B.1 PROPOSAL FORMAT/TEMPLATE FOR EXTENSION PROJECT

J.H. Cerilles State College – Extension Office | Fillable template – replace the instructional text in each box with your own content.

PART I
PROJECT SUMMARY

A. Title:	NARS CARE 2.0 VERSION: " *Himsog na Panglawas ni Lolo ug Lola, Atong Responsibilidad ug Adbokasiya"* A Community-Based Extension Program for Healthy Aging, Legal Empowerment, Digital Inclusion, and Sustainable Livelihood
B. Implementer:	Lead: School of Nursing Members: School of Arts and Sciences School of Hotel Management and Tourism School of Computing Studies School of Agriculture-Dumingag Campus School of Law
C. Project Team	Project/Program Leader: Dr. Edmarie P. Tabacolde, Assistant Prof III, School of Nursing, JH Cerilles State College Members: Atty. Romylyn Orquillas Regidor Dr. Moises Tangalin

	Jerry Philip Martin, MN Alfred Zomar Bongolan, MN Joseph Salimbangon, MaEd Glady S.Quirante Julie R.Cabalog Jann Magsayo,RN Johnny Marsam Romanillos, MAN Kaye P.Panganiban,MAN Abadesa P.Jaducana,MN Re-jean Patayon, MN Crystal Tadiamon, MN Blessie Acedo, MN Shenilie S.Lubon, MScL, RL Elsie Ybanez,MSci
D. Target Group	Community-dwelling older adults senior citizens' organizations caregivers families community health workers Selected vulnerable community members Depressed, Oppressed, Poor, and Exploited Older Adults

E. Cooperating Agencies

- **NCSC-** technical partner: provide technical guidance in designing age-friendly, senior-centered crafting and livelihood model program alignment: align HABI participants to appropriate TESDA/DTI/DOLE/DOST livelihood and skills training programs for senior citizens, training referral: refer HABI participants to appropriate TESDA/DTI/DOLE/DOST livelihood and skills training programs and market linkage: facilitate connections with government and private sector partners for product promotion, exhibits, fairs, bazaars, and possible buyers; provide technical guidance in designing age-friendly, senior-centered crafting and livelihood model
- **TESDA** – competency-based skills training, trainers, assessment and possible certification
- **DTI** – entrepreneurship, product development, Negosyo Center, market linkage, business mentoring
- **DSWD** – livelihood/social protection programs where appropriate
- **DOLE** – livelihood and community employment-related opportunities
- **LGU/City Government of Pagadian** – local livelihood support
- **Provincial Government of Zamboanga del Sur** – provincial livelihood and trade initiatives
- **OSCA** – mobilization of senior citizen beneficiaries
- **Dr.Caroleen Garde**
- **Dr.King Caritativo**

Other potential partners:

- local cooperatives;
- souvenir shops;
- tourism establishments;
- hotels and restaurants;
- local markets;
- online marketplaces;
- chambers/business organizations;
- women's organizations;
- senior citizens' associations.

F. Timeframe	3 years
G. Financial Requirement	Present the estimated or projected expenses for all project activities.
H. Impact Statement	Explain how the project will affect the target beneficiaries and society in general. Ensure the impact aligns with the priority areas of the University-Wide Extension Agenda.
I. Summary	**Brief Overview of Project Operation, Management, and Evaluation** NARS CARE 2.0 VERSION: " *Himsog na Panglawas ni Lolo ug Lola, Atong Responsibilidad ug Adbokasiya"* A Community-Based Extension Program for Healthy Aging, Legal Empowerment, Digital Inclusion, and Sustainable Livelihood " is proposed as a 2026–2031 umbrella community extension program of the JH Cerilles State College, led by the School of Nursing in collaboration with the School of Computing Studies, School of Business Management, School of Arts and Sciences and School of Law. The program integrates six interconnected extension projects addressing the health, social, digital, legal, economic, and empowerment needs of community-dwelling older adults. Each project will have its own objectives, activities, target beneficiaries, implementation plan, budget, and performance indicators while contributing to the overall goals of NARS CARE. **Program operation** will be community-based, participatory, and multidisciplinary. Activities will be implemented through partnerships with local government units, OSCA, community health facilities, national government agencies, senior citizens' organizations, private organizations, and other stakeholders. The six projects will provide complementary interventions such as health promotion and access to services, digital inclusion and reliable health information, sustainable livelihood and income-generating activities, meaningful social participation, and advocacy and legal empowerment. The program will prioritize accessible, culturally appropriate, and sustainable interventions that allow older adults to remain active contributors to their families and communities. **Program management** will be coordinated by the School of Nursing as the lead implementing unit, with designated project leaders and teams from the

participating schools. An overall Program Management Team will oversee planning, coordination, resource mobilization, partnership development, implementation, documentation, and reporting. Each participating school will contribute its discipline-specific expertise: nursing and health services, digital technology, entrepreneurship and livelihood development, and legal and policy advocacy. Partner agencies and community organizations will serve as co-implementers, resource providers, or technical advisers as appropriate.

Evaluation will employ a combination of process, output, outcome, and sustainability indicators. Monitoring will include beneficiary participation, number and quality of activities conducted, services delivered, partnerships established, training completed, livelihood initiatives developed, digital resources utilized, and beneficiary satisfaction. Outcome evaluation will assess improvements in health knowledge, digital literacy, social participation, empowerment, access to services, and livelihood opportunities. Annual accomplishment reviews will determine whether each project should be continued, modified, expanded, or transitioned into a sustainable community initiative. A terminal evaluation at the end of each project cycle will guide renewal and possible institutionalization.

Scope: Benefits, Feasibility, and Necessity

Benefits. The program is expected to generate multidimensional benefits for older adults by promoting healthy aging, social connectedness, digital inclusion, access to reliable health information and services, legal services and empowerment, and sustainable livelihood opportunities. It will also benefit caregivers, families, community health workers, and senior citizens' organizations by strengthening their capacity to support older persons. For JHCSC, the program provides an avenue for interdisciplinary extension, student engagement, research generation, community partnerships, and institutional social responsibility.

Feasibility. The program is feasible because it leverages the existing expertise and resources of four JHCSC academic units and can be implemented progressively through partnerships and resource sharing. Its umbrella structure allows projects to operate according to their respective capacities while sharing beneficiaries, partners, information systems, and monitoring mechanisms. The 2026–2031 renewable framework also allows successful projects to be expanded, while activities that require modification can be redesigned based on evaluation findings. Partnerships with LGUs, OSCA, health agencies, TESDA, DTI, DICT, tourism stakeholders, private organizations, and other institutions can further provide technical assistance, funding, training, and support for sustainability.

Necessity. The program responds to the increasing need for community-based approaches to healthy aging that extend beyond conventional health services. Older adults require not only healthcare but also opportunities for meaningful participation, economic productivity, digital access, accurate information, social interaction, and protection of their rights and dignity. By integrating these dimensions into a coordinated program, NARS CARE addresses the interconnected challenges faced by older adults and provides a sustainable platform for JHCSC to continue responding to emerging community needs.

Overall, NARS CARE is designed to move from a one-time or activity-based extension approach toward a sustainable, measurable, and partnership-driven community extension program—where every project contributes to the common goal of enabling Lolo and Lola to live healthier, more productive, connected, legally empowered, and dignified lives.

PART II
PROJECT DETAILS

A. Background and Justification.

Give an overview of the program, discussing the factors that led to its conceptualization. Describe the problems identified through action research, baseline data, surveys, or other research mechanisms that the project aims to address through appropriate interventions.

The rapid growth of the older adult population presents both a social responsibility and an emerging opportunity for communities, health institutions, academic institutions, and local governments. Globally, the population aged 60 years and older is increasing at an unprecedented rate, requiring societies to move beyond traditional models of care toward approaches that promote healthy, active, productive, socially connected, and dignified ageing. The World Health Organization (WHO) emphasizes that healthy ageing is not simply the absence of disease but the development and maintenance of functional ability that enables older people to live well and participate meaningfully in the activities they value. The United Nations Decade of Healthy Ageing (2021–2030) consequently promotes age-friendly environments, integrated health and social care, meaningful participation, and multisectoral collaboration involving governments, civil society, academia, the private sector, and older persons themselves (WHO, 2021, 2023). This global concern is increasingly relevant to the Philippine setting and, more importantly, to local communities where older adults experience ageing within specific social, economic, environmental, health, and technological realities. The Philippine Statistics Authority reported a

continuing increase in the proportion of older persons, with the country's ageing index increasing from 17.5 in 2020 to 24.7 in 2024. This demographic transition means that communities must increasingly respond not only to the health needs of older persons but also to their need for economic security, social participation, mobility, accessible services, meaningful activities, information, and opportunities to remain productive. At the regional level, the Asian Development Bank (ADB) likewise emphasizes that rapidly ageing Asian societies need to strengthen health, social protection, employment, skills development, participation, and community support while recognizing the potential contribution of older persons to society and the economy (ADB, 2023, 2024).

Community Needs and the Rationale for NARS CARE 2.0 VERSION " *Himsog na Panglawas ni Lolo ug Lola, Atong Responsibilidad ug Adbokasiya"* A Community-Based Extension Program for Healthy Aging, Legal Empowerment, Digital Inclusion, and Sustainable Livelihood

The need for a more comprehensive approach is particularly evident from the realities observed among older adults served through community-based extension activities. While older adults may have access to some health and social services, access does not necessarily mean sustained participation, continuity of care, economic opportunity, digital inclusion, or meaningful engagement. Community experiences point to several interconnected needs that cannot be adequately addressed through isolated outreach activities.First, older adults need accessible and continuing health support. Community-based health activities demonstrate the importance of health education, basic screening, health monitoring, referral, and follow-up. However, older persons may encounter difficulties in repeatedly travelling to health facilities, particularly when mobility, transportation, financial limitations, or physical limitations are present. There is therefore a need for health information and appropriate referral mechanisms that are more accessible and responsive to older adults' circumstances. NARS CARE responds by strengthening health promotion, health education, screening and referral linkages, and exploring digital mechanisms through **NARS CARE: e-HEALTH**.

Second, older adults need meaningful activities that extend beyond recreation. Crafting, games, and other diversional activities can promote social interaction and enjoyment, but their potential can be expanded when existing skills and interests are connected to skills development, product creation, entrepreneurship, and livelihood opportunities. For older adults who remain capable and willing to participate, such activities can provide opportunities for productivity, self-expression, supplemental income, and continued contribution to their families and communities. Thus, **NARS CARE: HABI** transforms crafting from a primarily recreational activity into a pathway for skills enhancement, product development, market linkage, and sustainable livelihood.

Third, there is a need to address social isolation and limited opportunities for participation. Older adults may experience reduced mobility, fewer opportunities for recreation, changes in family roles, and limited access to community activities. Although community outings such as *Laag Siyudad* can promote socialization and enjoyment, physically demanding travel may not be appropriate for all older adults. NARS CARE therefore seeks to redesign recreational engagement

through **NARS CARE: VIRTUAL LAAG**, providing accessible virtual or hybrid experiences that allow older adults to explore local culture, tourism, history, and community spaces while remaining socially connected.

Fourth, the community faces the growing challenge of digital exclusion and health misinformation. Older adults increasingly encounter health information through Facebook, YouTube, messaging applications, and other online platforms. However, access to information does not automatically guarantee the ability to identify credible sources, interpret health claims, protect personal information, or recognize misinformation. Older adults therefore need not only access to technology but also digital literacy and health information literacy. NARS CARE : TINUOD addresses this need through digital education and an official information and advocacy platform that can provide evidence-based health information, program announcements, community resources, and reliable educational materials.

Fifth, older adults need greater awareness and access to their rights, benefits, and available government and community services. Legal and social protection provisions may exist, but older persons may not always know the benefits available to them, where to obtain assistance, or how to seek appropriate referrals when concerns arise. NARS CARE :SAGIP therefore incorporates Legal Empowerment to strengthen awareness of rights, benefits, privileges, available services, referral mechanisms, and opportunities for participation in community decision-making. This approach positions older adults not merely as recipients of assistance but as informed citizens capable of advocating for themselves and participating in community affairs.

Sixth**,** nutrition and food security remain essential components of healthy ageing. Older adults may experience challenges related to food access, dietary quality, income, appetite, food preparation, and appropriate nutrition. These concerns require community-based approaches that combine nutrition education with practical and sustainable food initiatives. **NARS CARE: CONGEE DE ZAMPEN** responds by promoting accessible, nutritious, culturally appropriate, and community-supported food interventions while creating opportunities for nutrition education, food preparation, partnership development, and sustainability.These community needs demonstrate that the concerns of older adults are interconnected rather than isolated. Health is influenced by mobility and access to services; social participation is affected by physical and digital accessibility; economic security is connected to skills and livelihood opportunities; and the ability to make informed decisions depends partly on digital and health information literacy. Consequently, a community extension program for older adults must address these dimensions in an integrated manner.

