

PHILIPPINE COUNTRY REPORT

Community Services for the Elderly in the Philippines: A Collaboration of the Department of Social Welfare and Development and the Department of Health

*5TH ASEAN and Japan High Level Officials Meeting on Caring Societies
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Part I. CURRENT SITUATION

Population Demographics: The Trending

Like most developing nations, the Philippines is a country in transition in socio-economic development, demography and epidemiology. Population ageing is a phenomenon indicated by a steady increase in the number and proportion of the elderly and a corresponding decline in the proportion of younger age groups. This is due to an increase in life expectancy, mortality reduction and fertility reduction that are brought about by advances in medical technology and medical care as well as the improved socio-economic conditions.

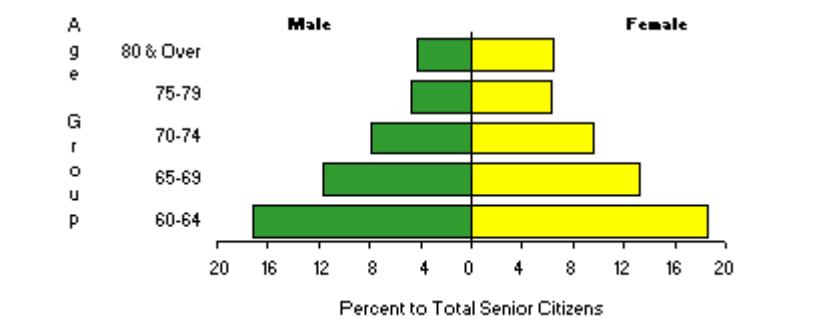
As of 2004, the Philippines' population aged 60 years old and above totaled 5,705,591 (5.7 million older persons). This is equivalent to about 6.9 percent of the total Filipino population.

Currently, the Philippines is ranked 5th among Southeast Asian countries with a high annual population growth rate. The 2000 Census of Population and Housing reported a total of 4.6 million elderly persons accounted for almost 6 percent of the Philippine population, a marked increase of 22.18 percent from the 3.7 million elderly persons in 1995. This yields an average annual population growth rate of 4.39 percent from 1995 to 2000, as compared to the growth rate of 3.06 percent from 1990 to 1995.

It is estimated that the number of older persons will further increase to 7 million in 2010 and twice as much in about 16 years if the 4.39 percent growth rate persists. (Special Report on Senior Citizens [SRSC], NSO)

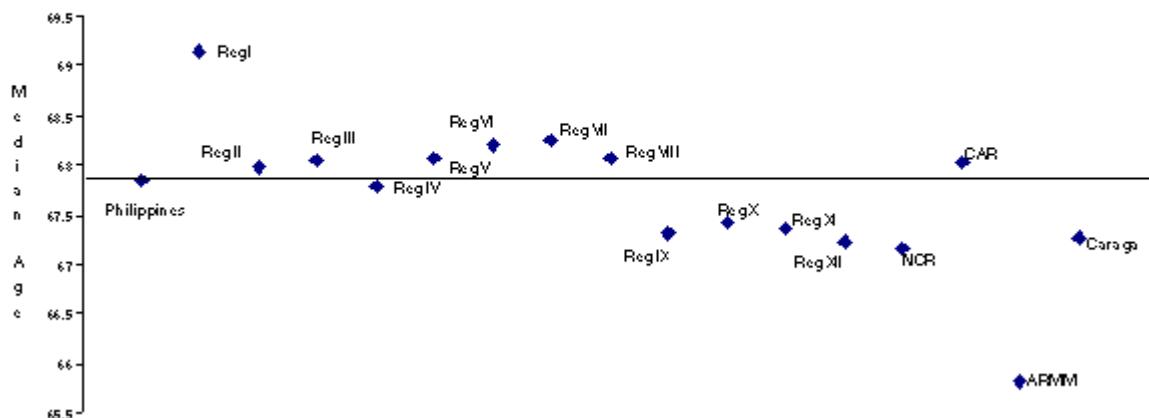
Sex Ratio. Of the 4.6 million older persons in 2000, 54.1 percent (2.5 million) were female. This translates into a sex ratio of 84.8 or 85 males for every 100 female senior citizens. Female senior citizens outnumber males in all age groups with the biggest gap in the 80 years and over age group (Figure 1).

