Annex 2-1

Sri Lanka
Ministry of Health and Mass Media
Ministry of Rural Development, Social Security, and Community Empowerment

Project for Capacity Enhancement
of Elderly Service Management in the Community

Report on

A Verification Survey for Proposing the Model of Community-Based Health and Social Services for Elderly People

December 2024

Japan International Cooperation Agency (JICA)

Fujita Planning Co., Ltd.

Table of Contents

List of Attachments

List of Figures

List of Tables

Summary

Chapter 1: Introduction to the Verification Survey

This verification survey was conducted with the following objectives:

- Review and validate the process and activities for the elderly in the community that the Project for Capacity Enhancement of Elderly Service Management in the Community ("the project") implemented at pilot sites.
- Identify the effects and impacts of the key activities that the project implemented at the pilot sites.
- Draw lessons to be used for stakeholders in Sri Lanka when providing similar activities in other areas as well as identify recommendations and propose a process model ("the model") for implementing organizations in Sri Lanka to continue the activities and disseminate them to other locations.

The survey consisted of the following components:

- Verification of the process of the pilot activities through group discussions and key informant interviews.
- Identification of the effect and impact of the activities through case studies and a questionnaire survey.

The survey commenced in June 2024 and was completed in November 2024. Group discussions, key informant interviews, and questionnaire survey were conducted in July and August 2024, followed by additional information collection in September 2024. The tentative results of the survey were presented at a Project Implementation Committee (PIC) meeting on August 23, 2024. This report was drafted based on feedback from relevant officers who participated in a PIC meeting on November 5, 2024, individual meetings with the ministry officials, and the discussion held at the November 5 PIC meeting. The report was finalized in a Joint Coordination Committee (JCC) meeting on December 12th 2024.

Chapter 2: Outcome of the Verification Survey

(1) Findings from Group Discussions and Key Informant Interviews

Group discussions and key informant interviews were conducted to verify the process and activities for the elderly in the community implemented by the project at the pilot sites.

The verification survey was conducted on the following topics: 1) formation of a platform, 2) roles and responsibilities of the Working Committee (WC) and Technical Working Group (TWG) members, 3) the overall process of the pilot projects, 4) a needs identification survey, 5) resource identification, 6) action plan development, 7) implementation of the activities, and 8) monitoring and evaluation. The results of the verification survey on these topics are explained below.

1） Formation of a platform

- The project formed the WC, TWG, and PIC to provide a platform for officers in the health and social services sectors to work together. All respondents agreed that this platform was necessary

and useful and that each member was appropriate. However, Padukka and Kandaketiya lacked elder's rights promotion officers (ERPOs) and a public health nursing officers (PHNOs), which were important for their activities. Overall, it would be more desirable if the Department of Social Services became more involved.

- There was a split in opinion over whether there should be a WC and a TWG or whether it would be better to combine them into one body. In any case, it was agreed that these groups needed to meet once a month at the beginning and once every two months after the activities had commenced.
- The staff of the divisional secretariat (DS) office should be aware of and involved in the activities. A psychiatrist, ayurvedic doctor, sports officer, vidatha officer[1], counselling officer, and agriculture research and production assistant could serve as additional members of WC/TWG. The involvement of elderly committee members in the WC would be crucial.

2） Roles and Responsibilities of WC and TWG members

All respondents mentioned that the WC, TWG, and PIC had been organized for the project but would not be sustained in the future. There should be an official mechanism to continue and disseminate their activities. In particular, the following were suggested:

- A framework/national body to implement community-based elderly care nationwide.
- The roles and responsibilities of the officers on the WC/TWG in community-based elderly care to be instructed by a circular of the Ministry of Health and Mass Media (MoHM), the Ministry of Rural Development, Social Security, and Community Empowerment (MoSS), and the Ministry of Justice, Public Administration, Home Affairs, Provincial Councils, Local Government, and Labor (MoPA), if possible a joint circular that is tripartite between the ministries.
- A divisional secretary (DS) is suitable for calling and facilitating WC/TWG meetings. For these meetings, the district secretariat office and the MoPA should be notified.

3） Overall Process of the Project

All respondents were satisfied with the overall process adopted for the project, especially the bottom-up planning process, which is useful for addressing unique problems in the locality.

The need for budget allocation and funding of the activities and administration was raised to continue/disseminate the program after the project ends. The budget for the World Bank's Primary Healthcare Systems Enhancing Project (PHSEP); existing resources, such as resources in the DS, a youth club, hospitals, and NGOs; the budget allocated for the 3-year mid-term plan of the provincial social services department; and funding for the National Secretariat for Elders (NSE) for self-employment were identified as funding resources in the future.

4） Needs Identification Survey

All respondents found that the needs identification survey conducted for the project was useful in identifying the unique needs and problems of the elderly in the locality.

[1] Officers in charge of science and technology.

It was unanimously suggested that the survey should be conducted on a regular basis, such as every 2–5 years in the future. The following were proposed in this regard:

- The questionnaire should be modified to reduce the number of questions so that it can be implemented in around 30 minutes. It would be better to shorten and simplify the questions on care needs and dementia to understand the magnitude of the problems.
- Random sampling from the voting list would serve this purpose.
- Data collection could be conducted by the social services officer (SSO), development officer (DO), ERPO, Grama Niladhari (GN), etc., with the assistance of volunteers. It would be better to use tablets or smartphones for data collection and to avoid paper and printing.
- An application or web-based software should be utilized for the analysis to produce tables and figures.

5） Resource Identification

It was found that the format for resource identification provided by the project was useful and could be utilized in the future.

PHNOs, an Elderly Committee with strong leadership, DS staff, ERPOs, and psychiatrists and dentists at divisional hospitals were important resources for the activities.

It would be important to identify needs and challenges and take measures to fulfill the gaps (e.g., the World Health Organization's (WHO) Integrated Care for Older People training for PHNOs and MOs) after identifying the available resources.

6） Action Plan Development

A bottom-up approach, the format provided by the project, and training in Japan were identified as important for action plan development.

The care/frailty prevention exercise program, health education, and dementia screening and consultation (D-cafe) were found to be popular, urgently needed, and necessary programs for both elderly people and government officials, and their planning was highly recommended, regardless of the location.

There should be training, awareness creation, cross-visits between communities, and exposure tours for government officials so that they could propose innovative programs.

7） Implementation of the Activities

The care/frailty prevention exercise program has been a popular and sustainable program that could be introduced to new locations by the PHNO, the public health inspector (PHI), and/or DS officers attending monthly meetings of elderly committees. Nutrition programs, health education, and entertainment sessions could be organized for the exercise program. Elders could take leadership to continue the program.

Self-employment activities have been conducted effectively with the involvement of small and medium-size enterprise (SME) officers, vidatha (science and technology) officers, and with the financial assistance of the NSE in some cases.

The outreach clinic/health camp has proven to be in high demand and is a much-needed program. It should include clinics for noncommunicable diseases; dental, eye, and mental health; and dementia screening and can be conducted in collaboration with local stakeholders, such as Help Age and Lions Club. Mobilization by social services officers is crucial for the success of the program.

Visits to other pilot sites (cross-visits) have been a breakthrough for some officers, who have implemented the planned activities with confidence.

The leadership of the Elderly Committee and the understanding of family members of the elderly have been crucial for implementing the planned activities.

8） Monitoring and Evaluation

It was suggested that, in the future,

- Each ministry should conduct an evaluation or supervision of the progress of the activities in the action plan.
- A reporting format, the submission frequency, and the report evaluation methods should be defined.
- Targets and indicators for each activity should be defined when planning the activities.

(2) Findings from the Case Studies

The following are the findings of the case studies:

1) The care/frailty prevention exercise program in Athurugiriya, Poregedara, and Kivulegedara

- The exercise program can be introduced in all locations, including urban, semi-urban, and rural areas.
- It does not require an organizer or instructors with specific job titles; rather, anyone can take leadership roles and organize the program.
- The elderly can take leadership of the program and continue it regularly by themselves.
- Introducing the program at divisional elderly committee meetings has been effective.
- It can be combined with health education, elderly clinics, entertainment activities, counseling sessions, etc.

The effects of the program on elderly people are as follows:

- Relieving body pain
- Moving legs and arms more flexibly
- Feeling more active and happier
- Feeling less sad and weak

The effects of the program on government officials are as follows:

- More job satisfaction
- Feelings of being appreciated
- Feeling more confident

2) D-cafe at Athurugiriya

A D-cafe activity to provide knowledge and several awareness programs on dementia have been conducted in Athurugiriya. There have been several cases in which elderly people who had been taken to the hospital by family members have joined the D-Cafe and gained knowledge about dementia. The elderly were appropriately diagnosed by a medical officer (MO) for mental health and immediately started treatment at a divisional hospital. Collaboration between health and social services has enhanced mobilization of the elderly, helped health and social services officers share information on elderly people with dementia or suspected dementia, and enabled them to respond quickly to those who needed care.

3) Integrated Home Visit Care in Kandaketiya

A case study of one beneficiary showed that the person was very grateful to the home visit team and felt blessed. They felt that improvements were made by practicing the exercises taught by the team.

A case study of the medical officer-in-charge (MOIC) of the divisional hospital identified the following:

- He acknowledged the need for and importance of home visit care.
- However, he faced difficulty in finding time for it because of the limited number of staff at the hospitals, remote and hard-to-reach homes, transportation issues, and others. He emphasized the need for a PHNO in the area to make home visits more effective.

4) Activities for Elders with Eye Problems in Kandaketiya

Integrated services for elderly people with eye problems, including eye examinations, referrals to higher tertiary hospitals, and arrangements for necessary medical services, such as treatment, surgery, and the provision of spectacles, were effective and efficient in rural areas with poor access to medical services. This activity was arranged satisfactorily through cooperation at the provincial, divisional, and GN levels and provided elderly people in rural areas with comprehensive and necessary services.

5) Self-Employment Activities in Poregedara

Elderly people who participated in a training program organized by the WC have been producing value-added products. The WC successfully organized the training with the help of the SME unit of the DS office. The pop-up store became successful because the right location was chosen for marketing and sustainability.

6) Outreach Clinic

The care/frailty prevention exercise program was introduced to elderly societies in nonpilot villages. As a result, outreach clinics have been held in these villages. These outreach clinics were organized with support from the regional director of health services (RDHS), provincial director of health services (PDHS), and provincial director of social services (PDSS), elderly committee members, and the Lions Club in the area.

7) Cross-Visits

Cross-visits have provided a valuable opportunity to share good practices at the pilot sites so that the project's activities can be further promoted at each site. The participants have become more confident and positive about the program. The visits have also helped them to begin implementing new activities without difficulty by imitating what they had observed.

(3) Findings from the Questionnaire Survey

A questionnaire survey was conducted among regular participants of the care/frailty prevention exercise program in Athurugiriya, Poregedara, and Kivulegedara. The sample numbers for each respective location were 25, 30, and 31, totaling 86. The findings of the survey are summarized below.

1) How the Elders Came to Know about the Care/Frailty Prevention Exercise Program

- A total of 57% of respondents came to know about the program through members of elderly committees and decided to participate. This shows that elderly committees are an effective communication tool for mobilizing elderly people.
- In Athurugiriya, five out of 25 respondents stated that they had seen a poster on the wall of the divisional hospital. Such promotion is also useful.

2) Changes in Physical and Emotional Condition

- Changes in physical condition

The majority (91%) of the respondents mentioned that "physical pain was reduced after participating in the program." The respondents mentioned various other changes, such as improvements in mobility or increases in activeness. This shows that the program has had a positive effect on the physical condition of the participants.

- Changes in emotional condition

Of the respondents, 94% said they felt happier and 90% said they felt more active after participating in the program. This shows that the program has had not only a physical effect but also a psychological effect. Government officials have been introducing a range of elements, such as singing songs, reading their own poetry, offering counseling, serving refreshments, and giving nutrition lectures to the program, which must also have added to the psychological benefits.

- Changes in the risk of falling

The same questions were asked as those in the needs identification survey, and the results were compared to identify the effects of the program on the risk of falling. The results of the two surveys showed that the proportion of elderly people at risk of falling was lower among the participants in the program, which may suggest that participation in the program has the effect of reducing the risk of falling or that elderly people with a lower risk of falling are participating in the program.

3) Changes in Communication and Activeness

- When asked whether there had been any changes before and after participating in the program in terms of the frequency of going out, meeting friends, and participating in group activities, 70.9%,

73.3%, and 68.6% of respondents, respectively, replied positively. This program is considered to have had the effect of encouraging elderly people to go out and meet friends more frequently.

4) Changes in Nutrition

- It was found that elderly people participating in the program ate meat or fish more frequently than elders who responded to the needs identification survey in all three locations. The program includes educational programs on nutrition, which may have had an effect on the numbers. However, further observation is needed to determine the extent to which the program has affected the frequency of meat or fish consumption and nutrition.

5) Changes in Happiness and Depression

- It was found that participants in the program felt happier than the respondents in the needs identification survey at all three locations. It can be concluded that the program has had the effect of making elderly people feel happier.
- The responses regarding depression suggest that the program may have been effective to some extent in preventing or helping in the recovery from depression. However, it should be noted that this is not a medical diagnosis but an indication based on the answers to the questions.

Chapter 3: Recommendations for Sustainability and Dissemination

Recommendations on the following were made by participants based on the results of the verification survey:

<u>Recommendations for the Overall Process</u>

1) The recommended process model

<u>Recommendations for Preparing the Program</u>

1) Scrutinize and reorganize the platform
2) Officially define the roles and responsibilities of WC and TWG members
3) Conduct awareness creation and training for WC and TWG members

<u>Plan – Development of an Action Plan</u>

1) Be sure to conduct a needs identification survey
2) Identify available resources and gaps
3) Identify sustainable funding arrangements
4) Use problem-solving tools to analyze needs and resources
5) Implement recommended activities
6) Set up specific target values for activities

<u>Do – Implementation of the Action Plan</u>

1) Cooperation between the social services and health sides is crucial for effective mobilization
2) The elderly committee is a very important communication channel
3) The location of activities need to be decided strategically
4) Fain awareness of other officers working for DS offices, MOH, GN, and divisional hospitals

5) Introduce a monitoring framework
6) Consider whether additions or revisions to the action plan are needed to achieve the purpose of the activities

Check – Evaluation

1) Introduce an evaluation framework
2) Be sure to “Leave No One Behind”
3) Promote male participation in activities

Action – Improvement and Follow-up

1) Organizing cross-visits and exposure tours
2) Prepare a plan for the following year
3) Disseminate the program in stages

Abbreviations

Abbreviation	Full Spelling
ADS	Additional divisional secretary
AMOH	Additional medical officer of health
ARPA	Agriculture research and production assistant
CCP	Consultant community physician
DMO	Divisional medical officer
DO	Development officer
DS	Divisional secretary/secretariat
DSS	Department of social services
ERPO	Elder's rights promotion officer
GN	Grama Niladhari
ICOPE	Integrated care for older people
JCC	Joint Coordination Committee
JICA	Japan International Cooperation Agency
MCH	Maternal and child health
MO	Medical officer
MOH	Medical officer of health
MoHM	Ministry of Health and Mass Media
MOIC	Medical officer-in-charge
MoPA	Ministry of Justice, Public Administration, Home Affairs, Provincial Councils, Local Government, and Labor
MoSS	Ministry of Rural Development, Social Security, and Community Empowerment
NCD	Noncommunicable diseases
NSE	National Secretariat for Elders
PDHS	Provincial director of health services
PDSS	Provincial director of social services
PHI	Public health inspector
PHM	Public health midwives
PHNO	Public health nursing officer
PHSEP	Primary Healthcare Systems Enhancing Project
PIC	Project implementation committee
R/D	Record of discussions
RDHS	Regional director of health services
SME	Small and medium-sized enterprise
SSO	Social services officer
TWG	Technical working group
WC	Working committee
WHO	World Health Organization
YED	Directorate of youth, elderly and disabled persons

Photographs

<table>
<tr><td>  </td><td>  </td></tr>
<tr><td>Group discussion with WC and TWG members in Kaduwela.</td><td>Group discussion with WC and TWG members in Padukka.</td></tr>
<tr><td>  </td><td>  </td></tr>
<tr><td>Key informant interview with the DS, Kandaketiya.</td><td>Group discussion with WC and TWG members in Kandaketiya.</td></tr>
<tr><td>  </td><td>  </td></tr>
<tr><td>Questionnaire survey in Athurugiriya.</td><td>Questionnaire survey in Poregedara.</td></tr>
<tr><td>  </td><td>  </td></tr>
<tr><td>Questionnaire survey in Kandaketiya.</td><td>Questionnaire survey in Kandaketiya.</td></tr>
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Chapter 1 : Introduction to the Verification Survey

1.1. Background of the Project

In the Democratic Socialist Republic of Sri Lanka, approximately 11% of the total population is aged 65 years or older, and it is predicted that this percentage will rise to over 21% by 2050[2]. Not only will the burden of illness due to noncommunicable diseases (NCDs) and the prevalence of dementia increase but the number of elderly people living with disabilities will also increase. It is therefore necessary to respond to both the needs of healthcare services and social services. Under these circumstances, the Cabinet decided on a national policy for aging in 2006, and a revised version is currently being formulated (as of November 2024).

In January 2017, elderly care was positioned as a national priority. The policy consists of seven strategies, such as the establishment of mechanisms to strengthen the health system for service provision, cross-sectional coordination, facilities, and human resources management for the provision of equal and comprehensive services and treatment, prevention, rehabilitation, and evidence-based investigation. However, while developing these policies, it turned out that elderly people do not receive sufficient care at either healthcare facilities and nursing homes or at home. In response to this issue, the Ministry of Health and Mass Media (MoHM) has started taking measures, such as renovating current health facilities into intermediate care facilities. In addition, comprehensive measures are required to establish a service provision system of medical and social services for the elderly population.

1.2. Outline of the Project

(1) Project Name

Project for Capacity Enhancement of Elderly Service Management in the Community (hereinafter, "the project")

(2) Date of Signing of the Record of Discussions (R/D)

An R/D between the Japan International Cooperation Agency (JICA) and the Government of Sri Lanka was signed on February 20, 2020.

(3) Project Sites

The project's pilot sites are shown in Table 1.

Table 1: Pilot Sites

Province	District	Divisional Secretariat Division	Grama Niladhari Division
Western	Colombo	Kaduwela	Athurugiriya
		Padukka	Poregedara
Uva	Badulla	Kandaketiya	Kandakepu Ulpotha
			Kivulegedara

(4) Period of Cooperation

February 3, 2022, to February 2, 2025 (3 years)

(5) Implementing Organizations

MoHM

Ministry of Rural Development, Social Security, and Community Empowerment (MoSS)

(6) Consultant for the Project

Fujita Planning Co., Ltd.

[2] Source: United Nations World Population Prospects, 2022

(7) Outline of the Project

1） Overall Goal

The community-based health and social care model for elderly persons ("The model") is utilized for a wider application.

2） Project Purpose

The model is disseminated for the purpose of a wider application.

3） Outputs

1. Planning and coordination mechanism for health and social services in the community is established in each pilot site.
2. The situation of health and social services for elderly persons in each pilot site is analyzed by the mechanism established in the output 1.
3. The models are developed at each pilot site for community-based health and social services for elderly persons.
4. The coordination of health and social sectors at the central level and the coordination between central and local levels are improved.
5. Recommendations are developed for a wider application of the models.

4） Inputs

Inputs from JICA

- Dispatch of the following JICA experts:
  - Chief Advisor
  - Elderly Care
  - Social Service
  - Project Coordinator/Training Management
  - Situation Analysis
- International training (in Japan/third country) and in-country seminars and workshops
- Overseas activity costs

Inputs from the government of Sri Lanka

- Assignment of counterpart and administrative personnel
  - Project Directors
  - Project Managers
  - Project Counterparts
- Facilities, equipment, and materials as well as local costs
  - Suitable office space with the necessary equipment
  - Available data and information related to the project
  - Running expenses necessary for the implementation of the project

1.3. Activities Conducted in the Project

The major activities conducted in the project have been as follows:

- Working Committee (WC) and Technical Working Group (TWG) established as planning and coordinating mechanisms for health and social services
- Three training sessions conducted in Japan and the Thailand Visiting Program
- A needs identification survey and clarification of resources

- Workshops and meetings to develop action plans at the pilot sites
- Regular WCs and TWGs to promote and monitor the activities in the action plan
- Project Implementation Committee (PIC) meetings to share experiences at the pilot sites and provide technical advice to the pilot sites
- Newsletters to introduce good practices for elderly services in Sri Lanka
- Verification of the outputs of the project
- Development of a community-based health and social care model for elderly people

The outlines of the three training sessions in Japan and the Thailand Visiting Program are shown in Figure 1.