From Community Extension Project to a Sustainable Silver Economy Program

These identified needs provide the basis for transforming NARS CARE " Himosg na Pangalawas ni Lolo ug Lola, Atong Responsibilidad ug Adbokasiya" extension Project of the School of Nursing from a short-term community extension project into a comprehensive, sustainable, and multisectoral extension program for healthy and productive aging. The transformation does not mean abandoning the original activities. Rather, it builds on what has already been meaningful to

the community and reframes each activity as a more sustainable intervention. Crafting can progress from recreation to livelihood development; community strolling can evolve into accessible virtual or hybrid tourism experiences; health education can be complemented by digital access to health and referrals; information dissemination can be institutionalized through an official online platform; and community assistance can be strengthened through legal and rights-based empowerment. Nutrition activities can likewise be developed into sustained food-security and healthy-aging interventions.

This approach is consistent with the emerging concept of the Silver Economy, which recognizes older adults not merely as recipients of health and social services but also as consumers, workers, entrepreneurs, mentors, volunteers, knowledge holders, and contributors to community development. The silver economy encompasses economic activities, products, services, technologies, and livelihood opportunities that respond to the needs and capabilities of ageing populations. Recent literature identifies healthcare, digital technology, tourism, education, transportation, recreation, and community-based services as areas where ageing populations can generate demand, participation, innovation, and economic activity (European Commission, 2024; OECD, 2025). The ADB likewise highlights the potential for countries to realize a "silver dividend" by strengthening the health, skills, employability, and participation of older persons (ADB, 2023, 2024).

NARS CARE therefore adopts a needs-to-capability approach: community needs are identified, existing capacities are strengthened, appropriate services and opportunities are introduced, partnerships are mobilized, and older adults are encouraged to participate as active partners in the process. The program recognizes that older adults possess experiences, skills, knowledge, social networks, purchasing power, and productive capacities that can contribute to families and communities when appropriate opportunities and enabling environments are provided.

Program Response to Identified Community Needs

The enhanced NARS CARE program will operationalize these needs through six interconnected flagship projects:

Identified Community Need	**NARS CARE Response**	**Flagship Project**
Need for accessible and continuing health information and services	Health education, screening, referral, follow-up, and digital access	**NARS CARE: e-HEALTH**
Need for meaningful and potentially productive activities	Skills development, product creation, entrepreneurship, and livelihood linkages	**NARS CARE: HABI**
Need for social participation and accessible recreation	Virtual and hybrid cultural, recreational, and tourism experiences	**NARS CARE: VIRTUAL LAAG**

Need for reliable information and protection from online misinformation	Digital literacy, health information literacy, evidence-based online content	**NARS CARE: TINUOD-Information and Advocacy Platform**
Need for awareness of rights, benefits, and available services	Legal education, referral, advocacy, and civic participation	**NARS CARE: SAGIP**
Need for improved nutrition and food security	Nutrition education, nutritious food initiatives, and community food support	**NARS CARE: CONGEE DE ZAMPEN**

Through this structure, NARS CARE moves from episodic service delivery toward continuity, capacity-building, participation, and sustainability. The program will also provide opportunities for faculty and nursing students to engage in community assessment, health promotion, gerontological nursing, digital health, research, service innovation, partnership development, and impact evaluation.

Multisectoral and Community-Based Approach

The complexity of these needs requires collaboration beyond the nursing profession. Consistent with the WHO's whole-of-society approach to healthy ageing, NARS CARE will establish and strengthen partnerships with relevant government agencies, local government units, health facilities, academic institutions, civil society organizations, private organizations, and community groups. Potential partners include the National Commission of Senior Citizens, TESDA, DTI, Department of Tourism, Department of Information and Communications Technology (DICT), Department of Health (DOH), local government units, City/Rural Health Units, Offices for Senior Citizens Affairs (OSCA), JHCSC, Cebu Normal University, tourism stakeholders, private organizations, and community groups. Such partnerships can connect older adults to resources that cannot be provided by a single institution. Skills-development and entrepreneurship partners can support HABI; tourism stakeholders can contribute to age-friendly tourism and virtual tourism initiatives; DICT can support digital literacy; health agencies can strengthen health promotion and referral; LGUs and OSCA can facilitate community mobilization and sustainability; and academic institutions can contribute research, innovation, training, monitoring, and evaluation.

Significance of the Program

For older adults, NARS CARE provides opportunities to improve health literacy, access appropriate health services, participate in social and recreational activities, acquire digital skills, develop livelihood opportunities, understand their rights, improve nutrition, and participate meaningfully in community life.

For the nursing profession and the School of Nursing, the program provides a platform for translating nursing knowledge into sustainable community-based innovations. It expands nursing practice beyond conventional service delivery toward health promotion, gerontological nursing, community empowerment, digital health, program development, intersectoral collaboration, and social innovation.

For nursing students and faculty, NARS CARE creates authentic opportunities to apply classroom knowledge to community needs. Students can participate in community assessment, health education, digital health initiatives, livelihood-related activities, research, documentation, and program evaluation, thereby strengthening experiential and service-learning.

For partner agencies and local communities, the program provides a mechanism to coordinate existing resources and expertise rather than implement fragmented activities. Through collaborative planning and referral networks, community members can be connected to health, livelihood, digital, legal, tourism, nutrition, and social support resources.

For the institution, NARS CARE can serve as a flagship extension program demonstrating how higher education can respond to demographic ageing through evidence-based, SDG-oriented, community-responsive, and multisectoral action. Its sustained implementation can strengthen institutional-community partnerships while generating opportunities for research, innovation, policy advocacy, student engagement, and measurable extension outcomes.

Overall Significance

Ultimately, NARS CARE seeks to respond to the actual and interconnected needs of older adults—not only the need to receive services, but the need to remain capable, informed, connected, productive, respected, and included. The program recognizes that healthy ageing requires more than medical intervention. It requires supportive environments, accessible services, meaningful social participation, opportunities for lifelong learning, economic and livelihood opportunities, digital inclusion, adequate nutrition, knowledge of rights, and mechanisms through which older adults can contribute to their communities.

By transforming existing outreach activities into sustainable and interconnected projects, NARS CARE creates a pathway from service provision to empowerment, from participation to productivity, and from ageing as a social concern to ageing as an opportunity for community development. In this way, the program operationalizes the principles of healthy and productive ageing while contributing to the development of a local environment in which older adults can participate in and contribute to the emerging Silver Economy.

A.1 Alignment to Global, National and Institutional Frameworks

A.1.1 S.D.G. *(Sustainable Development Goal)*

NARSCARE Extension Project	**Primary SDGs**	**Secondary / Supporting SDGs**	**SDG Alignment**
NARS CARE: HABI	**SDG 8 – Decent Work and Economic**	SDG 3 – Good Health and Well-being; SDG 12 – Responsible	Transforms crafting from a recreational activity into a means of developing skills, building

	Growth; **SDG 10 – Reduced Inequalities**	Consumption and Production	livelihoods, and generating income for older adults, promoting productive aging and economic participation.
NARSCARE: VIRTUAL LAAG	**SDG 3 – Good Health and Well-being**; **SDG 10 – Reduced Inequalities**	SDG 11 – Sustainable Cities and Communities; SDG 9 – Industry, Innovation and Infrastructure	Provides older adults with accessible virtual tourism, social interaction, and meaningful engagement, particularly for those with mobility limitations. It promotes inclusion and reduces barriers to participation.
NARSCARE:e-EALTH	**SDG 3 – Good Health and Well-being**	SDG 9 – Industry, Innovation and Infrastructure; SDG 10 – Reduced Inequalities; SDG 17 – Partnerships for the Goals	Uses digital platforms to improve access to health information, health services, referrals, and community support, particularly for older adults who experience barriers to conventional health services.
NARS CARE: TINUOD-Information and Advocacy Platform	**SDG 16 – Peace, Justice and Strong Institutions**	SDG 3 – Good Health and Well-being; SDG 10 – Reduced Inequalities; SDG 4 – Quality Education	Establishes a trusted information platform to counter health misinformation, promote digital literacy, and provide older adults with accurate and evidence-informed information.
NARS CARE: CONGEE DE ZAMPEN	**SDG 2 – Zero Hunger**; **SDG 3 – Good Health and Well-being**	SDG 10 – Reduced Inequalities; SDG 12 – Responsible Consumption and Production	Addresses hunger, malnutrition, and food insecurity among older adults through accessible, nutritious, culturally appropriate, and potentially community-supported food interventions.
NARS CARE: SAGIP	**SDG 3 – Good Health and Well-being**	SDG 10 – Reduced Inequalities; SDG 11 – Sustainable Cities and Communities; SDG 17 – Partnerships for the Goals	Focuses on protection, assistance, referral, and responsive support for vulnerable older adults, strengthening community-based safety nets and access to appropriate services.

A.1.2 A.C.H.I.E.V.E.

(Advanced and Accessible Lifelong Learning, Centralized Human Capital Development, Harmonized SDG-Based Research and Innovation, Integrated Real-Time Data and Analytics,

Expanded Internationalization Strategies, Vitalized Policies and Governance, Effective and Efficient Public Service)

Strategic Framework Area	How NARS CARE 2.0 contributes
1. Advanced and Accessible Lifelong Learning	Provides older adults with continuous learning on healthy aging, digital literacy, health information, online safety, livelihood skills, and legal rights.
2. Centralized Human Capital Development	Develops the capabilities of older adults, nursing students, faculty, community health workers, and partner organizations through training, mentoring, and community engagement.
3. Harmonized SDG-Based Research and Innovation	Converts community needs into research-informed extension innovations, particularly in healthy aging, digital inclusion, sustainable livelihoods, and older adult empowerment.
4. Integrated Real-Time Data and Analytics	The proposed **NARS CARE e-Health/digital platform** can facilitate online access to health concerns, needs assessment, service referral, monitoring, and community-level data.
5. Expanded Internationalization Strategies	The program can serve as a platform for collaboration with international institutions working in gerontology, healthy aging, digital health, and the **Silver Economy**.
6. Vitalized Policies and Governance	Legal empowerment, older-adult advocacy, policy engagement, OSCA/LGU partnerships, and evidence generated from the program can support policies for older persons.
7. Effective and Efficient Public Service	Brings health information, referrals, livelihood opportunities, digital services, and advocacy closer to older adults through community-based and digital mechanisms.

A.1.3 R.E.S.I.L.I.E.N.T.

(Research-driven, SDG-based, and industry responsive education, Empowered Communities and Effective Public Service, Strategic student affairs, culture, International Institutional linkages, and development, Learning Excellence anchored in Quality Assurance, accreditation and Partnerships, Inclusive Governance and Vitalized Policies, Enhanced research culture with global relevance and innovation impact, Nurtured Professional Excellence and Workforce Development, Technology integration & Infrastructure Development for Advancement and Real-time Analytics)

Institutional Strategic Area	Specific NARS CARE 2.0 Contribution

1. Research-driven, SDG-based, and industry-responsive education	Integrates research-based healthy-aging interventions and SDG-oriented community extension while engaging TESDA, DTI, DOH, LGUs, OSCA, DICT, tourism and other sectors.
2. Empowered Communities and Effective Public Service	Directly empowers older adults through health services, legal awareness, digital inclusion, social participation, advocacy, and sustainable livelihood.
3. Strategic Student Affairs, Culture, International Institutional Linkages, and Development	Provides opportunities for nursing students to participate in community immersion, service learning, intergenerational engagement, and potentially international gerontology initiatives.
4. Learning Excellence anchored in Quality Assurance, Accreditation and Partnerships	Provides a structured, outcomes-based extension program with documented activities, partnerships, monitoring, evaluation, and evidence of community impact that can support QA/accreditation requirements.
5. Inclusive Governance and Vitalized Policies	Legal empowerment, older-adult advocacy, OSCA/LGU collaboration, policy awareness, and participation of older adults in community decision-making directly support this area.
6. Enhanced Research Culture with Global Relevance and Innovation Impact	Generates opportunities for research on healthy aging, digital inclusion, Silver Economy, livelihood, misinformation, e-health, and community-based aging interventions.
7. Nurtured Professional Excellence and Workforce Development	Develops competencies of nursing students, faculty, community health workers, older adults, and partner organizations through training, mentoring, livelihood development, and community practice.
8. Technology Integration & Infrastructure Development for Advancement and Real-time Analytics	The e-Health platform, official older-adult information page, digital communication, online service access, monitoring, and potential community data systems directly address technology integration and real-time analytics.

A.1.4 T.A.B.A.N.G.E.