Figure 1
**Age-Sex Population Pyramid of Senior Citizens,
 Philippines: 2000**



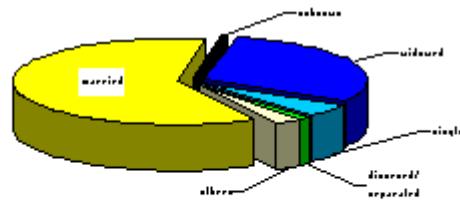
Median Age. The median age among older persons is 68 years, similar to the median age in 1990 and 1995. This means that half of the senior citizens are below 68 years old (Figure 2). (SRSC, 2000)

Figure 2
**Median Age of Senior Citizens by Region,
 Philippines: 2000**



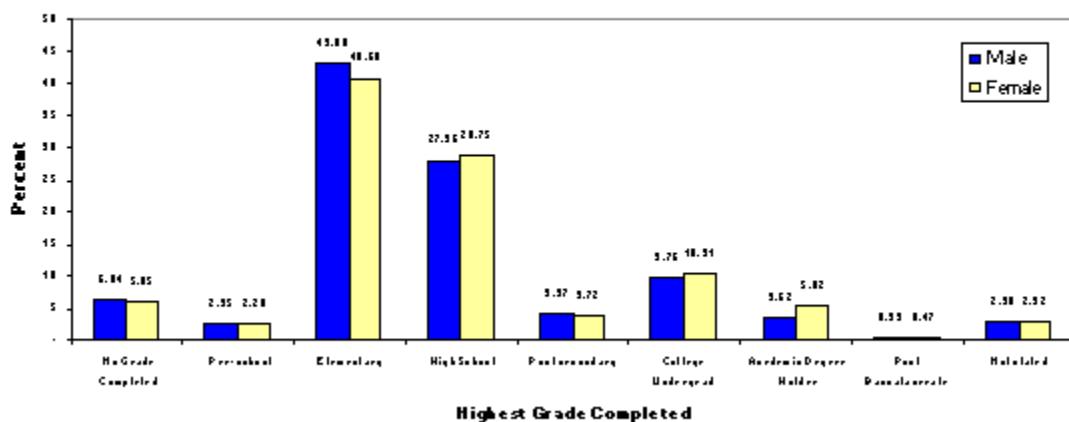
Marital Status. Of the household population 60 years old and over, 60.4 percent were married, 30.0 percent were widowed and only 5.0 percent were reported single. Another 1.2 percent were either divorced or separated and 2.8 percent were in other marital arrangements (Figure 3).

Figure 3
Percent Distribution of Senior Citizens by Marital Status,
Philippines: 2000



Educational Attainment. Approximately, 42.84 percent of older persons completed only elementary education, (45.08% male and 40.60% female) while, 2.275% only had pre-school education (2.35% male and 2.20% female). 28.35% of older persons completed high school (27% male and 28.75% female) whereas, 5.845% of older persons did not finish high school (5.97% male and 5.72% female). 10.135% of older persons were college undergraduates (9.76% male and 10.51% female); and 5.72% obtained academic degree (5.62% male and 5.82% female). It appears that among the older people (60 years old and above), more men (96.75%) than women (93.60%) were considered literate and about 5.545% of them had no education (6.04% male and 5.05% female).

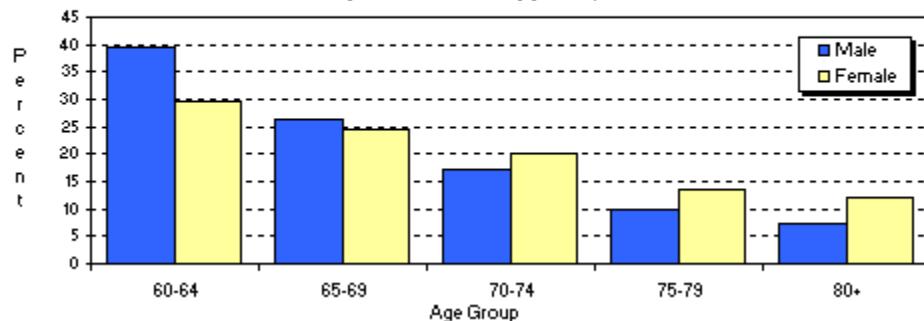
Figure 4
Proportion of Senior Citizens by Highest Grade Completed and Sex: Philippines, 2000



As Household Head. In 2000, older persons headed 17.1 percent of total households in the Philippines. This means that 57.3 percent of all older

persons served as household heads. Almost 19 percent headed two-member households, while 17 percent headed three-member households (Figure 5).

Figure 5
Percent Distribution of Households Headed by a Senior Citizen by Age Group and Sex: Philippines, 2000



As Household Members. Of households with older persons, 65.7 percent had one senior citizen in the house while 34.5 percent had two. Around 16 percent of older persons belonged to two-member households, whereas 15.1 percent of old persons belonged to three-member households. Likewise, 15.1 percent also belonged to households with 8 or more members. One-third of the total elderly population were females who headed the household.