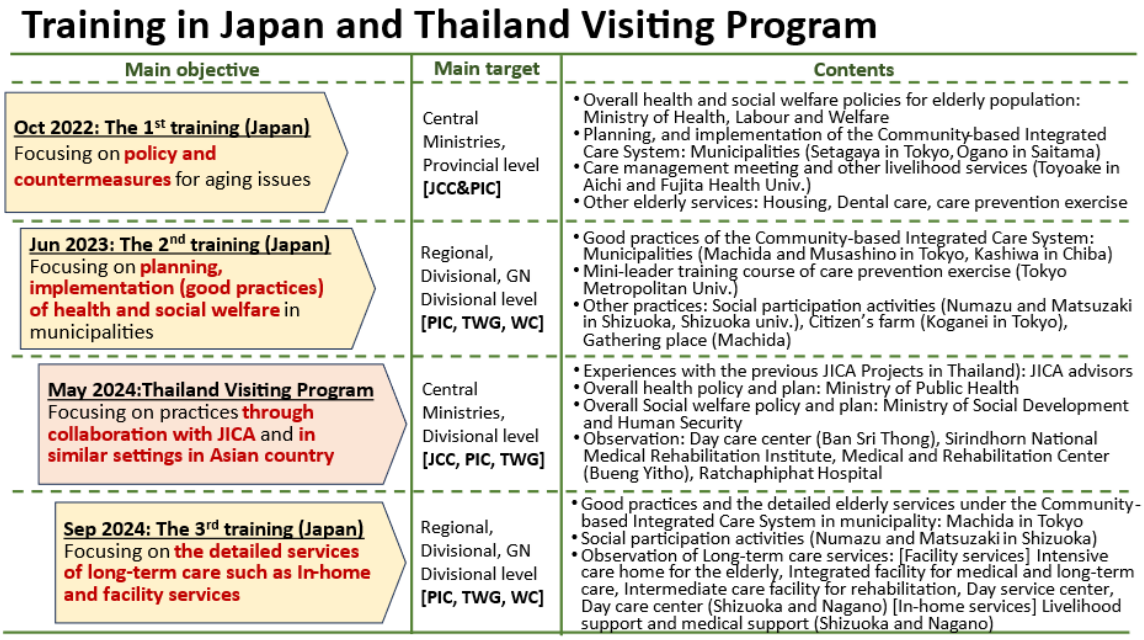


Figure 1: Outline of Training Sessions in Japan and the Thailand Visiting Program

The activities from the action plans conducted at the pilot sites are listed in Attachment 1-1 and 1-2.

1.4. Objectives of the Verification Survey

The objectives of the verification survey were as follows:

1. Verification of the process for the pilot activities
   Review and validate the process and activities for elderly people in the community implemented by the project at the pilot sites.
2. Identification of the effects and impacts of the activities
   Identify the effects and impacts of the key activities implemented by the project at the pilot sites.
3. Recommendations for a model for community-based health and social services for elderly people
   Draw out lessons for stakeholders in Sri Lanka when providing similar services in other areas, make identify recommendations, and propose a process model for Sri Lankan officials to continue the activities and disseminate them to other areas.

1.5. Framework of the Verification Survey

The framework of the verification survey is shown in Table 2.

Table 2: Framework of the Verification Survey

Study Item	Purpose of Verification	Method of Verification	Source of Information
(1) Verification of the process of the pilot activities	Review and validate the process of the activities for the elderly in the community that were implemented at the pilot sites, draw out lessons, and identify a process model that could be used in the future to implement similar activities in other areas.	● Group discussions (WC, TWG, and PIC) ● Key informant interviews (medical officer of health (MOH), public health nursing officer (PHNO), social service officer (SSO), elder's rights promotion officer (ERPO), etc.)	● WC, TWG, and PIC members
(2) Identification of the effects and impacts of the activities	(2)-1. Identify examples of the effects and impacts of key project activities.	● Case studies	● Elderly people who participated in project activities ● Government officials
	(2)-2. Identify the effects and impacts of the activities quantitatively.	● Questionnaire Survey to the elderly participated in the care/frailty prevention excise program	● Elderly people who participated in the care/frailty prevention excise program

(1) Verify the Process for the Pilot Activities

Group discussions and key informant interviews were conducted to review and validate the process for the activities for elderly people in the community that were implemented at pilot sites, draw out lessons, and identify a model process that could be used in the future for providing similar activities in other areas. The discussions and interviews were conducted with members of the WC, TWG, and PIC.

(2) Identify the Effects and Impacts of the Activities

Case studies were conducted to identify examples of the effects and impacts of key project activities. The opinions and experiences of elderly people who participated in project activities and of government officials were studied. A questionnaire survey of elderly people participating in the care/frailty prevention exercise program was conducted to quantitatively identify the effects and impacts of the activities.

1.6. Timeline of the Verification Survey

Table 3 shows the timeline of the verification survey.

Table 3: Timeline of the Verification Survey

Tasks	2024					
	June	July	Aug	Sep	Oct	Nov
1. Plan the outline of the evaluation study						
2. Prepare necessary formats for the study and pretest them						
3. Hold group discussions and interviews and administer the questionnaire						

4. Analyze the results of the study						
5. Present tentative results of the study at a PIC meeting on August 23, 2024						
6. Collect additional information						
7. Work on the evaluation report						
8. Present the summary report at a PIC meeting on November 5, 2024						
9. Obtain feedback from on the summary report the stakeholders						
10. Finalize the evaluation report						

Chapter 2 Outcomes of the Verification Survey

2.1. Outcomes of the Group Discussions and Key Informant Interviews

At the beginning of the project, the JICA expert team introduced the process of the planned activities as follows:

(1) Conducting needs and resource identification.
(2) Making action plans with regional stakeholders.
(3) Implementing activities in the action plans.
(4) Conducting evaluation and improving action plans.

Group discussions with members of the WC, TWG, and PIC and key informant interviews with the MOH, PHNO, SSO, ERPO, and others were conducted to streamline and validate the above-mentioned process for activities for the elderly in the community that were adopted at the pilot sites, draw out lessons, and identify a model process that could be used in the future to provide similar activities in other locations. These discussions focused on the following topics: 1) formation of a platform, 2) roles and responsibilities of WC and TWG members, 3) overall process of the projects, 4) a needs identification survey, 5) resource identification, 6) action plan development, 7) implementation of the activities, and 8) monitoring and evaluation. See Attachment 2: Participants of the Group Discussions and Key Informant Interviews in the Verification Survey for details of the participants in the group discussions and key informant interviews.

2.1.1. Formation of the Platform

The WC, TWG, and PIC were formed to provide a platform for officers of the social services and health services sectors to work together. The members and meeting frequency of these groups during the project are shown in Table 4.

Table 4: Platform for Officers of Social Services and Health Services

	Members	Meeting frequency
WC	MOH, additional medical officer of health (AMOH), medical officer-in-charge (MOIC)/divisional medical officer (DMO), PHNO, public health inspector (PHI), public health midwives (PHM), public health nursing sister, nursing officer, divisional secretary (DS), additional divisional secretary (ADS), Grama Niladhari (GN), DO, SSO, ERPO, Elderly Committee	Ideally once a month
TWG	RDHS, deputy RDHS, regional CCP, MO (mental health), MO (NCD), MO (Planning), PDSS, district senior SSO, and a WC member, except for the Elderly Committee	Ideally every 2 months
PIC	Directorate of youth, elderly and disabled persons (YED) (director and CCP), MoHM (Primary Care Service and Health Promotion Bureau), Colombo South Teaching Hospital, provincial director of health service (PDHS) (Western and Uva), RDHS (Colombo and Badulla), NSE, MoSS (department of social service (DSS) and planning), PDSS (Western and Uva), DS (Kaduwela, Padukka, and Kandaketiya)	

The following opinions and suggestions about the platform were provided in the discussions and interviews.

(1) Summary of Opinions Provided at the Group Discussions and Key Informant Interviews

Strengths/opportunities:

- The platform is useful for officers on the social services and health sides to work together.
- The meeting frequency of the WC and TWG is fine.
- The definitions of the roles of members of the WC and TWG are good.
- The divisional hospital plays an important role in WC/TWG (Athurugiriya).

Weaknesses/threats (challenges):

- An ERPO is needed (Padukka).
- A PHNO is needed (Kandaketiya).
- There should be closer collaboration between the social services and health sides.
- More involvement of the divisional hospital is needed (Padukka).

(2) Summary of Suggestions Presented at the Group Discussions and Key Informant Interviews

- Some suggested forming one group instead of two groups (the WC and TWG), since there are common members in those two groups. However, others suggested that there should be separate WC and TWG groups because they have different roles and responsibilities. This should be discussed further.
- Regarding the frequency of WC and TWG meeting, many participants suggested meeting once a month at the beginning until the action plan is developed, and once every 2 months after activities have been initiated.
- Other suggestions about the platform:
  - There should be awareness among the staff of the DS office and the hospitals about the program which needs their support.
  - Psychiatrists, ayurvedic doctors, sports officers, vidatha officers, counseling officers, and agriculture research and production assistant (ARPAs) could be added to the WC/TWG.
  - Involvement of the Elderly Committee is crucial.

2.1.2. Roles and Responsibilities of WC and TWG members

(1) Summary of Opinions Provided in the Group Discussions and Key Informant Interviews

Strengths/opportunities:

- None

Weaknesses/threats (challenges):

- The WC and TWG have been organized for the project but will not be sustainable in the future. There should be an official mechanism to continue and disseminate activities in the future.
- The project staff members are the ones who call and facilitate WC/TWG/PIC meetings. There should be someone else to do this in the future.
- The roles and responsibilities of the officers have not been clearly defined. They should be officially defined.
- It would be better if the DSS were more involved in the activities.
- Elderly care is not a duty of the MOH and PHM unless it is redefined.

(2) Summary of Suggestions Presented in the Group Discussions and Key Informant Interviews

- A framework or national body should be formed to implement community-based elderly care nationwide.
- The roles and responsibilities of the officers of the WC/TWG for community-based elderly care should be defined by a circular of the MoHM, MoSS, and Ministry of Justice, Public Administration, Home Affairs, Provincial Councils, Local Government, and Labor (MoPA), if possible a joint circular that is tripartite between the ministries.

- The duties for maternal and child health (MCH) would be reduced if elderly care were added to the duties of the MOH and PHM.
- A DS is suitable to call and facilitate WC/TWG meetings. For such meetings, the district secretariat office and the MoPA should be involved.
- The RDHS should be on the PIC. The district senior SSO and medical officer (NCD and mental health) in the RDHS's office can represent the TWG.

2.1.3. Overall Process

(1) Summary of Opinions Provided in the Group Discussions and Key Informant Interviews

Strengths/opportunities:

- There is no problem with the overall process of the project's activities.
- The bottom-up planning process adopted is good for addressing the unique problems of the area.

Weaknesses/threats (challenges):

- Surveys have been conducted, action plans have been developed, and activities have been implemented. This evaluation is the final process. To start another cycle, the program needs to become "official."

(2) Summary of Suggestions Presented in the Group Discussions and Key Informant Interviews

- So far, the project has supported the costs for the needs identification survey, overseas training, cross-visits, printing, etc. Hereafter, there should be a Sri Lanka budget/fund.
- The budget for the World Bank's Primary Healthcare Systems Enhancing Project (PHSEP) should be utilized for healthcare-related activities.
- Existing resources, such as resource persons in the DS office, youth clubs, hospitals, and NGOs, should be utilized.
- The budget allocated for the 3-year mid-term plan of the Provincial Department of Social Services should be used for related activities.
- The NSE's funds for self-employment activities should be utilized.

2.1.4. Needs Identification Survey

(1) Summary of Opinions Provided in the Group Discussions and Key Informant Interviews

Strengths/opportunities:

- The survey has been useful to identify the unique needs of elderly people in the locality.
- The survey is important because there has been no other survey on elderly people.
- The survey findings are useful not only for the project but also for the annual/3-year planning of the PDSS.
- Using tablets makes data collection efficient.

Weaknesses/threats (challenges):

- The interviews took a long time—around 40 minutes to 1.5 hours—leading to elderly people becoming tired. This may have had a negative impact on data quality.
- Some questions were not suitable and may not have produced appropriate survey results (e.g., frequency of eating meat and fish, name of the first president, year of independence).

(2) Summary of Suggestions Presented in the Group Discussions and Key Informant Interviews

Planning:

- The NSE should lead the nationwide survey on elderly people.
- This survey should be conducted on a regular basis every 2–5 years.

Questionnaire:

- A sample questionnaire for the survey of elderly people could be developed for future use through a workshop.

- The main topics should be kept, but the number of questions should be reduced so that the interview can be completed in around 30 minutes. A workshop for creating a model questionnaire for future use would be useful.
- It would be better to make the questions on care needs and dementia shorter and simpler to understand the magnitude of problems regarding the condition, for which screening will be conducted later by health staff.

Sampling:

- Random sampling from the voting list would serve this purpose.
- Allotment sampling by living conditions, such as living alone/with children, married, or unmarried, would be useful.

Data collection/input:

- Data collection could be conducted by an SSO, DO, ERPO, GN, etc.
- Medical students would be good volunteers to assist with data collection.
- It would be better to use tablets or smartphones for data collection.
- Paper/printing should be avoided.

Data analysis:

- An application or web-based software should be used for the analysis to produce tables and figures.

2.1.5. Resource Identification

(1) Summary of Opinions Provided in the Group Discussions and Key Informant Interviews

Strengths/opportunities:

- The format provided by the project is fine.
- WC and TWG members (especially the PHNO), the elderly committee, with its strong leadership, the staff of the DS office, and the Hospital Support Committee are good resources.

Weaknesses/threats (challenges):

- Kandaketiya has fewer resources than the other two pilot sites, as there is no PHNO and the divisional hospitals are under-resourced.

(2) Summary of Suggestions Presented in the Group Discussions and Key Informant Interviews

- A SWOT analysis could be conducted for resource identification in addition to using the format provided by the project.
- When identifying available resources, the necessary input should be identified, and ministries/departments should take measures to fulfill shortages (e.g., the World Health Organization's (WHO) Integrated Care for Older People (ICOPE) training for the PHNO and MO).
- Psychiatrists and dentists are needed at the divisional hospital to implement the proposed activities.

2.1.6. Action Plan Development

(1) Summary of Opinions Provided in the Group Discussions and Key Informant Interviews

Strengths/opportunities:

- It is good that the action plan was developed with a bottom-up approach in accordance with the needs of elderly people, available resources, and the unique social environments of the pilot sites.
- The format for the action plan provided by the project is useful.
- Training in Japan was useful for learning about community-based elderly care. This concept was understood only after participating in the training in Japan.

Weaknesses/threats (challenges):

- Elderly people in private nursing homes need assistance, but this has not been identified as a need.
- It is not clear what the participants in the Japanese and Thai training sessions had learned. Their experiences should have been shared with WC members by visiting the pilot sites.

(2) Summary of Suggestions Presented in the Group Discussions and Key Informant Interviews

- Action plans should be developed using a bottom-up approach according to the needs of elderly people and the unique social environment of the area.
- The format for the action plan provided by the project could be utilized.
- Activities for medical/health screening, counseling, and mental health should be included in the plan.
- The care/frailty prevention exercise program, health education, and dementia screening and consultation (D-cafe) have been found to be popular, urgently needed, and necessary programs for both elderly people and government officials. Planning these programs is highly recommended, regardless of the location.
- There should be training, awareness creation, cross-visits, and exposure tours for government officials so that they can propose innovative programs.
- Whether the proposed activities can have a great impact when implemented at the community level should be considered.

2.1.7. Implementation of the Activities

(1) Summary of Opinions Provided in the Group Discussions and Key Informant Interviews

Care/Frailty Prevention Exercise Program

Strengths/opportunities:

- The program was found to be popular and sustainable.
- Exercise programs can be introduced to new locations by PHNO/DS officers visiting monthly meetings of elderly committees.
- Nutrition programs and health education can also be organized for the exercise program.
- Elders tend to enjoy entertainment sessions during exercise, such as songs, poems, and dance.
- Elders could take leadership in continuing the program after a period of time.

Weaknesses/threats (challenges):

- None.

Self-Employment Activity

Strengths/opportunities:

- It is effective that small and medium-sized enterprise (SME) and vidatha officers working at the DS office are involved in the training for self-employment.
- The NSE's funding support has become available through the recommendations of the DS.
- A pop-up store has successfully promoted the marketing of products. The store should be in a town, not a village.

Weaknesses/threats (challenges):

- Awareness creation is needed to promote self-employment among elderly people, as such activity is not traditionally encouraged.

Outreach Clinic

Strengths/opportunities:

- This is a very popular and much-needed program. It should include clinics for NCDs; dental, eye, and mental health; and dementia screening.
- It could be conducted in collaboration with local resources, such as Help Age and the Lions Club.

- Mobilization of social services officers is crucial for the success of the outreach clinic/health camp.

Weaknesses/threats (challenges):

- None.

Other

Strengths/opportunities:

- Home gardening is easy to promote since many of the elders are already doing it.
- Health education is conducted together with the exercise program.

Weaknesses/threats (challenges):

- Pilot sites do not receive any budgetary support from ministries or professional advice from the NSE.
- Some activities are planned, but they seem too difficult to conduct. However, visiting other pilot sites has provided a breakthrough in implementing such activities with confidence.

(2) Summary of Suggestions Presented in the Group Discussions and Key Informant Interviews

Suggestions for Implementation Techniques:

- It would be effective for staff from the health and social services sides to visit each other's programs.
- A school health program could be referred to as a model for establishing linkages between the social services and health service sides.
- The leadership of the elderly committee is crucial for the activities.
- It should be noted that mobilization and changing elders' attitudes are challenging. A good strategy and patience are required.
- Awareness creation and the involvement of staff at the DS office and divisional hospital are necessary for the effective implementation of activities.
- An understanding of elders' family members can be created by inviting them to outreach clinics, involving youth clubs, etc.
- Care/frailty prevention exercises, health education, and outreach clinic/health camps are always good to implement.
- There should be a community hall with basic facilities, such as elderly-friendly toilets, water, and electricity, in every GN division to promote activities.
- Activities should be implemented officially with a budget allocation.

2.1.8. Monitoring and Evaluation

(1) Summary of Opinions Presented in the Group Discussions and Key Informant Interviews

- Many mentioned that no evaluation was conducted before this verification survey.

(2) Summary of Suggestions Presented in the Group Discussions and Key Informant Interviews

- Each ministry should conduct an evaluation or supervision of the progress of the relevant programs in the action plan.
- The reporting format, submission frequency, and report evaluation method should be defined.
- Targets and indicators for each activity should be defined at the time of planning.

2.2. Outcome of the Case Studies

(1) Care/Frailty Prevention Exercise Program

The care/frailty prevention exercise program was introduced during the training in Japan and in several locations in the pilot areas. It is conducted with the aims of enhancing balance, coordination, flexibility, and strengthening muscles.

The examples in Table 5 explain the various methods for implementing and operating the exercise program and their characteristics and advantages. From this table, it can be seen that:

- This exercise program can be introduced in all locations, including urban, semi-urban, and rural areas.
- It does not require an organizer or instructors with specific job titles, and anyone can take leadership roles and organize the program.
- Elderly people can take leadership of the program and continue performing it regularly by themselves.
- It is effective to introduce the program at divisional elderly committee meetings.
- It can be combined with health education, elderly clinics, entertainment activities, counseling sessions, etc.

Table 5: Comparison of the Care/Frailty Prevention Exercise Program in Different Locations

Location	Padukka	Kaduwela	Kaduwela	Kandaketiya
Pictures				
Venue	Community center	Elderly committee meeting/temple	Divisional hospital	Elderly person's residence
Frequency	2–3 times/week	1 time/month	1 time/week	1 time/week
Main organizer	PHNO	PHI	PHNO	Social services staff
Instructors	PHNO and elderly people	PHI and a health assistant (master trainer)	PHNO and elderly people	DO/SSO/ AMOH/PHI
Characteristics	The elderly conduct the program voluntarily.	The exercise is introduced at elderly committee meetings.	The program is combined with health education and elderly clinics.	Entertainment and counseling activities are often included.
Advantages	It can frequently be done without the main organizers.	The activity can be easily introduced to many elders at one time.	The elderly can receive integrated elderly services, including health check-ups and health education.	It can be done without health staff, and elders are attracted through other activities.
People involved in the program	PHNO, MOH, GN, elderly committee	PHI, health assistant (master trainer), DO, SSO, representatives of elderly committees	PHNO, MOIC, MO (mental health), Trade Society (help printing flyers for the program)	DO, SSO, AMOH, PHI, ERPO, GN, counselling officer, elderly committees

Figures 2–6 show case studies of government officials and elderly people in the care/frailty prevention exercise program. It can be seen from these case studies that the program had the following effects:

For elderly people:

- Reduced body pain
- Ability to move legs and arms more flexibly

- Feeling more active and happier
- Feeling less sad and weak

For government officials:

- More job satisfaction
- Feelings of being appreciated
- Feeling more confident

Care/frailty prevention exercise at Athurugiriya Divisional Hospital

I feel lonely at home because I have no one to talk to.
I am happy to do exercises here with all others.