(Technology and Literacy initiatives, Agriculture and Aquatic Resources Management, Barangay Empowerment and Good Governance, Adopt a Community, Nutrition and Health Programs, Gender Development and Income Generation, Environmental Resource Conservation and Disaster Risk Reduction)

Extension Framework Area	**NARS CARE 2.0 Connection**

1. Technology and Literacy Initiatives	Digital inclusion, e-Health, Virtual Laag, official online information platform, digital literacy, online safety, and protection against health misinformation.
3. Barangay Empowerment and Good Governance	Legal empowerment, older-adult advocacy, OSCA/LGU participation, community decision-making, rights awareness, and strengthening community mechanisms for older-adult services.
4. Adopt a Community	The program is inherently community-based and can formally adopt/partner with a barangay or community where older adults are served continuously rather than through one-time activities.
5. Nutrition and Health Programs	Healthy aging, e-Health, health education, health promotion, service referral, preventive care, and improved access to health information and services.
6. Gender Development and Income Generation	HABI transforms crafting from a purely recreational activity into a potential sustainable livelihood/income-generating activity. The program can incorporate gender-responsive approaches and economic empowerment of older adults.

B. Overall Program Goal and its Specific Objectives.

State the objectives the project seeks to achieve.

OVERALL PROGRAM GOAL

To establish a sustainable, community-based extension program that promotes healthy aging, livelihood and legal empowerment, digital inclusion, accurate health information, social participation, and accessible health and legal services among older adults and their communities.

III. SPECIFIC OBJECTIVES

At the end of 3 years NARS CARE 2.0 VERSION: : " *Himsog na Panglawas ni Lolo ug Lola, Atong Responsibilidad ug Adbokasiya"* A Community-Based Extension Program for Healthy Aging, Legal Empowerment, Digital Inclusion, and Sustainable Livelihood

aims to:

1. provide older adults with opportunities for skills development and livelihood generation;
2. establish linkages with TESDA and DTI for skills training, product development, entrepreneurship, and market access;
3. promote physical activity, social interaction, cultural appreciation, and tourism through virtual community experiences;

4. develop an innovative nursing-based digital platform that connects communities with health information and appropriate health services;
5. establish a reliable digital information platform for older adults to address health misinformation;
6. develop older adults as community partners, advocates, peer educators, and contributors;
7. strengthen collaboration between JHCSC, Cebu Normal University, and government agencies, LGUs, private organizations, tourism establishments, health institutions, and other academic institutions; and
8. establish sustainable income-generating components that can support the continuation of NARS CARE activities.
9. provide legal services and empowerment
10. address malnutrition and hunger among target beneficiaries

THE 6- FLAGSHIP EXTENSION PROJECTS of the Program are:

	Project Name	**Main Focus**
1.	**NARS CARE: HABI**	Crafting, skills, livelihood, and entrepreneurship
2.	**NARS CARE: VIRTUAL LAAG**	Virtual tourism, recreation, and social engagement
3.	**NARS CARE: e-HEALTH**	Digital health services and community health innovation
4.	**NARS CARE: TINUOD**	Truthful, reliable, and verified health information

5. **NARS CARE: CONGEE DE ZAMPEN** Combat

malnutrition, hunger, starvation

6. **NARS CARE: SAGIP** Legal Services

C. Logical Framework.

A structured planning tool that organizes a project's objectives, activities, and results into a clear matrix, showing how actions lead to measurable outcomes and long-term impact. Outline the set of activities and their corresponding outcomes, showing how they fulfill one or more of the project's objectives. Include the overall structure and project plan if applicable.

Particular	**Indicators**	**Means of Verification**	**Assumptions**

GOAL: Improved quality of life, healthy aging, legal empowerment, social participation, digital inclusion, and economic security among community-dwelling older adults and the other identified target beneficiaries, including: senior citizens' organizations caregivers families community health workers Selected vulnerable community members Depressed, Oppressed, Poor, and Exploited Older Adults	• Improved self-reported quality of life and well-being among participating older adults • Increased access to health, nutrition, digital, legal, social, and livelihood services • Increased participation of older adults in community activities and decision-making	• Baseline and endline assessment • Quality-of-life assessment • Program accomplishment reports • Beneficiary database • Monitoring and evaluation reports • Testimonials/documentation	• Older adults and families remain engaged • Community and institutional partners sustain support • Resources remain available
PURPOSE: To establish a sustainable, community-based, and digitally enabled extension program that responds to the health, nutrition, legal, social, digital, and livelihood needs of older adults.	• Six flagship projects implemented as an integrated NARS CARE 2.0 program • At least one annual cycle of implementation, monitoring, and evaluation for each flagship project • Functional referral and partnership mechanisms established	• Program implementation plan • Project proposals and reports • Partnership/MOA documents • Monitoring reports • Program database	• Partner agencies cooperate • LGU/OSCA and community stakeholders support implementation • Faculty and students participate

OUTPUT 1: Older adults develop skills and opportunities for sustainable livelihood through **NARS CARE: HABI**.	• Older adults trained in crafting/product development • Products developed and/or marketed • Participating older adults linked with DTI/TESDA/other livelihood partners • Income-generating mechanisms established	• Training attendance sheets • Skills assessment • Product portfolios • Sales/financial records • DTI/TESDA documentation • Beneficiary feedback	• Older adults are willing to participate • Market opportunities are available • Partner agencies provide technical assistance
OUTPUT 2: Older adults gain accessible opportunities for digital social participation through **NARS CARE: VIRTUAL LAAG**.	• Virtual tours/online social activities conducted • Older adults trained/oriented in digital participation • Increased participation in virtual social and cultural activities • Digital materials developed	• Attendance/participation records • Screenshots/videos • Activity reports • Participant feedback • Digital literacy assessment	• Internet/device access is available • Older adults are willing to learn and participate • Technical support is available
OUTPUT 3: Older adults have improved access to health information, consultation/referral, and health-related support through **NARS CARE: e-HEALTH**.	• Functional digital health access/referral mechanism established • Health information disseminated • Health concerns documented and referred when appropriate • Number of older adults accessing the service monitored	• e-Health records/logs • Referral records • Health education materials • Service utilization reports • User feedback	• Health professionals and partner facilities participate • Digital platform remains accessible • Privacy and data-protection requirements are observed
OUTPUT 4: Older adults and their families have access to reliable, age-friendly information through the **NARS CARE TINUOD**	• Official online information platform established • Regular health, aging, legal, and social information posted • Misinformation/false claims identified and addressed through evidence-based information • Engagement/reach monitored	• Website/social-media analytics • Published information • Content review records • Editorial/validation records • User engagement reports	• Qualified personnel validate content • Platform remains active • Users trust and access official information
OUTPUT 5: Older adults become more knowledgeable about	• Legal/rights-awareness sessions conducted • Older adults oriented on	• Training records • IEC materials • Pre/post-test results • Referral records •	• Appropriate government/legal partners

their rights, benefits, and available services through **NARS CARE: SAGIP**	relevant laws, benefits, and services • Referral mechanism for appropriate legal/social assistance established • Older-adult advocacy activities conducted	Advocacy documentation • Participant feedback	participate • Information remains current • Older adults are willing to seek assistance
OUTPUT 6: Improved nutrition awareness and access to nutritious food options among older adults through **NARS CARE: CONGEE DE ZAMPEN**.	• Nutrition education sessions conducted • Nutritious congee/food products developed and/or distributed • Older adults assessed for nutrition-related needs • Community food-security partnerships established	• Nutrition assessment records • Attendance sheets • Recipes/product documentation • Distribution records • Nutrition education materials • Partner reports	• Food resources are available • Community partners support implementation • Food safety standards are followed
OUTCOME 1: Older adults demonstrate improved knowledge, skills, and self-management for healthy aging.	• Increased health and nutrition knowledge • Improved awareness of healthy-aging practices • Increased participation in preventive and health-promoting activities	• Pre/post assessments • Health education records • Follow-up surveys • Program M&E reports	• Participants apply learned practices • Health services remain accessible
OUTCOME 2: Older adults experience increased digital inclusion and access to reliable information and services.	• Increased digital literacy • Increased use of e-Health and online information platforms • Improved ability to identify reliable versus misleading online information	• Digital literacy assessment • Platform analytics • e-Health utilization data • User surveys/interviews	• Affordable internet/device access continues • Digital platforms remain functional
OUTCOME 3: Older adults experience increased social participation, empowerment, and community engagement.	• Increased participation in social/cultural activities • Increased awareness of rights and available benefits • Older adults participate in advocacy/community activities	• Participation records • Pre/post surveys • Focus-group discussions • Testimonials • Advocacy reports	• Families and communities support older-adult participation • Older adults remain actively engaged
OUTCOME 4: Older adults gain opportunities for improved economic	• Increased livelihood skills • Products developed/marketed • Older adults linked to	• Skills assessments • Product/sales records • DTI/TESDA linkage reports	• Markets and livelihood opportunities remain available •

participation and food security.	livelihood opportunities • Improved nutrition knowledge and food-access strategies	• Nutrition monitoring • Beneficiary interviews	• Partner agencies continue support
ACTIVITIES: HABI	• Conduct needs and skills assessment • Conduct crafting and product-development training • Link participants with TESDA/DTI • Develop products/packaging • Establish marketing and income-generation mechanisms	• Training records • Product prototypes • Partnership documents • Sales/marketing records	• Training materials, trainers, and resources available
ACTIVITIES: VIRTUAL LAAG	• Conduct digital-literacy orientation • Develop virtual tours of local cultural/tourism sites • Conduct online social/recreational activities • Facilitate intergenerational digital participation	• Digital content • Screenshots/videos • Attendance records • Participant feedback	• Internet connectivity and devices available
ACTIVITIES: e-HEALTH	• Conduct health needs assessment • Develop digital health information/referral mechanism • Provide health education • Establish referral pathways with RHU/CHO/DOH/health partners • Monitor service utilization	• e-Health logs • Referral records • Health education materials • M&E reports	• Health professionals and facilities cooperate
ACTIVITIES: TINUOD	• Establish official online platform • Develop editorial/validation process • Publish evidence-based health and aging information • Monitor misinformation • Disseminate verified information	• Platform analytics • Published content • Content-validation records	• Qualified content validators available

ACTIVITIES: SAGIP	• Conduct rights and benefits orientation • Develop legal/rights IEC materials • Establish referral/linkage with appropriate agencies • Conduct older-adult advocacy activities	• Attendance records • IEC materials • Referral documentation • Advocacy reports	• Government/legal partners cooperate
ACTIVITIES: CONGEE DE ZAMPEN	• Conduct nutrition needs assessment • Develop nutritious congee formulations • Conduct nutrition education • Establish food-resource partnerships • Conduct food preparation/distribution activities • Monitor nutrition-related outcomes	• Nutrition assessment • Recipes/product records • Distribution records • Nutrition education reports	• Ingredients and resources are available • Food safety requirements are followed

D. Methodology.

The systematic approach or set of methods used to deliver knowledge, skills, and services to the target community. It explains how the project will be carried out — the strategies, techniques, and processes that connect experts with beneficiaries. It is not just about activities, but about the approach and techniques chosen to ensure learning, adoption, and impact.

PROJECT 1: NARS CARE–HABI

Activity	Description	Target Participants	Timeframe	Responsible	Expected Output
1. Needs and Skills Assessment	Conduct participatory assessment of older adults' existing crafting skills, interests, available	Older adults, OSCA/community representatives	Month 1	Project Leader, Faculty, Nursing Students, OSCA	Skills and livelihood needs profile

	resources, preferred products, and livelihood needs.				
2. Skills Enhancement and Product Development	Conduct hands-on workshops on crafting, product improvement, quality control, packaging, and basic entrepreneurship using demonstration and return-demonstration techniques.	Older adults	Months 2–3	Faculty, TESDA/DTI partners, livelihood trainers	Trained older adults and prototype products
3. Enterprise and Market Linkage	Facilitate product costing, branding, packaging, marketing, and linkage with DTI, TESDA, LGU, tourism stakeholders, cooperatives, and potential buyers.	Older-adult livelihood groups	Months 4–6	Project Team, DTI, TESDA, LGU	Market-ready products and institutional linkages
4. Livelihood Sustainability and Monitoring	Monitor participation, product production, sales, income-generation potential, and challenges; provide mentoring and technical assistance.	Participating older adults	Months 7–12 and continuing	Project Team, Partners	Sustainability and livelihood monitoring report

NARS CARE – VIRTUAL LAAG

Activity	**Description**	**Target Participants**	**Timeframe**	**Responsible**	**Expected Output**

1. Digital Readiness Assessment	Assess participants' access to smartphones/devices, internet connectivity, digital skills, and preferred online activities.	Older adults	Month 1	Project Team, Nursing Students, ICT personnel	Digital readiness profile
2. Digital Literacy and Safety Training	Conduct guided demonstrations and hands-on sessions on smartphone use, video calls, social media, online safety, and responsible digital participation.	Older adults	Months 2–3	Faculty, Students, DICT/ICT partners	Digitally oriented older adults
3. Virtual Laag Sessions	Develop and conduct virtual tours featuring local cultural, tourism, historical, and community destinations, complemented by interactive storytelling and social activities.	Older adults, families, students	Months 3–10	Faculty, Nursing Students, Tourism/LGU partners	Virtual tour materials and sessions
4. Social Participation and Evaluation	Facilitate online social interaction, intergenerational activities, feedback sessions, and assessment of participation and digital confidence.	Older adults	Months 4–12	Project Team, Student Volunteers	Increased digital and social participation