Health Characteristics

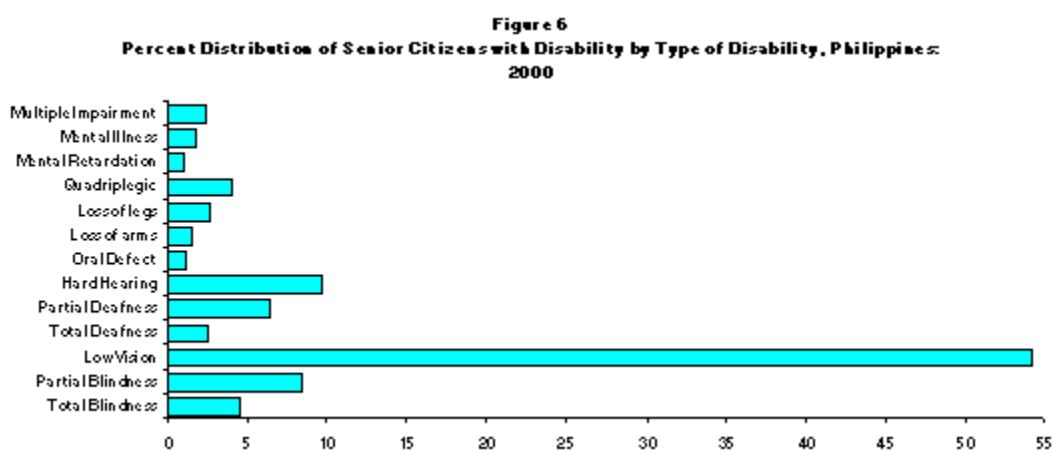
Statistical figures show that the life expectancy at birth and at age 60 has been increasing. In 2002, it was recorded at 66.9 years for males and 72.2 years for females. And while female older persons tend to live longer than the males, it appears that more females are disposed to live longer, inactive lives, except at age 80.

Morbidity and Disability. The elderly population suffers both degenerative and communicable diseases due to the ageing of the body's immune system. The leading causes of morbidity are infectious in nature (Philippine Health Statistics, 2000), while visual impairment, difficulty in walking, chewing, hearing, osteoporosis, arthritis and incontinence are among other common health-related problems affecting this population.

Based on the 2000 Census of Population, 329 thousand senior citizens had disabilities. Disabled males constituted 31.31 percent while disabled females constituted 38.52 percent of the total senior citizen population. Disabilities and impairment in function increase with age and adversely affect the quality of life of older persons.

In 2000, a survey was conducted by the University of the Philippines College of Public Health (UP-CPH) and Department of Health (DOH). Of 2,460 older persons interviewed, roughly 63 percent of them said they felt healthy, especially those from rural Luzon and urban Mindanao. The perception of health was lowest in rural and urban Visayas, and the Manila-National Capital Region (NCR).

It was reported that 20 percent of the respondents had accidents, injuries, or chronic illnesses that affected their daily activities. Among those who experienced accidents, injuries, and illnesses, the following conditions were frequently cited: respiratory problems (4.2 percent), neurologic problems (3.5 percent), musculo-skeletal complaints (2.7 percent), cardio-vascular disease (2.6 percent), sensory impairment (1.8 percent) and trauma (1.7 percent). The most common type of disability affecting elderly people is poor eyesight or low vision at 54.1 percent. The incidence of poor vision is lower in males at 51.2 percent than in females at 56.5 percent.



Older persons in rural areas were generally more capable of undertaking activities related to independent living, with the exception of some respondents from Luzon. Walking was found to be the most difficult activity for older persons as a group. Sixty-seven percent are able to undertake all daily activities.

Mortality. Older persons account for 49.1 percent of all deaths in the Philippines. The mortality rate among older persons ranges from double to 12 times that for all age groups. The leading causes of death are non-communicable diseases: cardiovascular (66 percent), pneumonia (65 percent), peptic ulcer and gastro-intestinal disorders (56 percent), diabetes mellitus (52 percent) and tuberculosis (51 percent). However, data show that Chronic Obstructive Pulmonary Diseases (COPD) caused death among older persons more than other age groups at 70 percent. The percentage of elderly

people dying of malignancies, kidney diseases and septicemia are also significant, while death from accidents is only one-tenth that for all age groups (Table 1). (Philippine Health Statistics, 2000)

Table 1. Leading Causes of Death Among Older Persons Aged 60 Years and Above Philippines, 2000

Rank	Causes of Mortality	Total Number of Deaths	Death Rate per 100,000 Old People	Percent of Old People from the Total Deaths in the Population
1	Cardiovascular diseases, all forms	71,874	1,547.35	66.13
2	Pneumonia	21,069	453.59	64.56
3	Malignant Neoplasm, all forms	17,898	385.32	49.15
4	Tuberculosis, all forms	14,081	303.14	51.10
5	COPD	11,268	242.58	70.85
6	Diabetes mellitus	5,587	120.28	51.99
7	Gastric, duodenal, peptic and gastrojejunal ulcers and other diseases of the digestive system	5,280	76.73	56.24
8	Accidents and injuries, all causes	3,927	85.51	12.28
9	Nephritis, nephritic syndrome and nephrosis	3,774	81.25	47.39
10	Septicemia	1,795	38.64	44.20

Philippine Health Statistics, 2000

Economic Status and Income Security

Fifty-seven percent of elderly people were gainful workers in 2000. A majority of gainful older persons (41 percent) were involved in primary economic activities such as farming, forestry work and fishing, while 10 percent were laborers and unskilled workers. Senior citizens constituted 13.77 percent of

the total farmers, forestry workers or fishermen, and 6 percent of the total laborers and unskilled workers.

