Inside

FEATURE: Population Aging and Appropriate Measures for the Aged
2 AUICK Second 2008 Workshop
15 UNFPA Seminar on Aging in Asian Cities
18 City Reports and Action Plans

SUPPLEMENT
29 AUICK News

ARCHIVE
31 Visit to AUICK Associate City: Weihai
32 International Advisory Committee Meeting
AUICK Second 2008 Workshop

AUICK held its Second Workshop of 2008 in Kobe, Japan, from 26 October to 3 November, with the support of Kobe City Government and the United Nations Population Fund (UNFPA). The theme of the workshop was "Population Aging and Appropriate Measures for the Aged". Eight participants attended from AUICK Associate Cities, as well as three interpreters, a resource person, two academic collaborators and members of AUICK’s International Advisory Committee (IAC).

'Many societies view older people and older women in particular as a drain on society... policy makers and practitioners need to envisage them not only as recipients of protection and assistance, but also as agents of change and development who can help identify solutions for the problems affecting them.'


Background

World Population is growing rapidly, but it is aging even more rapidly. In the last half century the world's population more than doubled, from 2.5 to 6.7 billion. This figure is likely to increase by 2.5 billion over the next 42 years, reaching 9.2 billion in 2050. Over that time, half of the increase will be accounted for by people over the age of 60, whose numbers will almost triple, to reach over one billion.

This accelerated aging process is even more dramatic in Asia, whose total population is predicted to grow from 3.7 billion in 2000 to 6.4 billion by 2050. In the same period, those over 60 may grow to reach 1.2 billion, a four-fold increase of present numbers. In countries where AUICK Associate Cities (AACs) are located, the proportion of the aged (over 60s) is predicted to range from about 9 per cent to 21.5 per cent by 2050.

Population aging brings a shrinking of the workforce, an increasing social security burden, and major changes in family structure and health service systems - but elders increasingly have more time and longer life to contribute to society through their rich experience of life, and their technical skills and knowledge.

Recent rapid urbanization and an increasing proportion of elderly citizens in urban areas will challenge national and local government capacities to provide not only economic security and access to good transportation, but also strong community-based support systems.

UNFPA, one of AUICK’s sponsors, has developed Policy Guidelines on Aging to provide measures which can effectively respond to the needs, expectations and rights of older persons. They recommend the following:

- Focus on the older poor, in development and poverty-reduction strategies;
- Examine the economic, social and cultural implications of population and demographic changes, and how they relate to development concerns;
- Promote the implementation of adequate policies and programs for active aging, including life-long education and training, and the full participation of older persons in community life;
- Recognize and support the care-giving services provided by grandparents, especially women, to grandchildren orphaned by AIDS;
- Eliminate discrimination; financial, psychological and physical abuse; and other crimes against older persons, especially women, including intergenerational violence;
- Promote intergenerational solidarity with the goal of maintaining and improving social cohesion.

The right and appropriate approaches are needed, in order to maximize the development benefits of urbanization for older persons, while minimizing its negative impacts.

Aim

The aim of the AUICK Second 2008 Workshop was to increase the capacities of senior officials of AACs in charge of policies and programs for the aged. In view of the UNFPA Policy Guidelines on Aging, the workshop was designed to improve participants’ knowledge about
the urban policy implications of population aging. It aimed to increase understanding and know-how of administrative measures for the aged, through presentations by Kobe City and AAC officials, best practice case studies and site visits related to the theme. Special emphasis was placed on the active participation of the aged in society, and self-reliance oriented NGO activities. At the end of the Workshop, the participants developed concrete Action Plans for appropriate administrative measures for the aged, to implement upon returning to their respective cities.

**Participants**

AUICK invited senior officials of government planning, health and social welfare departments from the AACs: Weihai (China), Chennai (India), Surabaya (Indonesia), Kuantan (Malaysia), Faisalabad (Pakistan), Olongapo (Philippines), Khon Kaen (Thailand), and Danang (Vietnam).

The participants included the following (in alphabetical order by country):

**Dr. Sun Kaiilan**  
Vice-Director, Department of Human resources, Weihai Municipal Government, China

**Mr. Ashish Chatterjee**  
Joint Commissioner (Works), Corporation of Chennai, India

**Dr. Sri Setiyani**  
Head of Community Health, Surabaya Health Department, Surabaya City Government, Indonesia

**Ms. Hamiza Binti Hamzah**  
Director, Planning and Development Department, Kuantan Municipal Council, Malaysia

**Dr. Mian Zahid Malik**  
District Tuberculosis Control Officer, Department of Health, City District Government Faisalabad, Pakistan

**Ms. Genia Reyes Eclarino**  
Department Head (City Social Welfare Officer), City Social Welfare and Development Office, Olongapo City Government, Philippines

**Ms. Surang Panoi**  
Director, Social Welfare Department, Municipal Clerk, Social Welfare Division, Khon Kaen Municipality, Thailand

**Dr. Nguyen Thi Kim Hong**  
Vice Director, Department of Labour, Invalids, Social Affairs, Social Affairs and Protecting and Caring for Children, Danang City, Vietnam

**<Accompanying Interpreters>**

**Mr. Sun Chengong**  
Chief, Foreign Affairs Office, Weihai Municipal Government, China

**Dr. Kuntero**  
Professor of Biostatistics and Population Study, Airlangga University School of Public Health, Surabaya, Indonesia

**Ms. Puttatida Choisai**  
English Lecturer, Khon Kaen University Language Institute, Thailand

**<Best Practice Resource Person>**

**Dr. Kasom Chanawongse**  
President, College of Asian Scholars, Thailand

**<Academic Collaborators>**

**Dr. Sunarjo**  
Head, Department of Public Health and Preventive Medicine, Airlangga University School of Medicine, Indonesia

**Dr. Pudjo Rahardjo**  
Deputy Executive Director of DAMANDIRI Foundation (in charge of Program Development, Education and Training), Indonesia

**Opening Remarks**

In his opening remarks to the Second 2008 Workshop, **Dr. Hirofumi Ando** welcomed participants on behalf of **Mr. Tatsuo Yada**, AUICK Chairman and Mayor of Kobe City, **Mr. Toshihiko Ono**, Executive Director, and **Mr. Nobuyuki Morimoto**, Deputy Executive Director.

Dr. Ando explained AUICK’s role as the facilitator of North-South and South-South dialogue among Kobe and the AUICK Associate Cities (AACs), whose sharing of experience in dealing with the issues affecting aged populations would enable lessons to be learned from the workshop and translated into policy implementation, through the Action Plan program.

The following pages contain articles on each presentation, discussion and site visit of the workshop. The articles can be found on AUICK’s website, at www.auick.org.
Global, Regional and National Population Perspectives

When discussing population issues, it is important to keep in mind three key dimensions, and the three key factors affecting those dimensions. Population growth, structure (usually in terms of age structure) and distribution (including urbanization - the natural growth of cities), are affected by birth rates, death rates and population migration. Historically, three main stages of demographic transition have been when there is little population growth due to high mortality and birth rates; when improved health measures and economic development with declining mortality rates have increased populations; and when declining mortality and birth rates mean little (and in some cases even negative) population growth. The latter case is now apparent in many countries.

Before 1915, the world's population was under a billion, but subsequent sharp growth led to 3 billion people by 1955, and 5 billion by 1987. Over the last twenty years this figure has reached 6.7 billion, and is likely to be over 9 billion by 2050. With this rapid population growth comes population aging, a phenomena which is increasing in the countries of the nine AUICK Associate Cities (AACs), and even more significantly in Japan (see graph).

The United Nations defines an aging society by its aged population reaching 7% of the total population. The speed of population aging in a country is also measured by the time it takes this percentage to double (from 7% to 14%). If the categorization of aged is applied as over 60 years of age, this doubling in size of the elderly population had occurred in Japan by 1984, and is set to be reached in China and Thailand in 2013. The other AAC countries' aged populations will have all reached 14% at various points by 2050. This gives each country a different time scale by which to prepare systems to support large numbers of aged people. As Thailand's society started aging early (7% of its population over 60 in 1987, doubling by 2013), the country has had to develop strong programs to sustain its elderly citizens, as is evident in Khon Kaen (see Best Practice Report, p.11).

Other countries such as Bangladesh, the Philippines and Pakistan have aging populations which will have doubled to 14% by the 2040s, but the most striking figures are in Japan, whose over-60 population had reached 14% by 1984, and stood at 26% in 2008.

The scale of community support necessary for aged populations can be seen by focusing on population birth and growth rates, which indicate the numbers of younger people that each society will have to support its aged. Countries which have implemented successful birth control programs, those with lower total fertility rates (TFR), face the prospect of fewer young to support the aged. Stronger family and community structures will be necessary, and public structures must be developed, which should treat the aged as a valuable human resource, rather than simply an economic burden.

In this context, the AUICK workshop participants' sharing of information and knowledge, and their witnessing of the programs directed at the aged population of Kobe, can lead to their developing innovative programs to prepare to support the aged populations of AUICK Associate Cities (AACs) as they continue to grow.
Dr. Jun Matsunami, Professor, Graduate School of International Cooperation Studies, Kobe University

Measures against Population Aging and the Role of Local Government in Japan

Dr. Jun Matsunami explained the financial transfers between central and local government for service provision, as a context of local government providing welfare to the aged.

The current Prefectural system was introduced in Japan in 1871. The country is divided into 47 prefectures (made up of municipalities and cities), which have their own governors, parliaments and political power.

Aside from national defense and public pensions, 69% of public expenditure is made by local governments. As each area’s population and economy differs, this would imply differing standards of service provision from one prefecture to the next. However, an elementary school in a large city such as Kobe with 500 students would provide the same standard of education, school building and textbooks as a school in a remote village with only six students. The two areas would also have similar standards of clean water, welfare benefits and care for the elderly.

The reason for this lies in the fact that the services delivered by central governments in many countries are delivered locally in Japan, through regionally balanced allocation of finance. Local governments are partially financed through local taxes, including Residents Tax (local income tax), Fixed Asset Tax, Enterprise Tax (local corporate tax), Local Consumption Tax, as well as other taxes. Huge financial transfers between central and local governments though, give each prefecture the same capacity to provide services, regardless of population or economic status. The transfers cover 61% of all local government expenditure.

One such central-local transfer is Local Allocation Tax (LAT). This is calculated by deducting each prefecture’s Standard Financial Revenue (Local Tax Revenue multiplied by 0.75) from its Standard Financial Requirement (based on unit costs, population and income tax data) and adjustment coefficient. Adjustments are necessary in such cases as a school being properly funded to educate just a handful of children. The system means that all prefectures provide similar services, and a ‘welfare magnet’, population or industry attracted to a one particular area, is also avoided. The LAT transfer is financed by national income, corporation, alcohol, consumption and tobacco taxes.

Another central-local transfer, national treasury disbursements, subsidizes public works (roads, school buildings) and legally entrusted functions by 11.4%.

A large city such as Tokyo is not eligible for LAT due to its high local tax revenue, but receives national treasury disbursements. So, a compromise is achieved over the argument of whether central or local government should provide welfare to citizens; local governments know the needs of, and provide services for their citizens, while central government financially provides and regulates for overall balance in service quality.

In Japan, rapid population aging, with the ‘baby-boom’ generation of the 1950s and 1960s economic growth period now in their late 60s and 70s, has brought increasingly urgent welfare issues to be addressed:

- The National Health Insurance scheme covers citizens not covered by company schemes - but with increasing costs come arguments over how those costs should be met.
- The National Pension system now covers housewives as well as retirees, and many employees are covered privately, with a mutual-aid system covering public sector workers - but many unemployed or low-wage workers are not under any system, and collecting premiums from people who do not trust the system is a challenge. The government is to increase its contribution to cover half of the pension system costs, but raising taxes to fund this is unpopular with vote-seeking politicians. The gradual integration of pension systems is also being undertaken, but even this may not create a balanced system.
- Unemployment benefits, 25% local-government funded, are claimed by around 40,000 people in Kobe and 1.5 million people nationwide, but numbers are increasing rapidly.

Housing for the aged is not such an issue, as home ownership has been encouraged by the government since the Second World War. As much as 97.3% of those living with descendents, and 74.7% without, are homeowners. But home ownership itself is not sufficient, and care services have to be provided by local governments.
Population Transition and Elderly Care Policies in Kobe City

Mr. Takeshi Yamamoto explained local government welfare and nursing care policies for the elderly in Kobe, where one in five of the population is now over 65.

With longer life expectancy, however, increasing numbers need nursing care. Kobe City has a huge demand for homes for the elderly, and various facilities are available to those who are bedridden, without family care or unable to live alone.