NARS CARE – e-HEALTH

Activity	**Description**	**Target Participants**	**Timeframe**	**Responsible**	**Expected Output**
1. Health Needs Assessment	Conduct community-based assessment of priority health concerns, health information needs, service-access barriers, and preferred modes of	Older adults	Month 1	Nursing Faculty, Students, Health Partners	Community health needs profile

	digital communication.				
2. Development of e-Health Information and Referral System	Establish an accessible digital mechanism for health education, service information, appropriate referral, and communication with participating health providers.	Older adults and caregivers	Months 2–4	Project Team, ICT/Health Partners	Functional e-Health mechanism
3. Digital Health Education and Referral	Provide evidence-informed health education and facilitate appropriate referral to existing health facilities and professionals when further assessment or care is needed.	Older adults/caregivers	Months 4–12	Nursing Faculty, Students, RHU/CHO/DOH partners	Health education and referral services
4. Monitoring and Service Evaluation	Monitor utilization, common concerns, referrals, user satisfaction, and accessibility while maintaining appropriate confidentiality and data-protection practices.	Program participants	Months 5–12	Project Team, Health/ICT Partners	e-Health monitoring and evaluation report

NARS CARE: TINUOD

Activity	**Description**	**Target Participants**	**Timeframe**	**Responsible**	**Expected Output**
1. Information Needs Assessment	Identify frequently encountered health, legal, social, livelihood, and aging-related	Older adults, caregivers, community stakeholders	Months 1–2	Project Team, Faculty, Students	Information needs and priority-topic matrix

	information needs and common sources of misinformation.				
2. Platform Development and Content Protocol	Establish an official online information platform and a content review/validation process using credible sources and appropriate expert review.	Older adults, families, community	Months 2–4	Faculty, ICT Team, Content Experts	Official information platform and content protocol
3. Evidence-Based Information Dissemination	Regularly publish age-friendly materials on healthy aging, health, rights, benefits, livelihood, digital safety, and available services using accessible language and multimedia formats.	Older adults, caregivers, public	Months 4–12	Content Team, Nursing Faculty, Students	Regularly published verified information
4. Digital Engagement and Misinformation Monitoring	Monitor engagement, questions, recurring misconceptions, and information needs; develop corrective educational materials where appropriate.	Online community	Months 5–12	Project Team, Content Validators	Engagement and misinformation-monitoring reports

NARS CARE – SAGIP

Activity	**Description**	**Target Participants**	**Timeframe**	**Responsible**	**Expected Output**
1. Legal and Rights Needs Assessment	Identify older adults' knowledge gaps concerning rights, benefits,	Older adults, caregivers, OSCA representatives	Month 1	Project Team, OSCA/LGU Partners	Legal and rights-awareness needs profile

	privileges, social protection, available services, and appropriate channels for assistance.				
2. Rights and Benefits Education	Conduct accessible learning sessions using lectures, case scenarios, question-and-answer sessions, IEC materials, and participatory discussions.	Older adults and caregivers	Months 2–4	Faculty, OSCA, LGU, Appropriate Legal/Agency Partners	Increased awareness of rights and benefits
3. Referral and Assistance Linkage	Establish referral pathways to appropriate government offices and qualified service providers for concerns requiring formal assistance.	Older adults requiring assistance	Months 4–12	Project Team, OSCA/LGU/Agency Partners	Functional referral mechanism
4. Older-Adult Advocacy and Governance Participation	Facilitate consultations, dialogues, and advocacy activities where older adults can articulate concerns and participate in discussions	Older adults, OSCA, LGU, community stakeholders	Months 5–12	Project Team, OSCA/LGU	Advocacy outputs and community recommendations

	concerning community services and policies affecting them.				

NARS CARE – CONGEE DE ZAMPEN

Activity	Description	Target Participants	Timeframe	Responsible	Expected Output
1. Nutrition and Food-Access Assessment	Assess nutrition-related needs, food-access concerns, dietary practices, and preferences of participating older adults using appropriate community assessment procedures.	Older adults	Month 1	Nursing Faculty, Students, Nutrition/Health Partners	Nutrition needs profile
2. Development of Nutritious Congee and Food Education	Develop culturally acceptable and nutritious congee options and provide education on healthy, affordable, and age-appropriate food choices.	Older adults, caregivers, community volunteers	Months 2–3	Faculty, Nutrition Partners, Students	Nutritious congee formulations and IEC materials
3. Community Food and Nutrition Activities	Conduct food preparation demonstrations, nutrition education, community	Older adults and selected community beneficiaries	Months 3–10	Project Team, LGU/Health/Community Partners	Nutrition activities implemented

	feeding/support activities, and appropriate linkage to available food and social protection resources.				
4. Sustainability and Food-Security Linkages	Establish partnerships and explore sustainable sourcing, community food initiatives, and potential livelihood opportunities related to nutritious food production.	Older adults, community partners	Months 6–12	Project Team, LGU, DTI/DA/Community Partners	Food-security and sustainability plan

E. Line-Item Budget.

This section outlines the general expenses related to the project. The sample table below serves as a guide—budget items may vary depending on the nature of each project.

Budget Item	Particular Item	Estimated Cost	Total
NARS CARE: HABI			₱80,000
1. Operating Cost			₱70,000
1.1 Supplies	Crafting materials, tools, yarn/fabric, beads, packaging, labels	₱30,000	
	Training materials and instructional supplies	₱7,000	
	Product development/prototypes	₱10,000	
	Entrepreneurship and marketing materials	₱5,000	
1.2 Communication	Internet/data, announcements and communication materials	₱4,000	
1.3 Documentation	Printing, certificates, photo/video documentation	₱4,000	

1.4 Others	Training setup, resource-person requirements, product display	₱10,000	
2. Travel Costs and Food Expenses			₱27,000
2.1 Fare	Local transportation for trainers, partners and project team	₱7,000	
2.2 Food Expense	Meals and snacks during training	₱15,000	
2.3 Others	Delivery/transport of materials/products		
3. Miscellaneous	Contingency/incidental expenses	₱6,000	
	TOTAL HABI		₱80,000
NARS CARE: VIRTUAL LAAG			
1. Operating Cost			₱37,000
1.1 Supplies	Digital literacy handouts, printing and training materials	₱7,000	
	Basic ICT accessories/storage devices	₱10,000	
	Content-production materials	₱8,000	
1.2 Communication	Internet/data and online communication	₱7,000	
1.3 Documentation	Documentation, certificates and reproduction	₱3,000	
1.4 Others	Virtual tour production/editing	₱2,000	
2. Travel Costs and Food Expenses			₱25,000
2.1 Fare	Local transportation	₱5,000	
2.2 Food Expense	Meals/snacks during training and production	₱15,000	
2.3 Others	Local production/logistical expenses	₱5,000	
3. Miscellaneous	Contingency/incidental expenses	₱3,000	
	TOTAL VIRTUAL LAAG		₱65,000
NARS CARE: e-HEALTH			
1. Operating Cost			₱48,000
1.1 Supplies	Health education/IEC materials and assessment forms	₱10,000	
	Printing/reproduction of health materials	₱8,000	
	Digital storage/accessories and ICT materials	₱10,000	
1.2 Communication	Internet/data and communication support	₱8,000	
1.3 Documentation	Printing, certificates and documentation	₱4,000	
1.4 Others	Platform maintenance and technical assistance	₱8,000	
2. Travel Costs and Food Expenses			₱27,000
2.1 Fare	Transportation for health team/referral activities	₱7,000	

2.2 Food Expense	Meals/snacks during health activities	₱15,000	
2.3 Others	Local logistical expenses	₱5,000	
3. Miscellaneous	Contingency/incidental expenses	₱5,000	
	TOTAL e-HEALTH		₱80,000
NARS CARE: TINUOD			
1. Operating Cost			₱35,000
1.1 Supplies	IEC and content-development materials	₱6,000	
	Printing/reproduction	₱5,000	
1.2 Communication	Internet/data and communication	₱8,000	
1.3 Documentation	Documentation, certificates and reproduction	₱3,000	
1.4 Others	Graphic design, content production, platform maintenance	₱13,000	
2. Travel Costs and Food Expenses			₱15,000
2.1 Fare	Local transportation	₱3,000	
2.2 Food Expense	Meals/snacks during content development	₱8,000	
2.3 Others	Local logistical expenses	₱4,000	
3. Miscellaneous	Contingency/incidental expenses	₱5,000	
	TOTAL TINUOD		₱55,000
NARS CARE:SAGIP			
1. Operating Cost			₱30,000
1.1 Supplies	Rights-awareness IEC materials, handouts and folders	₱10,000	
	Rights and benefits guides	₱5,000	
1.2 Communication	Coordination and communication	₱4,000	
1.3 Documentation	Certificates, printing and documentation	₱3,000	
1.4 Others	Advocacy and consultation materials	₱8,000	
2. Travel Costs and Food Expenses			₱25,000
2.1 Fare	Transportation of resource persons/project team	₱5,000	
2.2 Food Expense	Meals/snacks during sessions	₱15,000	
2.3 Others	Local logistical expenses	₱5,000	
3. Miscellaneous	Contingency/incidental expenses	₱5,000	
	TOTAL SAGIP		₱60,000
NARS CARE: CONGEE DE ZAMPEN			
1. Operating Cost			₱52,000
1.1 Supplies	Rice, vegetables, protein, spices and ingredients	₱25,000	
	Food preparation materials and containers	₱10,000	

	Nutrition education/IEC materials	₱7,000	
	Food safety and sanitation supplies	₱5,000	
1.2 Communication	Communication and coordination	₱2,000	
1.3 Documentation	Documentation, printing and certificates	₱3,000	
1.4 Others	Food preparation/logistical requirements	₱5,000	
2. Travel Costs and Food Expenses			₱28,000
2.1 Fare	Transportation for project team/partners	₱5,000	
2.2 Food Expense	Food preparation/demonstration activities	₱18,000	
2.3 Others	Delivery/transport of ingredients	₱5,000	
3. Miscellaneous	Contingency/incidental expenses	₱5,000	
	TOTAL CONGEE DE ZAMPEN		₱85,000

Consolidated Budget Summary

Flagship Extension Project	Proposed Budget
NARS CARE: HABI	₱85,000
NARS CARE: VIRTUAL LAAG	₱65,000
NARS CARE: e-HEALTH	₱80,000
NARS CARE:TINUOD Information & Advocacy Platform	₱55,000
NARS CARE: SAGIP	₱60,000
NARS CARE: CONGEE DE ZAMPEN	₱85,000
TOTAL NARS CARE 2.0 BUDGET	**₱430,000**