In terms of class, 52.5 percent of the gainfully employed older persons worked without pay in their own family-operated farms or businesses, while 20.6 percent were self-employed without any paid workers, such as in the NCR. Based on DSWD estimates, the proportion of poor elderly persons in the Philippines at 2000 vis-à-vis the total number of older persons was at 31.4 percent. Despite this number, the percentage of poor older persons in the Philippines was still less than the national poverty incidence of 34 percent.

Part II. INSTITUTIONAL FRAMEWORK

A. Legislations, Policies and other Mechanisms

The 1987 Philippine Constitution

Article II, Section 9 on State Policies mandates: “The State shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full development, a rising standard of living and an improved quality of life.”

Article XIII, Section 2 on Health/Social Services likewise mandates: “The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women and children.”

Article XV, Section 4 on the Filipino Family also mandates: “It is the duty of the family to take care of its older person members while the State may design programs of social security for them.”

Statutes and other Legislation

Republic Act No. 344 or the **Accessibility Law of 1982** provides for the minimum requirements and standards to make buildings, facilities, and utilities for public use accessible to persons with disability, including older persons who are confined to wheelchairs and those who have difficulty in walking or climbing stairs, among others.

Republic Act No. 7432 or the **Senior Citizens Act of 1991** was entitled “**An Act to Maximize the Contribution of Senior Citizens to Nation-Building, Grant Benefits and Special Privileges and for Other Purposes.**” It allows senior citizens to render community services (eg, consultancy services, teaching and

specialized lectures) and provides for the granting of a 20 percent discount for senior citizens on fares for domestic transportation, services from hotels, lodging houses, restaurants, theaters, recreation centers and purchase of drugs and medicines anywhere in the country. It establishes the Office of Senior Citizens Affairs (OSCA) at the City or Municipal Mayor's Office and exempts senior citizens from training fees for socio-economic programs undertaken by the OSCA and from payment of individual income tax.

Republic Act No. 7876 entitled "**An Act Establishing a Senior Citizens Center in all Cities and Municipalities of the Philippines, and Appropriating Funds Therefore**" provides for the establishment of Senior Citizens Centers to cater to older persons' socialization and interaction needs as well as to serve as a venue for the conduct of other meaningful activities. The DSWD in coordination with other government agencies, NGOs and people's organizations shall provide the necessary technical assistance in the form of social and recreational services, health and personal care services, spiritual services, livelihood services and volunteer resource services.

Republic Act No. 8425 provides for the **institutionalization and enhancement of the social reform agenda by creating the National Anti-Poverty Commission (NAPC)**. Through its multi-dimensional and cross-sectoral approach, NAPC provides a mechanism for senior citizens to participate in policy formulation and decision-making on matters concerning poverty alleviation.

Republic Act No. 9257, otherwise known as the **Expanded Senior Citizens Act of 2003**, increases the coverage of the benefits and privileges for senior citizens by making it mandatory for business establishments to grant the 20 percent discount on goods and services. It also installs a process for organizing the OSCA and the selection of the OSCA Head; but more importantly, provides for a comprehensive healthcare and rehabilitation system for disabled senior citizens to foster their capacity to attain a more meaningful and productive ageing. This law is the main instrument by which older persons would be empowered to seek and demand for the highest quality of care available.

Republic Act No. 9336, known as **The General Appropriations Act of 2006**, under Section 32 mandates that all government agencies and instrumentalities should allocate 1 percent of their total agency budget to programs and projects for older persons and persons with disabilities.

Presidential Proclamations and Executive Orders

Presidential Proclamation No. 470, Series of 1994, declaring the first week of October of every year as "**Elderly Filipino Week**."

Presidential Proclamation No. 1048, Series of 1999, declaring a **Nationwide Observance in the Philippines of the International Year of Older Persons**.

Executive Order No. 266, Series of 2000, approved and adopted the **Philippine Plan of Action for Older Persons (PPAOP) 1999-2004**, a strategy to ensure that the present and future needs of the growing number of older persons in society, both in terms of human development and service delivery would be met.