Under the Public Nursing Care system introduced in April 2000, the cost of care is covered 10% by the user, and 90% by premiums, paid for by all citizens over 40 and central/local governments. The local government role is to assess the needs of the city's elderly, and then educate, audit and pay service providers. As this scheme is uniform throughout Japan, citizens receive the same standards of care nationwide. In Kobe, 60,000 receive care under the system, but as numbers are rising, so too are the costs of premiums and taxes. As in the case of the national pension plan, the question remains as to how to cover the system's spiraling costs, and an extensive review is necessary.

Practical elderly care and nursing measures included the following in 2007:

- A day service for the elderly to maintain their physical condition, held at regional welfare centers with rehabilitation equipment/machinery.
- A catering service delivering high nutrition meals once a day to the elderly. (Deliverers also check on their wellbeing, and food consultation services are offered.)
- Funding assistance/loans for home modifications up to one million yen, in addition to those provided under the Elderly Care Insurance system.
- Electromagnetic cookers supplied to elderly, to prevent risk of gas fires.
- A short-stay health care service for elderly who require temporary care assistance.
- Nursing care items for home use supplied to aged citizens who are bedridden and cared for by family members.
- Home hairdressing and beauty services for the physically impaired.
- Licensed home helpers sent to homes of dementia sufferers.
- House-keeping and daily living assistance provided to those who are bedridden or not covered by care insurance.
- Transportation services and bathing facilities for those who visit day care centers.
- Washing, drying and sterilization of bedding for the physically impaired/bedridden.

Other measures such as non-step buses, apartments with on-site care workers, and an innovative electronic alarm device to alert the fire department for immediate assistance, all further characterize the city’s ideas to promote the safe and active independence of the elderly in society.

One of the largest bureaus of Kobe City Government, The Public Health and Welfare Bureau covers public hygiene, hospital administration and health care. Its Senior Citizens' Welfare Division researches the social, economic and cultural implications of an aging population, and promotes their lifelong education and active community involvement.

Each country's average life expectancy influences its definition of 'elderly'. In Japan, where life expectancy is 76 and 86 years for males and females respectively, the 'first stage' of elderly is defined as over 65, and a 'second stage' is from 75 years of age. The ratio of elderly is compounded by declining numbers of younger citizens and a low birthrate, which is leading to a 'super-aging society'.

The aged in Kobe City number some 330,000 (21.3%) of 1.55 million citizens, and the figure is increasing by 10,000 a year, set to reach 1 in 4 by 2014, and then 1 in 3 by 2050.

With this rapid population shift, who is going to support the elderly? In the past, large families and three generations under the same roof meant that families took care of their elders, but increasing single person households (70,000 elderly living alone in Kobe), show that times have changed. A longer lifespan in itself is welcome, but ideas and policies need to stimulate healthy and fulfilling lives for the aged.

The Kobe City Elderly People Health and Welfare Plan 2010 Late Plan, established in February 2007, has as its target for the elderly 'to continue their independent life in a familiar local environment'. The plan promotes both increased nursing care and the active participation of the aged in a more elderly-friendly society. It calls for the involvement of local business and communities in encouraging the involvement of the elderly, and it provides them with increased choice over the health and nursing care services they receive. Consumer and legal consultation and information services, as well as local peer support groups are also arranged.

Volunteer home visits, new local community centers, and education, sport, and employment coordination facilities are available for the aged in Kobe, so that they can remain active and utilize their skills. Senior citizen hobby and volunteer activity clubs for the healthy and active number around 500, with 42,000 members. Senior citizens in Kobe are also informed and interested in health issues, with check-ups and seminars teaching them to stay healthy.
Yasuto Kawakami, M.D., Director of Public Health Center, Kobe City

Measures on Maintaining Physical and Mental Health and Physical Health Services for the Aged of Kobe City

In the context of rising health care provision costs and high instances of lifestyle related diseases and health-related suicides, Yasuto Kawakami, M.D. outlined preventive measures to improve the health of citizens in Kobe.

With a rapidly increasing aged population and financial burdens on the health care system, the 2002 New Kobe Healthy 21 plan brought a shift from therapeutic to preventive medicine.

The top three causes of death among aged people in the city are malignant neoplasm (cancer) 33%, cardiac disease (heart) 15% and cerebrovascular disease 10%, and suicide rates are also high. In this light, the plan incorporates specific aims to decrease the number of early deaths, and prolong the health and improve the quality of life of citizens. Concretely, this is to be achieved by focusing on the prevention of lifestyle related diseases, cancer and suicide, through increased awareness, health checks and other preventive measures.

In 2004, lifestyle related diseases accounted for a massive one third of public medical expenses (10.4 trillion yen). The city realized the need for guidance and check-ups for metabolic syndrome, as the disease is a preventable lifestyle related condition which, if untreated, leads to stress, debilitating illnesses, and even suicide. High stress rates and deteriorating diets bring a higher prevalence of metabolic syndrome, and it is believed that one in two males and one in five females in Japan are suffering from or at risk of the syndrome. Its various stages are categorized as follows:

- Level 1 - inappropriate diet (excess ingestion of energy, salt, fat etc.); lack of exercise; smoking; excessive alcohol consumption; extreme stress.
- Level 2 - obesity; hyperglycemia; hypertension; hyperlipidemia.
- Level 3 - adiposis (esp. visceral type); diabetes mellitus; hypertension; hyperlipidemia.
- Level 4 - ischemic heart disease (myocardial infarction, angina pectoris); cerebral accident (hemorrhage, infarction etc); complications of diabetes mellitus (blindness, dialysis etc.).
- Level 5 - hemiplegia; difficulties of daily life; dementia.

The domino effect of metabolic syndrome means that it can eventually lead to dementia, nervous breakdown, or cerebral disease. Its diagnosis is based on an abdominal circumference measuring over 85cm in men, 90cm in women, plus two out of three of hyperlipidemia, hypertension (high blood pressure) or hyperglycemia. The large abdominal circumference with one disorder classifies a person as 'at risk' of metabolic syndrome.

If covered by National Health Insurance, citizens are offered checkups and medical guidance at a reduced rate of 500 yen (the price of a cheap lunch), in a scheme that aims to reach 283,000 people over a five-year period. These checkups examine history of pharmacotherapy, smoking habits etc.; physical measurements (body height, body weight, BMI, abdominal circumference); physical condition and blood pressure measurement; blood lipid (neutral fat, HDL cholesterol, LDL cholesterol); hepatic function; blood sugar levels (fasting blood glucose, HbA1c); renal function (urinary acid, serum creatinine); and urine (sugar, protein, occult blood). Metabolic testing and motivational support are given to encourage citizens to change their lifestyle as they approach old age.

Rates of cancer in Kobe, especially stomach cancer, are higher than national levels, and the city has a high rate of Hepatitis C. Cerebral and cardiac disease rates, however, are below the national level. According to the Health, Labor and Welfare Ministry's Study Group Report on the Assessment of Efficacy for Medical Checks of Cancer, medical checkups reduce the rates of stomach cancer by 40-60%, cervical cancer by 80%, and large intestinal cancer by 60%. So, the city is now carrying out medical checkups for stomach cancer, uterine cancer, breast cancer, lung cancer, large intestinal cancer and prostate cancer. The aims are to increase the overall medical checkup rate by 50% within 5 years; to reduce the age-adjusted mortality rate by 20% in persons aged under 75 within ten years; and to completely eliminate underage smoking within 3 years. The National Plan for Promotion of Basic Planning against Cancer also targets an increased checkup rate to 50% of citizens.

The Supporting Manual for Non-smoking, issued by the Health, Labor and Welfare Ministry, outlines how smoking increases the risk of oral and pharyngeal cancer, lung cancer, laryngeal cancer, ischemic heart disease, cerebrovascular disease, chronic obstructive lung diseases such as chronic bronchitis and pulmonary emphysema, periodontal disease etc. Kobe City is active in its implementation of anti-smoking related health campaigns, non-smoking and separate public areas for smokers, as well as a system of 1000 yen fines for those caught smoking in the downtown area. These have helped to reduce the number of smokers in the city to below the national average.

There is also a focus on prevention of passive-smoking, as a person whose spouse smokes more than 20 cigarettes per day is almost twice at risk of lung cancer. The Public Health Center target is to reduce the number of smokers in the city by more than 50% of the year-2000 rate; smokers with babies from a current 46% to less than 20%; minors and gravidas from 2.2% and 5.4%, respectively to 0%; to increase the rate of citizens aware of the connection between cigarettes and gum disease from the present rate of 61.4% to more than 80%, and the rate of communal facilities implementing non-smoking or separate smoking areas from 99% to 100%.

Since a sharp rise during the economic downturn of 1998, the suicide rate in Japan has consistently been at over 30,000 deaths per year. The highest incidence of suicide is among citizens aged 60-69 years, and 60% of those cases are due to health issues. By raising citizen awareness on both the circumstances that can lead to suicide and outward signs of suicide contemplation, the
objective is to reduce the suicide rate in Kobe City by 20% by 2016. A local government survey of 10,000 Kobe citizens worryingly showed that 70% suffer from mental fatigue or stress, especially those aged 40-49 years.

A clear link can be seen between stress levels, lifestyle related diseases, and ultimately poor mental and physical health in later life. Through a preventive focus of increased public awareness, check-ups and early diagnosis, Kobe City health authorities aim to break the link early, so that health can be part of the achievement of old age.

Site Visits to Facilities Related to Mental and Physical Health Services for the Aged

On 28 October, the AUICK Second 2008 Workshop participants visited centers providing health care to the aged, and the World Health Organization (WHO) Kobe Centre in the redeveloped HAT Kobe area, in the east of the city.

Kobe Comprehensive Care Center for the Aged

Established in November, 1996, the Kobe Comprehensive Care Center for the Aged covers an area of 4,190m² in the heart of the urban area of Kobe City.

It is easily accessible, and provides comprehensive support services for the elderly - from consultations, preventive health care and rehabilitation, to short or long-stay facilities - so that they can maintain their health and wellbeing near home, and in the heart of the community.

A large Local Rehabilitation Center on the ground floor is for training by physical, occupational and speech therapists, who also make home visits.

The second floor houses the Geriatric Health Services Facility, providing in-patient rehabilitation, nursing and general care and rehabilitation to up to 54 long and short-term residents whose symptoms have stabilized after treatment, to enable them to return home.

The upper two floors are the 'Shin-ai Home', operated by the Jesus Corps Social Welfare Corporation; a nursing home for elderly in need of steady care which they cannot receive at home.

Further facilities include the Community Counseling Center to coordinate health and welfare services and provide information; the Day Respite Care Center with a transportation service for elderly residents; support and training facilities for daily living assistance; and the Short Stay Center for elderly who need temporary assistance or care.

Sun-life Uozaki Elderly Nursing and Care Homes

The workshop participants also visited the Sun-life Uozaki Nursing Home and Care House, in a residential suburb of Kobe. Its two buildings cover a total area of 661m², and they incorporate homecare and nursing facilities as well as sheltered group apartments. The facility is staffed by part-time doctors, daily living consultants, care assistants, care workers, nurses, nutritionists, cooks and administrative officers, to provide extensive care. Its Special Elderly Nursing Home can house 30 residents, with a further 20 on a short-stay basis.

The home aims for a 'family-like' environment, with a friendly atmosphere and communal activities. It incorporates a daycare service for up to 40 people, transportation, machine-assisted bathing, entertainment, rehabilitation, daily living consultation and education on elderly care. ‘Nurse-call buttons’ are easily accessible to users throughout the home.

Workshop participants see the communal activity room at Sun-life Uozaki
The same building’s At-home Care Assistance Office arranges consultation for the elderly who need daily care at home, and their families, tailoring specific care plans to the individual needs of each recipient. Its Comprehensive Local Assistance Center offers preventive care plans, counseling and support for protection of elderly citizens’ rights, in cooperation with social welfare counselors, nurses, care managers and monitors.

On the 4th floor of the building, a multipurpose events hall, a roof garden and meeting rooms help give the center a communal atmosphere; and two apartment style residences on the upper floors each house eight elderly sufferers of dementia, living with staff who assist them with cooking, eating, cleaning, washing and shopping.

The next-door building, the Fleur Uozaki Nakamachi, was constructed by the Urban Development Corporation as part of the recovery construction after the 1995 Great Hanshin-Awaji Earthquake. The building is rented by Kobe City, and has 9 individual elderly housing units and community members. As the health of the elderly is greatly influenced by having an active lifestyle and strong links with people around them, the study focuses on the importance of hobby clubs, educational courses, continued employment, neighborhood activities and shared mealtimes - all of which facilitate daily interaction among aged citizens.

WHO publications such as Global Age-friendly Cities: A Guide and the Checklist of Essential Features of Age-friendly Cities provide a universal standard to policy-makers who aim to improve the wellbeing of increasingly aged populations.