PART III
DOCUMENTARY ATTACHMENTS

A. Copy of the action research output used as the basis for the extension program

EXPLORING THE ENVIRONMENTAL CONDITIONS AND THE QUALITY OF LIFE OF OLDER ADULTS: A QUALITATIVE PERSPECTIVE

Author: Edmarie P. Tabacolde, MN, MAN, DSCN

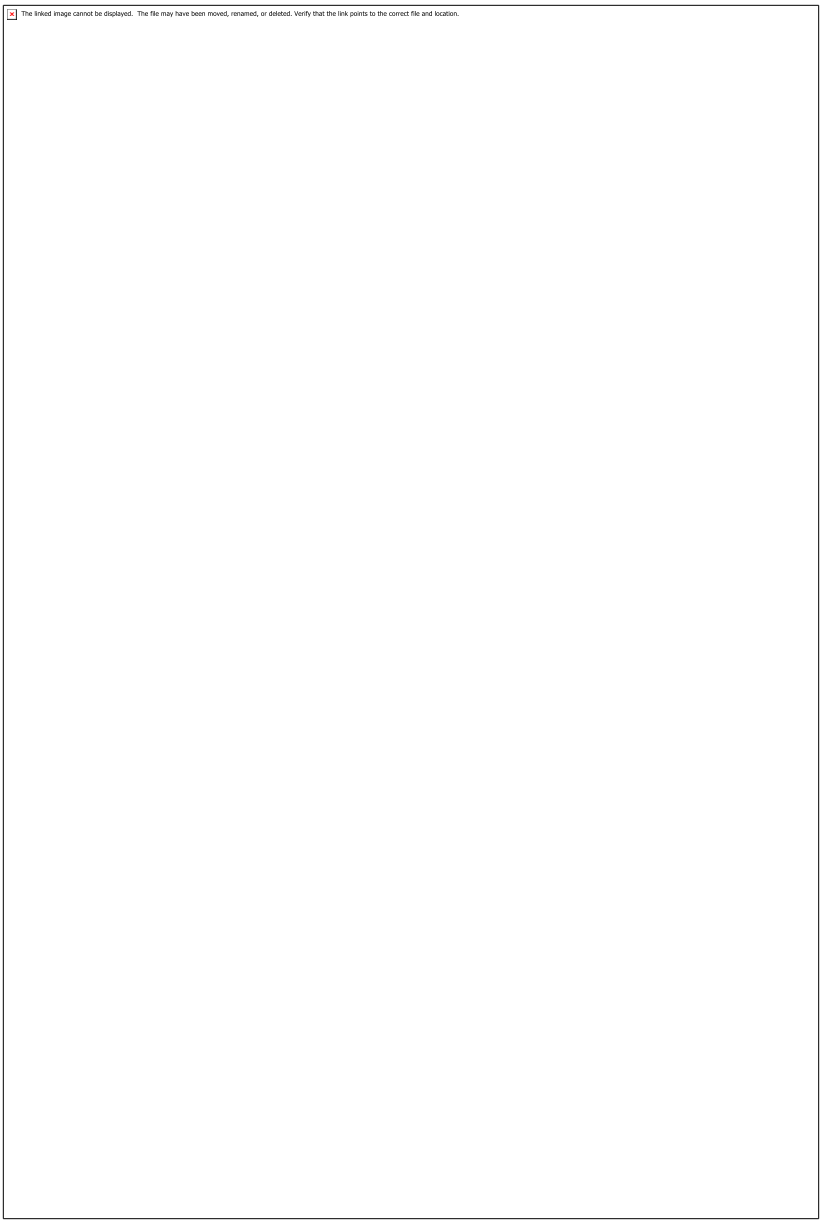
Abstract

This study aims to explore on environmental conditions and the quality of life of older adults. A qualitative descriptive design was employed, involving in-depth interviews with 15 community-dwelling older adults in Pagadian City. Thematic analysis was used to explore how physical and social environments influence their perceived quality of life. Three interrelated themes emerged: (1) Navigating Everyday Life through Accessible and Active Living Environments, (2) Negotiating Mobility Within the Natural and Built Environment, and (3) Socially Supportive Spaces. Participants emphasized the importance of walkability, environmental cleanliness, proximity to services, green spaces, and social connectedness. Environmental barriers such as poorly maintained infrastructure, limited transportation, and extreme weather were also highlighted. The findings confirm that safe, health-promoting, and socially engaging environments are critical to physical independence, emotional well- being, and life satisfaction in later years. This study underscores the importance of age-friendly policies that integrate walkable infrastructure, climate-adaptive designs, accessible green spaces, and community hubs that foster social engagement. The results align with environmental gerontology literature, reinforcing the value of holistic urban planning that addresses both physical and psychosocial dimensions of aging. Environmental conditions significantly shape the quality of life of older adults. By designing inclusive, safe, and resilient environments, communities can support healthy and meaningful aging. Future interdisciplinary strategies are needed to bridge policy, urban design, and gerontology in creating sustainable, elder-supportive environments.

Keywords:*Aging, QOL,environmentalgerontology, age- friendly communities, social inclusion, urban design*

B. Comprehensive assessment report and related paraphernalia (e.g., survey questionnaire)
C. Consent forms from target beneficiaries
D. Location map of the project site