- **Since I live alone, I don't have a chance to talk to anyone, and I was feeling empty and lonely.**
- **I head about the exercise program from a friend of mine. I have attended the program 5 times so far.**

I am happy when I do exercises with others. I cannot feel such joy at home.
I like the instructor, who is very kind.
I'm going to continue attending the program.

- 73-year-old woman (interviewed at the Athurugiriya Divisional Hospital, March 15, 2024)

Figure 2: Case Study of the Care/Frailty Prevention Exercise Program – Elderly Person (1)

Care/frailty prevention exercise at Kivulegedara GN division

Now I can sit properly, stand comfortably, and walk a little longer without pain.

- **I suffer from joint pain and often feel frail and unmotivated, which usually keeps me at home.**
- **It was my husband who encouraged me to join the exercise sessions, and since then, I come here every week. I enjoy it very much.**
- **Now, I feel like I can move my hands and legs more comfortably, and I am very happy.**

I can meet friends and neighbors at the exercise program.
I'm enjoying doing exercises with them.
I'm no longer sad or weak.

63-year-old woman (interviewed at Kivulegedara Community Center, August 20, 2024)

Figure 3: Case Study of the Care/Frailty Prevention Exercise Program – Elderly Person (2)

Care/frailty prevention exercise at Kivulegedara GN division

When I exercise, I feel younger.
I feel happy to be with other participants.

- **I can't walk without my walking stick since my left side got paralysis. So, I often feel sad and weak.**
- **Since I joined the exercise program, I feel motivated. I am practicing the exercise regularly.**
- **I feel happy to be with everyone here and I will try more to make myself better.**

I am sure that I've improved.
I can move my legs and hands a bit longer than before.

66-year-old man (interviewed at Kivulegedara Community Center, August 20, 2024)

Figure 4: Case Study of the Care/Frailty Prevention Exercise Program – Elderly Person (3)

PHNO – Care/frailty prevention exercise at Athurugiriya

At first, I was worried since there were only three participants; but gradually the numbers increased, and the program was established.

- I feel a special joy in leading the program, since many elderls appreciate it.
- Everyone is very keen to attend the program.
- I noticed many elderls are lonely at home.
- They feel happy at the program because they are given attention.
- They like the program also because it is conducted in a friendly atmosphere.
- I heard that the program is spreading to the elders' societies.

PHNO, Athurugiriya Divisional Hospital, March 15, 2024

Figure 5: Case Study of the Care/Frailty Prevention Exercise Program – Government Official (1)

Figure 6: Case Study of the Care/Frailty Prevention Exercise Program – Government Official (2)

(2) D-cafe in Athurugiriya

This is one of the best practices for persons with dementia. The DO joined the training in Japan and learned about D-cafe practices for people with dementia in the community. After she shared her learnings with other officers in Sri Lanka, health and social services officers on the WC and TWG decided to conduct a D-cafe activity at the local temple by adjusting the activity to the Sri Lankan context (see the case study in Figure 7). Following this activity, several elders were taken to the hospital by family members who had attended the D-Cafe and had gained knowledge about dementia. These elderly people were immediately diagnosed by the MO (mental health) and started receiving proper treatment in the hospital. In addition, the collaboration between health and social services enhanced the mobilization of elderly people, helped health and social services officers share information about elderly people with dementia or suspected dementia, and enabled them to respond quickly to those who needed care.

D-Cafe (Dementia related) activity in Athurugiriya

- Dementia Cafes have spread to many countries around the world in various forms, starting with the "Alzheimer's cafe" in Netherlands.
- The Japanese government clearly stated to accelerate dementia measures in their strategy "New Orange Plan" in 2015. The type of D-Cafe in Japan are mainly categorized as the places to provide;
  1) information and leaning opportunity
  2) gathering place without any specific programs
  3) peer support for family members and the patient
- Those who participated in the training in Japan learned D-Cafe and the first awareness program for Dementia was organized in Athurugiriya on November 25, 2023.
  - ✓ Lecturers: MO mental health and MOIC in Athurugiriya divisional hospital, Consultant in Colombo South Teaching Hospital
  - ✓ Organizer and mobilization of the elderly: DO in DS office Kaduwela
  - ✓ 15 elderly and their family member joined
- Following the first awareness program, several awareness activities have been conducted in Athurugiriya Divisional Hospital.
- Several dementia-suspected elders have been reported to the hospital for consultations, check-ups and diagnosis by MO Mental Health.
- Social service staff who know the community members well and health service staff with expertise in dementia nicely collaborated and approached people in the community.

Figure 7: Case Studies of a D-Cafe in Athurugiriya

(3) Integrated Home Visit Care in Kandaketiya

The need for home visit care was identified in Kandaketiya, which is located in a rural area with poor access to hospitals. It is particularly difficult for bedridden elderly people to leave their houses, and they are not seen by doctors for a long period of time. At the same time, there is no physiotherapist in Kandaketiya, and elderly people do not have access to rehabilitation services. In such conditions, home visit care is conducted as part of community rehabilitation activities for elderly people requiring rehabilitation at home. The MOIC of Kandaketiya Divisional Hospital, nurses, hospital clerks, and the GN identified bedridden elders who needed home visits, and 25 households were selected for the activity. During home visits, the doctor measured blood pressure and blood sugar levels, asked about past medical history and other questions, and gave instructions on simple exercises and walking practice.

The case study in Figure 8 describes the process of home visit care.

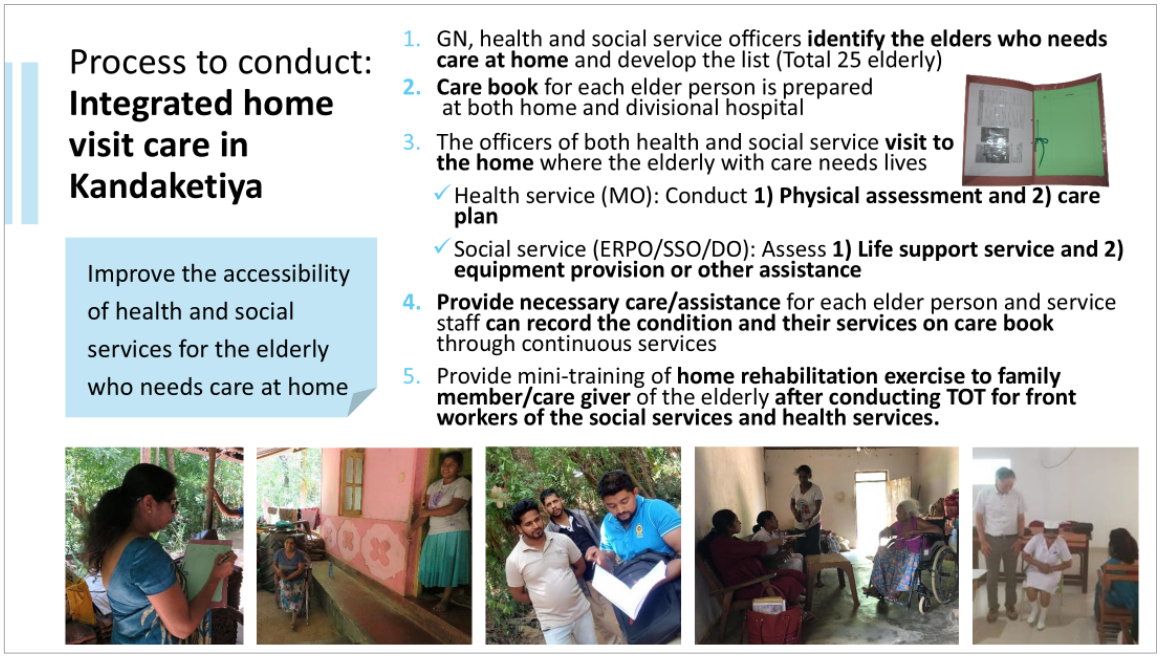


Figure 8: Case Study of Integrated Home Visit Care in Kandaketiya

As the case study in Figure 9 shows, the beneficiary was very grateful to the home visit team and felt blessed. She felt that she had improved by practicing the exercises taught by the team.

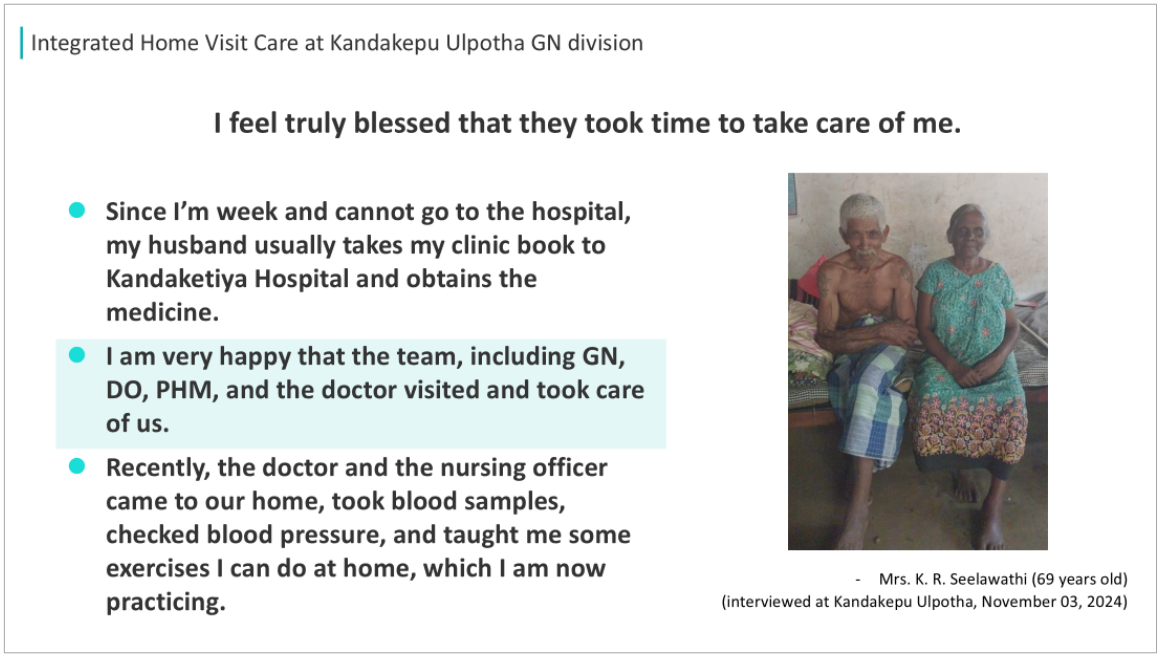


Figure 9: Case Study of Integrated Home Visit Care in Kandaketiya – Elderly Person

As the case study in Figure 10 shows, the MOIC of the divisional hospital acknowledged the need for and importance of home visit care. However, he faced difficulty in finding time for it due to the limited number of staff in hospitals, remote and hard-to-reach homes, transportation issues, and others. He emphasized the need for the PHNO in the area to make home visits more effective.

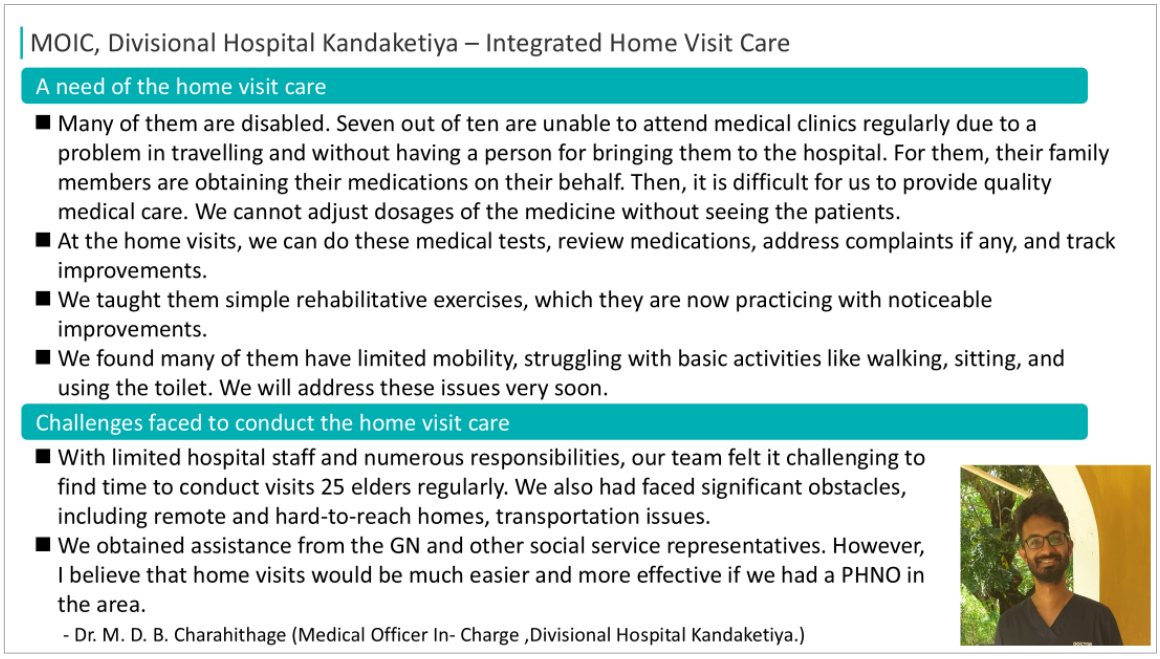


Figure 10: Case Study of Integrated Home Visit Care in Kandaketiya – MOIC

(4) Activities for Elders with Eye Problems in Kandaketiya

According to the results of the needs identification survey, 80.2% of elderly people in Kandakepu Ulpotha answered that they had difficulty seeing, and the figure was 73.3% in Kivulegedara. However, regardless of their vision problems, most respondents had never been to any medical facility, and more than half needed glasses but did not have them. Kandaketiya is located in a rural area with poor access to the base and teaching hospitals that provide ophthalmological treatment. Therefore, the WC and TWG in Kandakepu Ulpotha and Kivulegedara decided to provide integrated services for them, including eye examinations, referrals to higher-level hospitals, and the arrangement of necessary medical services, such as further treatment, surgery, and the provision of spectacles. As a result, 68 elderly people were referred to the Badulla Teaching Hospital for detailed examinations in May and June 2024. After the examinations, of the 68 elderly people, 28 made surgery appointments at the Badulla Teaching Hospital, 39 received spectacles from the PDSS, and one continued to be followed up by the hospital.

The case study in Figure 11 describes the process.

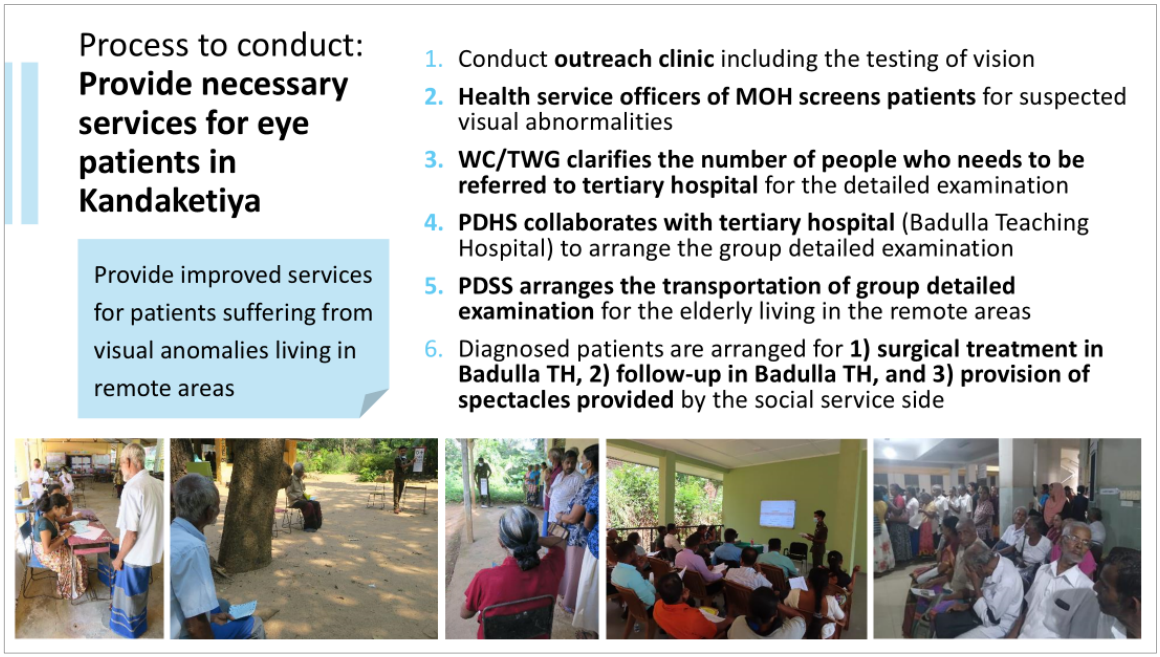


Figure 11: Case Study of Activities for Elders with Eye Problems in Kandaketiya (1)

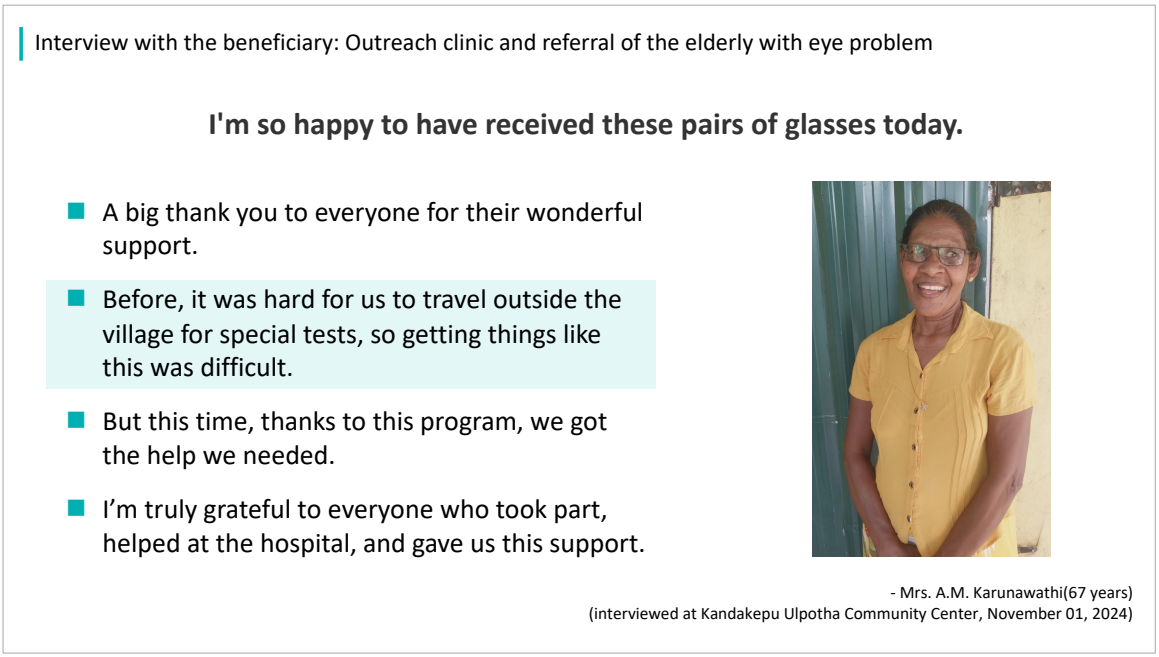


Figure 12: Case Study of Activities for Elders with Eye Problems in Kandaketiya (2)

(5) Self-Employment Activity in Padukka

This is an example of how activities can be conducted successfully by changing the location and gaining the cooperation of the related officers of the DS office.

From observing elderly people's gathering places and people-led activities in making and selling foods and handicrafts in Japan, as well as the findings from the needs identification survey that some elderly people have few opportunities to go out or meet friends, the Padukka WC decided to initiate a self-employment activity. The activity started with the core members of the elderly committee, after which the number of elders quickly increased. However, they faced challenges. First, some elders were

not used to making and selling things and did not have many skills. Second, some family members disagreed with elderly people conducting profit-making activities. Third, it was difficult to find a place to gather and sell the items that were made. Even after two places had been identified in the community, paying for their monthly rent was not easy.

To solve these issues, the vidatha officer in the DS office provided the elders with several training opportunities for making sweets, handicrafts, etc. In addition, with the cooperation of the SME and SSO officers, a monthly pop-up store on the DS office premises was opened for free. The elderly people could not make many sales in the beginning, but later, they were able to make satisfactory sales and earn adequate income by changing the venue of the store and adding more value to the products (see the case study in Figure 13).