**Global Age-friendly Cities: A Guide**

**Checklist of Essential Features of Age-friendly Cities**
www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

---

### Kobe Centre

The third site visit of 28 October was to the WHO Kobe Centre. Dr. Hiroshi Ueda, of the Urbanization and Health Equity Programme Knowledge Management Unit, explained the activities of the center in relation to the wellbeing of aging citizens.

Established in 1995, in the HAT area of Kobe developed after the destruction of the 1995 Great Hanshin-Awaji Earthquake, WHO Kobe conducts research into health related issues, guided by its Healthy Urbanization Project until 2015. It arranges meetings and disseminates publications to increase awareness and provide assessment and intervention tools for local and national governments.

A recent WHO study, Wisdom Years: Ageing into the 21st Century, provides practical suggestions on strengthening relations among the aged, family and

---

### Site Visits to Organizations Supporting Active Elders

**Kobe Well-being and Life Enrichment Promotion Foundation**

On 29 October, the Second 2008 Workshop participants visited the Kobe City Silver Human Resources Center. Mr. Fusao Tushima, Manager; Mr. Yura Kinji, Active Life Support Section Manager; and Ms. Aiko Kado, Staff, General Affairs Division, explained how the foundation coordinates employment and activity groups for the aged, with the support of Kobe City Government.

With many citizens living 20-25 years after retirement age, the question of how they can lead fulfilling and active lives is answered by the Silver Human Resources Center. A non-profit, city funded organization, the center provides elderly citizens with employment opportunities.

Citizens over the age of 60 who are healthy and willing to work are encouraged to approach one of the local branches in five of the nine wards of Kobe City, where they are interviewed on their skills and employment requirements, and signed up as members.
Then, depending on the positions which have been made available to the centers by local employers, members are informed of working conditions and allocated suitable employment posts. These are often light (less than 10kg of lifting), non-hazardous jobs. Around 50% are 'general work' like cleaning, weeding parks, food preparation, packaging; 20% are in administrative and surveillance-related employment; 6% are in skilled work, such as teaching, painting, gardening, computing, or cooking positions; and 7% are clerical positions.

In 2007, the Kobe City Silver Human Resources Center had 10,839 members, and 63.2% were found employment, with an average monthly salary of 55,000 yen.

Employment contracts are made between the employer and the center, so there is no direct contract between the employer and worker. The center receives 7% of the contract fees for its administrative costs, as well as annual membership fees of 3,900 yen from each member, and government subsidies for running costs.

The regional and five local centers are currently staffed by a total of 90 people, 24 of whom are dispatched by the city government. The local centers receive applications for membership and the job offers from employers, and the regional center houses the administration and job development department, to coordinate members and employment opportunities.

Not all members can be found employment, and occasionally members are not suited to the positions which are found for them. Usually though, as the jobs are light in nature, and prior consultation and information is available to members, there are few mismatches. Monitoring is done by the center through questionnaires to the employers, whose satisfaction rate with the system is high.

The Kobe City Silver Human Resources Center is part of the Kobe Well-being and Life Enrichment Promotion Foundation, which also offers job counseling and seminars, lectures and training courses, and guidebooks on public pension plans and medical and unemployment insurance for elderly citizens. It arranges the Silver Pack welfare promotion program, which includes wide-ranging activity and hobby groups (singing, dance and crafts etc.), which keep citizens physically and socially active in old age.

As of 2008, 1,485 members here also pay the 3,900 yen annual fee, and with city subsidies, the foundation coordinates activity group members and venues, and publishes newsletters on its activities, to keep the public informed.

By providing comprehensive guidance, training, activity clubs and suitable employment opportunities for the elderly, the Well-being and Life Enrichment Promotion Foundation and its Silver Human Resources Center help citizens to maintain their healthy and active involvement in society, as well as their financial independence and lifelong education.

Kobe Silver College and 'Wa' Group

The second visit of 29 October was to the Kobe Silver College, a three-year educational institution to facilitate the active role in society of elder citizens. Participants also learned about Group 'Wa' (meaning harmony), which coordinates volunteer activities for the college graduates.

managed by the Kobe Citizens' Welfare Promotion Association, Kobe Silver College offers three-year courses to senior citizens, under its motto 'study again and serve others'. The college was established in 1993 by Kobe City, realizing the need to support recently retired citizens, and encourage them to find a purpose through study.

Anyone over the age of 57 can enroll, and there are no examinations or entry qualification requirements. The courses are in Welfare, International Cooperation and Exchange, Environment and Art. Extensive PR activities by the college mean that applications outnumber the 420 annual places, which have to be decided by a lottery system.

Around 60% of the college operational costs are funded by Kobe City government, so tuition fees are low - just 50,000 yen per year (although students have to pay for course materials). The college is managed by 19 full and part-time staff, with 250 instructors who are largely visiting lecturers from local colleges, universities or private institutions. The students (currently 59% male and 41% female) attend classes twice a week over the three-year course, but attendance is not strictly enforced if students have health issues or difficulties in attending.

As well as the four main academic courses, students engage in a wide range of sports, and practical pursuits like growing organic vegetables and making crafts which are then sold in an annual college bazaar. Then, instilled with a sense of self-worth and community spirit, around 400 students graduate each year, qualified and ready to serve the community through employment or volunteer activities.

Affiliated with the college is the 'Wa' (harmony) Group, a 'Social Contribution Center' which coordinates welfare, environmental, international communication and cultural volunteer committees. These committees carry out activities commissioned by Kobe City, which range from providing computer and cookery lessons to Silver College students and language lessons and daily life assistance for foreigners, to daycare and home-visits to the elderly.
as well as cleaning, park maintenance and environment education services. Wa was established in 1997, as a result of the growth in volunteer activities during the city’s recovery from the 1995 Great Hanshin-Awaji Earthquake. It is now a registered non-profit organization with 1,200 members averaging 70 years of age, of whom 90% are Silver College graduates. At the Silver College graduation ceremonies, the staff of Wa give presentations to recruit new members, and each year around one third of the college graduates join.

Membership costs 1,500 yen per year, and around 60 clubs conduct activities in the nine wards of the city. The group is managed by a head office of 14 staff, 5 committees and 9 local sub-committees in the city wards.

Website of Kobe Silver College
www.kobe-wa.or.jp/silvercollege/english/ksceibun.htm

Dr. Kasom Chanawongse, President, College of Asian Scholars, Thailand

Best Practice Report: Measures for the Aged in Khon Kaen

Dr. Kasom Chanawongse explained how in the midst of an aging population of Thailand, initiatives in Khon Kaen Municipality maintain not only the health and wellbeing of the elderly, but also their local customs and traditions, employment and active involvement in society.

Khon Kaen Province is located in the region of Isan, on the Korat plateau in the heart of North-eastern Thailand. Established in 1783, the province covers an area of 10,886 square kilometers, and is subdivided into 26 districts (Amphoe), 198 sub districts (Tambon), and 2139 villages (Muban). The provincial capital is around 450 kilometers northeast of Bangkok. It is a major regional development, commerce, and political center, and a transportation hub and university city.

The population of Khon Province in 2007 was 1,752,414, of which 185,790, 10.6 %, were elderly (aged over 60). Khon Kaen City's population is over 130,000, with an average household size of 4 people, 22.3% of which are headed by females. The fertility rate of the city is below the replacement rate of 1.9.

The national aged population is projected to rise sharply, doubling by 2025 to 19.9% (12.9 million), and the rising aged dependency ratio means a reduction in income per capita, and a heavy fiscal burden on the public old-age pension and health care programs.

All Thailand’s elderly citizens are covered for free medical care, but no specific long-term care facilities or preventative medical services are included in the Universal Health Care Scheme, with services oriented to institution and acute care based services. Health care provision to the aged is limited, and long-term care is expected to be provided at home by family members.

The Department of Social Welfare has set up a welfare fund, which provides 500 baht per month (around US$14) to more than 400,000 older persons, and local councils / municipalities administer a monthly cash maintenance allowance for the disadvantaged poor elderly, which is received by 66,118 people (71.0% of those who are entitled).
Formal social security measures in Khon Kaen follow national policies, with over half of the budget from central government. Participation in a contributory social insurance pension scheme is mandatory, except for workers in the informal sector (which includes most workers). With the increased aged population, the scheme will be unsustainable in its present form, meaning either more government spending or reduced pension payouts, which would push many older people into, or even deeper into poverty.

Initiatives at the community level though, are providing a productive and healthy life for elderly citizens. Ninety percent of Ministry of Health hospitals provide a fast-track medical / physiotherapy health care system and clinics especially for the elderly. The health clinics also provide a network for the exchange of elderly health care experience.

In the sub-districts and villages of Khon Kaen Municipality (numbering 2,000), home visits are made by medical staff to both sick and healthy aged citizens. Innovatively, the medical staff are accompanied by volunteer care givers on these home visits. Under the care of each volunteer are 15 subjects - 10 elderly citizens and 5 of the poorest / sickest elderly who require intensive assistance. As well as physical health checkups, the multi-discipline professional teams provide nutrition, drug administration and exercise care and assistance. The volunteers also provide transportation to take the doctors to patients’ homes, and patients to hospitals, as well as to community and religious activity centers, and on recreational trips outdoors. The volunteer service even offers assistance with home renovations for the elderly.

In return, and as an incentive, the volunteers know that they will be first in line as recipients of such services when they require them, as reward for their hard work; and so the system continues.

A number of social welfare activities are arranged by the Municipality to support the elderly, and for the elderly themselves to provide services to the community. Khon Kaen Municipality stipulates that each Tambol (sub-district) establishes one senior population club, which receives financial support even if just one activity is arranged.

In a country where the elderly are traditionally respected for passing on their knowledge and wisdom, Khon Kaen Municipality also promotes the aged as expert tutors and educators. Those who are enrolled in this system are each classified as to their skills, and sent to 11 schools by the municipality, in accordance with the requests of each school. They teach subjects as diverse as art, handicraft, agriculture, computing and management science.

The elderly themselves attend practical skills seminars and lectures, carry out work observation and study tours, and are encouraged to join courses on Buddhist doctrine / Dharma and intellect development. Clubs, societies and social networks are also established at the local level for the active participation in society and personal fulfilment of the elderly.

Their active employment is encouraged through the creation of employment groups promoting occupations in arts, handicrafts and agriculture. Distribution networks for produce are developed, and a novel concept of ‘one village, one product’ ensures production according to local markets, as well as healthy competition and marketing of products made and sold by the elderly.

Awareness and respect for senior citizens is raised through various events, such as those marking ‘Elderly Day’. A ’one baht per day' saving fund has also been created for the aged in every locality, and community funeral welfare provides care for its members in times of sickness, as well as support for funeral ceremonies.

Through a series of inexpensive initiatives, the aged are both actively involved and serving their communities, as well as receiving the care and dignity to give them an enriched life and involvement in society.
Management of the Aged through a Community Base

Dr. Haryono Suyono reminded the participants of the Second 2008 Workshop of the importance of encouraging the aged to be active in the community, in the context of their increasing numbers and life expectancy.

In 1970, those aged over 65 years in Indonesia numbered 3 million. In 2008 this figure had quadrupled, and will double again by 2025. At the same time, its population under the age of 15 has only increased from 5.2 to 6.2 million since 1970, and is not predicted to have grown by 2025. Largely thanks to successes in family planning programs, the country is nonetheless an example of the speed and magnitude of increasing elderly numbers faced especially by developing countries.

It is not simply the economic difficulties of managing and supporting such numbers on an institutional basis (through high-cost care homes, for example) that necessitate the stimulation of improved community support and activity networks. Such networks also help the communities themselves, as well as the physical and mental wellbeing of aged citizens, and their sense of self-worth as active contributors to society.

Developed country systems and international intervention tend to veer toward the institutional provision of care (the high costs of which are borne by governments) as opposed to care through inherited family and community networks, which bear their own costs.

Policy makers though, often have low awareness of changing populations and related problems, and can lack adequate focus on, and commitment to, relevant programs. The aim of the Management Information System (MIS) through which AUICK fosters connections between its associate cities and their local universities, is to address this issue by providing increased and comprehensive data to local governments for population based programs and policies.

Japan has shown a focus on 'workfare' as opposed to 'welfare', with its aged citizens actively trained and employed, economically active after the traditional retirement age. It is shown that with high-level political commitment, community and social institutions can be appropriately redressed.

In Indonesia, a recently developed institution for family empowerment, 'Posdaya', facilitates grass-root citizen involvement, by advocating and initiating local community programs based on government policies concerning the aged. The Indonesian word for 'fire', 'API', which also stands for Advocate Empowerment Initiative, is promoted as the ideology of such initiatives.

In many countries, as well as increasing in numbers, the aged are appreciated less. They are living longer, but their welfare support is difficult to maintain, and their self-worth and participation in society diminishes. These factors will greatly impact the future of ageing societies if the appropriate programs and policies are not developed.