Executive Order No. 105, Series of 2003, approved and directed the **implementation of the program providing for group homes and foster homes for neglected, abandoned, abused, detached, and poor older persons and persons with disabilities.**

B. Existing Programs and Projects

The Philippine Plan of Action for Senior Citizens (PPASC) (2006-2010)

It is a technical document that spells out the strategies, programs, projects and activities that will contribute to the attainment of the Medium Term Philippine Development Plan (MTPDP) 2005-2010 to promote Active Ageing in the Philippines. It is the successor plan of the PPAOP 1999-2004 which takes on and builds on the gains, lessons learned and recommendations from the previous plan and will develop a responsive national strategy on how to prepare society for the challenges of ageing and ensuring that the goals of Active Ageing are achieved. Anchored on several international, regional and national standards such as Millennium Development Goals (MDGs), Madrid Action Plan on Ageing and the Shanghai Implementation Strategy on Ageing, it is principally guided by national policies and legislations recognizing the role of and promotes the active participation of senior citizens in development.

Under the PPAOP is a continuing mechanism that paves the way for the implementation of various programs, projects and activities undertaken in response to the needs of the elderly. Among these are:

1. Senior Citizens Volunteer Resource Project and community volunteer resource development for older persons to assist in the implementation of various social welfare and development programs of DSWD, Federation of Senior Citizens Association of the Philippines (FSCAP) and LGUs.
2. Life-long Education Programs for Ageing Preparation.
3. Non-Formal Education for 60 years old and Above, spearheaded by the Bureau of Non-Formal Education under the Department of Education.
4. Pensioner's Day in all branches of government and private insurance organizations initiated by the Social Security System (SSS) and

Government Service Insurance System (GSIS), which also includes free medical check-ups, establishment of express lanes and privileges for the elderly.

5. Establishment of the National Poverty Sectoral Council for Older Persons which involves older persons in the planning and implementation of programs and activities to address poverty issues in their sector.
6. Crisis Intervention Units (CIUs) in DSWD offices and Medical Social Service in some public hospitals in cooperation with the Department of Health and LGUs.
7. Inter-Generational Program, a social technology that brings together different generations in new and ongoing mutually beneficial structured activities to meet the needs of individuals and families throughout the life cycle.
8. Assistance to Lola in Crisis Situation Project, which ran from January 1997 to December 2001, aimed to rebuild the self-esteem of former Comfort Women through the provision of psycho-social interventions and livelihood assistance.
9. Establishment of Geriatric Ward in public and private hospitals.
10. Integrated Day Center for Older Persons and Children.
11. Foster Care Program for Older Person, a joint initiative of DSWD, Housing and Urban Development Coordinating Council (HUDCC) and the NAPC in compliance with Executive Order No. 105, Series of 2002.
12. Operation and Maintenance of 24-Hour public and private Residential Care Facility for abandoned, abused, and neglected older persons.
13. Peer Counseling Project of the Coalition of Services of the Elderly, Inc.
14. Group Home Program.
15. Establishment of Senior Citizens Centers in cities and municipalities.

The Department of Health's National Objectives for Health

The National Objectives for Health (NOH) provides the “road map” of key ideas, targets, indicators and strategies to bring the health sector to its desired outcomes. It also defines the collective and individual roles that the various stakeholders – policy makers, program planners and managers, service

providers, local government executives, development partners, the academe and civil society – play in shaping the future of our country's health system and in bringing better health outcomes for our people.

The Department of Health's 2005 – 2010 national goal for older persons is to promote a healthy and productive lifestyle and a better quality. This aims to reduce morbidity rate from all causes by 50 percent and increase mean life expectancy to 72 years of age (70 years for males and 75 years for females).

Strategic Thrusts for 2005 to 2010 are as follows:

- Redefine the minimum **healthcare package for older persons** (Table 2). The package should consist of health services **tiered up with pre-financed sources of care** in order to improve accessibility by older persons.
- **Build the capacity of health human resources** toward the promotion, prevention, cure and supportive care for older persons.
- Integrate into current licensing and accreditation requirements, **building, facilities, equipment and personal standards appropriate for care of older persons**.
- **Develop community-based and institution-based models of healthcare for older persons**.
- Pursue the implementation of **laws and policies for the protection and improvement of the quality of life of older persons** such as RA 9257 or The Expanded Senior Citizens' Act of 2003.

Table 2. Essential Health Care Package for Older Persons

1. Management of Illness
2. Counseling on substance abuse
3. Nutrition and diet counseling
4. Mental health
5. Oral care
6. Healthy lifestyle advocacy
7. Screening and management of chronic debilitating and infectious diseases
8. Post-reproductive health care

PART III. RECENT ACTIVITIES

The following are the recent activities and actions undertaken by the DSWD and its 16 Field Offices as well as Inter-Agency efforts based on the PPASC 2006-2010 and according to the four-pronged Shanghai Implementation Strategy.