E. Copy of the Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) with partners and sponsors, if applicable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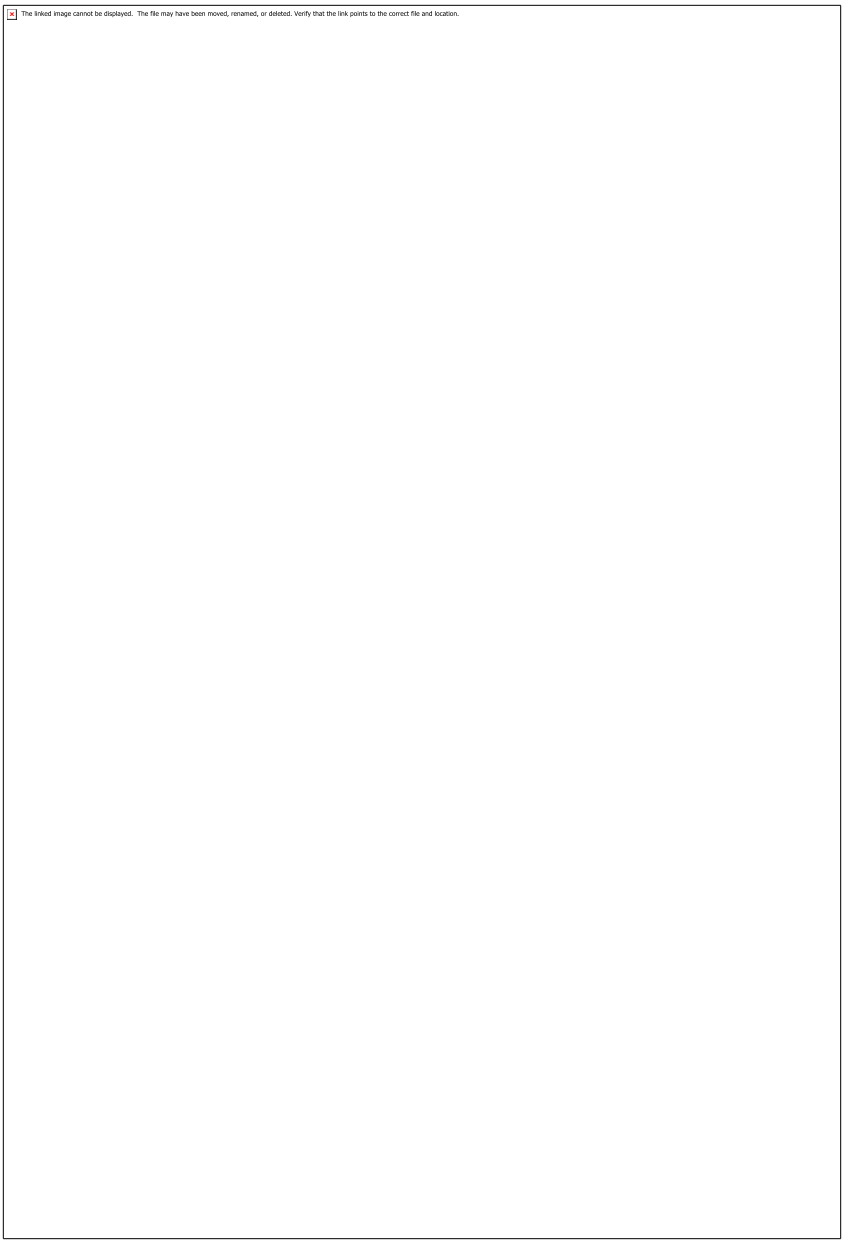
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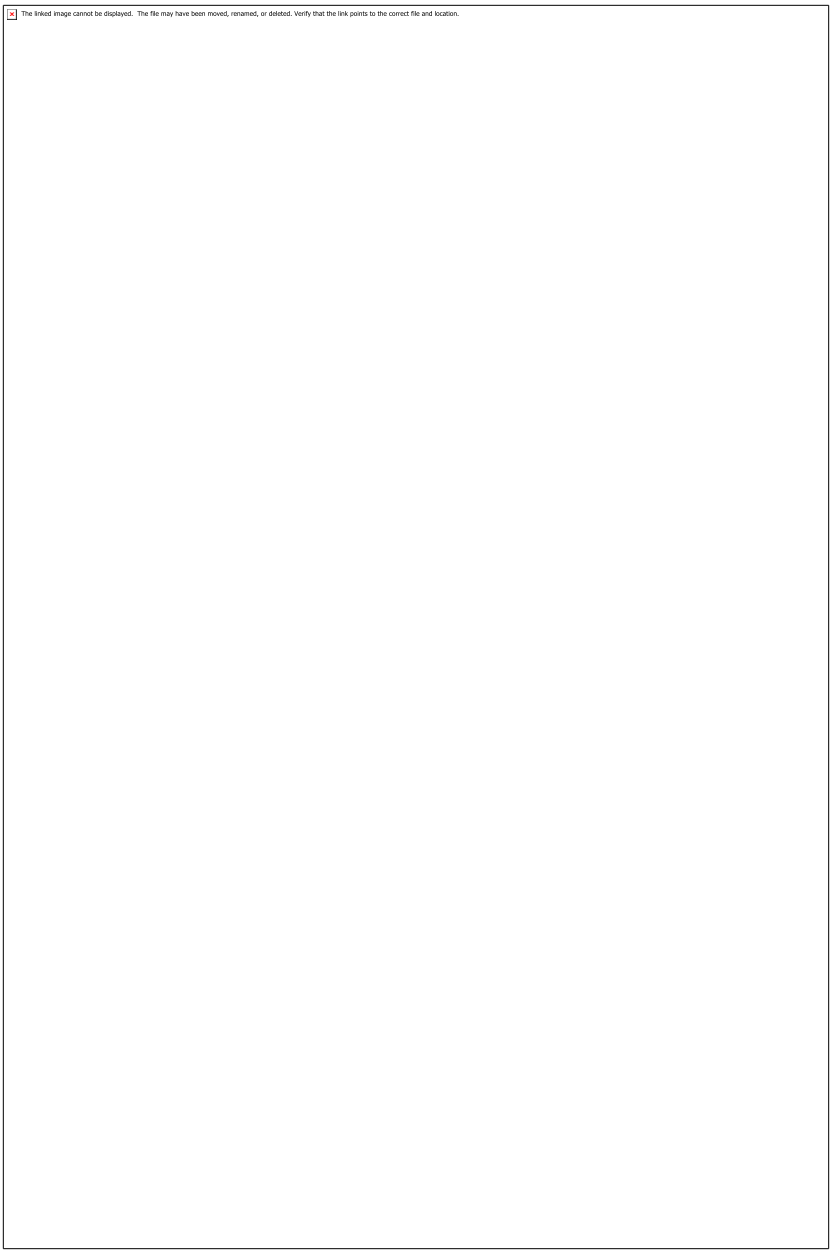
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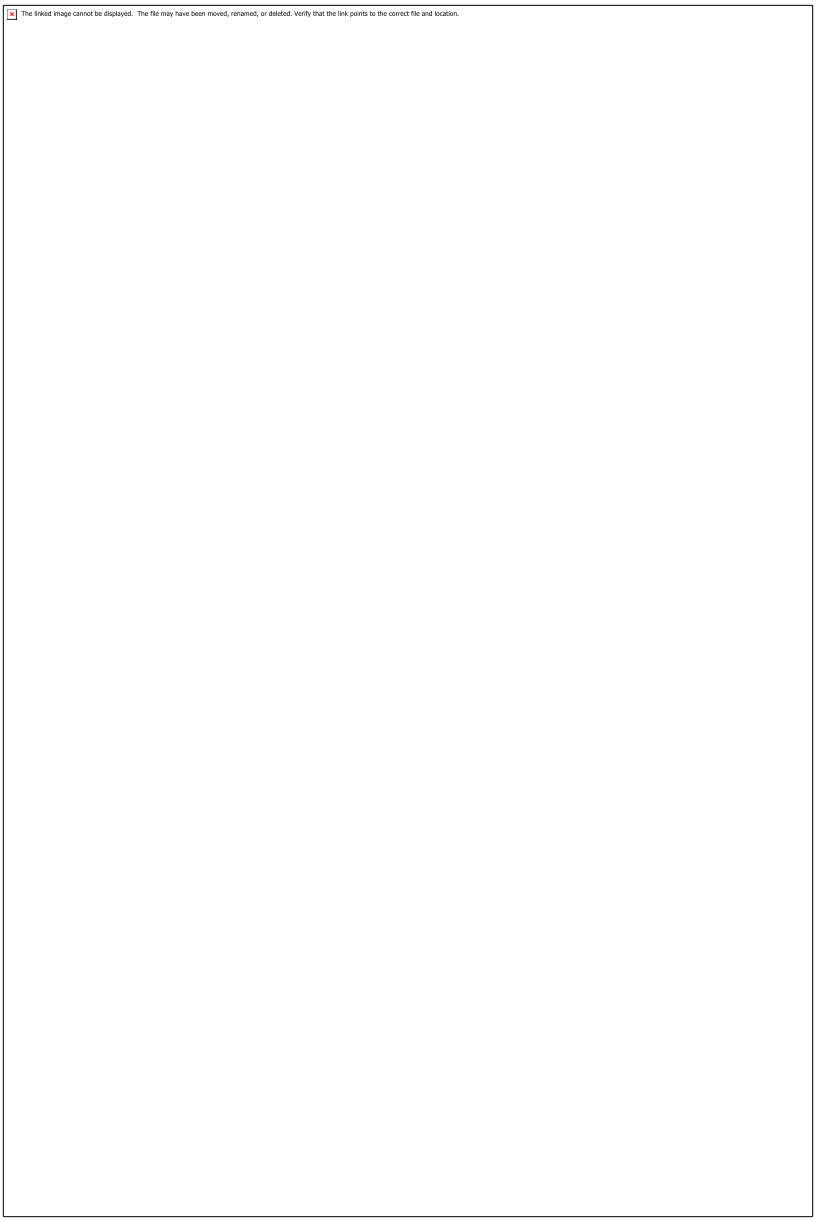
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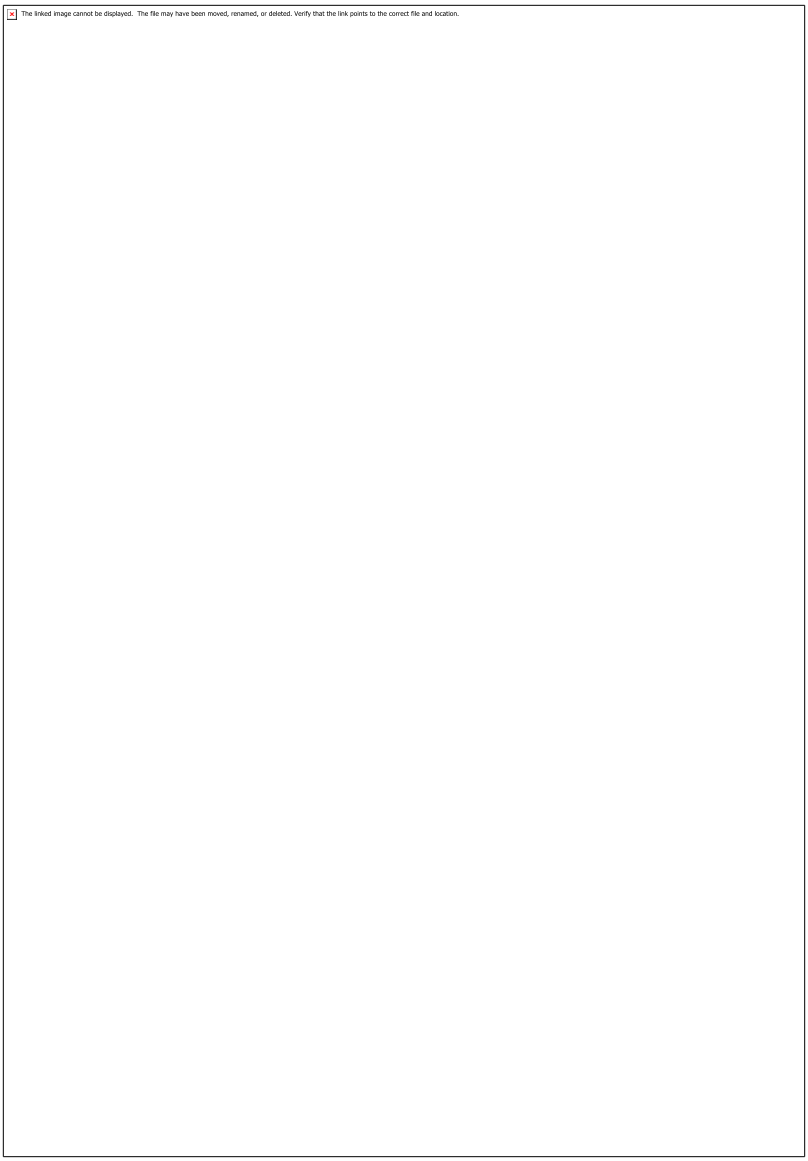
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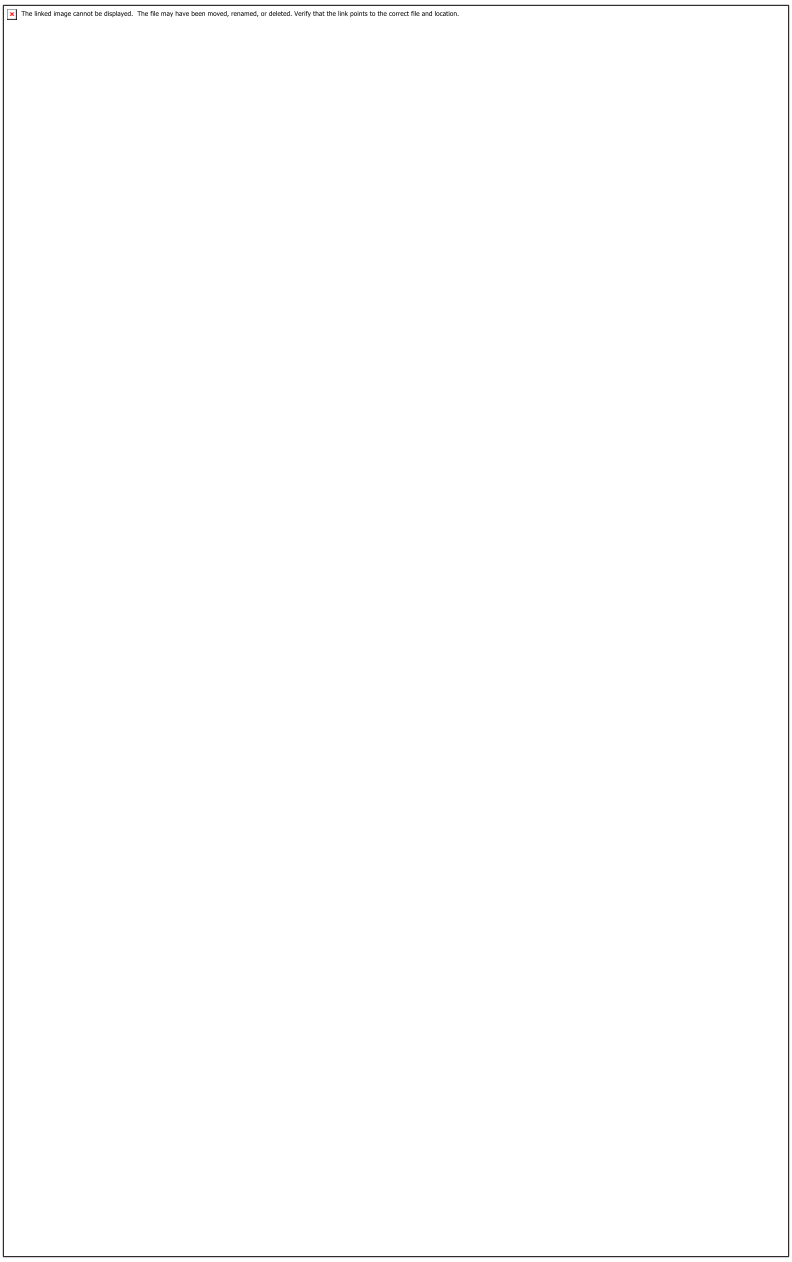
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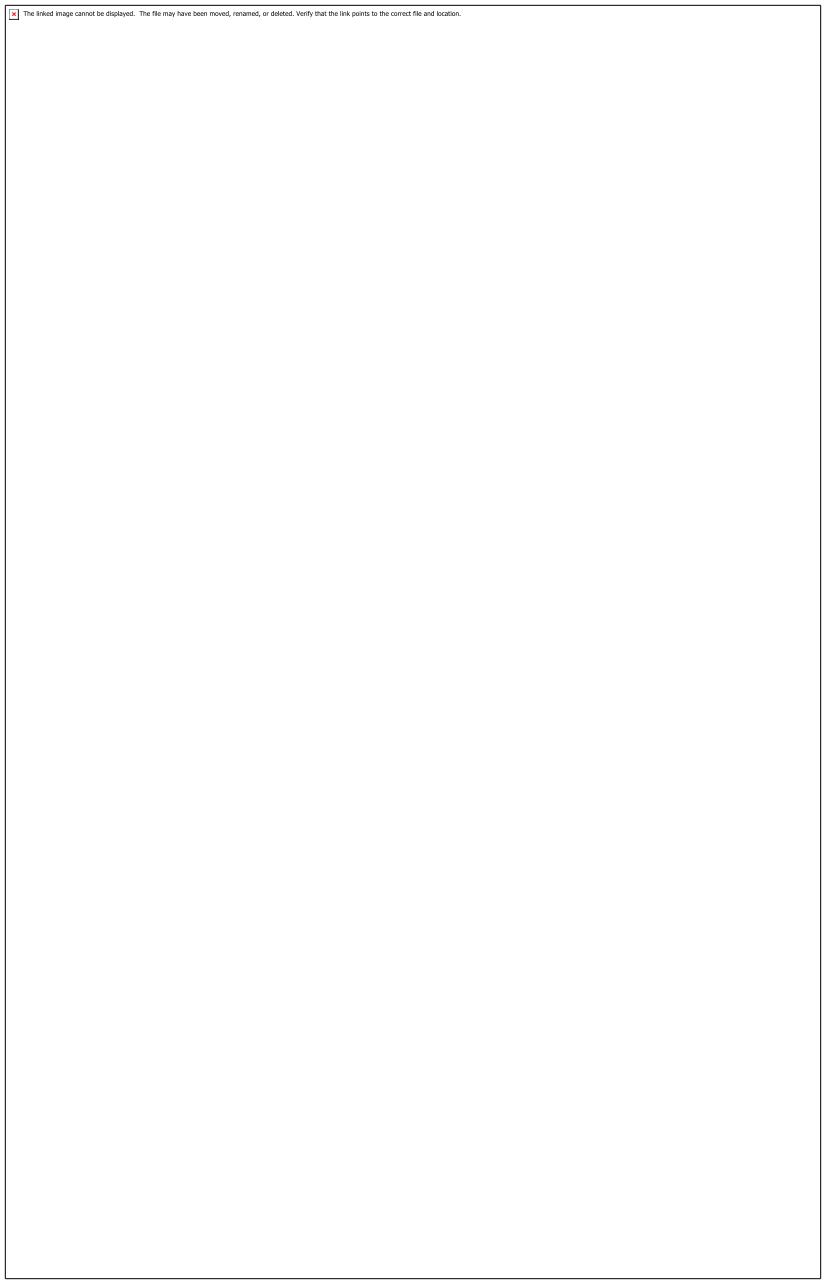