So, educated and politically concerned citizens have to achieve the commitment and readiness of local governments by advocating ideas for focused, measurable and manageable people-based policies and programs. These programs should aim for the involvement of elderly citizens in society, by creating the conditions and environment for them to be active, healthy, employable, and treated as positive human resources for the future. Where awareness of such issues is low, working together is vital, to encourage the adoption by mayors of appropriate plans, such as through the AUICK workshop and Action Plan system.

New examples are needed in cities to show the effective management of the elderly, without necessarily following the institutionalization of the elderly of developed countries, but by promoting the 'social institutional' (family and community) support, such as the 'Posdaya' system, newly developed in the villages of Indonesia, before the 'institutional' support.

The challenges are to improve the health, social participation and economic participation of the elderly. The provision of regular health checks, access to doctors, and regular exercise programs enable the aged to remain active. Many live alone, retired, isolated and feeling unimportant or unable to work with others, necessitating their assimilation into the community through social links and networks. And as many have lived as untrained dependents on the income of a diseased spouse, their informing, educating and training, and then access to simple employment that they are capable of doing, need to be actively encouraged. An example of this is the encouraging of the aged to join special courses at the 'Silver College', and subsequent employment promotion of Kobe (see pp. 9-11). Such systems and initiatives can also be inspired through sharing knowledge through the medium of local and international seminars. As a simple start, arranging a hobby-based social club for elderly in a public area is a step away from their isolation from society.

Social commitment among family and community members can be sustained by financial or institutional support, but should nonetheless be the base for the protection and appreciation so deserved by the elderly.
Dr. Mari Simonen, Deputy Executive Director (External Relations, United Nations Affairs and Management), United Nations Population Fund (UNFPA)

Population Aging in Asian Cities - UNFPA's Viewpoint and Activities

Dr. Mari Simonen spoke to the Second 2008 Workshop participants on the trends of population ageing, the role of UNFPA concerning the issue and possible policy responses.

In the context of a global trend of longer life expectancy and reduced fertility rates, many countries and cities lack the services to cope with increasingly aging populations.

Globally, one in ten (around 688 million) people are aged over 60, and this is set to reach one in five between now and 2050. In Asia, one of the regions with most rapidly aging populations, this figure is set to jump from 375 million (9%) to 1.2 billion (24%). For most countries in Asia, the median age will increase from the low 20s to the high 30s, and a tripling in the numbers of those aged over 60 is expected within the next 40 years.

Japan's population of over 60's makes up 26% of the total population, which is the highest percentage in the world. This figure is set to rise to 35% by 2025 and to 44% by 2050, nearly half of Japan's total population. A projected increase in the median age from 43 years today to just below 55 years is expected by mid-century. Globally, a large proportion of older persons will be living in cities, as the world is currently experiencing the biggest wave of urban growth in history. Between 2000 and 2030, Asia's urban population will nearly double from 1.4 billion to 2.6 billion people. This means that a large proportion of elderly people will live in cities. Also, two in three older persons live in developing countries and their numbers and proportions are growing.

All these figures on aging illustrate the consequence of the 'demographic transition' - the shift from higher to lower levels of fertility and mortality, when women have fewer children and life expectancy increases. The transition is occurring much more rapidly in developing countries than it did in developed countries, and this has important consequences.

In France, for example, an increase in the aged population from 7% to 17% took 115 years (from 1865 to 1980), but developing nations are expected to see a rise of up to 300% over a period of only 35 years, which some demographers are now calling the most significant population shift in history.

This shift stems from the progress made in health and economic opportunities and the enabling of couples to freely decide the number and spacing of their children. But its economic, social, cultural and spiritual implications already affect individuals, families, communities and nations.

Although in Asia it is traditionally assumed that younger family members care for older people, extensive urbanization and the young leaving their homes to search for employment is challenging, in terms of finding new ways to care for older people. Large groups of older people remain poor and are unable to provide for their own basic needs, such as food and shelter. Few governments in the region have policies that explicitly deal with their needs. With either limited or no social safety nets, several countries have pension systems that do not reach most people outside the formal employment sector, and some citizens are left with little or no income security in old age. A lack of health services for the elderly also worsens the poverty cycle, as poorer older people are more likely to face health problems and lost earnings through ill-health and the cost of medicines. The elderly are also particularly vulnerable to natural disasters, such as earthquakes or the 2004 Indian Ocean tsunami.

Women comprise by far the greatest number of older persons in almost all societies, and the disparity increases with advancing age. Gender inequalities are therefore an issue, as widows not only lose income generated by their husbands, but also suffer low social status, political and economic marginalization and increased risk of abuse.

Clearly, adjustments to older populations have to be made. These include infrastructure for physical accessibility of public services, adequate healthcare and policy changes to pensions and retirement age. Adjustments will be a particular challenge for developing countries, as they have less time and fewer resources available. And the global financial and economic crisis only makes these issues more challenging.

At the global level, the international community has responded to global aging in a number of ways. At the 1994 International Conference on Population and Development, 179 Member States agreed to enhance the self reliance and promote the quality of life of older people; develop systems of health care and economic and social security in old age; and set up formal and informal social support systems to help families take care of their elderly.

In 2002, governments adopted the Madrid International Plan of Action on Aging, agreeing to advance health and well-being into old age and ensure supportive environments for older persons.

The challenge for the Asia-Pacific region is to pull
together the information, training and support needed to implement appropriate policies for older people.

A strategic focus of UNFPA is to influence public policy and strengthen national capacity to respond to the challenges posed by the consequences of population aging. Of particular concern to UNFPA are eradicating poverty, promoting lifelong health and active ageing, ensuring equal access to basic health and social services, and eliminating discrimination, violence and abuse of the elderly. The Fund’s strategy seeks to raise awareness among governments and non-governmental stakeholders of the speed of population aging and its health and social implications, with particular focus on the needs of the poor and older women.

The Millennium Development Goals present a good opportunity to advocate for older persons. Although the goals do not specifically mention them, meeting the goal of halving the proportion of people living in extreme poverty by 2015 requires that national development frameworks and poverty reduction strategies also address the needs of the older poor.

For both human rights and economic reasons, older persons should be provided with the same access to basic social services and health care as the rest of the population. There is an urgent need for adequate support services for abused elderly, as well as a need to train caregivers to detect and report elderly abuse.

There is also a need to promote lifelong education and training, and the full participation of older persons in community life. Older persons should be given opportunities for self-fulfillment and encouraged to participate in the widest possible range of activities, including employment and community volunteer work.

**Courtesy Call on Mayor of Kobe City**

On 31 October, the Second 2008 Workshop participants and members of AUICK’s International Advisory Committee (IAC) made a courtesy call on the Mayor of Kobe and Chairman of AUICK, Mr. Tatsuo Yada (seated front, center).

**UNFPA Seminar**

**UNFPA Seminar: 'Aging in Asian Cities-Burden or Opportunity?'**

The UNFPA Seminar, 'Aging in Asian Cities - Burden or Opportunity?' was held on 31 October 2008. It was an opportunity for AUICK workshop participants and International Advisory Committee (IAC) members, UNFPA and Kobe City officials, to discuss with citizens of Kobe the challenges concerning rapidly aging societies. The seminar was facilitated by Dr. Kiyoko Ikekami, Director of the UNFPA Japan Office. The ten represented cities’ officials explained the issues and viewpoints concerning aging populations, preceded by Dr. Mari Simonen, Deputy Executive Director (External Relations, United Nations Affairs and Management) of UNFPA.

Population aging is both a cause for celebration and a development challenge that all countries will face. It is a challenge that we must face together with good plans and policies, due to the enormous implications for governments, non-governmental organizations, families, and for older people themselves.

In the last 40 years, life expectancy in China has risen by 31 years, in the Philippines by 21 years and in Bangladesh by 20 years. Just over half of the world's older people currently live in Asia, but by 2050, Asia will be home to almost two-thirds of the world's older population. This presents an enormous challenge, which to address, it is essential that governments are very proactive in planning. It is also essential that governments work in partnership with local communities, civil society, and the international community, including the United Nations system, to protect the human rights and meet the needs of older persons, especially the poor. We can see that older people have different requirements and needs. We have to make sure that they live in dignity and with strong self-esteem, while maintaining optimum physical and mental condition. We need to acknowledge the positive contributions of the elderly, and make sure that their voices are heard, so that they can contribute to decision-making of policies and programs that affect them and others, and be active partners in society.

Aging is an achievement of society, which has to be looked at objectively by utilizing knowledge and expertise, putting appropriate policies and programs in place. It is
Absolutely essential that all groups, governments or other working partnerships with local communities, cities, civil society and the international community, make sure that together they protect human lives and meet the needs of older persons in all countries and cities.

Panelists at the 2008 UNFPA Seminar on aging in Asian Cities

A discussion followed Dr. Simonen’s comments, on the themes of the definition of ‘aged’, education for the elderly, financial and pension provision, and the importance of family support in the context of ever more urbanized societies. Some of the questions and comments exchanged included the following:

Comments, Questions and Answers

① What does the panel consider to be the definition of ‘aged’?
In many Asian countries, ‘aged’ is defined at over 60 years of age. This definition was set, however, by the lunar calendar system of 60 years being a milestone in the life cycle, and when life expectancy was far lower than it is today. Now, at 65 years old, many citizens are not only healthy and active, but able to participate in and contribute to society in developed and developing countries, where the aged are increasing rapidly in number.

The point was made that the definition of ‘elderly’ should be based on life expectancy, and the retirement age and appropriate terminology should also be set accordingly.

② How are the budgets allocated for social welfare provision to the elderly in the 10 represented cities?
This is an issue which needs to be addressed and reprioritized as the elderly are increasing, and the young are decreasing in number. The provision of pensions and health care cannot be ignored. In most AUICK Associate Cities (AACs), specific budgets, often central government transfers, are set aside for the elderly. However, to sustain current provision to increasing numbers of aged, raised taxes would appear to be inevitable.

However, if a focus is put on the advocacy of family care for the old through government, media and society, then in the face of modernization, a return to traditional values of family care can lessen the burden on governments and the tax payer, as well as strengthen communities and support networks, which is something that cannot be done by money.

Focus on education systems for the aged can also strengthen communities, as well as the mental health and economic potential of people who are beyond the retirement age. Developing countries have limited resources for providing expensive health care, and the elderly might be given less priority as citizens than women and children. So, community clubs and the social responsibility to take care of parents should be advocated, as should the re-training of the elderly, which keeps them both active and healthy.

③ As a student of the Silver College of Kobe, I was surprised by the scheme, which through the vision of Kobe City Government educates over 400 elderly citizens on three-year courses. They will go on to contribute to society after their graduation through volunteer activities and transferring of expertise and know-how. This system should be proposed to other countries.

The system is currently being promoted in Indonesia, where community-based silver colleges provide locally accessible education to elderly citizens. In Thailand too, the founding of such colleges is being promoted, and one such college has already been established in Weihai.

④ In many countries the family system is collapsing, regardless of religious background. As with an issue such as climate change, it should be overcome in unity. To sustain the family, cross-generational care should be promoted, and in ageing societies, people should be able to keep working beyond 60 or 65 years. Hospitals can provide physical health, but mental health and a
feeling of contributing to society are also necessary.

To an extent, urbanization and modernization are degrading the value of the family, but this is somewhat exaggerated. For instance, studies in Thailand show that urbanization is generating the movement of the young to cities and away from their parents, but they are often providing financial support, keeping daily communication by cell phones, and returning frequently for holidays to celebrate the aged and family events, so the elderly are not being abandoned. The school curriculum should also teach the importance of family ties, and where possible, people should be encouraged to stay near the elderly.

Should care givers be trained especially to provide care to the elderly, as family support becomes more difficult to sustain?

Training should be carried out, but does not have to be at too great a cost. An example of locally trained care was the Chinese ‘Barefoot Doctors’; farmers in China who in the 1960s received basic medical and paramedical training and worked in their villages, where there was subsequently a significant drop in the infant mortality rate.

Dr. Hirofumi Ando, President of AUICK, summarized the comments and ideas which had emerged in the seminar.

The rapid progression of ageing in so many societies highlights the question of who will care for the elderly. Traditionally, this was the role of the family, but globalization and urbanization are in danger of compromising this system. To put priority on the importance of the family, policies should be centered on the family as the base of the welfare system.

The elderly can contribute to society, but their contributions need to be more appreciated, as well as publicized and promoted. The media have a role to play here. South to South cooperation and achievement should be more widely communicated by Japanese society. Twenty years ago, Kobe Mayor Miyazaki, and then Mayor Sasayama recognized the importance of the AUICK initiated dissemination of Kobe and Japan’s experience, such as through the initiation of Silver Colleges in Indonesia. Now though, Japan can learn the importance of keeping the family system, and the enrichment of social security by communities from the South. This, as well as education, can keep the elderly mentally young.