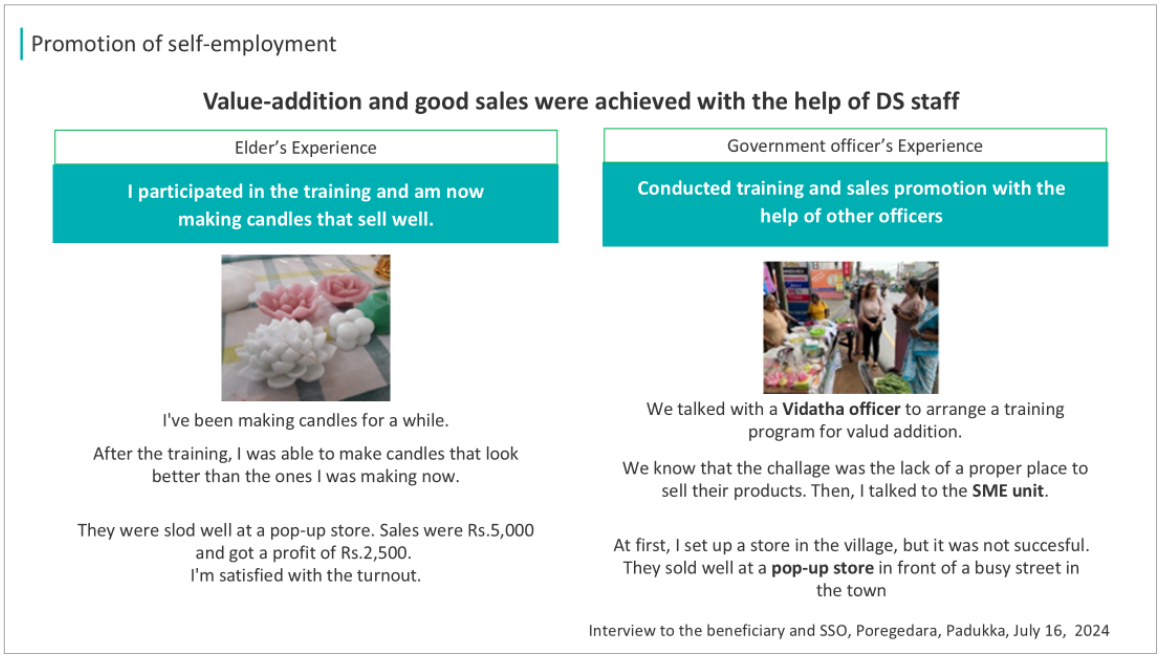


Figure 13: Case Study of the Self-Employment Activity

(6) Outreach Clinics

For reasons such as difficulty in using public transport and a lack of people to accompany them, elderly people tend to stay away from health checkups at hospitals. Therefore, outreach clinics and screening for the elderly are important for the early detection and treatment of illnesses. In this project, members of the WC and TWG organized several outreach clinics in cooperation with the RDHS, PDHS, PDSS, etc.

To gather elders at the clinic, it was essential to send messages to elderly people in the area and encourage their participation. The case study in Figure 14 shows that elderly committees played an important role in mobilizing the elderly. Cooperation between health and social services officers was also essential for organizing such clinics. These clinics are good examples of obtaining external funding as a result of members of the WC and TWG having discussions with the Lions Club and got funding from them.

It is also an interesting example of the introduction of the care/frailty prevention exercise program to the nonpilot GNs of the project, with clinics organized in these GNs as a secondary effect.

Outreach clinic for the elderly was conducted in non-pilot GN areas

The care/frailty prevention exercise was introduced to the Elderly Committees in non-pilot villages. Outreach clinics were held in these villages as a result.

- Care/frailty prevention exercise was introduced and conducted in several non-pilot areas in Padukka division, such as Uggalla, Dampe, Pinnawala GNs.
- Activities for the elderly care expanded further in these GNs.
- For example, an outreach clinic was held in Uggalla GN in August 2024 with 74 participants. An ICOPE screening medical examination was held at Pinnawala GN in September 2024 with 40 participants.
- The introduction of an exercise program strengthened the leadership and unity of the Elderly Societies. They effectively supported the mobilization of these clinics.
- It was also notable that WC, TWG, and the Elderly Committee had discussion and obtained external funding from Lions Club in the area for the clinic.

Figure 14: Case Study of an Outreach Clinic and ICOPE screening

(7) Cross-Visits

Cross-visits have provided a valuable opportunity to share good practices among the pilot sites so that they can further promote the implementation of project activities (see the case study in Figure 15). During these visits, there was a chance for the exchange of opinions among the officers. As a result, their perceptions of the activities changed significantly. For example, although some officials considered some activities unnecessary, they changed their minds after observing elderly people participating happily in them. Thereafter, these officials commenced such activities at their sites and did so without facing difficulties by replicating what they had observed during their visits.

Cross visit

Objective

To learn how to improve and facilitate the activities for elderly care through the observations of good practices and discussions in other project sites

Participants

- PIC and WC/TWG members from Kandaketiya (June 2024)

Program

Day 1: Padukka	Day 2: Kaduwela
• Care prevention exercise at the community • Market for self-employment activity • Presentation of the process of self-employment activity • Discussion	• Elderly clinic at HLC • Care prevention exercise and health education at the divisional hospital • Activities for dementia patients • Presentation of services in DH • Discussion

Effect

- Direct observation of the elderly's reaction changed the participants' perspective toward the service provision drastically
- Participants understood the process of a new activity and initiated a similar activity in their own area smoothly.

Figure 15: Case Study of Cross-Visits

2.3. Outcomes of the Questionnaire Survey

2.3.1. Outline of the Questionnaire Survey

(1) Scope of the Survey

A questionnaire survey was conducted among the participants of the care/frailty prevention exercise program in Athurugiriya, Poregedara, and Kivulegedara. This program was selected for the survey because the survey required a certain number of samples and for the program to have been conducted more than a certain number of times over a certain period[3].

(2) Sampling

The number of participants in the questionnaire survey is shown in Table 6.

Table 6: Number of participants in the Questionnaire Survey

GN	Sample Nos.
1. Athurugiriya	25
2. Poregedara	30
3. Kivulegedara	31
Total	**86**

The sampling was conducted as follows:

Athurugiriya and Poregedara:

- Those who had attended the program for at least the previous 3 months.

Kivulegedara:

- Those who had attended the program for at least the previous 2 months (since the timing of the survey was 3 months after the start of the program).

All three sites:

- Those who had previously attended but had not done so recently were excluded.
- Those aged 59 years or younger were excluded.

(3) Data Collection

Data collection was conducted using a pretested questionnaire as follows (see Attachment 3: Form for the Questionnaire Survey):

- All who came to the survey venue and met the above-mentioned criteria were surveyed.
- The data collection was conducted through face-to-face interviews.
- Data collection was conducted from July 19 to August 20, 2024.

(4) Demographic Information of the Respondents

As Table 7 shows, the average age of the respondents was 70 years old, with the youngest aged 60 and the oldest aged 86. Although some respondents were aged below 60, they were not used as samples due to the definition of "elders" in Sri Lanka, which is equal to or above 60 years old. As Figure 16 shows, the respondents were relatively younger in Kivulegedara and relatively older in Athurugiriya.

[3] There were many participants in other activities, but these activities were not included in the questionnaire survey because they were held occasionally, the participants might vary from event to event, and it was difficult to identify those participants and invite them to participate in the survey.

Table 7: Age of the Respondents

N=86

GN	Average	Minimum	Maximum
Athurugiriya	71	60	84
Poregedara	70	61	86
Kivulegedara	69	61	84
Average	70	61	85

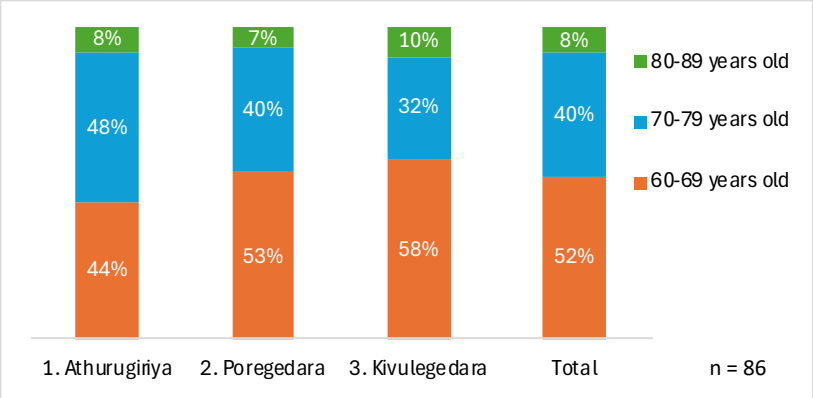


Figure 16: Age Distribution of the Respondents

There were 72 females and 14 males. It was difficult to gather equal numbers of females and males, despite our best efforts, because the majority of the participants in the program were female (Figure 17).

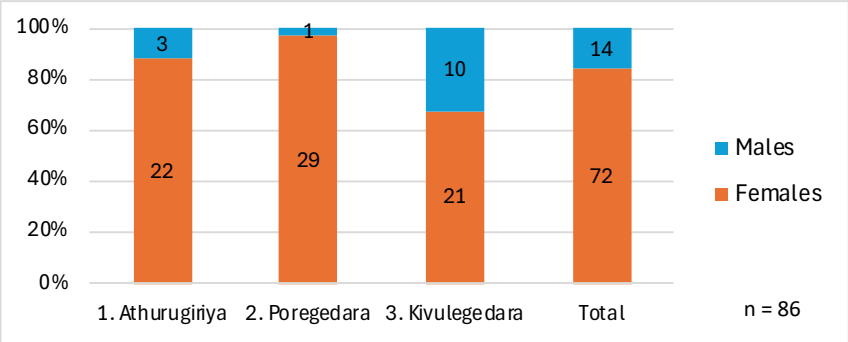


Figure 17: Sex of the Respondents

The average household size of the respondents (including the respondent) was 3.8 (Table 8). There were differences in the average size, with the most common household sizes being two and six occupants. Athurugiriya had a larger average household size than the other locations, but the reason for this is unknown (Figure 19).

Table 8: Household Size of the Respondents

N=86

GN	Average size of the household (person/household)
Athurugiriya	4.3
Poregedara	3.7
Kivulegedara	3.4
Average	3.8

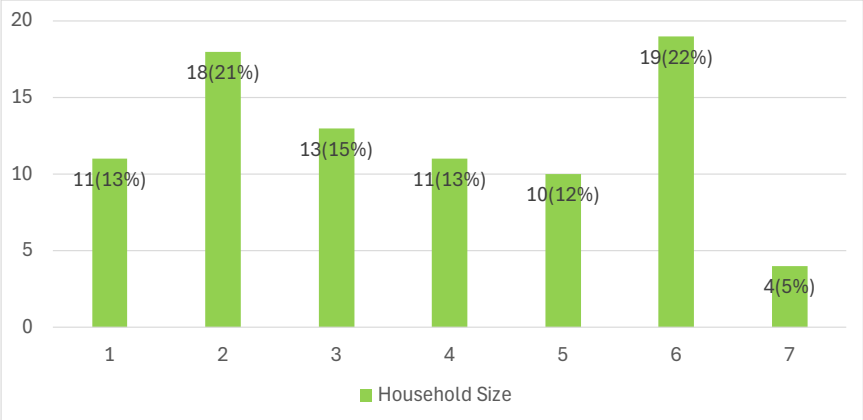


Figure 18: Household Size of the Respondents

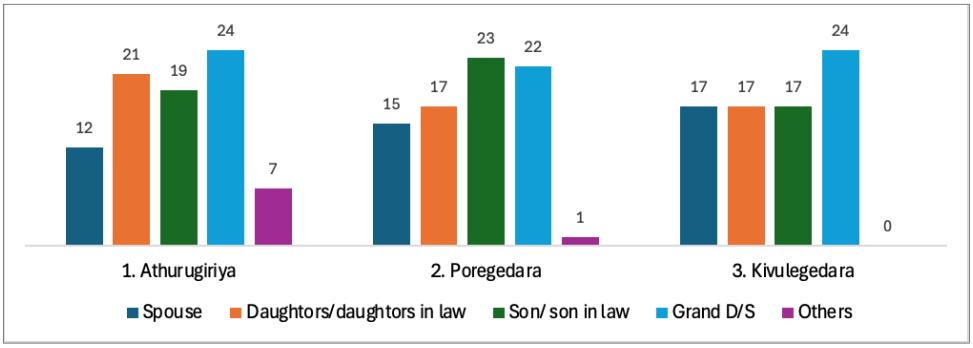


Figure 19: People Living with the Respondents

2.3.2. Survey Results

(1) Opportunities for Elderly People to Join the Care/Frailty Prevention Exercise Program

The average and maximum number of times respondents participated in the program was high in Poregedara, where the program had started approximately a year and a half previously and was continuing. The fact that many people have continued to participate should be commended. Kivulegedara, where the program had been running for approximately 3 months at the time of the survey, had the lowest number, but this was a reasonable result (Table 9).

Table 9: Number of Times Participating in the Exercise Program

N=86

GN	Average	Minimum	Maximum
Athurugiriya	20	40	7
Poregedara	61	124	6
Kivulegedara	5	8	3

When asked how they had come to know about the program, the majority of respondents said they had heard about it from a member of an elderly committee and decided to participate (Figure 20). This shows that elderly committees are effective sourcecs of communication for the program.

The next most common responses were friends, DOs, GNs, and SSOs. There were also responses saying that participants had been recommended by a doctor or family member or had seen a poster.

There were regional characteristics (Figure 21). In Athurugiriya, five respondents said they had seen a poster on the wall of the divisional hospital. In Poregedara and Kivulegedara, an overwhelming majority of respondents said that they had heard about the program from a member of an elderly committee. As the program was publicized through elderly committee meetings, this response is thought to include those who learned about the program when they participated in the elder committee meetings.

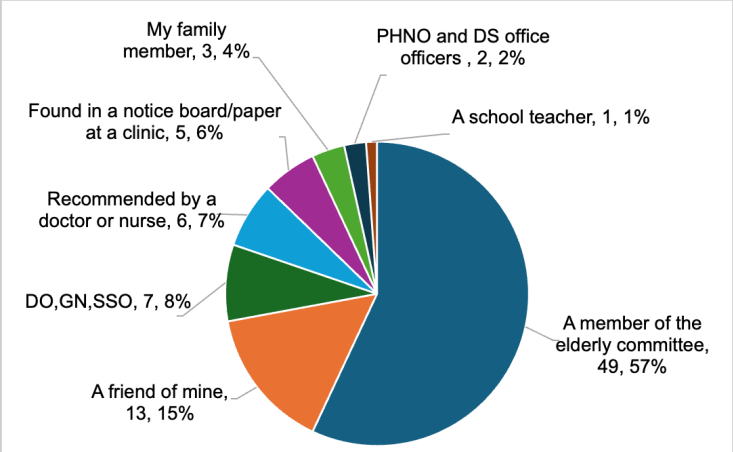


Figure 20: How Elders Learned about the Exercise Program

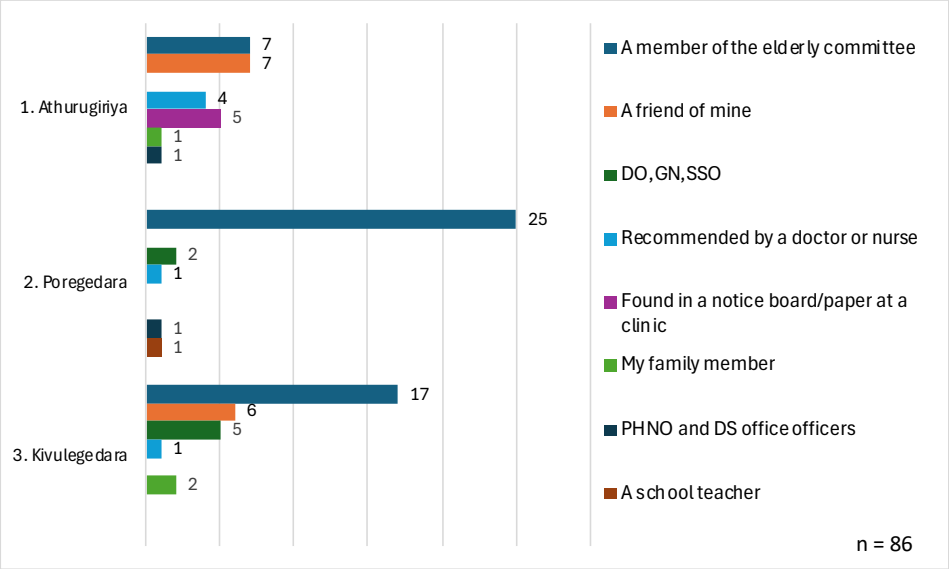


Figure 21: How Elders Learned about the Exercise Program (by area)

(2) Physical and Emotional Changes

1) Physical Changes

When asked whether there had been any changes in their physical condition after participating in the program, the majority (91%) mentioned that "physical pain was reduced." They also mentioned various other changes, including improvements in mobility and increases in activeness (Figure 22). The responses were self-reported and did not have any medical or scientific objectivity. However, it is significant that the participants recognized positive changes. This shows that this program has had a positive effect on physical changes in the participants.

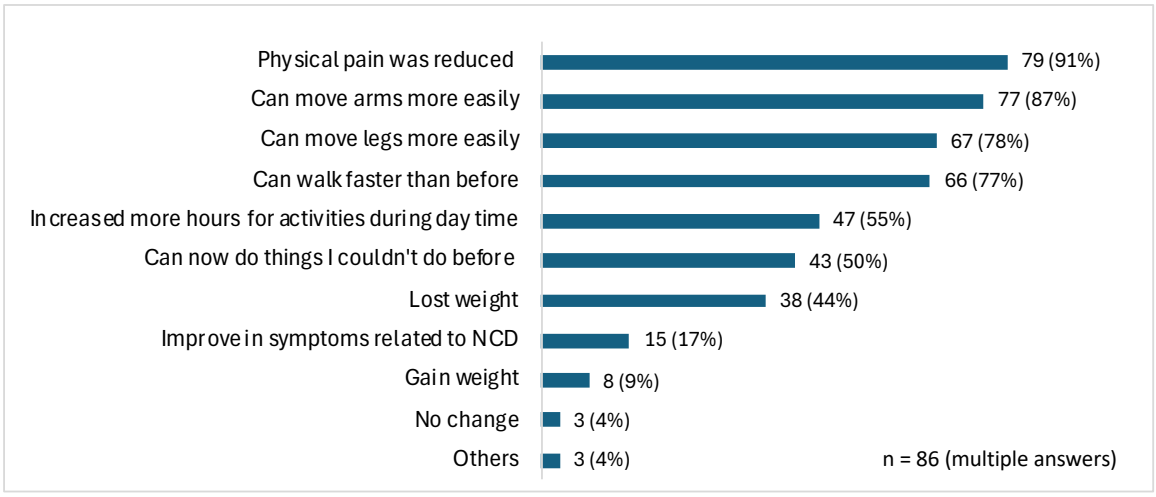


Figure 22: Physical Changes in Elders after Joining the Exercise Program

2) Emotional Changes

When asked whether there had been any changes in their emotional condition after participating in the program, 94% of participants said they felt happier and 90% said they felt more active (Figure 23). This shows that the program also has a psychological effect.

It should be mentioned that the government officials who plan and implement this program can combine a range of other activities, such as singing songs, reading poetry, offering counseling, serving

refreshments, and conducting nutrition lectures, which may have attracted more elders and increased their satisfaction.

The fact that participants became friendly with each other each time they got together and that their trust and emotional connection with government officials, such as PNHOs and DOs who lead the exercises, also increased provide background to the psychological changes.

In the case studies shown in Figure 2 of this report, the participants also said that they had been lonely because there was no one to talk to at home but that they were now happy due to having many friendly people to talk to in the program. This psychological change is thought to be effective in preventing depression. These results show the importance of introducing activities and elements aimed at relieving loneliness when planning elderly care programs in the community.