1. The Elderly and Development

a. Mainstreaming ageing into development policy and promoting full integration and participation of senior citizens

- 9 out of 15 Regional Inter-Agencies Committees conducted their meetings to discuss the performance for CY 2006 regional PPASC and develop the Plan of Action for CY 2007.
- 295 cities and municipalities in 8 regions were organized and now have a functional OSCA.
- The DSWD as the sitting Chairperson of the National Coordinating and Monitoring Board has continuously coordinated and monitored the implementation of RA 9257 or the Expanded Senior Citizens Act of 2003.
- The DSWD directed the conduct of 15 meetings and consultation dialogues among different regional and provincial senior citizens associations to discuss the problems encountered in implementing the law and their resolutions.
- 35 municipalities were successfully approached to integrate senior citizens concerns in their local plans.

b. Social Protection and Security

- 5,501 indigent older persons availed of the Philippine Health Insurance corporation (PHIC) or PhilHealth's non-paying program.
- OSCAs and the FSCAP were strengthened.
- Pensioner's Day, Elderly Filipino Week, Senior Citizen's Forum, General Assemblies and Pre-Retirement Seminars were held and celebrated.

c. Alleviation of Poverty in Old Age

- 68 senior citizens availed of financial assistance worth P618,000 for livelihood programs such as hog dispersal, sari-sari stores, and poultry raising.
- 21 Senior Citizens Associations availed the SEA-K Program while 25 senior citizens operators were identified and assessed for extension of Tindahan Natin outlets.

d. Promoting Positive Attitudes

- Advocacy and tri-media exposures through distribution of brochures and flyers, as well as radio programs were used as regular avenue to promote the rights and welfare of senior citizens.

- The Inter-Generational Program was enhanced by a pool of selected volunteers trained to render services to senior citizens.

2. Advancing Health and Well-being in Old Age

a. Ensuring the quality of life at all ages, including independent living, health and well-being

- More than 4,100 senior citizens have participated and benefited from activities that included regular weekly exercise, educational training, rice assistance, free purchase slips and water supply and sanitation facilities.
- 30 FSCAP members were involved in the Alay Kalinga's campaign for the prevention of dengue and 115 OSCA members participated in the clean and green program.
- A total of 2,295 senior citizens in Regions I, V, CAR, and CARAGA were provided with medical check-ups and medicines. In addition, 1,297 indigent senior citizens were extended with financial assistance and micronutrient supplement. Also, 10,327 indigent senior citizens attended the PhilHealth orientation and became members to enable them to cope with crisis or emergency situations.
- Around 2,382 senior citizens were provided varied services by the CIUs nationwide.

b. Providing Quality Health and Long-Term Care

- Around 501 senior citizens were served in the DSWD's 3 residential care facilities that cater to abandoned, abused, neglected, and needy senior citizens. Residents were provided with home-life services which include: basic needs such as food, clothing and shelter; health services (medical, psychological); dietary care; and opportunities for recreational, spiritual, and livelihood activities.
- 7 government and private hospitals in Luzon increased the number of their geriatric wards.
- 8 senior citizens with disabilities were provided with assistive devices.
- The DSWD has designed and implemented the following new and enhanced social technologies:
 - 1) Integrated Network of Community Support for the Able Bodied Senior Citizens.
 - 2) Managing of Older Persons with Alzheimer's Disease (Phase III). The project is being piloted in Golden Acres catering to 10 clients diagnosed with this ailment.

3) Neighborhood Support Services for Older Persons (NSSOP). The NSSOP was replicated to 11 LGUs in the 2nd semester to respond to senior citizens who were unattached, belonged to low income families, were abandoned by their families and were under the care of health care providers who were employed in government facilities. Caregivers and volunteers with knowledge and skills in the care of frail and sick senior citizens provided free care giving activities to the needy elderly in the neighborhood.

- Essential healthcare packages for older persons had been drawn by the Department of Health, consisting of management of illness, counseling on substance abuse, nutrition and diet counseling, mental health, oral care, healthy lifestyle advocacy, screening and management of chronic debilitating and infectious diseases and post-reproductive healthcare.

3. Ensuring Enabling and Supportive Environments

a. Social Service and Community Support

- Issuance of Senior Citizens identification cards through the different OSCAs nationwide.
- 10 LGUs were provided by DTI with a standard template for the DTI-issued purchase booklets.
- Development of the Foster Care program for older persons as a joint initiative between DSWD, the HUDCC, and the NAPC.
- Implementation of the Group Home Program.
- Continuous operation and maintenance of Residential Care Facilities for Older Persons.
- The Bureau of Internal Revenue approved 100 percent of senior citizens who applied for tax exemption.

b. Housing and Enabling Environments

- 19 Social Welfare and Development Agencies and 2 Social Welfare Agencies providing services to senior citizens were registered and 4 were licensed. In CARAGA, 150 service providers for senior citizens were accredited.

- 2 DSWD centers and institutions and 1 LGU-managed center were accredited.

c. Protection of the Rights of the Elderly

- 12 older persons were assisted in applying for civil registration at the local civil registrar.
- Local legislations in the form of city ordinances were passed and policy development was accomplished through DSWD Field Office advocacy. Among these are on the Senior Citizen Code, provision of burial assistance, monthly pension to 90 years old and above, 20 percent discount on tricycle fare, funding support, establishment of Senior Citizens' Center and procedure for handling senior citizens' complaints.
- The DSWD conducted 32 capability-building activities designed to improve the services given to senior citizens for the 2nd semester. These were provided by 16 Field Offices to 365 Social Welfare Development implementers and intermediaries.