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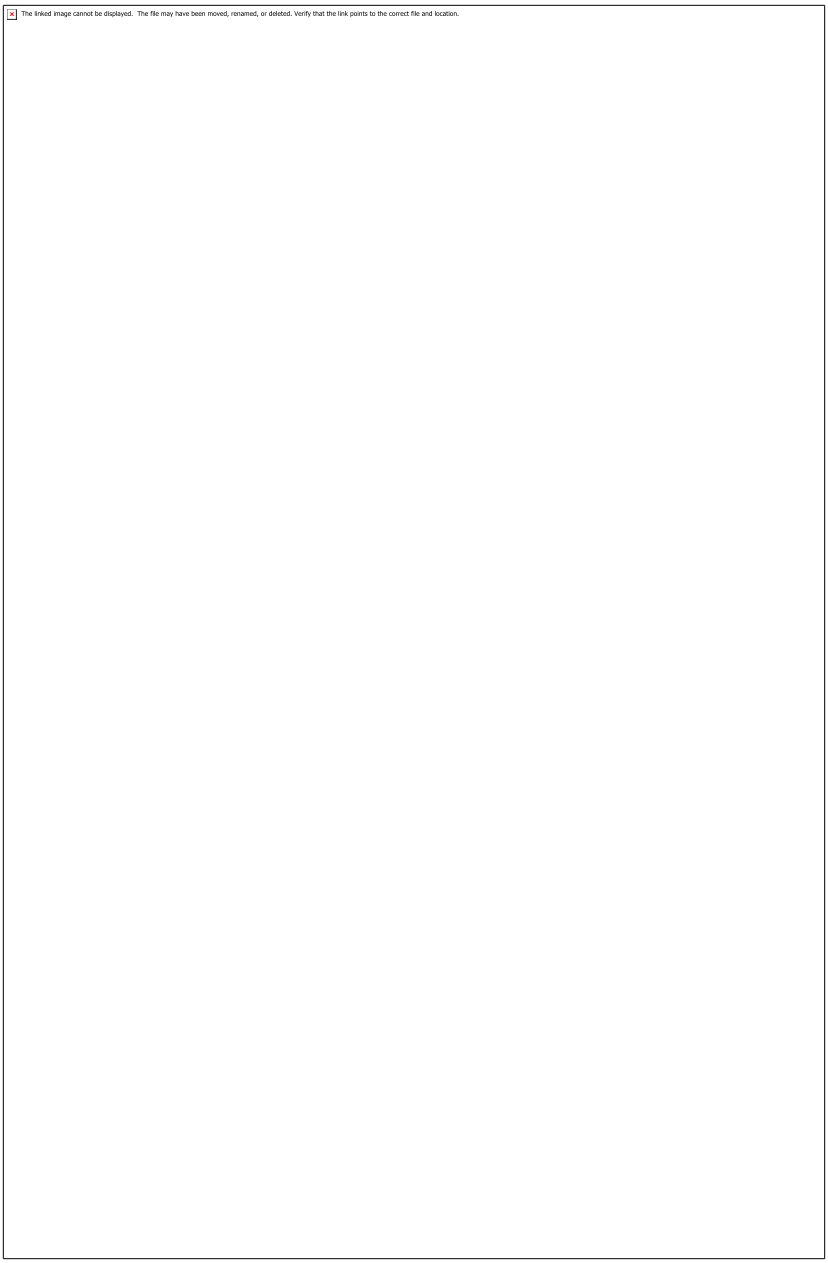
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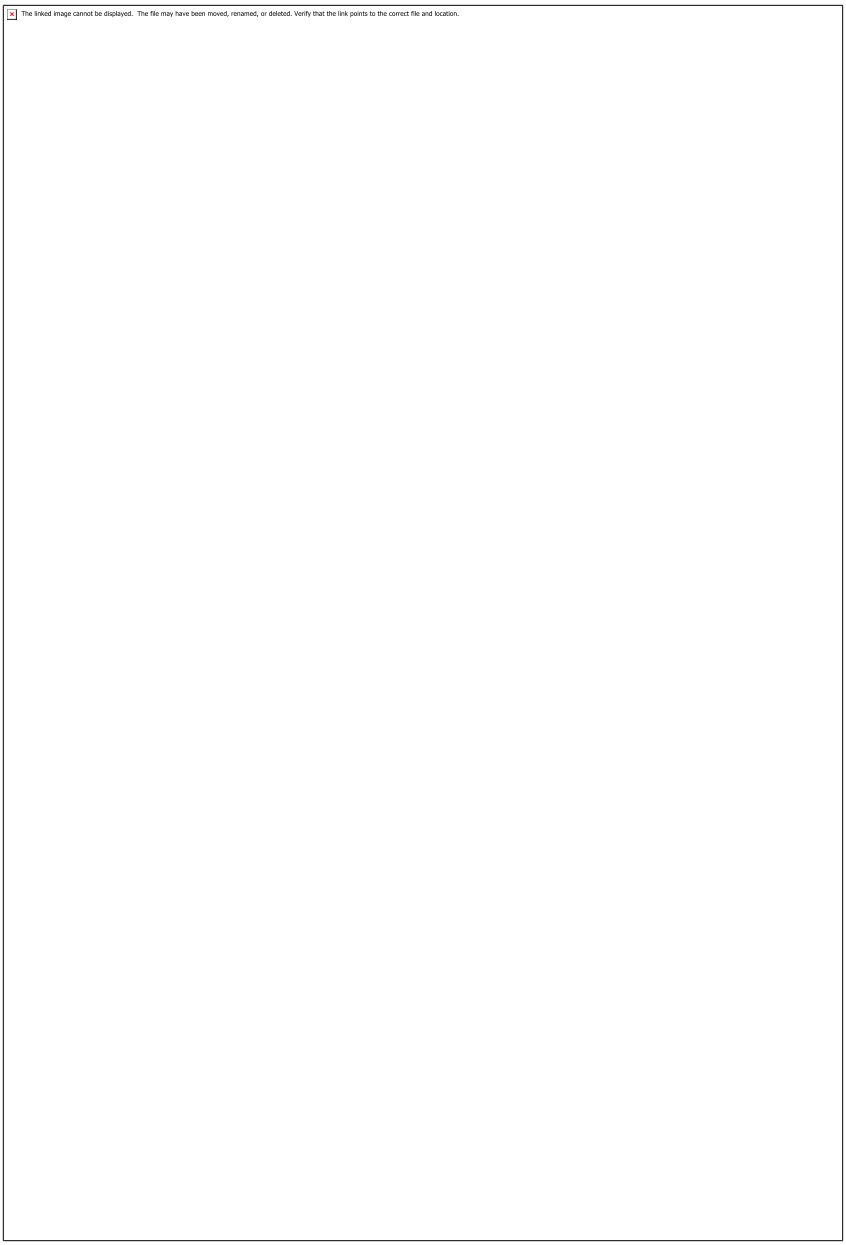
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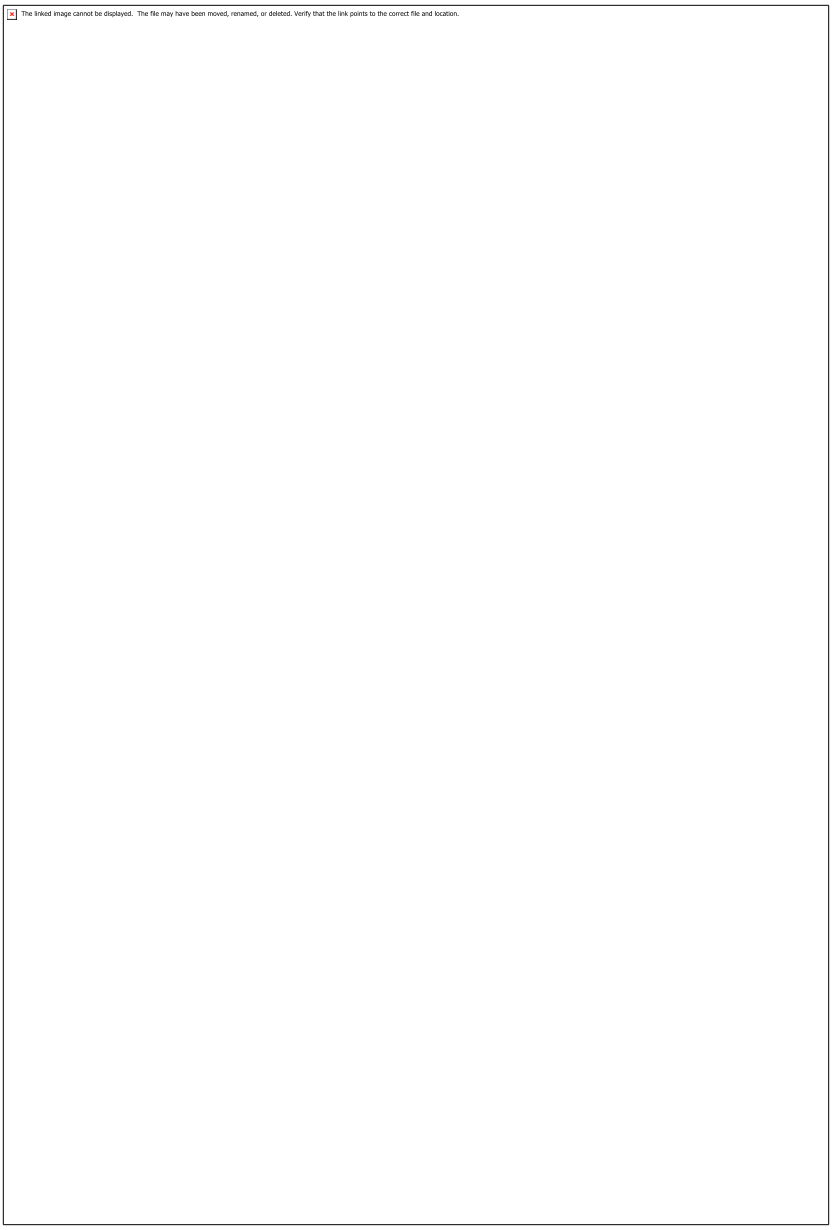
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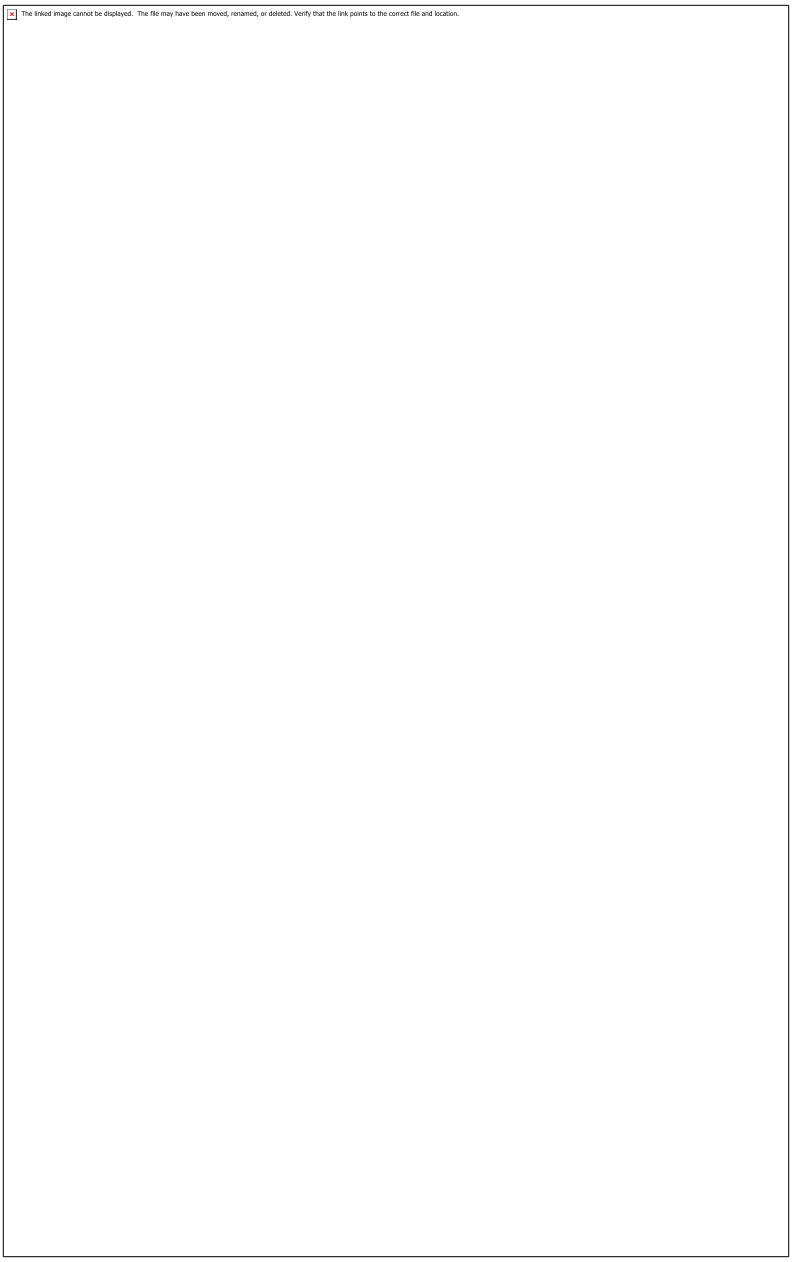
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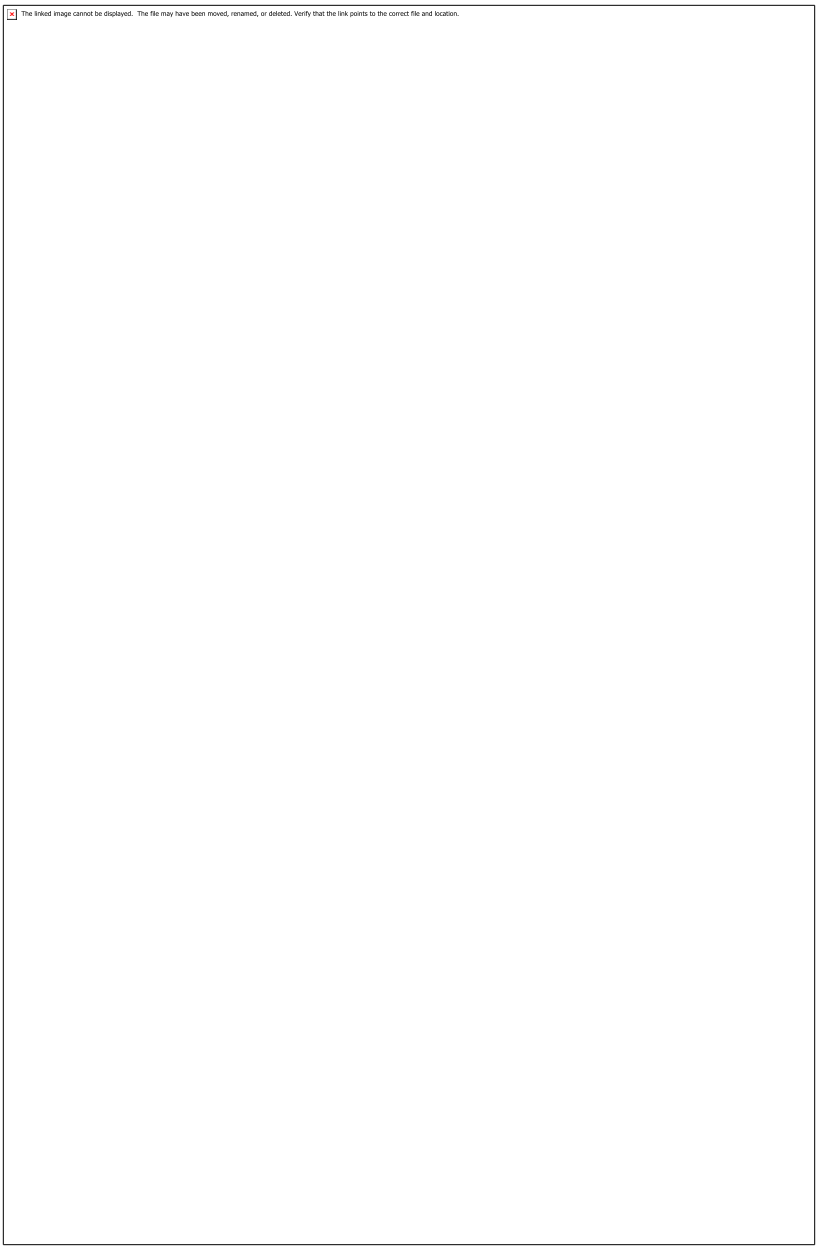
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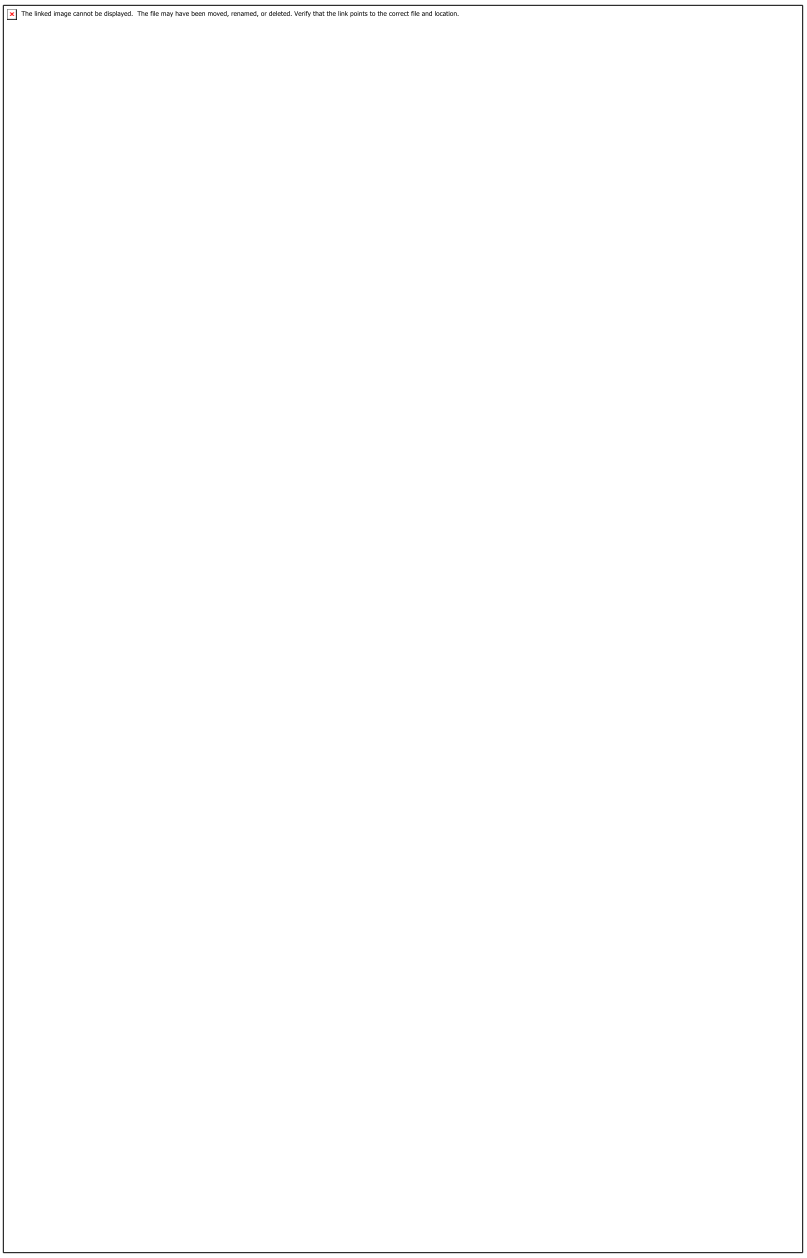
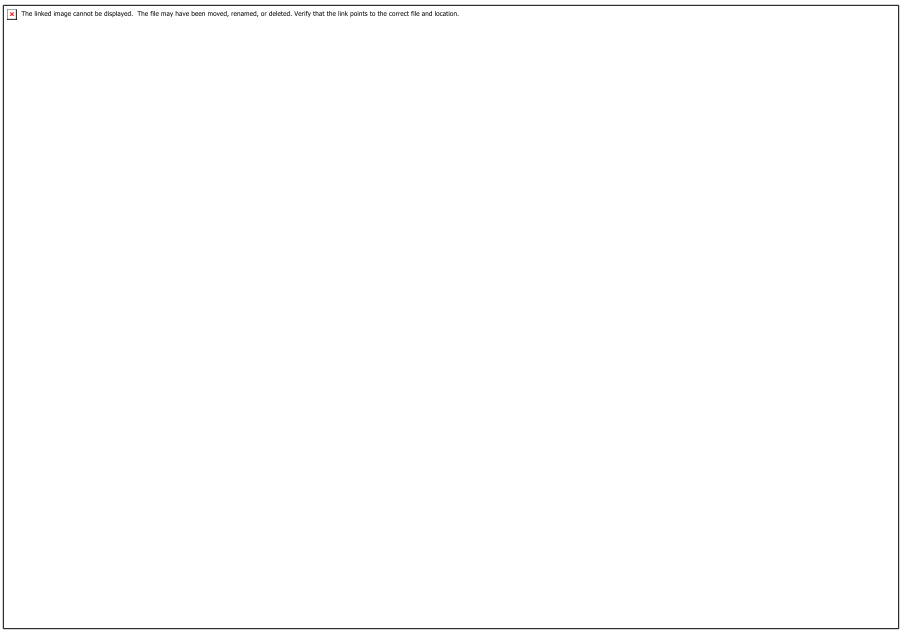