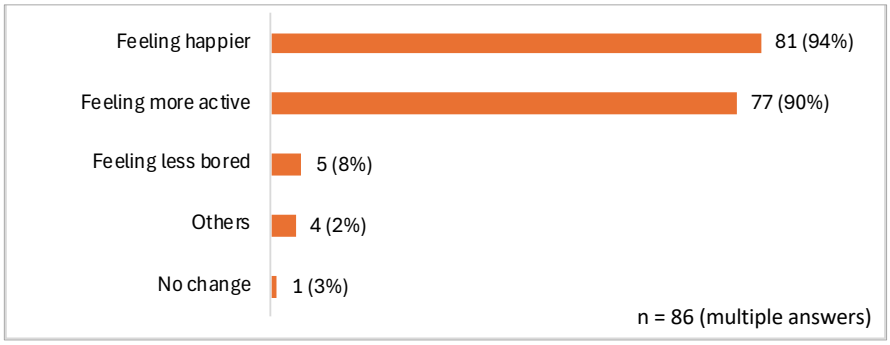


Figure 23: Emotional Changes of Elders after Joining the Exercise Program

3) Risk of Falling

The following questions were asked in the same manner as in the project's needs identification survey, which was conducted in April 2023, to analyze elders' risk of falling. The respondents were classified as "having a risk of falling" if they answered in the following way in at least three of the following five questions:

- Have you fallen down over something such as stairs, stones, etc. in the past year? → Yes
- Do you have big concern about falling down? → Yes
- Can you go upstairs without holding onto handrail or wall? → No
- Can you stand up from chairs without holding anything? → No
- Can you walk without stopping for about 15 minutes? → No

The same questions were asked in this survey, and the answers were analyzed in the same way and compared with the results of the needs identification survey, as shown in Figure 24. The results showed that the proportion of elderly people at risk of falling was low among those participating in the program. The proportion was significantly lower when comparing "support needed elders" in the needs identification survey and was also slightly lower than the group classified as "healthy elders" in Athurugiriya and Poregedara.

This may indicate that there is a possibility that participation in this program has the effect of reducing the risk of falling or that elderly people with a low risk of falling participated in the program.

It should be noted that the two surveys differed in terms of the number of people surveyed and the sample size, and they were not panel samples. For these reasons, the comparisons of the results of the surveys are for reference only and have no statistical significance. The respondents were classified into two groups - support needed elders and healthy elders - in the needs identification survey according to the answers given to the relevant survey questions. Although this classification method was decided after sufficient discussion with Sri Lankan stakeholders at the time of the survey, some believed that

this classification method did not have sufficient medical or scientific background; therefore, the verification survey did not classify the respondents.

Kivulegedara was found to have more elderly people at risk of falling when comparing the results of the program participants with the locations in this survey, but there was not much difference between the results of the needs identification survey and this verification survey. It was observed that a notable number of elderly people with physical disabilities participated in the program in Kivulegedara, which may have influenced the results. In addition, the fact that only 3 months had passed since the program began in this GN division may also have been a factor.

In the needs identification survey, there was not a significant difference in the risk of falling in Kivulegedara between the two groups (support needed elders and healthy elders). This could be because Kivulegedara is located in a mountainous rural area and many roads around houses are not flat but steep and bumpy. It is difficult to understand the reason for this.

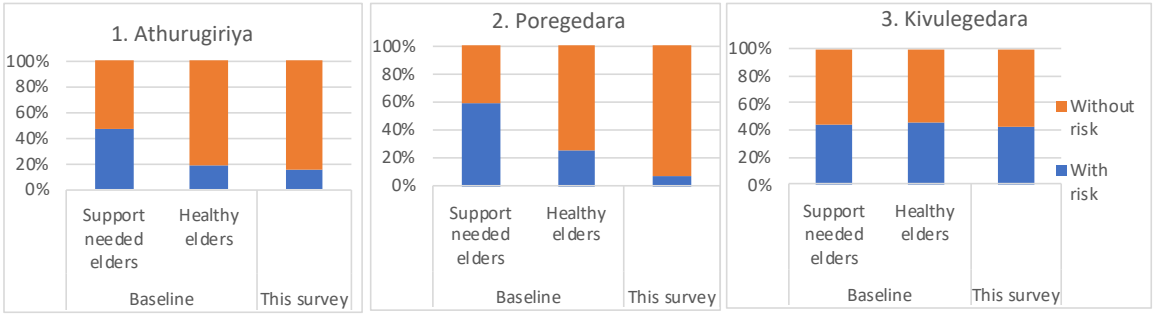


Figure 24: Result of the Analysis on the Risk of Falling
(Comparison between the Needs Identification Survey and This Survey)

Note: Number of samples:
- Athurugiriya: needs survey: healthy: n = 331, support needed: n = 42, total n = 373; this survey n = 25
- Poregedara: needs survey healthy: n = 179, support needed n = 36, total: n = 215; this survey n = 30
- Kivulegedara: needs survey healthy: n = 77, support needed: n = 39, total: n = 116; this survey n = 31

(3) Changes in Communication and Activeness

1) Frequency of Going Out

When asked whether there had been any changes before and after participating in the program in terms of the frequency of going out, meeting friends, and participating in group activities, 70.9%, 73.3%, and 68.6%, respectively, replied positively (Figure 25).

The responses were self-reported and did not have any medical or scientific objectivity. However, it is important that the participants recognized positive changes. Therefore, considering this result and the aforementioned results regarding positive physical and psychological changes, this program is considered to have the effect of promoting activeness and communication among the elderly.

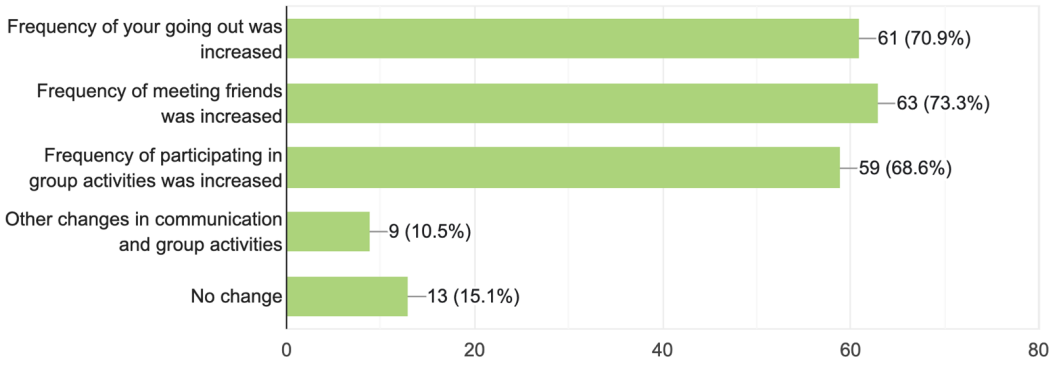


Figure 25: Changes in the Frequency of Communication and Group Activities after Joining the Exercise Program

Figure 26 provides a comparison of the results of the needs identification survey and this verification survey on the frequency of going out. It shows that going out is more frequent among elderly people participating in the program in Athurugiriya and Poregedara. This finding was more significant when compared to "support needed elders" in the needs identification survey and was slightly less significant when compared to healthy elders. Figure 27 also shows that they recognized that the frequency of going out had increased compared to the previous year.

Considering these results and the aforementioned results regarding positive physical and psychological changes, the program is considered to have the effect of promoting going out more frequently among the elderly, especially for elderly people who frequently participate in the program. However, as mentioned earlier, it should be noted that the two surveys differ in terms of the number of people surveyed and the sample size, and they are not panel samples. For this reason, comparisons of the results of these surveys are for reference only and have no statistical significance.

Kivulegedara showed a different trend when the results of the needs identification survey were compared with those of this survey (Figure 26). Figure 27 shows that more than half of the elders mentioned that there was no change or a decrease in the frequency of going out compared to the previous year. Those who answered that the frequency had decreased mentioned reasons such as "I'm getting older" and "I don't need to go out anymore." It is possible that this is due to the fact that it had only been 3 months since the program started and that elderly people with disabilities were also participating in the program at Kivulegedara[4].

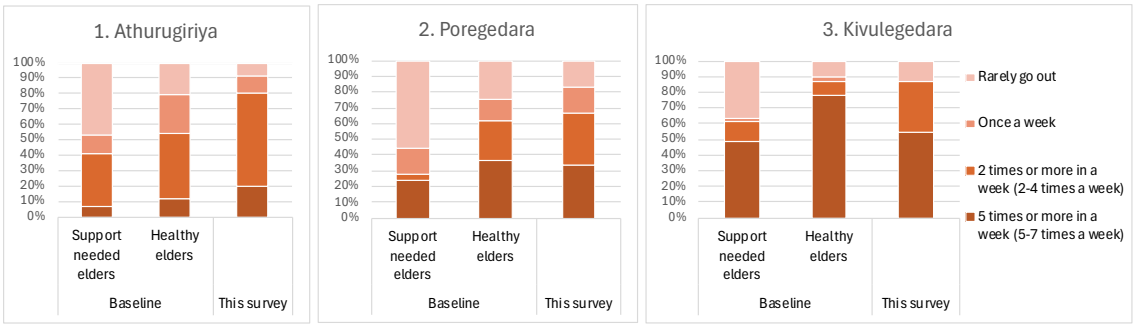


Figure 26: Frequency of Going Out
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

[4] There are more elderly people in Kivulegedara who go out frequently, according to both in the needs identification survey and this survey. This may include the opportunity to go out for agricultural work or gardening.

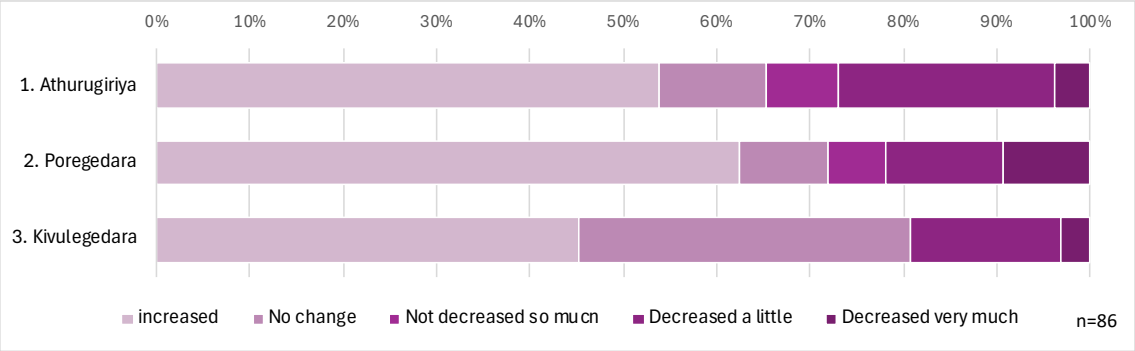


Figure 27: Changes in the Frequency of Going Out since the Previous Year

2) Frequency of Meeting Friends

Regarding the frequency of meeting friends, the results of this survey showed a higher frequency than those of the needs identification survey for all three locations. The findings were more significant when compared to "support needed elders" in the needs identification survey and slightly more significant when compared to "healthy elders". Considering these results and the aforementioned results of the positive physical and psychological changes and the frequency of going out, this program is considered to have the effect of promoting elders meeting their friends more frequently. It is also possible that the respondents counted meeting other participants in this program as meeting friends, which is reasonable[5].

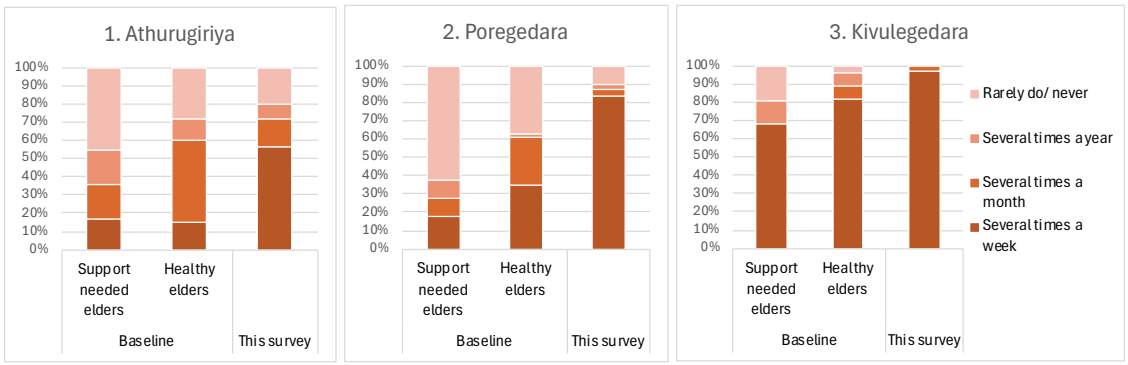


Figure 28: Frequency of Meeting Friends
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

(4) Changes in Nutrition

1) Dietary Habits – Frequency of Eating Meat or Fish

Figure 29 shows that there were more elderly people who frequently ate meat or fish among those participating in the program in all three locations. The program includes an educational program on nutrition, which may have had an effect on the numbers. It is possible that participation in the program has made participants more active, as mentioned earlier, improved their physical and psychological condition, and increased their appetite.

However, there are people in Sri Lanka who do not eat meat or fish for cultural or religious reasons. Therefore, further observation is needed to determine the extent to which the program is related to the frequency of meat or fish consumption.

[5] There were more elderly people in Kivulegedara who would meeting friends frequently, both in the needs identification survey and in this survey. However, the reason for this is unknown.

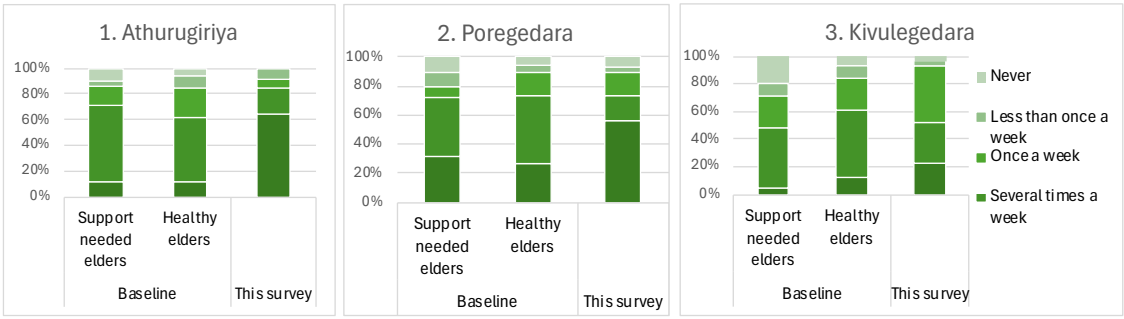


Figure 29: Frequency of Eating Meat or Fish
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

The respondents were also asked about the frequency of eating vegetables "and/or" fruits (meaning both of them) in the needs identification survey. In this survey, the respondents were asked how often they eat vegetables "and/or" fruits (meaning either one of them). As shown in Figure 30, 92%, 100%, and 94% of the respondents in Athurugiriya, Poregedara, and Kivulegedara, respectively, said "at least once a day." This seems a reasonable result considering the cultural background of Sri Lankans, who routinely eat vegetables cooked in curry. On the other hand, there were much fewer such answers in the needs identification survey.

However, it is unlikely that one's habit of eating vegetables in curry will change after a year or due to participation in the program. Therefore, it is suspected that the respondents were asked about the frequency of eating vegetables "and" fruits in the needs identification survey. It is possible that the questions in the two surveys were asked differently. Therefore, no conclusions can be drawn from the comparison and analysis.

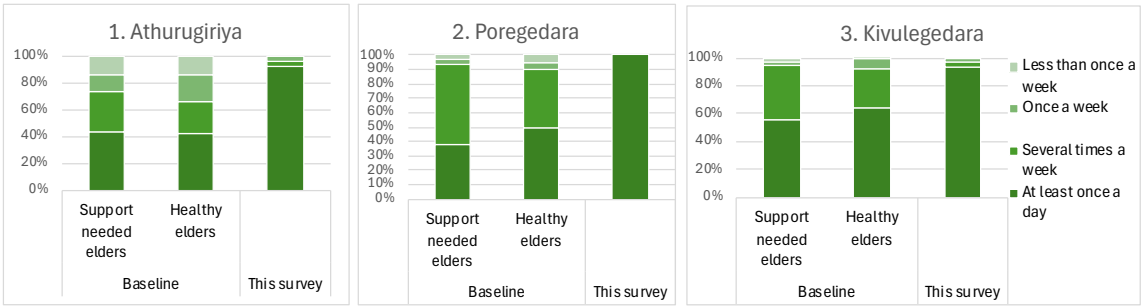


Figure 30: Frequency of Eating Vegetable and/or Fruits
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

2) Weight Loss

As Figure 31 shows, it is significant that, in Poregedara, 60% of the participants in the program mentioned that they had lost 3 kg or more in weight during the previous 6 months. Poregedara has a larger number of elderly people who have continued to participate in the program for a long period of time, and it is possible that many of them have gotten into shape due to the benefits of the exercises. There was no such trend in the other two locations.

However, while weight loss is necessary for those who are overweight, it can also be the result of inadequate nutrition, weakness, or illness. It was not possible to definitively conclude whether weight loss is good or bad for elders and how it relates to this program.

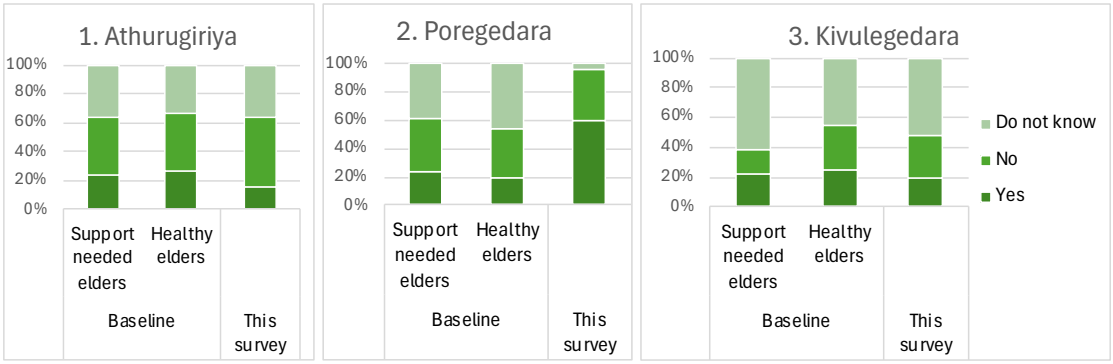


Figure 31: Weight Loss of More than 3 kg Over the Previous 6 Months
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

(5) Changes in Happiness and Depression

1) Happiness

The elders were asked how happy they were, and they responded on a four-point scale. As Figure 32 shows, in all three locations, the respondents in this study felt stronger and happier than the respondents in the needs identification survey. The results are more significant when comparing "support needed elders" in the needs identification survey and are also significant when comparing "healthy elders".

Considering these results and the aforementioned positive results regarding positive physical and psychological changes and the frequency of going out and meeting friends, it can be concluded that this program has an effect on making the elders feel happier.

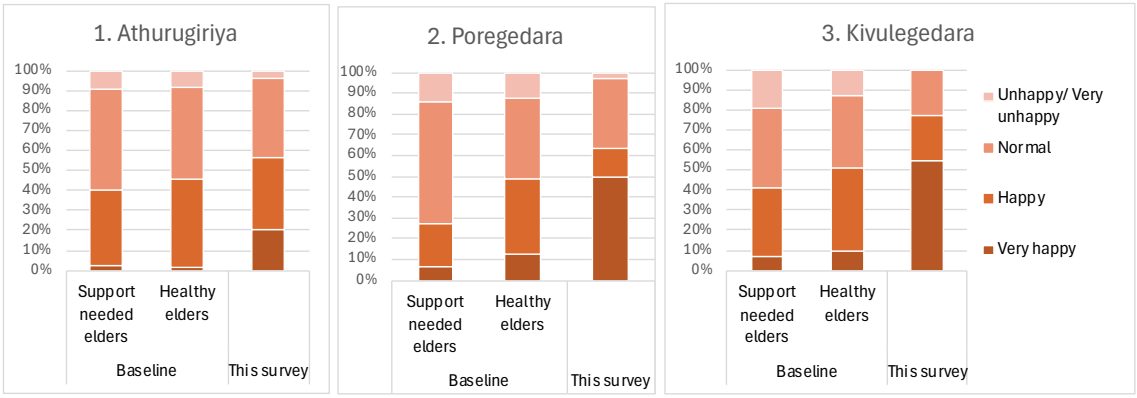


Figure 32: Degree of Happiness
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

It seems that Poregedara and Kivulegedara had a higher number of "very happy" elders than Athurugiriya in this survey. The reason for this, however, is unclear.

2) Depression

In the needs identification survey, the elders were asked the 15 questions in Table 10 to understand the trend of depression among them.

Table 10: 15 Questions Asked to Study the Trend of Depression

	Questions
Q1	Are you satisfied with your current daily life?

Q2	Do you sometimes feel there is no point in living anymore?
Q3	Do you think your energy for daily life or your interest to the world has been decreasing?
Q4	Do you feel your daily life is empty?
Q5	Do you often feel bored?
Q6	Are you usually in a good mood?
Q7	Do you feel something bad is going to happen?
Q8	Do you think you are fortunate?
Q9	Do you often feel helpless or hopeless?
Q10	Do you prefer staying at home rather than going out?
Q11	Do you think you are more forgetful than others?
Q12	Do you think life is wonderful?
Q13	Do you feel full of energy?
Q14	Do you think there is no hope in your daily life?
Q15	Do you think others are better/wealthier than you are?