Dr. Ando ended by thanking the representatives of the ten participating cities, the IAC members, seminar facilitator Dr. Kiyoko Ikegami, and UNFPA and the citizens of Kobe for two decades of support to AUICK.

Workshop Action Plan Guidelines

A key component of AUICK's workshop training program is the formulation of Action Plans for each of the AUICK Associate Cities (AACs). Participants develop a plan of action to be implemented in their cities after the workshop.

Throughout the workshop, knowledge is shared and lessons learned on the challenges faced and effective policies implemented in both Kobe City and the AACs. The aim of AUICK is for these ideas to be translated into actions for improving the welfare of AAC citizens. The plans also serve to both monitor and assess the effectiveness of the workshops and of the AUICK program as a whole.

To be effective, the Action Plans need to define the problems to be solved in each city, and the proposed 'actions' learned from the workshop to solve them. The plans should take into account the financial and personnel resources, and the political, social, educational and religious support available, so that they can each be feasibly and effectively implemented. NGOs working in the district or city and local media can be mobilized for public support. Technical and academic support may also be necessary to prepare a proposal in detail, especially if a new policy is to be formulated or statistical data is required. The AUICK fostered City University Partnerships (CUP) in its associate cities should be utilized and enhanced for this purpose.

The participants of the Second 2008 Workshop were given guidelines on the formulation of their plans, to incorporate the following elements:

1) An introduction explaining manageable issue(s) to be solved and the practical measures to solve them, which are 'do-able' within a reasonable time period (12-18 months).
2) A list of sequential (sometimes simultaneous) administrative steps to be undertaken within or outside of the participant's administration. The first of these steps would usually be meeting the mayor of the city, as well as supervisors and colleagues, for approval of and support to the Action Plan.
3) Identification of the various resources and support to be mobilized for undertaking each step to implement the Action Plan.
4) Clarification of the aims, advocacy process, implementation area, stakeholders, responsible personnel, and time frame by which the Action Plan is to be achieved.

The City Reports and Action Plans of the Second 2008 Workshop are shown on the following pages.
City Reports and Action Plans

Weihai

Dr. Sun Kaillian, with interpreter and AUICK Liaison Officer Mr. Sun Chenggong, explained Weihai's need to address rising numbers of aged citizens, and an Action Plan to build a Senior Center in the Wendeng area of Weihai Municipality.

The City

Weihai is located at the eastern tip of Shandong Peninsula, and is a well-known port and tourist city in China covering an area of 5,698km², with a population of 2.51 million people. In recent years, Weihai's population aging issue has become more and more urgent. Over 13 years, the number of old people in the city has increased by an average rate of 2.3% per year, which predicts that it will take no more than 9 years to see another increase of 100,000 old people.

At present there are 426,000 people aged over 60 in Weihai, 17% of the total population, and this figure is expected to reach 20% by 2010. More and more families are a young couple caring for 4 elders and one child, and elders living without their children have grown in number, leading to the weakening of home-help for the aged. This in turn increases the burden on the country's Medicare system. The city's workforce is also gradually aging. In 1997, 19% of laborers were over the age of 45, but this had risen to 23% by 2007.

Various steps are being taken to address these factors. A comprehensive security system entitles all aged people in the urban area to social support (retirement pension) and Medicare. By the end of 2007, 470,000 people had joined the urban pension insurance system, 85,000 retired people had benefited from the pension system, and 320,000 people had joined the urban medical insurance system. The government is investing in senior apartment buildings for the aged, and training laid-off workers to provide services to the poorest, those living without children, and the most aged in the community. Furthermore, from 2005 to 2007 the local government invested nearly USD3 million in rebuilding 65 senior centers, together with USD20 million from society. A comprehensive service system for the aged is provided by the government and community. This consists of community care; volunteer and student services and information sharing to provide daily life, medical and spiritual care.

In 2007, the government established the 11th Five-Plan for Weihai's Aging Undertakings, which stipulated that all urban aged welfare facilities be integrated into general urban planning, and that the number of senior centers should be doubled in the next 20 years, to build a sophisticated aging population service system with advanced facilities, multifunction and ordered management. By the end of 2010, pension insurance coverage will reach 85% in the urban area, and the senior centers will reach 2.5% of the total number of elderly people.

The Proposed Action Plan

The workshop Action Plan by Dr. Kaillian Sun is to build a Comprehensive Senior Centre, incorporating lessons learned from the visits to service facilities and institutions in Kobe City.

Under Weihai's jurisdiction, there are 3 county-level cities and one district. Since 2006, 65 rural Senior Centers have been expanded or rebuilt, greatly improving the lives of local aged citizens. The Wendeng area of the city, though, is an exception. At present, there are 986 over-60s who are lonely, disabled or mentally handicapped. This number is projected to grow to more than 1,200 in the district in just five years. The plan will strongly recommend to the government to build a comprehensive senior center in Wendeng, offering free intensive care service to those elderly (aged 65 and over) who are without children. This should include accommodation, food provision, Medicare and recreation. The elderly with children can also enjoy the facilities, with payment from their pensions or families. It is estimated that a staff of 30 is needed for the center,
whose wages would be financed wholly by Wendeng City Government.

After reporting to the mayor, a feasibility study will be prepared for approval by the local People's Congress. The location and land use approval will then be sought from the Department of Land Resources for the building of the center, which is currently designed to cover an area of about 300,000m², with 500 beds, at a total cost of USD7 million.

After procedures to get approval for the project's registration, Wendeng City Government will pool various resources to raise money for the project, mainly through 3 channels: local government budget, local welfare lottery income, and the Civil Affairs Departments of both the Shandong province and state levels.

By April 2009, the project design should be completed, and then a construction company will be chosen through public bidding. Construction of the center will be over a seven-month period, after which doctors, nurses and other staff will be trained. The center is planned to be opened with the recruiting and accommodating of elderly in March 2009. Then, a second stage of the plan will involve another 500 beds being incorporated for the growing demand of aged citizens.

### Weihai Action Plan Time Frame: November 2008 - February 2010

<table>
<thead>
<tr>
<th>Steps / Actions</th>
<th>N</th>
<th>D</th>
<th>J</th>
<th>F</th>
<th>M</th>
<th>A</th>
<th>M</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
<th>J</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report to Mayor and Congress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Choose as site and get land</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>certificate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Project registration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Layout design</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Public bidding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Construction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Staff training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Decoration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Accept the elderly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Chennai

**Mr. Ashish Chatterjee** formulated an Action Plan to improve accessibility of public buildings for aged citizens of Chennai.

**The City**

Chennai is India's fourth largest city, with a population of 4,946,343 people in 2007. Current life expectancy is 68.1 for females and 65.8 for males. The census of 1991 showed the total number people aged over 65 in Chennai city to be 238,071 (6.3% of the population). This number had increased by the 2001 census to 354,147 (8.2% of the population). The old age dependency ratio (number of old persons over 60) to the working age group (aged 15-59 years) had also increased from 9.8% in 1981 to about 12.6% by the year 2001.

All aged in the city are treated free of cost by government hospitals in Chennai, and the city’s Government General Hospital was the first in India to have a separate Geriatric wing exclusively for sufferers of diseases related to old age. Six of Chennai's elderly homes are maintained with aid from the government, and senior citizens are provided with tax benefits higher than that of general taxpayers.

As in the rest of India, Chennai's demographic profile has changed greatly over the last few decades, with better educational standards, opening up of the economy, and sources of livelihood leading to migration. However, changing urban lifestyles, with excessive consumerism, shrinking living spaces and the emerging mindset of cherishing material & economic rather than human values, are creating many transitional issues to be urgently addressed, and one of society's neglected groups is the aged.

The Government of India's National Policy for Older Persons (NPOP) of 1999 promotes the health and welfare of senior citizens to safeguard their financial, health and welfare, legal, social and psychological security interests. It envisages a productive development partnership with the aged, by creating their engagement and employment opportunities. It enables and supports voluntary and non-governmental organizations to supplement care to vulnerable elderly people, and has a main objective to make older people fully independent citizens leading a fulfilling life.
The NPOP is strengthening the primary health care system to meet the needs of the aged, and has also resulted in the Integrated Programme for Older Persons, providing financial assistance for old age homes, day care centres, mobile Medicare units and non-institutional services. Additionally, The National Housing Bank will introduce a 'reverse mortgage' scheme, a monthly stream of income against mortgages of home-owning senior citizens; and The Maintenance of Parents and Senior Citizens Act of 2007 ensures dignity with social security for neglected elderly people. This act also provides elderly homes, parental support, medical care and protection of life and property.

These developments, promoted by the city government, are accessible to all aged in Chennai, aiming to get them on the path to a better, peaceful and financially sound life.

The main challenge is to realize that demographic profile and economic changes are part of a transition from established ways to new paths. Civic society has to provide legislation, programs, schemes, and health and civil infrastructure to support the aged to live a dignified life. Policy makers and implementers have to be sensitive to this change and strengthen social infrastructure, especially in urban areas, with special focus on shelter, financial assistance, health care, retirement adjustment counseling and loneliness prevention.

Sensitivity to the needs of the aged, and awareness of social duties and obligations towards the aged should be developed. Government efforts have to be complemented to enable the aged to live a fulfilling and complete life.

The Proposed Action Plan
Despite the national government promulgated 1999 elderly policy being adopted by local governments, urban infrastructure is still not elderly friendly in terms of accessibility, and care workers in the city are also largely untrained to provide care for elderly. The plan by Mr. Ashish Chatterjee aims to increase the independence of elderly citizens in Chennai, by providing more elderly-friendly infrastructure in government buildings in the city, as well as more are workers specifically trained to provide care for the elderly.

Elderly-friendly and accessible modifications (such as the fitting of ramps, accessible toilets, handrails, wheelchairs and accessible footpaths) will be made to 400 public buildings such as city hospitals, as well as private buildings. After preparing estimates and informing citizens of the plan, construction bids will be invited.

Training on care provision to the elderly will be provided to care workers in consultation with the City Health Department, which oversees 1,500 paramedical staff and six government homes for the elderly, as well as 75 dispensaries. In the first phase of training, three or four master trainers will educate groups of 50 care workers. The city already has training centers, and no extra equipment is required, just the addition of a component on geriatric care.

As such, the cost of the training should not be high, and once the first phase of the project begins, a system will be in place to provide further training to more staff, and the project can be expanded.

<table>
<thead>
<tr>
<th>Steps / Actions</th>
<th>N</th>
<th>D</th>
<th>J</th>
<th>F</th>
<th>M</th>
<th>A</th>
<th>M</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sensitize Worshipful Mayor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Sensitize City Council</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Prepare list of buildings requiring elderly-friendly infrastructure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Prepare estimates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Call for bids / tenders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Execute works</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Initiate dialogue with Health Department</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Train Health Department personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Monitoring</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


AUICK Newsletter No.52 20 July 2009
**Surabaya**

*Dr. Sri Setiyani*, with interpreting assistance of Dr. Kuntero of Airlangga University School of Public Health, presented the challenges facing Surabaya to provide welfare to its aged, and her plan to raise awareness for community participation.

**The City**

Surabaya is the second largest city in Indonesia. In 2005 its population was 2,448,550, of which 238,712 people (8.7%) were elderly. In March 2008, the population had increased to 2,839,192, with an aged population of 254,120 (9.0%). Rapid development and increased and easily accessible health facilities in the region have decreased infant mortality and increased life expectancy.

Surabaya health service provision for the aged includes health awareness promotion; fitness building; medical check-ups and referral; the developing of public health centers and hospital clinics for the elderly; facilitation and guidance of participation and community empowerment (elderly groups); provision of special elderly rest rooms in health care facilities; and networking cooperation among related inter-sectors.

There are 241 'Elderly Integrated Service Posts' (Posyandu Lansias) which provide health promotion and prevention through awareness raising, leaflets, and other information media. There are also 163 'Elderly Posts' (Karang Werdas), organizing religious, mental and spiritual activities, as well as job opportunities, education, training and legal support. Regional regulation requires the enhancement of elderly welfare to incorporate these services, as well as support and protection. Moreover, providing public facilities that are accessible to the elderly is mandatory.

The aged are categorized into three types - the potential elderly, the non-potential elderly and the neglected elderly. The potential elderly are healthy and able to work or provide a service to society. The non-potential elderly are dependent on financial and non-financial support, and should be protected through social facilitation at their homes or elderly welfare consultation institutes, arranged by government and private agencies. 'Elderly Posts' facilitate their active participation through study tours, recreation, seminars, exhibitions, and social contributions (depending on their economic conditions). This relieves dependence on family, community and government. The neglected elderly are those whose basic needs are not met, and they should be placed in elderly nursing homes. The potential aged can balance the burden of the non-potential elderly and the neglected elderly through projects such as the 'silver college' learning institute for the aged.

