage.org)

**Ageways** email: [ctill@helpage.org](mailto:ctill@helpage.org)

Registered charity number: 288180

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Antonio Olmos/HelpAge International