Then, negative answers were converted to "1" and positive answers to "0." Thereafter, the respondents were classified according to their total scores:

- 0 - 4 points → Normal
- 5 - 9 points → Suspected depression
- 10 - 15 points → Depression

In this survey, the respondents were asked the same questions and classified in the same manner. Figure 33 shows the results of the two surveys. In Poregedara and Kivulegedara, there were fewer elders classified as having depression or suspected depression in this survey compared to the needs identification survey. This is more significant when comparing "support needed elders" in the needs identification survey and is also significant when comparing healthy elders. Athurugiriya had a smaller number of elders classified as having depression or suspected depression in this survey than support needed elders in the needs identification survey; however, there were no differences when comparing the results with the "healthy elders". These results suggest that the program may be effective to some extent in preventing or recovering from depression. However, it should be noted that this is not a medical diagnosis but an indication based on answers to the questions.

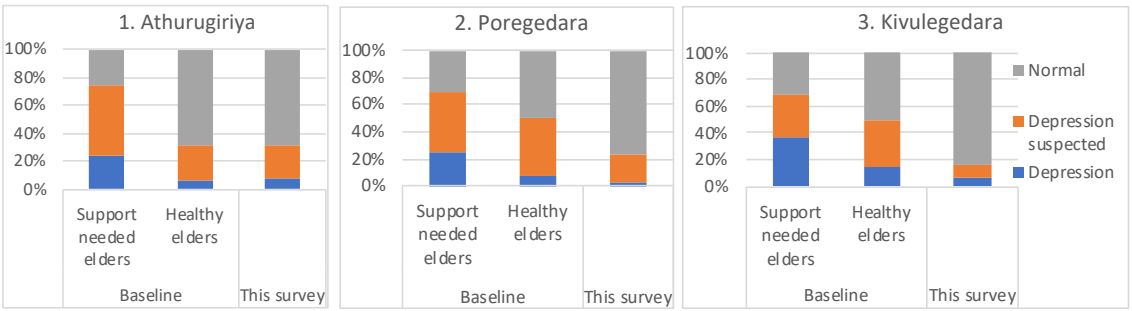


Figure 33: Trend of Suspected Depression
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

It seems that Poregedara had a smaller number of respondents classified as having depression and that Kivulegedara had a smaller number of those with suspected depression compared to the other locations. The reason for this, however, is unclear.

The majority of the residents in the pilot area of the project are Buddhist. Buddhism teaches that one should always maintain an equanimity of mind without being overjoyed or very sad. It is possible that some of those who answered “no” to questions such as Q12 (life is wonderful) and Q13 (full of energy) followed this teaching, regardless of whether they were prone to depression. Further discussion is needed to determine whether these questions are appropriate for determining depression.

Chapter 3 : Recommendations for Sustainability and Dissemination

3.1. Recommendations for the Overall Process

(1) The Recommended Process Model

Participants in the key-informant interviews and group discussions were satisfied with and appreciated the overall process adopted in the project, especially the bottom-up planning process and the function of the platform of stakeholders. There were no problems regarding the overall flow of the process. Therefore, it is recommended that the process model shown in Figure 34 be followed to provide community-based health and social services programs for the elderly (hereinafter, "the Program"). This is a streamlined version of the overall process initially proposed by the project based on experiences with the actual implementation and the opinions expressed by stakeholders in this survey.

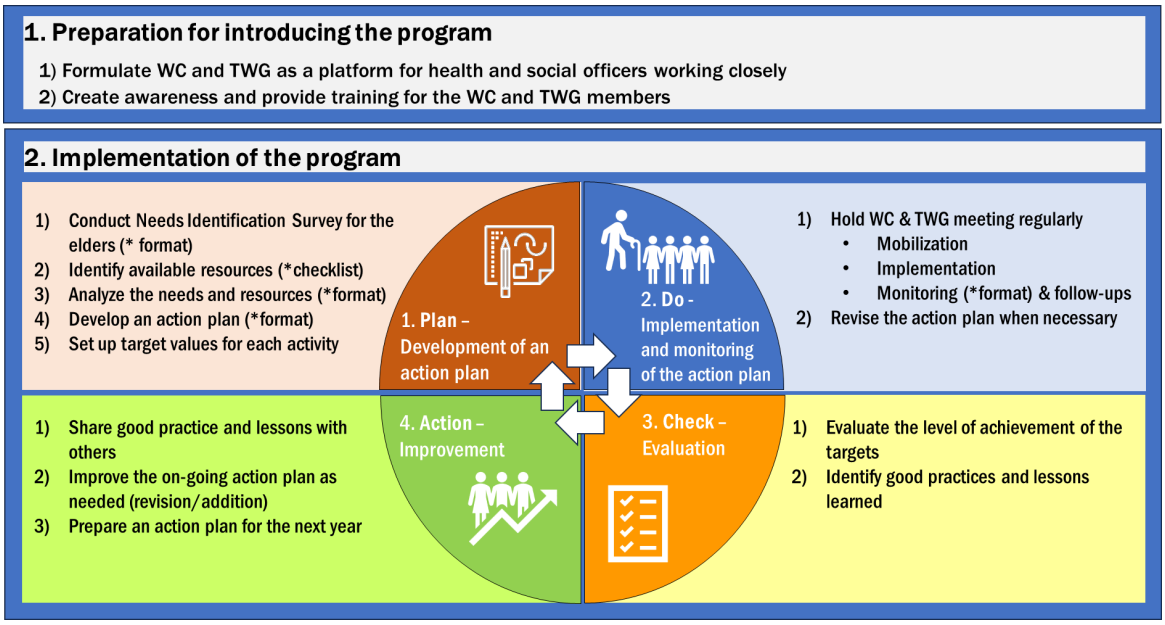
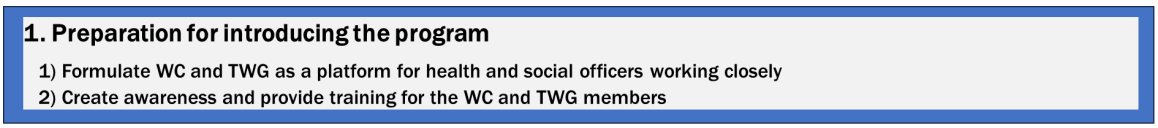


Figure 34: The Process Model Recommended for Providing Community-Based Health and Social Services Programs for Elderly People

Recommendations for each step of the cycle are outlined in the following sections.

3.2. Recommendations for Preparing the Program

The recommendations and suggestions for this preparation process are outlined below.



(1) Scrutinize and Reorganize the Platform

The verification survey found that the platform was useful for providing community-based elderly care services and would continue to be necessary in the future. It was determined that the members of the groups were appropriate. However, because the meetings of the WC, TWG, and PIC have been convened by the JICA expert team during the project, the platform's operation has been project-led up to now. To continue and disseminate similar activities in the future, it is necessary for the Sri Lankan government to take a leadership role in the operation of this platform.

Figure 35 shows an idea for a reorganized platform for stakeholders based on the opinions expressed in the verification survey. It is recommended that the MoSS and MoHM use it as a reference to scrutinize and decide on the members of the platform, the leaders of each group, and the conveners of meetings and to officially appoint and launch the platform. Many respondents believed it would be appropriate for the DS to convene meetings of the WC and the TWG.

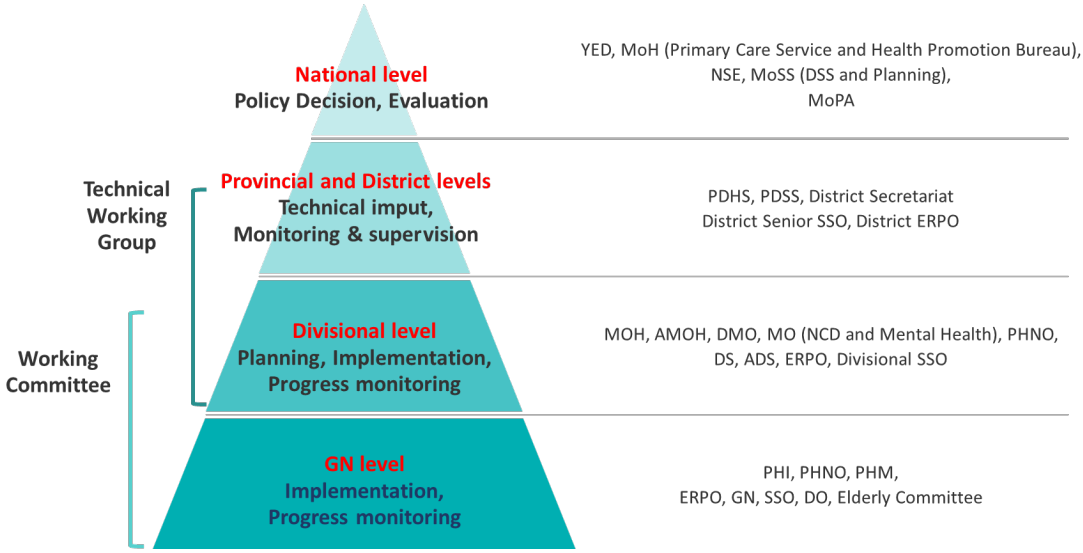


Figure 35: An Idea for a Reorganized Platform for Stakeholders

As suggested by the verification survey, in some cases, the WC and TWG could be merged, especially when such activities were carried out in only one GN area in one division. To reflect the needs of elderly people in activities and gain their cooperation, it is important to remember to ensure the participation of representatives of the Elderly Committee/Society in the platform when restructuring.

(2) Officially Define the Roles and Responsibilities of WC and TWG Members

Government officials became members of the WC and TWG and implemented the activities in the project. The verification survey found that there were no problems with the roles and responsibilities they played. However, although many respondents stated that they fulfilled the necessary roles because of the JICA Project, they stated that after the project ends in February 2025, formal appointments will be required to continue fulfilling the roles. As they said, it will be necessary to officially define the roles and responsibilities that each official plays in community-based elderly care to sustain and disseminate activities in the future.

For this objective, it is recommended that the MoHM, MoSS, and MoPA issue a circular—if possible, one that is tripartite between the ministries—regarding the roles and responsibilities of the officers on the WC and TWG in community-based elderly care. It should be noted that the MoPA needs to be involved in the program, especially because the DS under this ministry would be the best person to convene WC and TWG meetings.

In the verification survey, many respondents believed that it was appropriate for the MOH, PHNO, and PHM to play a central role in community-based elderly health care. However, the MOH and PHM are currently mainly responsible for MCH-related work, and their roles in elderly care are not clearly defined in their job descriptions. Therefore, it is suggested that in addition to defining the roles and responsibilities of both parties in community-based elderly care, it will be necessary for the MoHM and MoSS to review the job descriptions of the officers involved in the program, especially the MOH, PHM, and DO, and make necessary amendments. For the MOH and PHM, it would be necessary to make

necessary adjustment to the workload of MCH and enable them to engage in the elderly care work in response to the declining birthrate and increasing number of elderly people (see Figures 36–39[6]).

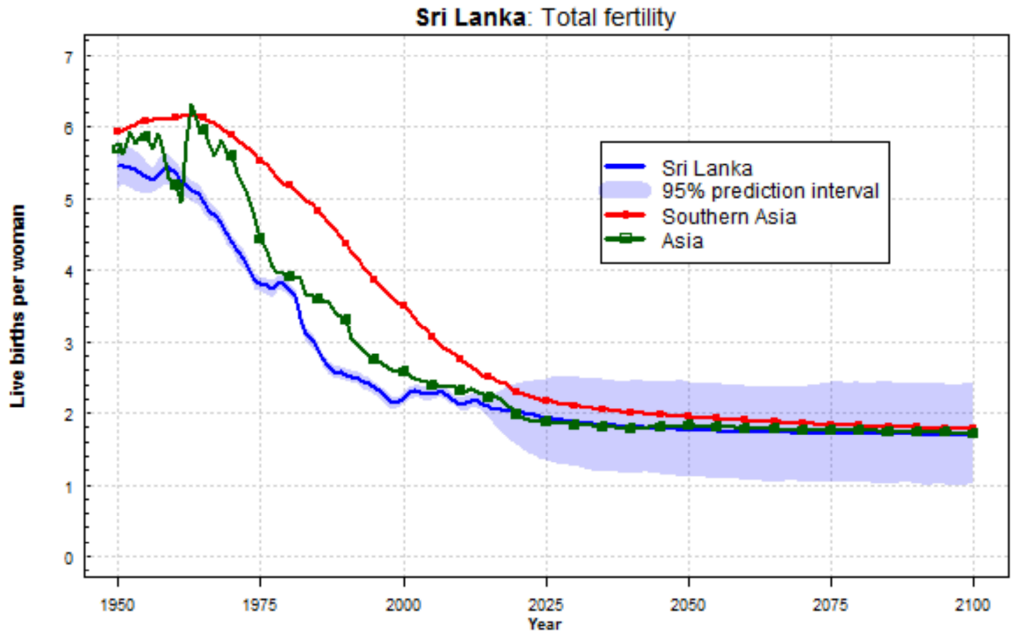


Figure 36: Total Fertility of Sri Lanka

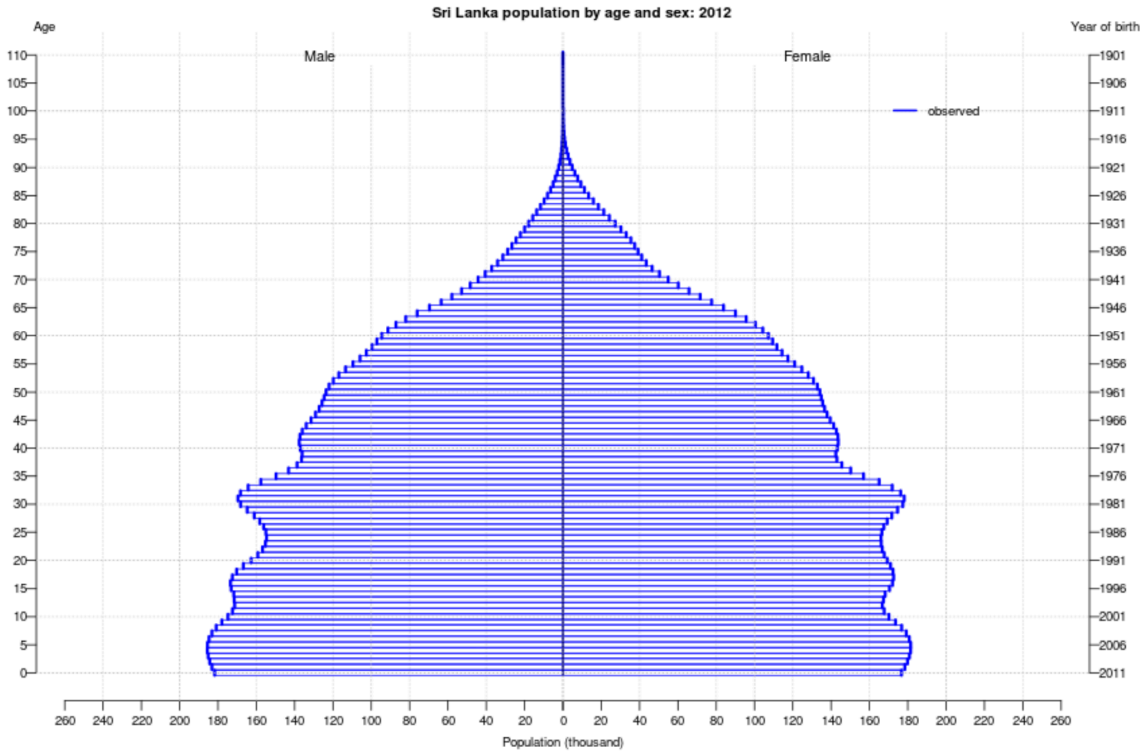


Figure 37: Sri Lankan Population by Age and Sex in 2012

[6] Source: Population Dynamics and Sustainable Development, Low Fertility, Population Aging, and Migration in Sri Lanka and its Implications for Development, 2024, UNFPA, Sri Lanka.

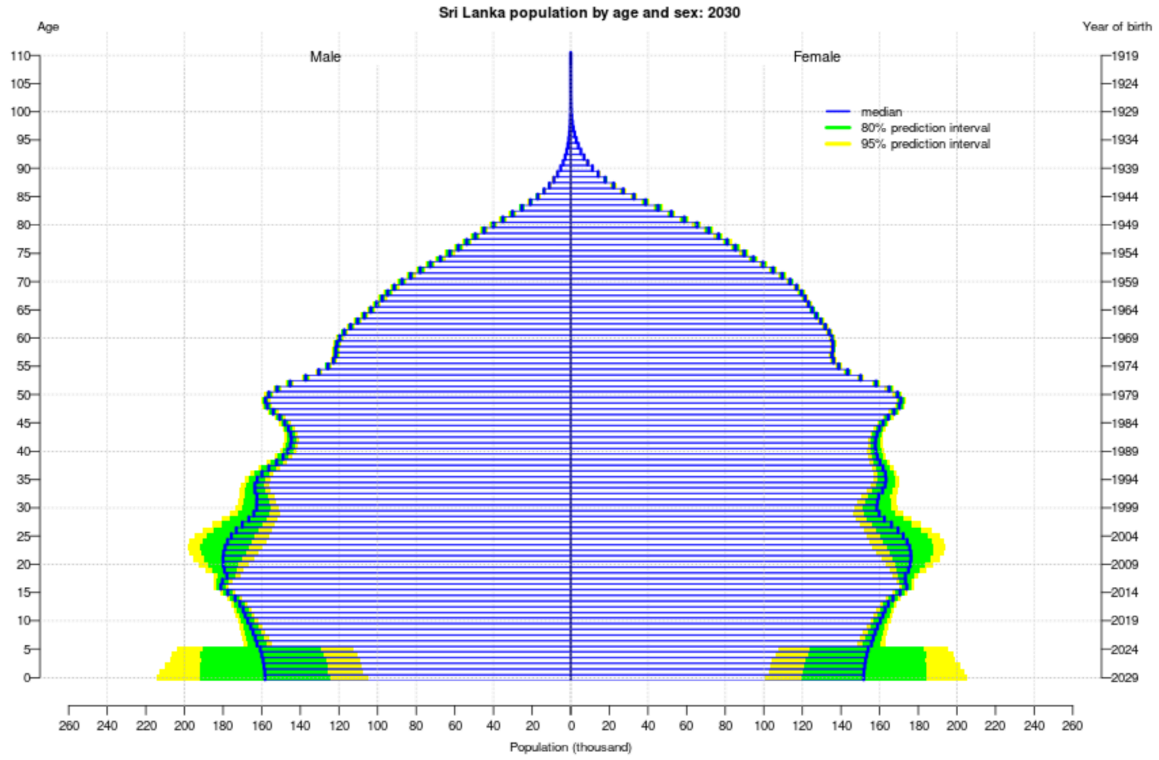


Figure 38: Sri Lankan Population by Age and Sex in 2030

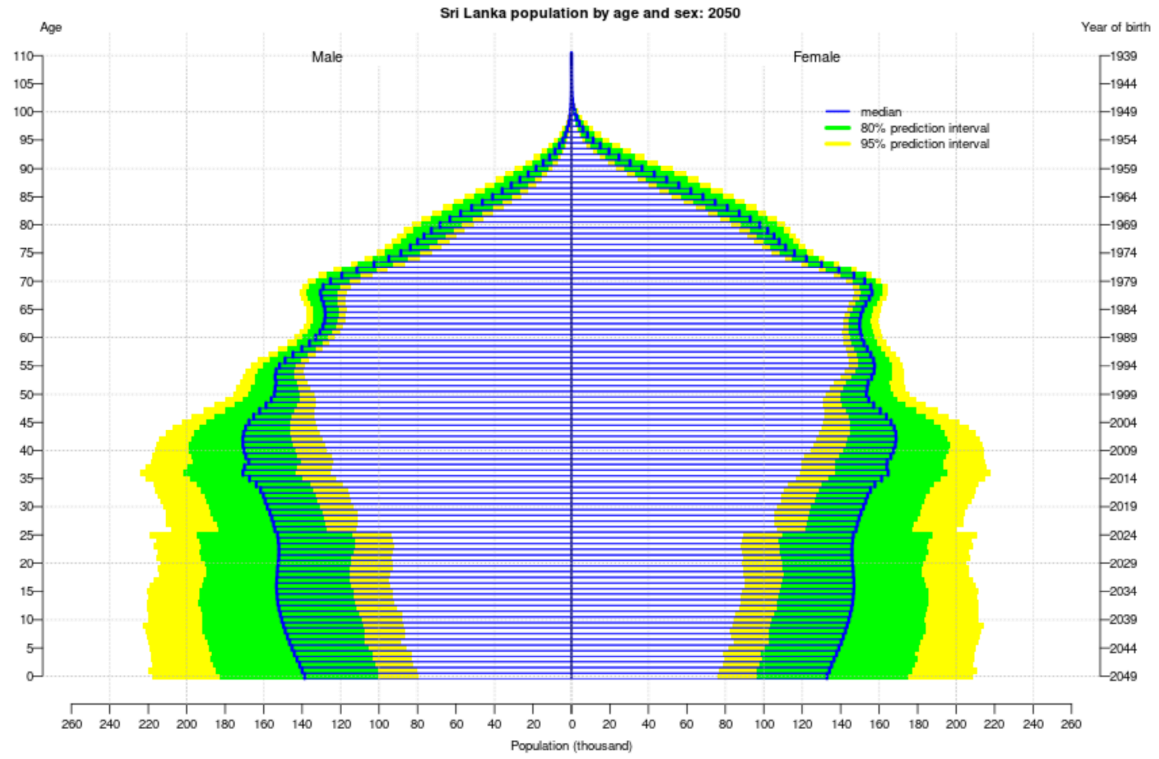


Figure 39: Sri Lankan Population by Age and Sex in 2060

(3) Conduct Awareness Creation and Training for WC and TWG Members

Most of the activities implemented in the project did not require special skills or large budget and could be carried out using the experience and skills of government officials. However, the verification survey

confirmed that there were cases in which the members of the WC and TWG came to understand the concept and needs of community-based elderly care only after participating in training in Japan. Some felt confident implementing the planned activities only after observing the activities at other pilot sites (cross-visits). From these, some officers made breakthroughs in terms of being actively involved in the activities.