4. Mechanism for Plan Implementation and Follow-Up

- National mechanism on Ageing in the form of the Inter-Agency council on the PPASC. This focused on the establishment of social structures, including the development of a common tool for monitoring and evaluation of the PPASC.
- The creation of the National and Regional Coordinating and Monitoring Board to monitor the implementation of national policies on ageing and the development of the PPAOP in the succeeding years.

PART IV. CHALLENGES: ISSUES AND GAPS

Some major concerns of this sector are the rising number of senior citizens who are victims of violence and abandonment due to in-and-out-migration of younger family members. Another concern that needs to be addressed is the non-compliance of some residential buildings and establishments in terms of making their facilities accessible to senior citizens. There is likewise a pressing challenge in the difficulty of gathering disaggregated statistics and developing a database for senior citizens due to limited funds.

More importantly, despite of efforts to advocate strict compliance with RA 9257 or the "Expanded Senior Citizens Act of 2003", many drugstores and food establishments fail to extend the full benefit of the 20 percent senior citizens'

discount. Furthermore, complaints have not reached the courts to render the law effective against violators.

There are 6 major challenges that need critical attention:

- (1) Full implementation of RA 9257 “Expanded Senior Citizens Act of 2003” and other elderly policies and the need to refocus programs to empower communities, instead of individuals.
- (2) Limited and inadequate data on senior citizens with particular emphasis on geographical and sex-disaggregated data collection in every LGU, including researches.
- (3) Understanding the issues and implications that the ageing population brings about to the society.
- (4) Preparation of the populace for an ageing process that is both satisfying and productive for the individual.
- (5) Development and improvement of service infrastructure and management of centers and institutions in an environment based on both traditional and modern institutions that will be able to meet present and future needs of an ageing citizenry.
- (6) Delivery of social and human services needed by the growing number of senior citizens in Filipino society.

The Philippine government together with NGOs, senior citizens associations and other intermediaries has a modest accomplishment in initiating and facilitating efforts for the promotion of welfare of senior citizens. This is evident in the existence of strong and active organizations such as the FSCAP and the establishment of OSCA around the country.

The participation of the senior citizens associations/organizations in community-based projects was noted. Their presence was evident in their respective locality through volunteer works, participation in socio-economic activities and advocacy efforts in the promotion of their rights and privileges.

The existence of Inter-Agency Committees is seen as an effective mechanism in providing opportunity for the senior citizens and the government to interact on a quarterly basis to discuss and develop necessary interventions and actions to emerging issues and concerns of the sector in the national and regional level.

Although healthcare packages have been drawn, services have remained inadequate. Health facilities, especially hospitals, have noted a higher use of health services by older persons. However, most buildings and facilities have not

been provided with reasonable accommodation for the special needs of older persons such as ramps, beds with adjustable heights and adequate support bars.

PART V. CONCLUSIONS and RECOMMENDATIONS:

Prospects for Long-Term Care for the Elderly

The government recognizes that the overall social and economic development of the nation, including the provision of basic social services for all the population, remains the priority national task. The government appreciates the need to view issues relating to ageing and senior citizens within this broader developmental context of priorities, needs and resource allocation.

It is now necessary for the government to take effective steps to enhance the care-giving capability of the family through appropriate programs, which are cost-effective and compatible with cultural mores. In recognizing the importance of the care-giving role of the family, the government must initiate comprehensive programs which include the promotion of co-residence through housing policies and financial incentives, provision of home nursing services for older persons, provision of facilities for respite care, provision of programs on counseling, professional guidance and emotional support, as well as strengthening of inter-generational relationships.

The Filipino elderly must now extend the network beyond the family. The family must learn to adjust to, and utilize community resources to continue caring for dependent elders. With the onset of frailty or disability, risks of further injury from the slightest trauma or disturbance, the kind of community resources needed are different altogether.

For the frail and dependent elderly, homecare and hospice should be developed further as an important community resource. Homecare provides medical and psychosocial support to patients requiring continued medical assistance and support once discharged from the hospital from an acute illness. But for the homecare to succeed, good family support is needed.

The government should ensure that older persons have reasonable and adequate living conditions. Public housing programs should include options for older persons who live alone either by choice or by circumstance. For older persons who need community residential care, it is important that nursing homes and shelters for the aged destitute are well-run and deliver satisfactory levels of care and service.

Support services from the government, including local government units, people's organizations, and non-government organizations in the form of caregiver supports like trainings, subsidies, allowances and respite leave must

be provided to the older people in the community. The self-employment program of the DSWD for disadvantaged sectors including some capable senior citizens/older persons are availed from the Local Government Units (LGUs) and ably supported by the Self-Employment Assistance (SEA) fund of the DSWD as augmentation support to the LGUs but released to organized groups composed of at least 25 members to implement the funded project.