Challenges Surabaya faces concerning the aged are their declining social activity, interaction, abilities and skills.

**Neglected elderly citizens at one of Surabaya’s shelters**

Their employment opportunities are limited at very time that their daily life needs and health care costs for degenerative disorders increase. Changes towards individualistic social values in the community mean that the elderly are often marginalized from community life.

These challenges need to be overcome through more cooperation and participation of social organizations, NGOs and the community; more understanding of elderly issues and services by health workers; and promotion to families of the importance of elderly group activities. Strategies need to be formulated with shared vision, utilizing the appropriate manpower, money, materials and methods.

**The Proposed Action Plan**

As national development has resulted in increased life expectancy, there is a higher demand for health care provision to the elderly population of Surabaya City. Primary Health Care Centers are the first line in community health care provision, and so their services need to be expanded to meet this demand. With outpatient clinics, the centers are funded by a community health insurance system.

With the Department of Health Promotion and Education of Airlangga University School of Public Health, Dr. Sri Setiyani's plan will initiate an information network on elderly health issues, to provide local citizens with information, increasing public awareness through radio, TV and leaflets on issues affecting the elderly. Awareness will be raised on local 'Family and Community Empowerment Posts' (Posdayas) and 'Elderly Posts' (Karang Werdas). Ten Posdayas will be used as a pilot scheme for the project, which will be promoted to a further 43 Primary Health Centers in Surabaya for future replication beyond the pilot area. Technical support for the project will also come from Airlangga University School of Medicine and Dr. Soetomo Hospital.

<table>
<thead>
<tr>
<th>Steps / Actions</th>
<th>N</th>
<th>D</th>
<th>J</th>
<th>F</th>
<th>M</th>
<th>A</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report to Mayor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Discussion among Divisions within Health Department</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Advocate stakeholders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Meeting with University for developing information media</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Promote public awareness through radio, TV, leaflets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Presentation to full Council</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Surabaya Action Plan Time Frame (2): December 2009 - December 2010

<table>
<thead>
<tr>
<th>Steps / Actions</th>
<th>D</th>
<th>J</th>
<th>F</th>
<th>M</th>
<th>A</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Socialize the program to 53 Public Health Centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Technical support by Airlangga University School of Medicine and Dr. Soetomo General Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Implement program in 10 Public Health Centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Periodic monitoring and evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Final program evaluation and possible modification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Kuantan

**Ms. Hamiza Binti Hamzah** explained the lack of citizen awareness on issues affecting the elderly; and her plan to establish a volunteer network to improve community care provision.

**The City**

Since 1980, Kuantan has experienced rapid development due to the booming of its timber base industry, resulting in an increased population. In 1980, its population was 178,100. This increased to 254,000 by 1990. In 2008, the projected population for Kuantan was 429,100.

In the 2001 census, 49.7% of the population was aged 15-64, and 4.2% was over 65 years of age. By 2008, these figures had changed significantly to 64.5% and 4.6%, respectively. The number of elderly was 19,300 in 2008, increased from 8,900 in the year 2000, and is expected to reach 28,960 by 2015.

This increase is based on life expectancy and total fertility rate trends. In 1970, life expectancy in Malaysia was 61.6 years for males and 65.6 for females. In Kuantan's State, Pahang, this had risen to 70.4 for males and 75.4 for females by 2006. The total fertility rate in Pahang State showed a decline from 5.0 in 1970 to 2.5 in 2006. This trend is also reflected in Kuantan, as is an expected lower fertility rate.

It is observed in Kuantan that public awareness on caring for the elderly is still lacking. There are limited facilities available for the elderly to have a comfortable way of life and proper healthcare. At present, only 6 nursing homes and 1 day-care center are available, with 134 residents. Other facilities provided to the elderly include financial assistance, from which 465 people benefit. This number is very small compared to the more than 19,000 people aged over 65 years.

To counter these issues, the Kuantan District Welfare Department will open a daycare service complex by mid-2009. An NGO called Pahang Muslim Council will also open a nursing home for more than 50 residents by 2010.

Awareness, knowledge and skills among the decision makers, professional and operational personnel should be enhanced. The government sector must work closely with the private sector and non-government and community-based organizations in organizing and operating nursing homes, daycare centers and other facilities. Training of the care-givers and volunteers must be focused toward achieving the national policy on the elderly.
Changes in values and mind-sets in society should be promoted too. At present, sending elderly to nursing homes or daycare centers is seen as negative. Therefore, better understanding on the good points of these institutions is to be propagated in Kuantan. In addition, admissions to these institutions should be affordable to the majority, and remain free to the poor.

The Proposed Action Plan
The Action Plan formulated by Ms. Hamiza Binti Hamzah aims to establish a new volunteer service for elderly care provision. There are limited care facilities for the elderly in Kuantan, and the rising demand will be difficult to meet under current budget restrictions. With limited funding by the government and higher fees charged by the private home operators, it will be more difficult for the elderly to get proper health and security services.

With private care institutions thus being out of financial reach for many elderly citizens, a large number of those aged over 65 are poor, with no family care, living alone but reluctant to move out from their house and community. The solution, based on the lessons learned from the AUICK workshop, is community-based home care.

Current numbers of home helpers and volunteers are very small, so the situation is to be addressed by a volunteer service providing a better quality of life to the elderly. The plan will focus on the provision of volunteer care workers to help manage the Kompleks Penayang, a comprehensive daycare center already established and run by NGOs in the city.

The volunteers will visit and exchange friendship with the elderly, and help with cleaning and maintaining the center, as well as assisting the elderly to attend medical checkups; and provide massage and bathing help to the sick elderly. It is proposed that the volunteers work under a 5 hour per day / 2-day week schedule. Target volunteers will be citizens of all ages, with a first phase of 10 people from each of 7 Mukim (districts), to be supplemented buy 20 members of the city's NGOs, making a total of 90 volunteers in the scheme.

Over a 14-month implementation stage, mini-workshops will be arranged with target groups; youth and pensioner associations, community leaders and the private sector. The International Islamic University of Malaysia (IIUM) Faculty of Medicine and Public Health in Kuantan will be consulted on the syllabus of the volunteer personnel training. The media will be briefed, and outreach activities will be arranged, such as distributing pamphlets and holding press conferences.

The proposed length of training for volunteers is three months, and will incorporate basic first aid, massage and repair work. Depending on its successes, the project will be replicated in other districts. As an incentive to the volunteers, a reward such as a letter or certificate from a senior official, rather than a financial incentive, is recommended. This would give further value to the volunteers' work. A ceremony covered by the media would also promote the program and motivate participants.

| Steps / Actions                | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | M | A | M | J |
| 1. Report to Mayor            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2. Meetings with relevant agencies |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3. Organize mini-workshops    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4. Meeting with IIUM          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5. Report and budget          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6. Presentation to full Council |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7. Briefing to media          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8. Outreach activities        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9. Training volunteers        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 10. Implementation            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 11. Monitoring report         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 12. Evaluation                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
As Faisalabad currently lacks specific policies on aged care and welfare provision, Dr. Mian Zahid Malik's objective is to regularly inform the city Nazim on the issues affecting Faisalabad’s elderly population, toward the eventual formulation of suitable policies and programs.

The City
Faisalabad is known for its textile and cottage industries. Over the years, urbanization has been on the rise, with more and more people moving to the city due to its better civic facilities and job opportunities. This leads to an increased aging rate, due to better socio-economic conditions and health care system, as well as other services rendered to the population of the city. In 1955, the life expectancy at birth was 41 years, and in 2008 it was 65 years, which clearly indicates the increasing aging trend.

The total population of the Faisalabad district increased from an estimated 4,046,000 in 1990 to 6,750,275 in 2008. Of this, 41%, or 2,727,379 people, are living in the urban area of the city. The number of people 60 years of age or over in the whole district is 553,522, and the number in the Faisalabad urban area is 199,367, as estimated in 2008.

Countermeasures taken by the City District Government in collaboration with the Provincial Government to minimize urbanization are multifold. Therefore, indirectly, the City District Government of Faisalabad is trying to decrease the burden of the overall population, including senior citizens, in the urban areas. Steps taken include the development of industrial areas at Khurrianwala and the development of a 'textile city' at Sahianwala, both outside of the central urban area. Multiple small projects related to industry and housing schemes are underway in small towns, suburbs, and rural areas, which are creating a huge number of job opportunities. This will help the City District Government to face fewer problems in the city of Faisalabad regarding housing, sanitation, safe drinking water, food, the health care system and education. However, to further address these and other issues affecting the elderly, such as awareness, funding, financial assistance and lack of recreational facilities, the City District Government needs more budget and precise data on the aging population.

The Proposed Action Plan
As there is currently no priority for the aged in Faisalabad, the Action Plan created by Dr. Mian Zahid Malik proposes to create awareness within the Faisalabad City District Government on the issues affecting the elderly, and the need to provide them with sufficient policies on health and welfare. The ultimate aim is to improve the physical, mental and social health of older people in the district, irrespective of their gender, caste, religion or status.

This is especially important in the context of the city's increasing life expectancy, which means a clear path toward an aging society, without the relevant policies in place for the welfare of the aging population. Such policies would improve their physical, mental, psychological wellbeing and stop their exploitation, but with lacking political commitment and data on the aging population, as of now there are no specific programs/services, and no budget allocation specifically for aging members of society.

The first step is to inform the City District Nazim, the city's equivalent of a mayor, on aging population issues. Then, steps can be taken to inform the media and public to raise awareness. Awareness, approval and political commitment are at the center of the plan's success, and can be sustained by media coverage, as both a record and promotion tool for bi-monthly progress reports of key developments.

Under the plan, the city's Health Management Information System (HMIS) will be strengthened, and the latest data on the aged will be gathered to provide a basis for policies to be made. As the aim is to initiate the process of creating plans and policies to improve the welfare of the aged, monthly meetings with the City District Nazim and consistent monitoring of the plan's progress are both vital for its momentum.

An informed government and society, as well as substantial demographic data will be the key to leadership development for appropriate measures for the aged to be formulated and delivered.

<table>
<thead>
<tr>
<th>Steps / Actions</th>
<th>N</th>
<th>D</th>
<th>J</th>
<th>F</th>
<th>M</th>
<th>A</th>
<th>M</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sensitizing the City District Nazim</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Meetings with Executive District Officer (Health)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sensitizing religious leaders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sensitizing media / society</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Strengthening of H.M.I.S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Monitoring</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Review</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Re-planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


AUICK Newsletter No.52 24 July 2009
Ms. Genia Reyes Eclarino outlined issues affecting the welfare of senior citizens in Olongapo, and her plan for an educational senior citizens center, after visiting the Kobe Silver College during the AUICK workshop program.

The City
Olongapo is a medium-sized port city on the Northeast coast of Subic Bay in the Philippines, covering 185 km². In 2007, its total population was 227,270, of which 5.0% were aged 60 years and above. Family sizes are quite large, averaging 4.8 persons per household, and it is seen as a basic duty of the family to take care of its elderly members, while the government designs programs of social security. Urbanization and modernization have affected the capacity of the family to support and care for the elderly though, bringing declining family sizes, migration of family members and the increasing number of working women.

The City Government of Olongapo promotes the elevation of the role of senior citizens from passive beneficiaries to self-reliant, highly motivated and participating citizens, aiming to harness their contributions as a local and national resource, and ensure that future generations benefit from a program of life-long preparation for productive aging.

The rights and welfare of senior citizens and their empowerment are promoted through policies, programs, projects and services implemented with or through local government units, non-government and people's organization's, national government agencies and other members of civil society.

An integrated and comprehensive approach to health development endeavors to make essential goods, health, and other social services available to all people at affordable costs, with priority on the needs of the underprivileged, sick, disabled, abandoned and homeless.

The United Nations principles of independence, participation, care, self-fulfillment and dignity for older persons are adopted and disseminated as a guide for Olongapo City, to provide support for the aged.

The city's welfare facilities for the aged include The Center for Women, which provides twenty-four hour services to develop physical, mental, social and spiritual well-being; three social welfare facilities for the aged who are homeless and have no relatives to take care of them; and the currently planned 'Home for the Aged, Abandoned, Sick, Unattached and Homeless'. Assistance is provided to families caring for the aged to reaffirm the valued Filipino tradition of caring for senior citizens, and the City Government of Olongapo is also enjoining all private, commercial and government establishments, to provide senior citizens with priority payment facilities.

Socio-recreational activities are organized for the elderly in Olongapo. These include cooking contests, fund-raising walks and festivals. Health care activities arranged include nutrition lectures, medical and dental checks and eye-care. Spiritual activities number livelihood and skills training, voluntary activity participation and home visits and counseling to those with specific needs. Furthermore, all senior citizens are given benefits and special privileges, and provided with a 20% discount on food, medicines, hospitalization, transportation and other expenses on services. Direct humanitarian assistance is afforded to the abandoned, sick, disabled, and the displaced, unattached and homeless.