Therefore, the MoHM and the MoSS are recommended to initially provide awareness creation and training sessions, including workshops, seminars, and exposure tours, for WC and TWG members so that they can understand the aims and objectives of the program. At the same time, necessary technical training for officers, such as WHO's ICOPE training for PHNO, MOs, and ERPO, should be provided.

3.3. Recommendations for Implementing the program

Figure 40 shows the proposed PDCA cycle for the implementation of the program.

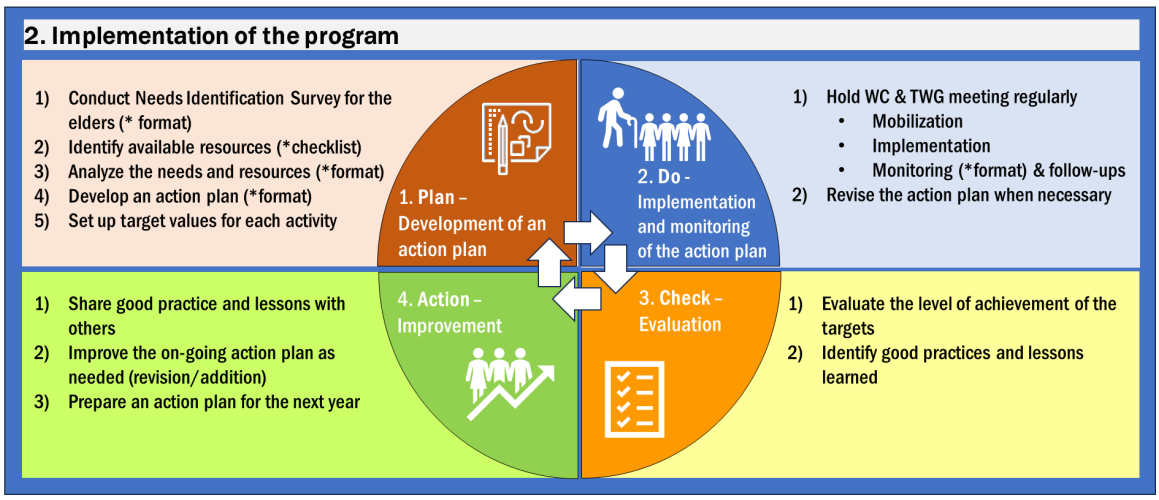


Figure 40: Proposed PCDA Cycle for the Implementation of the Program

(1) Plan – Development of an Action Plan

It is recommended to develop a GN-level action plan for the Program with a bottom-up approach through the following steps. Attachment 6 provides a sample format for an action plan.

1) Conduct a needs assessment survey among elderly people
2) Identify the available resources
3) Analyze the needs and resources
4) Formulate an action plan
5) Set up target values for the activities

Recommendations and suggestions for this planning process are outlined below.

1) <u>Be Sure to Conduct a Needs Identification Survey</u>

It was suggested unanimously that a needs identification survey is necessary for developing a plan suitable for each locality and should be conducted regularly every 2–5 years in the GN where the Program is implemented.

The following are recommendations for a needs identification survey in the future:

- Simplify the questionnaire form so that the interview can be completed in 20–30 minutes. See Attachment 4 for a simplified questionnaire form for needs identification for future reference.

- Implement random sampling by utilizing voting lists.
- Use smartphones and tablets for data collection and avoid paper-based data collection by using, for example, Google Forms.
- Introduce an application or software for data input and analysis.

2) Identify Available Resources and Gaps

It is recommended that members of the WC and TWG have a discussion to identify locally available resources for the Program. See Attachment 5-1 and 5-2 for a revised checklist for future reference. Since the resources that are useful differ between areas, it is important to analyze them based on the characteristics of each area. In addition, each sector tends not to be aware of the resources of other sectors. Therefore, it is important to share the available resources among the members of the WC and TWG before making an action plan.

Furthermore, this project has encouraged the mobilization of internal and external resources. As a result, the following resources have been mobilized mainly through the efforts of the WC and TWG:

- Support from the international NGO Help Age for the cost of the mobile clinic and providing eyeglasses
- Support from the local NGO Lanka Organic Agriculture Movement for training and materials for the home gardening program
- Support from the Lions Club for the cost of printing notifications for the care/frailty prevention exercise program, Elderly Committee events, etc.
- Technical support for activities by sports officers, vidatha officers, and counseling officers working at the DS office
- Provision of a space by SME business development officers for selling self-employment products
- NSE's provision of funding for self-employment and pilgrim tours for Elderly Committee members
- Provision of cataract examinations and surgeries by the Badulla Teaching Hospital
- Provision of vehicles from the PDSS for transporting elderly people for cataract and dental examinations

Further details of the internal and external resources used in the project are shown in Table 11 and Table 12, respectively.

Table 11: Internal Resources Used in the Project

Job title or Organization/Institution	Activity	Items Supported	Pilot division
Sports officer (DS office)	Care/frailty prevention exercise program	Training for the care/frailty prevention exercise program	Padukka
Health assistant/Master trainer (MOH office)	Care/frailty prevention exercise program	Training for the care/frailty prevention exercise program	Kaduwela
Youth officer (DS office)	Needs identification survey	Surveying the needs identification survey	Padukka
Vidatha officer (DS office)	Self-employment	Lecturing in the practical training session (how to make soap, dried products, etc.)	All pilot divisions
SME officer (DS office)	Self-employment	Lecturing in the basic knowledge training session (basic business skill and knowledge, pricing, marketing, etc.)	Kaduwela Padukka

Job title or Organization/Institution	Activity	Items Supported	Pilot division
Counselling officer (DS office)	• Awareness program for elders to live a happy life • Sensitization program • Counseling session • D-Cafe (dementia awareness)	• Lecturing in the sensitization and awareness programs • Counseling in the counseling session	All pilot divisions
Women's development officer (DS office)	Awareness program for elders to live a happy life	Organizing and coordinating the activities	Padukka
Meditation officer (DS office)	Awareness program for elders to live a happy life	Lecturing on awareness activities for the elders	Padukka
Child rights protection officer (DS office)	Sensitization program	Lecturing in the sensitization and awareness programs	Padukka
Hadabima officer (DS office) ARPA (GN level)	Home gardening activity	• Hadabima: Organizing and preparing the home gardening activity • ARPA: Assisting in follow-up of the activity	Kaduwela Padukka
MO (Ayurveda Central Dispensary)	• Health education and demonstration • Yoga practice	• Lecturing on nutritional health education • Instructing in yoga practice	Kandaketiya
NSE	• Financial assistance for individuals from low-income households • Financial assistance and equipment provision for the Elderly Committee, etc.	• Providing financial assistance for medical treatment, housing and equipment, self-employment, etc. • Providing equipment for day-service centers • Providing financial assistance for pilgrim tours	All pilot divisions
Colombo South Teaching Hospital	• Needs identification survey • Outreach clinic • D-cafe (dementia-related) activity	• Providing technical advice on conducting activities • Lecturing in the awareness program about dementia	All pilot divisions
PDSS	• Provision of the equipment and tools for people with disabilities/illness • Referral for detailed examination and treatment following the outreach clinic	• Providing hearing aids, spectacles, walking sticks, walkers, and wheelchairs • Providing transportation to the tertiary hospital	Kandaketiya
Secondary and tertiary hospitals	• Outreach clinic • Referral for detailed examination and treatment following the outreach clinic	• Providing medical services for health checkups (dentistry, ophthalmology, etc.) • Providing surgical operation services and follow-up	All pilot divisions
RDHS	• Outreach clinic • Health education	• Renting mobile dentistry vehicles for the outreach clinic • Lecturing on nutritional health education (Health Promotion	All pilot divisions

Job title or Organization/Institution	Activity	Items Supported	Pilot division
		Unit)	
Police station	Safe transportation for elderly people	• Lecturing on safe transportation for elders • Lecturing on safe transportation for bus and tuk-tuk drivers • Supporting the use of stickers for prioritizing the elderly on buses and tuk-tuks	Padukka

Table 12: External Resources Used in the Project

Job Title or Organization/Institution	Activity	Items Supported	Pilot division
Lions Club	• Care/frailty prevention exercise program • Outreach clinic • Elderly Committee events	• Providing snacks and drinks for the care/frailty prevention exercise program and outreach clinic • Providing financial assistance to purchase gifts for the elderly for birthday events	Kaduwela Padukka
Friends of Facility Committee	• Care/frailty prevention exercise program at the divisional hospital • Outreach clinic at the divisional hospital • Elderly clinic at the divisional hospital	• Providing refreshments for the exercise session • Supporting the organization of the outreach clinic • Supporting the distribution of leaflets to promote participation in the elderly clinic	Kaduwela
Sri Lanka Scout Association	Care/frailty prevention exercise program	Supporting the organization of the program	Kaduwela
Public library	Community library	Donation of books	Padukka
HelpAge (NGO)	Outreach clinic	• Renting a mobile eye clinic vehicle • Providing medical services for checkup by an ophthalmologist • Providing surgical operation services and follow-up • Providing spectacles	Kaduwela Padukka
Lanka Organic Agriculture Movement (NGO)	Home gardening activity	• Lecturing on home gardening • Facilitating demonstrations on making organic fertilizers and pesticides • Providing planters, seeds, cray pots and materials for gardening	Kaduwela Padukka
Saku Sri Lanka Friendship Association (NGO)	Promotion of a barrier-free environment	• Installing handrails at entrances and in bathrooms for elderly people who need physical assistance • Providing toilet support chairs to make it easier to use a squat pan	Kandaketiya
Medical students	Needs identification survey	Surveying the needs	Padukka

Job Title or Organization/Institution	Activity	Items Supported	Pilot division
		identification survey	

While identifying available resources, it is necessary to clarify those that are gaps in each area. For example, one of the pilot areas of the project did not have a PHNO, MO, or ERPO, although they were supposed to play crucial roles in the Program. The WC and TWG need to discuss how to supplement such missing resources and lobby higher-level organizations to make up for shortages.

It is also very difficult to find a physiotherapist in Kandaketiya, since there are very limited numbers at the tertiary and base hospitals in Badulla District. The project made alternative arrangements for the MOIC Kandaketiya to provide training in simple physiotherapy to frontline officers and family members of elders confined to their homes. However, the MOIC faced difficulty in sparing time for this activity due to the hospital having a shortage of medical staff (see Figure 10). The ministries should pay attention to these shortages of human resources and make the necessary arrangements to fill the gap as soon as possible.

3) Identify Sustainable Funding Arrangements

The JICA project did not provide much funding for the activities of the project, nor did it pay allowances to the government officers involved. Aside from international training, it bore the small costs of workshops, survey administration, stationery, and other miscellaneous costs. However, to continue to scale up the Program, the following are recommended in terms of securing resources for Program sustainably:

- MOHM should allocate the necessary budget for planning and implementing the Program and seek collaboration with the World Bank-supported PHSEP, WHO, etc.
- WC and TWG members should identify the resources available, both internally and externally.
- The Program should be introduced into the annual planning of each ministry and its regional offices, the DS, the MOH, and divisional hospitals.

4) Use Problem-Solving Tools to Analyze Needs and Resources, Objectives and Activities

The project used the format shown in Attachment 6 for analyzing needs and resources. In addition to this form, other tools, such as problem and objective trees, SWOT analysis, fishbone analysis, and road maps, can also be applied. Based on the result of the analysis, identify the problem to be solved or the objectives to be achieved; and the necessary activities to be implemented.

5) Implement Recommended Activities

The activities below, which are described in the case studies in Chapter 2.2, were implemented effectively, in demand, and popular among the elderly; therefore, they are highly recommended:

- Care/frailty prevention exercise program
- D-cafe
- Integrated home visit care
- Activities for eye problems
- Self-employment activity
- Outreach clinic

6) Set Up Specific Target Values for the Activities

In this project, focus was given to the implementation of activities, but the target values were not set. However, it would be better to set target values for each activity, as follows, when planning activities in the future:

- Operation indicators: You may start with setting the simplest operation indicators such as number of times an event is held and the number of participants to monitor the progress of the activities.
- Effect indicators: You may also set some indicators that quantitatively and qualitatively measure the effects of the activities, extent the identified issues and problems were solved, and level of achievement of the objectives.
- It is recommended to conduct interviews with elders who benefit and hold group discussions to measure the effects, such as physical and mental changes of the elderly people, their families and the officers involved in the activities.

  The targets set should be utilized for monitoring and evaluating the Program.

(2) Do – Implementation of the Action Plan

The members of the WC and TWG should implement the planned activities with the help of their supervising authorities. The WC and TWG should meet at least once a month at the beginning to mobilize the necessary resources, discuss ways to implement the activities, and carry out the necessary follow-up.

1) Hold WC and TWG Meetings Regularly:
   - Mobilization
   - Implementation
   - Monitoring and follow-up
2) Revise the Action Plan when Necessary

1) Cooperation Between the Social Services and Health Sides Is Crucial for Effective Mobilization

Cooperation between these sectors is crucial for the effective mobilization of elders in the Program. For example, in this project, a mobile health clinic for elders was carried out effectively with many participants when officers from the social services side undertook mobilization of the participants, while it was found from key informant interviews that mobile clinics conducted by a divisional hospital without involving social sector officers had only a few participants. Home visits for the elderly were continuously implemented with the mutual help of GN, DO, PHM, and MOIC as shown in Figures 9 and 10.

2) The Elderly Committee is a Very Important Communication Channel

The elderly committee is a strong tool for communication among elders and mobilization for planned activities. It was found that more than half (57%) of the respondents in the questionnaire survey on the care/frailty prevention exercise program mentioned that they came to know about the program from members of the Elderly Committee (see Figure 20). As Table 5 shows, activities can be implemented continuously through the leadership of Elderly Committee members.

3) The Location of Activities Need to be Decided Strategically

The locations of activities need to be decided strategically. If there are not enough participants for an activity, it is better to consider whether the location is appropriate. The activities are often carried out at community centers or Buddhist temples in villages. However, the appropriate location differs depending on the activity and the environment. For example, in the case of Kandaketiya, after several trials, the home garden of an elderly person located at the center of the village was found to be the best place for the exercise program. Some elders in Athurugiriya whose families had refused to allow them to participate in the exercise program, were able to do so because the program was held at the hospital.

4) Gain Awareness of Other Officers Working for DS Offices, the MOH, the GN, and Divisional Hospitals

All the staff of the DS office, the MOH, GN, and divisional hospitals where members of the WC and TWG work should be well aware of the activities. This is particularly essential to gaining understanding and technical support for the activities. It is advised that the objectives and the action plan of the Program be explained to these staff when the Program is introduced and on a regular basis and to share information, such as the action plan, the event schedule, and activity progress, with them.

5) Introduce a Monitoring Framework

In this project, the focus was on implementing the activities; therefore, no strict indicators or target values were set, and there was no formal mechanism to monitor the progress of the activities other than having regular WC and TWG meetings. Therefore, it is necessary to introduce a new monitoring framework including indicators when the program continues and disseminates. It is recommended that the following be defined and agreed upon in terms of monitoring:

- The reporting format
- The person in charge of writing the report
- Report submission frequency
- Report submission flow (to whom it should be submitted)
- The method of feedback
- A schedule for progress review meetings, supervising visits, etc.

It is desirable for the responsible persons of the MoHM and MoSS to jointly conduct monitoring and evaluation. However, if this is difficult, those persons in each ministry/department could conduct monitoring of the related activities in the action plan, at least quarterly.

In addition to formal reporting of progress, for fast monitoring and improved implementation, it would be convenient to share photos of and information on the activities via WhatsApp groups, as conducted in the project.

6) Consider whether Additions or Revisions to the Action Plan Are Needed to Achieve the Purpose of the Activities

Sometimes, new needs or issues may become apparent during the course of activities or as a result of monitoring. Therefore, it is a good idea to always consider whether additions or revisions to the action plan are needed to achieve the purpose of the activities and to respond flexibly.

(3) Check – Evaluation

In this project, a verification survey was conducted for the purpose of evaluation, as there was no formal framework for the evaluation of the Program. Therefore, it is necessary to introduce a evaluation framework for the Program to achieve the following:

1)	Evaluate the level of achievement of the targets.
2)	Identify good practices and lessons learned.

1) Introduce an Evaluation Framework

Evaluations should be conducted with the aim of drawing lessons for subsequent improvement, and it is primarily important to analyze the status of achievement of target values set at the time of planning, identify the background and causes if these have not been achieved, and find solutions. It is also important to recognize and appreciate the collaboration and contributions of the WC and TWG members. It would be desirable for the MoHM and the MoSS to jointly evaluate the Program. However, if this is

difficult, each ministry could evaluate the related activities in the action plan, at least annually. It is important for the responsible persons from the two ministries to carry out joint inspections at intervals of at least once a year.

2) Be Sure to "Leave No One Behind"

When planning activities, it is important to always be aware of whether there are elderly people in the area who do not have access to public services or who are being left out of care because they may not be identified in the needs identification surveys. Home visits to provide rehabilitation guidance in Kandaketiya demonstrate the importance of caring for the elderly who are left behind by health and social welfare services in the community. Some officers suggested in the group discussion on this survey the need to support elderly people living in private nursing homes or nonregistered elderly homes as well as those who do not receive sufficient care from either their families or the facilities.

3) Promote Male Participation in Activities

As can be seen from the respondents of the questionnaire survey (Figure 17), there have been far more women than men participating in the activities of this project. This is a common trend in social activities, not only in Sri Lanka but also in Japan. However, since men also need physical and psychological support and care, it is necessary to consider and make efforts to find strategies to increase men's participation in the future. For this reason, it is primarily encouraged to record the number of men and women separately in indicators and activity records.

(4) Action – Improvement and Follow-Up

Based on the results of monitoring and evaluation, it is necessary to identify and share good practices and lessons learned from the implementation of the activities, make necessary revisions and additions to the ongoing action plan, and prepare a plan for the following year. Following is the process to feedback the evaluation result to preparation a plan for next year.

1)	Share good practice and lessons with others (the officers and elderly people in other areas and responsible officers in the departments and ministries)
2)	Improve the on-going action plan as needed (revision / addition)
3)	Prepare an action plan for the next year

1) Organize Cross-Visits and Exposure Tours

As mentioned earlier, observation of activities in the other pilot areas, training in Japan, and visits to Thailand provided breakthroughs for some officers to feel confident about the Program. These learning opportunities should be promoted as much as possible. The relevant ministries and departments are recommended to organize cross-visits for members of the WC and TWG who are newly commencing the Program to visit the pilot sites of the project and learn about the Program. Members of the WC and TWG should be prioritized for participating in domestic—and, if possible, foreign—training opportunities. Furthermore, if such training or visits can take place, the participants should be selected equally from both the health and social services sides. Based on the experience of the project, it was important for them to spend time together, see the same things together, and discuss what they could do collaboratively in their areas.

2) Prepare a Plan for the Following Year

It is recommended that the pilot sites of the project start preparing an action plan for the following year based on the lessons and good practices identified in the ongoing action plan. As mentioned earlier, it is encouraged to identify internal and external financial resources, involve resource persons, and obtain

technical support from subject-related officers as much as possible. Elements of the action plan should be incorporated into the annual or mid-term plans of the relevant offices and departments.

3) Disseminate the Program in Stages

Since the project activities have only been implemented for around 1 year and are about to complete the first cycle of the process, it is recommended that the geographical expansion of the Program be carried out in stages rather than ambitiously disseminating the project area all at once. For example, one idea for the first stage was to give priority to GNs and DSs adjacent to the pilot areas. In this way, new areas can learn by visiting the pilot areas of the project easily and receiving guidance from government officials who have gained experience through this project.