Professionals need to recognize the risk of potential neglect, abuse or violence by formal and informal caregivers in the home, community and institutional settings.

There is likewise a need to put a systematic program of activities in place to educate the population on healthy ageing. Information about diabetes, high blood pressure, cataract, arthritis, osteoporosis, and neuron-psychiatric diseases such as Parkinson's and Alzheimer's should be disseminated, accompanied with early diagnosis and mass screening programs. Nutritional advice should be provided to minimize dietary deficiencies and imbalances. These low-cost, community-based activities will be integrated into existing community health programs.

Emphasis should be put on disease prevention, health promotion, and wellness of mind, body and spirit. Health services should include preventive, curative and rehabilitative health care services in all-government and private hospitals, local health facilities and other community-based care facilities. This is related to housing and shelter provision where specialized services in the form of residential care, nursing care homes, and group homes are provided. Similarly, this extends to encouraging the development and utilization of supportive community resources that provide in-house care, respite care, and stress reduction for high-risk families.

As the number of older persons increases, innovative private sector services are likely to emerge to cater to their special needs. The government should facilitate and regulate the development of this market by providing appropriate incentives and guidance and by putting safeguards in place to prevent abuse and ensure minimum standards.

Employment for older persons is also critical for financial security as it generates an income flow. Participation in the workforce should be encouraged as long as persons are able to continue to work. A flexible retirement scheme and legal protection will enable capable older persons to remain economically active. Job creation and retention programs should be established to bring back older workers. Self-employment among older persons should be encouraged through advisory services and other assistance.

The government should review the adequacy of benefits to meet a reasonable standard of living. When possible, additional resources will be devoted to social security schemes to improve the coverage and the current level of benefits.

Since sustainability and viability of social security schemes are an important policy issue, intensive studies should be made to examine the implications and to evolve new instruments of income security.

For income security and employment, in addition to the social security benefit system already in place, the government and the private sector are enjoined to provide economic and financial support through other innovative social insurance schemes especially designed for older persons and/or families caring for older persons.

Communities must work together to prevent abuse, violence, consumer fraud and crimes against older persons. Special benefits and discount privileges under RA 9257 must be closely monitored, so that senior citizens enjoy fully said rights granted by the law and closely guard against abuses and violations.

FUTURE ACTIONS

1. DSWD should sustain intermediaries support to programs and project geared for the development, ageing and wholesome environment for senior citizens.
2. DSWD should continue its linkages with the OSCA, LGUs, NGOs and People's Organizations providing services to senior citizens by engaging their expertise and resources to develop and implement programs on social services for senior citizens.
3. Those programs which were developed should have an advocacy plan to gain support and be adapted by the stakeholders and intermediaries, respectively.
4. LGUs who are implementing the NSSOP Project should be encouraged to submit their reports for documentation and replication purposes.
5. For the ensuing year, agencies should continue to prioritize advocacy, information dissemination and compliance monitoring since there is still a big concern relative to conformity and observance of the provisions of the "Expanded Senior Citizens' Act of 2003".
6. Ensure that the OSCA has been established in respective cities and municipalities and ensure that those who are appointed as Head of OSCA perform their roles.
7. Make sure that the benefits and privileges under RA 9257, as well as the participation of the senior citizens sector, are maximized.

8. Based on the Department's 2nd semester 2006 accomplishments, greater emphasis should be rendered to technical assistance to LGUs since the bulk of implementation is lodged against them as stated in RA 9257.
9. Enhance support for family and caregivers to promote quality home care for the Senior Citizens.
10. Establish Geriatrics Wards in every government and private hospital.
11. Institutionalize Gerontology Training Curricula and Courses.
12. Ensure that all Caregiver Training Schools require their students to provide community training and care services to frail senior citizens in the community as part of their curriculum.
13. Expand coverage/improve accessibility and affordability of social & healthcare services to majority of indigent senior citizens.
14. Ensure support by providing Accredited Residential/Group Homes/Senior Citizens Center with 50 percent discount for utilities and technical assistance.
15. Develop/implement/replicate new and existing innovative community-based programs addressing the independent living concerns of senior citizens, particularly those who are abandoned, sick, unattached and homeless.

Bibliography

_____. (2005). *National Objectives for Health Philippines, 2005 – 2010*, Manila: DOH

_____. (2000). *Philippine Health Statistics*, Manila: DOH

_____. (2005). *Human Resources for Health Master Plan (2005 – 2030)*, Manila: DOH

National Economic Development Authority (2004). *Medium Term Philippine Development Plan (2004 – 2010)*, Pasig City

National Statistics Office (2000). *National Demographic and Health Survey*, Manila

National Statistics Office (2000). *Special Report on Senior Citizens*, Manila

<http://www.doh.gov.ph>

http://www.dswd.gov.ph