F. Other relevant documents

Glimpse of NARS CARE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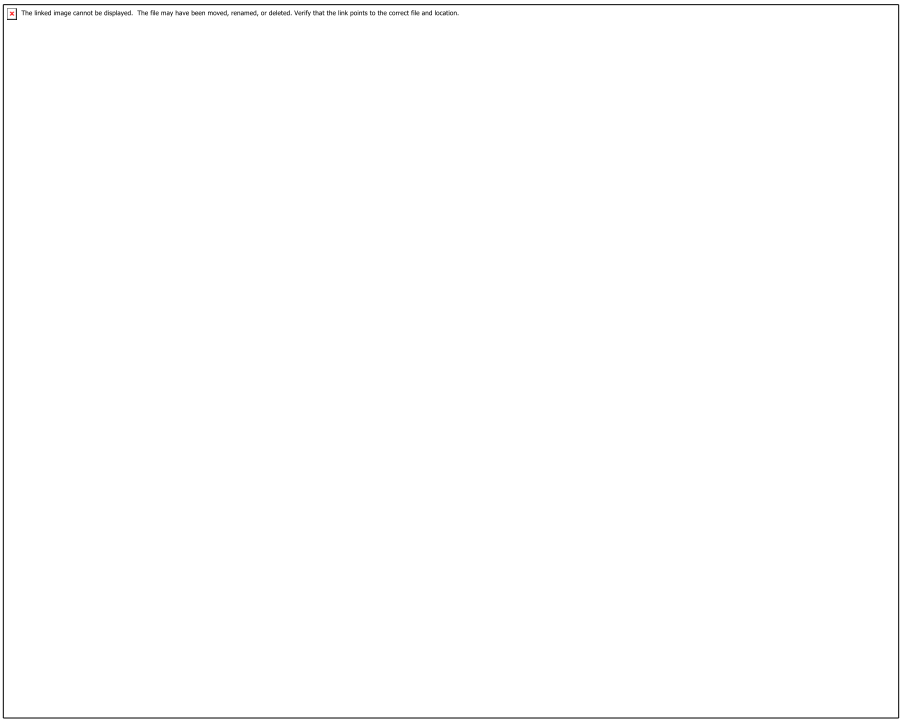
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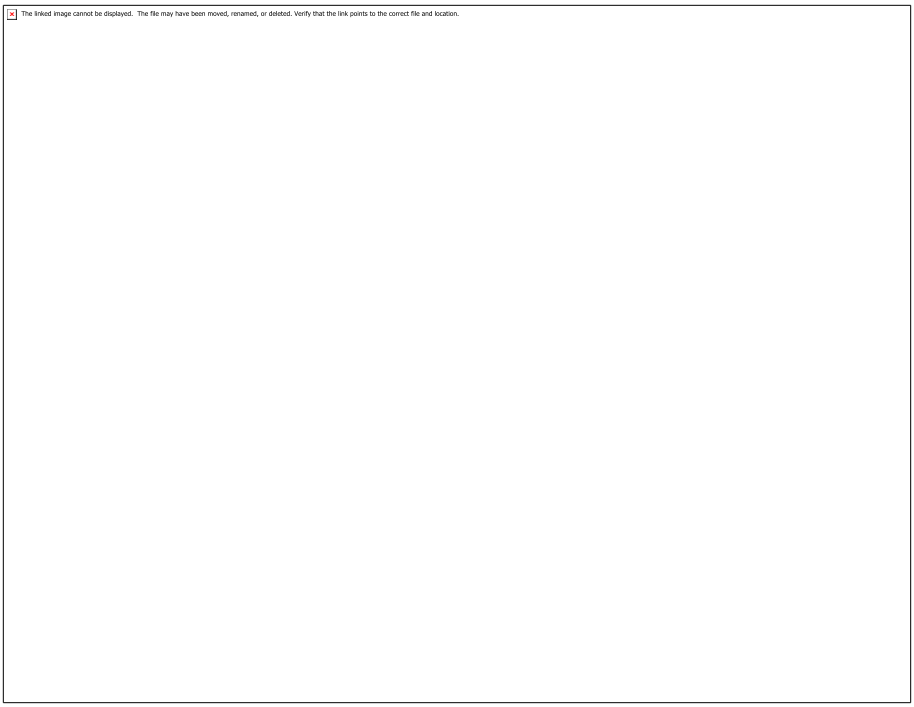
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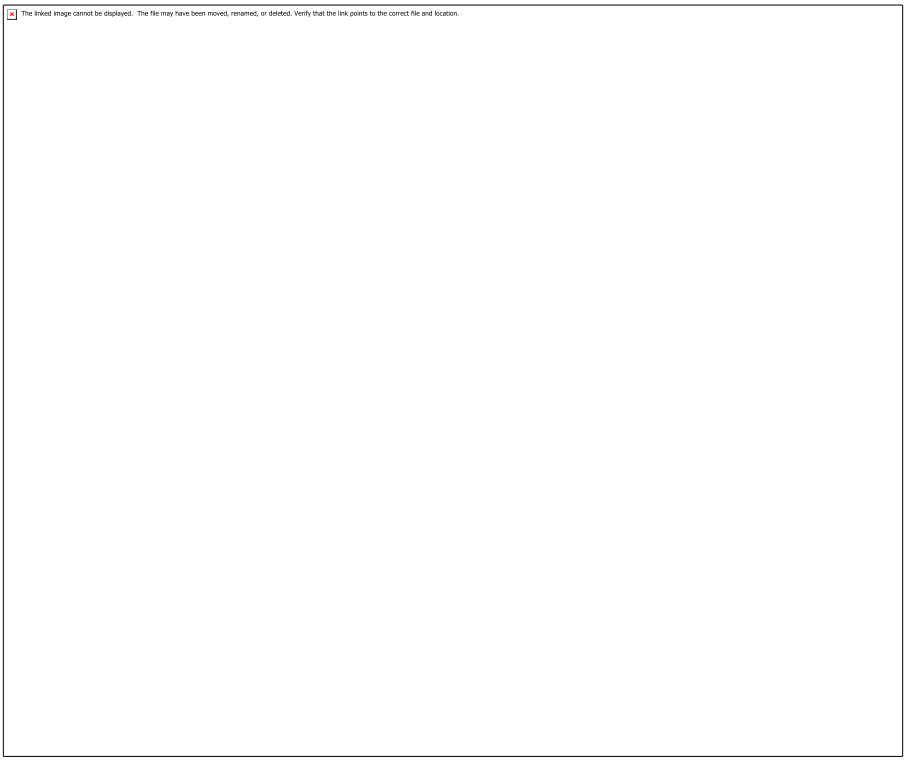
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