The presence of different organizations has proved to be an effective approach in trying to raise awareness about aged issues. Despite the scarcity of resources, the city government is committed to serving its senior citizens, and all 60 year-old residents are encouraged to join senior citizen organizations, regardless of gender, education, religion, economic or social status.

Overall, the City of Olongapo had shown its commitment to providing the basic services for vulnerable groups, specifically the aged, in promoting safe, structured institutions to nurture homeless, abandoned, sick, disabled and displaced elderly. This is to give them the opportunity to learn positive skills, and the capacity to become responsible and productive members of society.

The Proposed Action Plan
As the person in charge of promoting the rights and welfare of elderly citizens in Olongapo, Ms. Genia Reyes Eclarino's Action Plan is to establish a new senior citizens center in the vein of the Silver College, which she visited as part of the workshop program (see p.10).

A private entity in Olongapo has already donated land for the construction of a club building, and the plan aims to maximize the potentials of elderly citizens by initiating, developing and implementing activity and livelihood programs to create opportunities to generate or supplement their income.

Links will also be established with public and private offices, colleges, the private sector, NGOs, POs, civic and religious health care organizations, professional advice services, volunteer training and community self-help projects, for active participation by the elderly.

If employment opportunities are established in the area, the provision of relevant training opportunities to maximize the potential of the aged will make them both physically and economically active, as well as increasing their independence and socio-cultural development.

After an advocacy campaign through radio, TV and newspapers, capable senior citizens, volunteers and other
offices will be allocated to participate in the operation of the center. Then, after legislation and fund sourcing, the links will be established with civic and private organizations. Data support for the project will come through an ongoing community based Management Information System (MIS), facilitated by AUICK, to gather data on the local aged population. The center will add to the 30 such organizations which are already established in the 17 Barangay districts of Olongapo.

<table>
<thead>
<tr>
<th>Steps / Actions</th>
<th>N</th>
<th>D</th>
<th>J</th>
<th>F</th>
<th>M</th>
<th>A</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
<th>J</th>
<th>F</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report to Mayor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Meeting with relevant agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Organize mini-workshops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Meetings with coordinating bodies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Report and budget</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Presentation to full Council</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Briefing to media</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Outreach activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Training volunteers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Implementation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Monitoring report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Olongapo Time Frame: November 2008 - March 2010

**Khon Kaen**

Ms. Surang Panoi presented her plan ‘Strengthening Volunteer Network in the Community Project’, which aims to enhance community care for the aged in Khon Kaen. Interpreting assistance was provided by Khon Kaen University lecturer Ms. Puttatida Choeisai.

**The City**

Khon Kaen Municipality is a local administrative organization covering an area of 46 km². In 2008, its total population was 118,441 and 14,705 of this number were over 60 years old. This is estimated to be 9% of the population in 2009. A non-registered population of over 300,000 means a diversity of people in communities and many aging related social problems.

Although not currently representing a large percentage of the total population, the aged face such problems as being abandoned by their children and having to look after their grandchildren, and health problems preventing them from earning a living. Public and private organization assistance only meets immediate needs, and is not continuous, and budget limitations mean Khon Kaen Municipality can only provide assistance to 26% of the total number of elderly.

Private foundations provide materials, consumer goods, materials for house fixing, and financial aids in education, training, and health care for the disadvantaged elderly; and NGOs and other public bodies coordinate with the municipality to help.

A database on population structure and underprivileged groups is required to learn more about the elderly, and public medical services need to be improved and located near the urban low-income community. Small clinics should provide basic medical services with hours suiting the community’s way of life. Appropriate laws and regulations for the aged are also required for strengthened community support and decentralization of welfare provision to be effective. And the elderly should be encouraged to transfer local wisdom and philosophy to the younger generation.

Citizen and family participation and awareness in organized community networks, with work plans and activities, is the best solution, and should be promoted by relevant government departments. Coordination with
government agencies, careers, empowerment groups and academic development should be facilitated for the aged. Then, continuous promotion of multilateral cooperation between government and private sectors, community and academic organizations can find and develop the effective welfare system for the elderly, and solve the problems they encounter. Then a mutually reliant society, where the strong take care of the weak can be created.

The Proposed Action Plan
With a limited budget, 10,800 of 14,705 elderly citizens on waiting lists to receive help, and only one volunteer responsible for taking care of the elderly in each of the municipality's 87 communities, it has become essential for a volunteer network to strengthen communities and relieve the government sector's workload in care provision to the elderly.

To address this urgent situation, Ms. Surang Panoi's plan, 'Strengthening Volunteer Network in the Community Project', will educate volunteers to take care of the elderly, raising awareness and increasing volunteer responsibility.

Representatives from all 87 communities will attend planning meetings in 4 zones (around 20 in each meeting), and will become local leaders of the project, training sub-groups in their communities.

Ideas for the implementation will also be exchanged with local public and private organizations such as schools, the university, hospitals, foundations and clubs. Arranged into groups, the volunteers will provide basic health and sanitary care to the aged, help with obtaining their meals and living allowances, assist with transportation to hospitals and participation in local traditional activity groups in the communities, and also teach them to read, and give vocational training. The volunteers will also serve as a link between the aged and the local government, transmitting data on their daily living conditions and welfare requirements.

Large funds are not needed to support the program, but financial support will initially come from Khon Kaen Municipality (60%), with the remaining support coming from central government and the private sector, with 10% being provided by the communities themselves. Support for training will also come from local hospitals, public health centers, the university, schools, villagers, NGOs and the private sector. It is hoped that central homes for the elderly might be established in the future, depending on local government policy. The plan aims to train a total of 2,000 volunteers over three years (15 for each local community).

<table>
<thead>
<tr>
<th>Steps / Actions</th>
<th>N</th>
<th>D</th>
<th>J</th>
<th>F</th>
<th>M</th>
<th>A</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discussion among the elderly and volunteers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Project proposal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Discussion among municipality sectors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Discussion among other relevant public and private organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Project proposal for financial approval</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Take action</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Project extension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Danang

Dr. Nguyen Thi Kim Hong explained her plan to improve facilities for aged citizen welfare in Danang, where demand for welfare provision to the aged is rising.

The City
Danang is one of the five largest cities in Vietnam. It covers 1,255.5 km², and is divided into 7 districts. Of a population of over 800,000, 80% live in the urban area. With recent economic growth and improved living standards, health care is improving. Average life expectancy increased from 66.3 to 73.5 years between 1999 and 2007. Those aged over 60 increased from 8.4% to 9.36%, and the over 65s increased from 6.1% to 7.8% of the population over the same period.

Taking care of the old is a Vietnamese moral standard, and formerly, most aged lived with their children. Nowadays however, more young move to the city, or do not like to live with parents. The nuclear family is more common, and fewer young people are caring for grandparents and parents, leaving some aged alone and without shelter.

Danang city is implementing policies for the elderly under the objectives of Action Plan for the Elderly 2006-2010. Health care services are improving, but an aging population is creating bigger demands, with lifestyle and diet related diseases increasing medical costs.

Medical centers have improved, with clinics in every community, hospitals in every district, and many city hospitals, but there are no medical centers specifically for the aged.

The government provides regular allowances for the disabled elderly, elderly without help and the elderly over eighty-five; obligatory social insurance for government and private employees (but not agricultural or other laborers); health insurance; and
housing allowances from the city budget for the poor elderly. NGOs, charitable and private organizations and citizens also support elderly, for instance thorough free health examinations and treatment, material and financial support, or elderly centers. This assistance is traditionally expanded around national holidays, like Elderly Day.

After retirement, people participate in social activities like music, exercise and sport clubs and movements. Many of these activities are arranged by the city government, which also promotes family care through the ideology of "Grandparents and parents are models, the descendants are respectful". Local wards have set up the Fund for the Elderly and the Fund for caring the Elderly, for health care, entertainment activities, and ultimately funeral expenses.

In 2008, there were 138 disadvantaged elderly citizens living in 3 publicly sponsored shelters, and 6,000 elderly given a monthly allowance. Here too, thousands more are given allowances and gifts on occasions such as national holidays.

Improvements are needed however, in medical and social insurance implementation. The social insurance participation of the young should be encouraged. Also necessary are medical insurance cards and socially sponsored care centers for the elderly who are alone or disabled; regular subsidizing of social funds for over-85s; construction of houses for homeless aged; and raising of funds and organizing of clubs and leisure facilities.

Ordinance, laws and clearly assigned roles for each relevant department, with the mobilization of organizational and citizen care, have proved key to the welfare of older citizens.

The Proposed Action Plan
The Action plan formulated by Dr. Nguyen Thi Kim Hong aims to increase the quality of service provision to the elderly by providing support for elderly citizens and their activity clubs in the city of Danang.

A budget will be mobilized through the city government elderly fund, NGOs, communities and the private sector, and financial assistance will be provided to elderly who are living alone or in poor households. The money will also be used to arrange activities in sport, the arts, music, and study tours for older citizens, and financially support elderly clubs in the communities.

Secondly, the quality of three aged centers for those who do not live with children will be increased by the provision of staff training on elderly care skills, medical care, nutrition etc. Support for repairs and decoration of two further elderly centers for the poor will be provided, and elderly clubs in the communities will be replaced, as some are lacking in budget and management skills. A club management training course will be formulated for club leaders, and the Thai Phien Club for retired officials will be facilitated with training courses on art, calligraphy, tree-growing, and cooking etc. Citizens will be informed of the Action Plan through local TV and radio networks.

### Danang Action Plan Time Frame: November 2008 - December 2010

| 1. Report to leaders of Danang People's Committee about results of Danang Elderly Plan from 2006-2008 and Action Plan from 2008-2010 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Work with media | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Search for budget | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Create City Elderly Fund | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Increase quality of services of three centers for the elderly | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Recruit senior citizen volunteers | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Replace elderly clubs in the communities | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Strengthen activities of Thai Phien Club | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Monitoring of Action Plan | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Estimate value of the Action Plan | | | | | | | | | | | | | | | | | | | | | | | | | | |

AUICK Newsletter No.52 28 July 2009
First 2008 Workshop Closing Remarks

Throughout the Second 2008 Workshop, its participants provided feedback on each component of the program, to serve as a guide for the AUICK Secretariat on future workshop implementation.

The presentations of the workshop were described as 'instructive' for the participants as city administrators, 'rich information of health conditions of Kobe City', 'very informative', 'very appropriate' and 'enlightening'. Participants also said that the presentations provided an important chance for the sharing of relevant knowledge and information, and that some of the programs could be implemented in the AACs.

Through workshop site visits, participants expressed being deeply impressed by the facilities and services offered to the elderly by Kobe City, as well as by the information gathered from the WHO Centre visit. The AAC City Reports provided the 'useful experiences' of the cities represented at the workshop, and the guidelines on formulation of Action Plans to improve the welfare of the aged populations in AACs were described as 'very clear, and informative'. The plans were re-drafted and presented to members of AUICK's International Advisory Committee (IAC), for further advice as to their implementation. This began upon the participants’ return from Kobe to their cities, and will be periodically monitored by the AUICK Secretariat.

Workshop participants praised the UNFPA Seminar of 31 October for its citizen audience participation, and 'AUICK’s role in aging and urban development was displayed fully to the public' through the seminar. The comments and experience shared by IAC members at the seminar were deemed 'very interesting and of high quality'. At its conclusion, participants expressed that 'a good balance of lectures and practical training through field trips', an 'appropriate and informative' level of training, and the 'enhancement of knowledge and skills' had been provided by the workshop program as a whole.

SUPPLEMENT

AUICK Associate City (AAC) News

Chittagong - According to Bangladesh news sources, over 50,000 people, living on hillside slums in the city, are at risk from landslides. The Landslide Rehabilitation and Management Committee has called for agencies such as the Department of Environment, Chittagong City Corporation, Chittagong Development Authority, Public Works Department, Bangladesh Railway, Water and Sanitation Authority (WASA) and the police department to work together to solve the issue. (thedailystar.net) (banglanews.evergreenbangla.com)

A Chittagong WASA project supported by the Japan Bank for International Cooperation (JBIC) will install three water reservoirs, one booster station, and transmission and distribution pipeline to increase water treatment for the city. Project completion is scheduled for 2011. (bangladesh econoymy.wordpress.com)

Weihai - Since the beginning of the 11th Five-Year Plan in 2006, pollutants have been reduced in Weihai over three consecutive years, due government building of several sewage treatment plants and adopting of advanced desulfurization projects in the coal-fired power plants. COD and SO2 levels in the city were reduced by 5.92% and 2.13% respectively between 2007 and 2008. (Contributed by Chenggong Sun, AUICK Liaison Officer for Weihai)

Chennai - With the notified dumping yards in the city running out of space, Chennai City Corporation is attempting to find alternate means of technology to attain zero waste management. It has planned to set up a pilot one-ton capacity bio-gas plant for reduction of waste. The company will produce energy through RDF technology, manufacture manure, and set up a recycling plant and a sanitary landfill site in the allotted 30 acres.

The city will soon have Asia's largest blood bank, with storage space for more than 200,000 units of blood. It will be constructed with assistance from central government funds. A facility to extract protein from blood plasma will provide life-saving treatment for pregnant women, and patients with nerve disorders, liver cirrhosis, cancer and hepatitis. (timesofindia.indiatimes.com)

Surabaya - The Global Partnership on Output-Based Aid (GPOBA) has signed a grant agreement administered by the World Bank for US$2.4 million to increase piped water networks for poor households in Surabaya. As many as 15,500 households or 77,500 people should benefit from the scheme through new connections, supporting poor, dense or informal communities not otherwise eligible for household supply. At present, only 17% of households in Indonesia have access to piped water. (gpoaba.org)

Kuantan - As part of a mission to maintain a sustainable environment, Kuantan Municipal Council has arranged a number of programs since November 2008 to educate citizens and coordinate the relevant agencies to play a role in increasing environmental awareness. These include the Sustainability Friendship Program promoting recycling activities; Indah Water Open Day, a recycling, waste and environmental campaign; the Glass Collection Centre Launching Ceremony, to raise youth awareness on
environmental issues; Beach Cleaning Programs involving NGOs, private companies and the community; and Recycling Programs for 16 schools, the community and government / private sectors. (Contributed by Suris Bin Mihat, AUICK Liaison Officer for Kuantan)

**Faisalabad** - A Rs.207 million Faisalabad Garment City Project is to be launched as part of a federal government plan for the Export Investment Support Fund. The fund incorporates textile investment fund, human research development and public private partnership schemes. (dawn.com)

**Olongapo** - A low-cost mass housing project will be implemented in the outskirts of Olongapo City to provide cheap housing units to government employees such as public school teachers, firemen and policemen. Under the name 'Fiesta Communities-Olongapo', it is the first such project in the city's history. (mb.com.ph)

Olongapo's province of Zambales is undertaking a multi-department implemented 'Ready' project, involving multi-hazard identification and disaster risk assessment on floods, landslides, storm surges, earthquakes and related hazards. This will help build up community preparedness in dealing with these hazards to prevent disasters from occurring, such as through community-member run flood early warning systems. (manilatimes.net)

**Khon Kaen** - Khon Kaen University co-hosted an international conference on the health impact assessment (HIA) of development projects in Chiang Mai from 22-24 April, attended by some 300 representatives from 20 countries in the Asia-Pacific region. The conference's 'Chiang Mai Declaration', a joint commitment by all relevant working agencies and international organizations, pledges to support HIA as a tool to enable public policy and joint development projects in the region to be determined in a manner which will protect both public health and the environment. (news.kku.th)

**Danang** - The first hospital for needy women in Vietnam has opened in Danang City. Located in the Hai Chau District of the city, the 630m² hospital was built with funding from domestic and foreign organizations and individuals, including the Danang People's Committee. Fees are exempt to women registered as living in constant poverty, and subsidized to women with a low income. (vietnamnews.vnagency.com)

AUICK welcomes contributions from its Associate Cities to auick@auick.org

---

**AUICK International News**

**WHO Report on MDG targets** - Progress toward achieving health related Millennium Development Goals is mixed, according to the World Health Organization (WHO) published *World Health Statistics 2009*. The report finds that deaths of children aged under five years have dropped by 27% since 1990; an estimated 1.2 billion people are affected by neglected tropical diseases; the availability of essential medicines at public health facilities is often poor and prices remain high; there are now more than 3 million people in developing countries receiving antiretroviral therapy, meaning complex treatment for chronic disease is possible in low-income settings; adolescent pregnancy rates have only dropped by 3 per 1000 women since 2000; and the proportion of deaths from noncommunicable diseases is increasing, which means that action needs to be taken now to implement preventive interventions to reduce tobacco use, overweight and obesity, and high blood pressure. (who.int/mediacentre/news)

**World Water Day** - In March, 2009, 127 events had been held in 27 countries to celebrate World Water Day 2009. One quarter of the events were arranged in developing countries, and most raised awareness through local group activity events such as walking, music, poetry, painting and fund raising. World Water Day started as an initiative of the 1992 United Nations Conference on Environment and Development (UNCED) in Rio de Janeiro, and is designated for 22 March each year. Each country is invited to devote the day to implement the UN recommendations and arrange locally appropriate activities. (worldwaterday.org)

**ICPD at 15** - 2009 marks the 15th anniversary of the 1994 Cairo International Conference on Population and Development (ICPD). The conference created a consensus on the relationship between population growth and other areas of development, among industrialized and developing countries, a 'blueprint for 20 years of action'. UNFPA has taken the lead in implementing the consensus which puts people (especially women and children) at the heart of the development process with the affirmation of their human rights and the need to empower women. It addresses interrelationships between population, economic growth and sustainable development, population distribution, climate change, urbanization, migration, and data collection and analysis. Such scope and depth requires the participation of grass-roots non-governmental organizations, governments, research institutions, regional associations, parliamentarians and international agencies. Various aspects of the ICPD will be addressed at forums and events throughout 2009. (unfpa.org/icpd/15/)

**MDG Achievement in an Economic Downturn** - At an Asian Development Bank 42nd Annual Meeting seminar titled Towards Inclusive Growth: Achieving the Millennium Goals in Asia and the Pacific, policymakers, economists and development agency officials discussed the impacts of the economic downturn on progress towards achieving the eight Millennium Development Goals (MDGs) by 2015, and appropriate steps to be taken. Many countries in Asia are expected to achieve the halving of extreme poverty (goal no.1), but the other goals for child and maternal mortality rates, primary education, water, nutrition, sanitation and the eradication of slums look less achievable. The seminar also discussed how governments should use fiscal stimulus and policy reforms to address these issues, and the need to address institutional weaknesses which prevent the delivery of services to vulnerable groups. (adb.org)

**Update on the Billion Tree Campaign** - The United Nations Environment Programme (UNEP) *Plant for the Planet: Billion Tree Campaign*, is encouraging the planting of 7 billion trees by the end of 2009. The campaign invites people, communities, business and industry, civil society organizations and governments around the world to pledge online to plant indigenous trees, and trees appropriate to their local environment. As of 1 July 2009, 6,214,963,766 had been pledged, of which 4,120,113,324 had been planted. (unep.org/billiontreecampaign/)

---

AUICK Newsletter No.52

30

July 2009
Visit to AUICK Associate City

Meeting with UNFPA China Representative

On 8 December, 2008, a delegation of AUICK, Dr. Hirofumi Ando (President), Mr. Toshikiko Ono (Executive Director) and Mr. Nobuyuki Morimoto (Deputy Executive Director) met Dr. Bernard Coquelin, Representative of the UNFPA China Office. The delegation expressed their gratitude for the support of UNFPA, and outlined the AUICK program, which will continue ties among AUICK, UNFPA and Weihai, the AUICK Associate City (AAC) in China.

Visit to Weihai Municipal Government

From 9 to 11 December 2008, the same AUICK delegation visited the offices of Weihai Municipal Government, to meet with Mr. Liu Maode, Vice-mayor, and participants of AUICK workshop training programs between 2005 and 2008.

Facilitated by AUICK Liaison Officer, Mr. Chenggong Sun, Chief of the Foreign Affairs Office of Weihai Municipal Government, the meetings assessed the progress of Action Plans made by Weihai participants, and achieved the continued commitment of Government for future AUICK projects. Mr. Sun Pingyi, Advisor, Weihai Environmental Protection Agency, participated in the First 2006 Workshop on Population and Environmental Protection in Urban Planning, and the First 2007 Workshop on Population and Appropriate Water Environment Management. He explained the progress of his two workshop Action Plans.

The first plan was a document of environmental disaster prevention guidelines. These outline appropriate actions for each government department to take in the event of an environmental incident in Weihai. The AUICK delegation saw the Environment Protection Bureau monitoring equipment, upgraded under the plan (pictured).

The second plan, a feasibility study on waste water sludge treatment, based on lessons learnt from Kobe, has led to the planned construction of a sludge incineration plant for the city. Ms. Peng Xia, Vice-chairman, Weihai Women’s Federation, Weihai Women and Children Work Committee Office, participated in the Second 2007 Workshop on Maternal and Child Health Care in Natural Disasters, at which she formulated a plan for a disaster prevention welfare community.

The AUICK Delegation with Weihai Vice-mayor Liu Maode (center)

The community has 33 members from medical, emergency and government departments, as well as a large network of volunteers. It educates citizens on safety and disaster prevention education in 10 pilot community centers, and produces local maps showing hazardous and safe zones in a disaster situation.

Mr. Xia Guoqiang participated at the First 2008 Workshop, ‘Population and Environmental Management in Urban Planning - Domestic Waste and Greening’. At the workshop he formulated two plans for the renovation and expansion of an urban park and the construction of a waste treatment plant. Tree planting and construction at the park are underway, and a 55 hectare site for the treatment of 700 tons of waste per day is being developed.

The AUICK delegation also undertook site visits to a local care home for displaced elderly, urban park facilities, and a college for senior citizens of Weihai Municipality. At the college, they saw classes in music, English language and art, where students presented them with hand-painted scrolls. Successful AUICK workshop-formulated Action Plans have also been implemented by the participants of the Second 2005, 2006 and 2008 Workshops. Ms. Chunjie Song, previously Vice-chairman of the Weihai Education Society, implemented improved teacher-training and school facilities; Mr. Cai Xinjie, Vice Director of the Civil Administration Bureau has overseen the development of a 4000-bed home for disadvantaged elderly citizens; and Dr. Kaillian Sun, Vice-Director, Department of Human Resources, is currently implementing a project to build a comprehensive senior center (see p.18).
Meeting of AUICK International Advisory Committee

Annual Meeting on 1-2 November, 2008

The IAC held its annual meeting in Kobe on 1 and 2 November 2008. The members reviewed AUICK’s activities during 2008 and discussed the annual work plan for the year of 2009. The following suggestions were made toward the continued improvement of the AUICK Program implementation:
- Management Information system (MIS) projects should work with data currently available in the relevant AUICK Associate City (AAC), as well as standardize and validate the data, making its analysis useful to each city.
- To further link the AUICK Program with UNFPA country programs, AUICK should continue to inform country offices on its activities, both on a regular basis and through monitoring visits to AACs, and to facilitate UNFPA participation in its workshop project. AAC monitoring visits should also include visits to the relevant UNFPA regional and country offices.
- A critical mass of ideas should be promoted through the alumni of the AUICK workshop program and their respective workshop Action Plans. Specifically, attempts should be made to get the Action Plans accepted by the mayors of AACs, and made an integral part of city planning.
- AUICK’s long term vision has always been that each AAC will ultimately be a leader in spreading the AUICK idea to other cities in each AAC country. The IAC will search for ways to promote this in the relevant countries.
- AUICK has promoted and directly undertaken specific research projects in the past, with notable publications. IAC members will individually consider what research topics might be especially appropriate for AUICK, and will also explore how to formulate such projects and search for funding for them.

IAC Members

Prem. P. Talwar
Adjunct Professor, School of Public Health, University of North Carolina (India)

Haryono Suyono
Former Minister Coordinator for People Welfare and Poverty Alleviation (Indonesia)

Lee-Jay Cho
Chairman, Northeast Asia Economic Forum; Former Director, East-West Center Population Institute (Korea, Republic)

Krasae Chanawongse
Founder, College of Asian Scholars, Former Minister of Foreign Affairs (Thailand)

Mari Simonen
Deputy Executive Director (External Relations, United Nations Affairs and Management), United Nations Population Fund (UNFPA)

Gayl D. Ness
Professor Emeritus, University of Michigan (USA)

AUICK Secretariat

Hirofumi Ando
President

Toshihiro Ono
Executive Director

Nobuyuki Morimoto
Deputy Executive Director

Benjamin Tams
Staff

AUICK welcomes your contribution

Sharing information is a crucial part of AUICK’s activities. This newsletter is intended to be for the exchange of information on urban and population problems in Asian cities. Your contribution to the newsletter is very important. Based on our regulations, payment will be made for published works. Please send your opinions, articles, information, papers and pictures to:

Editor of AUICK Newsletter
Asian Urban Information Center of Kobe (AUICK)
Kobe International House 20F, 8-1-6 Goko-dori, Chuo-ku, Kobe 651-0087 JAPAN
Tel. +81-78-291-8031 Fax. +81-78-291-0691 e-mail: editor@auick.org http://www.auick.org/