The Program can also be disseminated to areas where government officials who participated in the project's foreign training program are assigned or where government officials involved in the activities of this project have been transferred.

When selecting new locations for the Program, GN areas in which there is an active elderly committee should be prioritized, since elderly committees were found to be among the most important communication tools and their leadership is crucial for mobilization and sustainability, as mentioned in Chapter (2)2) of this report.

Attachment

Attachment 1-1: List of Activities in the Pilot Sites

JICA Project for Capacity Enhancement of Elderly Service Management in the Community

List of Activities in the Pilot Sites (From July 2023 to December 2024)

Division	Pilot Site/GN	Activities	Date
Kaduwela	Athurugiriya	**Care prevention exercise** (organized by MOH office at the Elderly Committee meeting)	Once a month from March 2024
		Care prevention exercise (at the Divisional Hospital)	Every Tuesday and Friday
		Care prevention exercise (organized by divisional hospital Athurugiriya at the Sarana elder home)	Once in May 2024
		Health education session (nutrition, exercise etc.)	Every Friday
		Elderly clinic at the Divisional Hospital	Every Friday
		Self-employment - Introduction session and exchange opinions - Instruction session on making sweets - Workshop of making jam and sauce - Selling sweets at the DS office - Selling handicrafts at the DS office	 Sep 26, 2024 Mar 27, 2024 Jun 20, 2024 Sep 28, 2024 Nov 26, 2024
		Dementia-related activities - Consultation - D-cafe (lecture and exchange opinions) - Counseling (Home visit) - Dementia awareness workshop	 Sep 18, 2024 Sep 27, 2024 Nov 25, 2024 Feb 2, 2024 Nov 18, 2024
		Nutrition program - Gardening (lecture) - Gardening (practice-1) - Gardening (practice-2) - Gardening (monitoring) - Gardening (monitoring-2)	 Nov 7, 2023 Nov 28, 2023 Dec 20, 2023 Jan 17, 2024 Nov 8, 2024
		Support for the elderly living alone - Celebration of the elderly committee	 Jul 10,2023
		Outreach clinic - Health checkups (in collaboration with Help Age) - Providing eyeglasses (in collaboration with Help Age)	 Aug 6, 2024 Sep 18, 2024
		Counselling - Counseling for elderly people (at Kalukapuge Luwis Perera Elders Home in Battaramulla) - Counseling for the representative of Elderly Committees from 24 GN	 Oct 25, 2024 Oct 28, 2024
		Others - Promotion of activities - Meeting with elderly committee for further dissemination of the activities - Promotion of exercise activities at the Divisional Elderly Committee meeting (24GN)	 Oct 7, 2023 Jan 6, 2024 July 25, 2024
	Other GN (disseminated area)	**Care prevention exercise** (at the Elderly Committee meeting in Hewagama GN)	Every third Saturday from April 2024
		Care prevention exercise (at the Abayapura community center in Thunadahena GN)	Every Monday and Wednesday from July

Attachment 1-1: List of Activities in the Pilot Sites

Division	Pilot Site/GN	Activities	Date
			2024
		Care prevention exercise (at the Oruwala community center in Oruwala GN)	Every Monday from July 2024
Padukka	Poregedara	**Care prevention exercise** (at the Poregedara community center) - Periodical sessions - Promotion event	Every Tue, Thu, Sat from Aug 2023 Apr 18, 2024
		Care prevention exercise (at the Divisional Hospital)	Twice a week from Dec 2024
		Outreach clinic - Health checkups - Health checkups for dental health - Health checkups	Sep 9, 2023 Feb 17, 2024 June 6, 2024
		Self-employment - Candle making - Orientation and marketing lectures - Preparation of the shop - Opening ceremony of the shop for selling items of self-employment activity - Shop management and sales of items - Opening the shop on DS office premises	Oct 6, 2023 Dec 28, 2023 In January 2024 Feb 20, 2024 A few days in a month from April 2024 2 days in a month from June 2024
		Awareness about the elderly - Counselling for the elderly - Awareness for school students - Good relationship between the elderly and family members	Nov 7, 2023 Nov 12, 2023 May 16, 2024
		Nutrition program - Gardening (lecture)	Nov 17, 2023
		Establishment library space at the community center - Arrangement of books and launching the library - Negotiation to get more books from public libraries - Opening the library space	May 29, 2023 Occasionally Every Tuesday and first Saturday
		Dementia-related activities - Lectures and awareness	Oct 25, 2024
	Other GN (disseminated area)	**Care prevention exercise** - Periodical sessions in Dampe, Horakandawala, Uggalla, Pinnawala North, Pinnawala South, Horagala,Kurugala, Pahala Padukka and Padukka GN.	once or twice a week in each GN
		Outreach clinic - Health checkups in Uggalla GN - Health checkups in Pinnawala GN	Aug 14, 2024 Sep 9, 2024
	Entire GN	**Awareness of safety driving public transportation for the elderly**	

Attachment 1-1: List of Activities in the Pilot Sites

Division	Pilot Site/GN	Activities	Date
		- Preparation meeting - Workshop for the elderly committee members - Distribution of the sticker to the Tuktuk drivers	May 7, 2024 May 16, 2024 Jul 1, 2014
Kandaketiya	Kandakepu Ulpotha	**Water purification** - preparation and research	 Sep 4, 2023 Sep 6, 2023
		Health promotion - Nutrition education - Nutrition education - Farming activities - Cooking class - Health checkups by Ayurvedic physician - NCD screening	 Sep 5, 2023 Nov 3, 2023 Nov 16, 2023 Nov 28, 2023 Nov 30, 2023 Jan 23, 2024
		Self-employment - Consideration of business contents - Soap making practice - Consultation and Q&A session - Provision of sealing machine - Monitoring	 Sep 12, 2023 Nov 23, 2023 Nov 28, 2023 Mar 25, 2024 May 7, 2024
		Care/frail prevention exercise - Periodical sessions/ sometimes yoga program by the Ayurvedic physician (at the community center) - Yoga practice	Once a month from July 2024 and once a week from Oct 2024 Sep 10, 2024
		Others - Celebration of elderly day - Recreational activity (singing, dancing and poem)	 Oct 12, 2023 Oct 18, 2023 Nov 28, 2023
	Kivulegedara	**Health promotion** - Health education on Oral health - Mental health counselling - NCD screening - Nutrition lectures	 Sep 13, 2023 Jan 16, 2024 Jan 24, 2024 Jul 5, 2024
		Care prevention exercise - Periodical sessions (at the house of Elderly Committee member)	 Every Tuesday from May 2024
		Medical checkups - Dental checkups by mobile car	 Sep 18, 2023
		Establishment of gathering place - Provision of board game	 Dec 6, 2023
		Self-employment - Lectures - Soap making training	 Dec 27, 2023 Aug 9, 2024
	Both Kandakepu Ulpotha and Kivulegedara jointly	**Awareness of safety driving public transportation for the elderly** - Distribution of the sticker	 Mar 25, 2024
		Referral of elderly patients with eye problems to tertiary hospitals - Referral of the 1st batch (35 elderly persons) - Referral of the 2nd batch (33 elderly persons) - Distribution of eyeglasses and walking sticks	 May 27, 2024 Jun 27, 2024 Nov 1, 2024
		Rehabilitation training for patients' families - Preparation meeting - Identification of target elders at home	 May 7, 2024 In May 2024

Attachment 1-1: List of Activities in the Pilot Sites

Division	Pilot Site/GN	Activities	Date
		- Home visits of elders and their assessment	In Jun, Aug, Sep, Oct, Nov 2024
		- Rehabilitation Training of Trainers (TOT)	In Jun, Oct, Dec 2024
		- Installing handrails to the houses	In Oct and Nov 2024
		Support for disabled people - Providing walking sticks/crutches	In Sep and Oct 2024

JICA Project for Capacity Enhancement of Elderly Service Management in the Community

Activity results per action plan in pilot sites (as of December 31, 2024)

[Athurugiriya GN division / Kaduwela division]

<table>
<tr><th></th><th>Plan</th><th>Activities done</th></tr>
<tr><td>1</td><td>Continuing the exercise program</td><td>✓ Several care prevention exercises have been conducted by various health service staff.
✓ Health education session such as nutrition and exercise has been provided together with the exercise program at Athurugiriya Divisional Hospital.
✓ Not only Athurugiriya but also other 3 GN division started the program.
<table>
<tr><th>Place</th><th>Activity started</th><th>Frequency</th><th>No. of Participants</th><th>Trainers</th></tr>
<tr><td>Primary school, College</td><td>Feb 2023-</td><td>Ad hoc (twice)</td><td>40</td><td>MOH, PHI, Master trainer</td></tr>
<tr><td>Athurugiriya DH</td><td>Sep/2023-</td><td>Twice a week</td><td>35-40</td><td>PHNO</td></tr>
<tr><td>Serana elder home</td><td>May/2024</td><td>Ad hoc (once)</td><td>10</td><td>PHNO</td></tr>
<tr><td>Moratuwahena Temple</td><td>Mar/2024-</td><td>Monthly</td><td>60</td><td>PHI, Master trainer</td></tr>
<tr><td>Hewagama Community Center (GN Hewagama)</td><td>Apr/2024-</td><td>Monthly</td><td>50</td><td>PHI, Master trainer</td></tr>
<tr><td>Abhaya Pura Community center (GN Thunadahena)</td><td>July/2024</td><td>Twice a week</td><td>5</td><td>Elderly people</td></tr>
<tr><td>Oruwala Community Center (GN Oruwala)</td><td>July/2024</td><td>Weekly</td><td>20</td><td>PHNO</td></tr>
</table></td></tr>
<tr><td>2</td><td>Athurugiriya Divisional Hospital – Elderly Clinic (Including Promotional Activities)</td><td>✓ The Elderly Clinic open in the morning on every Friday
a. NCD screening and ICOPE testing have been done by MOs
b. Cognitive Stimulation Therapy for the patient who has been diagnosed as dementia with mild and moderate symptoms has been conducted by MO in mental health</td></tr>
<tr><td>3</td><td>Providing opportunities for the elderly to engage in entertainment activities</td><td>✓ Create the opportunity to gather with other elderly and have a fun with dancing and singing, celebrating birthdays of the elderly living alone etc. (Oct/2023-)
✓ Gifts (soaps and towel) have been given to the elders for their birthdays Well-wishers in the area contribute monetary support to purchase gifts every month</td></tr>
<tr><td>4</td><td>Self-employment</td><td>✓ Several sessions have been held for the elderly to start self-employment activity.
<table>
<tr><th>Activity</th><th>Date</th><th>Trainers</th></tr>
<tr><td>Preparation session</td><td>Sep/9/2023</td><td>DO, GN</td></tr>
<tr><td>Demonstration session for making sweets</td><td>Mar/27/2024</td><td>Vidatha officer</td></tr>
<tr><td>Workshop for making jam and sauce</td><td>June/20/2024</td><td>Vidatha officer</td></tr>
<tr><td>Selling sweets at the DS office</td><td>Sep/28/2024</td><td>DO</td></tr>
<tr><td>Selling handicrafts at the DS office</td><td>Nov/18/2024</td><td>DO</td></tr>
</table>
✓ On September 26th, one woman joined the fair at the DS office conducted by the ‘’Vidatha’’ section at the DS office. She has sold cookies, milk toffees and some traditional sweets made by herself. She joined the sweet-making demonstration session held at the DS office in March.
✓ DS office supported the activity of selling sweets and handicrafts in Sep and Nov 2024, respectively.</td></tr>
<tr><td>5</td><td>Further organization of health clinics.</td><td>✓ With the support NGO “HelpAge”, medical camp was done at Moratuwahena Temple on Aug/6/2024.
✓ NCD screening, ICOPE testing, medical consultation and counselling and eye inspections were conducted.
✓ 8 elderly persons were referred to cataract’s surgeries out of total 80 elderly participants in the screening.</td></tr>
</table>

Attachment 1-2: Activity Results in the Pilot Sites

<table>
<tr><th></th><th>Plan</th><th>Activities done</th></tr>
<tr><td>6</td><td>Establishment of a consultation center for dementia patients (similar to D-café in Japan)</td><td>✓ Consultation sessions by counselling officer was done at the DS office on Sep/18&27/2023 and two dementia-suspected person and family members joined
✓ Awareness session about dementia and looking after dementia patients was done by MOs of Athurugiriya DH collaborating with CSTH at the Moratuwahena Temple on Nov/25/2023. There were 5 cases that the person who joined the session took their family member who is suspected patient.
✓ Home visits have been conducted by DO and Counselling officer on Feb/2/2024
✓ Dementia Awareness Workshop was organized by the MO mental health in Athurugiriya divisional hospital and was held on Nov/18/2024. A total of 50 staff members from the Athurugiriya divisional hospital, the DS office Kaduwela and MOH offices Kaduwela etc attended the event. Guest speakers from the National Institute of Mental Health delivered the lectures including early detection of dementia and behavioral management of dementia patients.</td></tr>
<tr><td>7</td><td>Health education especially targeting nutrition</td><td>✓ With the support NGO “Lanka Organic Agricultural Movement (LOAM)”, a series of gardening activities were done by PHI at Moratuwahena Temple from Nov/2023 to Jan/2024.
<table>
<tr><th>Contents</th><th>Activity started</th><th>Participants</th></tr>
<tr><td>Lecture: organic farming, nutrition, disadvantages of using inorganic fertilizers and pesticides</td><td>Nov/7/2023</td><td>20</td></tr>
<tr><td>• Demonstration: preparing two organic pesticides and insect insect-repellent liquid
• Okra, eggplants, beans and tomato seeds were distributed as well</td><td>Nov/28/2023</td><td>15</td></tr>
<tr><td>Home visit (1): PHI observed the prepared liquids, pesticides, and farmed seeds upon the LOAM instruction</td><td>Dec/20/2023</td><td>07</td></tr>
<tr><td>Home visit (2): LOAM Field coordinator and PHI monitors the progress of the gardening and Q&A session</td><td>Jan/17/2024</td><td>04</td></tr>
<tr><td>Monitoring</td><td>Nov/8/2024</td><td>-</td></tr>
</table></td></tr>
<tr><td></td><td>(Additional) Outreach clinic</td><td>✓ Health checkup was done in collaboration with HelpAge on Aug/6/2024.
✓ Spectacles were provided by HelpAge on Sep/18/2024, according to the result of the result of the health checkup.</td></tr>
<tr><td></td><td>(Additional) Counseling</td><td>✓ Counseling for elderly people was done at Kalukapuge Luwis Perera Elders Home in Battaramulla on Oct/25/2024
✓ Counseling for the representative of Elderly Committees from 24 GN on Oct/28/2024.</td></tr>
<tr><td></td><td>(Additional) Promotion activity</td><td>✓ Promotion activity was done on Oct/7/2023</td></tr>
<tr><td></td><td>(Additional) Meeting for the elderly services</td><td>✓ Meeting with elderly committee for further dissemination of the activities on Jun/6/2024.</td></tr>
<tr><td></td><td>(Additional) Meeting for the dissemination of exercise</td><td>✓ Promotion of exercise activities at the divisional Elderly Committee meeting on Jul/25/2024. Representatives of elderly committees from 24 GNs joined the promotion activities.</td></tr>
</table>

[Poregedara GN division / Padukka division]

<table>
<tr><th></th><th>Plan</th><th>Activities done</th></tr>
<tr><td>1</td><td>Self-employment</td><td>✓ Self-employment trainings were given to elders on candle making (Oct/06/2023)
✓ Workshop on Entrepreneurship, pricing, and marketing strategies were conducted for elders in Dec/28/2023.
✓ Preparation for the shop to sell their products in Jan/2024 and the shop was opened on Feb/20/2024.
✓ The shop was first established near the Poregedara Community Center and then shifted to a rental place in Poregedara.</td></tr>
</table>

Attachment 1-2: Activity Results in the Pilot Sites

<table>
<tr><th></th><th>Plan</th><th>Activities done</th></tr>
<tr><td></td><td></td><td>✓ As a countermeasure SSO proposed to have the shop in front of the DS Office which was opened on Jun/2024..
✓ Main items that were sold were sweets, savoury foods, candles, doormats, clothes, and leafy vegetables.
✓ Frequency of shop management and sales of items were a few days in a month from Apr-Jun/2024, and 2 days in a month from Jun/2024.</td></tr>
<tr><td>2</td><td>A program to educate adults on the use of technology
➔ Discontinued</td><td>TWG/WC members develop this plan according to the result of the needs assessment survey, but the members clarified that the elderly do not have any willingness to learn the skill and knowledge on the use of technology such as PC and mobile phone.</td></tr>
<tr><td>3</td><td>Establishment of a community library</td><td>✓ The initial step of establishing a community library for elders was launched on 29/May/2024, 31 books were donated by Divisional Secretariat officers in Padukka.
✓ 20 books were added to the community library on Jun/05/2024. Since then, a certain number of books donated by the generous donors including officers in DS office Padukka. As of Dec/2024, the total number of books is 50.
✓ The community library corner was set in Poregedara Community Center, an existing bookshelf was used to place the books. (May/29/2024)
✓ Library is open to community people twice a week.</td></tr>
<tr><td>4</td><td>Implementation of an exercise program with the participation of elderly committee members</td><td>✓ Several care prevention activities have been conducted in several places by PHNO. In some of places, the elderly perform the exercise as an instructor.
<table>
<tr><th>Place</th><th>Activity started</th><th>Frequency</th><th>Number</th></tr>
<tr><td>Poregedara Community Center</td><td>Aug/2023</td><td>Three days a week
Total more than 100 times</td><td>20</td></tr>
<tr><td>Dampe primary school (Dampe GN division and Holakandawala GN division)</td><td>Jan/2024</td><td>Twice a week</td><td>30-40</td></tr>
<tr><td>Horagala PHM office (Horagala GN division)</td><td>Feb/2024</td><td>Once a week</td><td>11</td></tr>
<tr><td>Kurugala Temple (Kurugala GN division)</td><td>Feb-Nov/2024</td><td>Once a week</td><td>10</td></tr>
<tr><td>Pinnawala Temple (Pinnawala North GN division and Pinnawala South GN division)</td><td>Mar/2024</td><td>Once a week</td><td>40</td></tr>
<tr><td>Ugalla Community Center (Ugalla GN division)</td><td>Feb/2024</td><td>Once a week</td><td>35</td></tr>
<tr><td>Elder’s residence in Polwatta area (Pahala Padukka GN division)</td><td>Nov/2024</td><td>Once (It was integrated into the activity in DH Padukka in Dec/2024.)</td><td>20</td></tr>
<tr><td>Divisional Hospital Padukka (Padukka GN division and Pahala Padukka GN division)</td><td>Dec/2024</td><td>Twice a week</td><td>30</td></tr>
</table>
✓ In addition, elders have started using weights made by filling sand to bottles, resistance bands made by elastic, and have improvised the Koroban exercise routine under the guidance of PHNO and PHI.
✓ Not only Poregedara but also other 8 GN division in Padukka started the program.</td></tr>
<tr><td>5</td><td>Creating a safe transportation system for the elderly</td><td>✓ Preparation meeting as an initial discussion on the safe transport awareness program was held on May/7/2024 in DS office in Padukka collaborating with Padukka police station, Padukka Bus Society and Tuk Driver Society members.
✓ Awareness Program on Safe Public Transport for Elder Society Members conducted on May/16/2024 at DS Office Padukka, Awareness Program on Safe Public Transport for Bus and Tuk Members conducted on Jul/01/24.
✓ 100pcs of stickers to promote this activity were pasted on buses and tuktuk by DS Office staff on Jul/1/2024.</td></tr>
<tr><td>6</td><td>Health Camp</td><td>✓ 2 health camps were arranged in Poregedara by MOH Office on Sep/9/2023 and Jun/6/2024. MOH office checked BMI, blood pressure, diabetic and ICOPE</td></tr>
</table>

Attachment 1-2: Activity Results in the Pilot Sites

	Plan	Activities done
		screening for the elders. 1 health camp for dental clinic was done using the mobile dental vehicle rented from the RDHS office on Feb/17/2024. ✓ (Additional) 2 health camps was continued for elders who are involved in Koroban exercise, in Ugalla GN division on Aug/14/2024 and in Pinnawala GN division on Sep/9/2024
7	Promotion of home gardens to improve nutritional status	✓ Home gardening activity was initiated on Nov/17/2023 and a workshop was conducted to Educate elders in home gardening. This activity was done with the collaboration of LOAM, DS Office distributed seeds for plants such as chilies and Brinjal plants.
8	Educating to make good relationship between the elderly and the other personnel	✓ Awareness programs were conducted with Counselling Officers in DS Padukka Office, the initial awareness program was done on Nov/7/2023 for the elderly to live a happy life and depression. ✓ The next program was "Educating the Sunday School Students in treating elderly" was conducted for 150 school students on Nov/12/2023. ✓ Awareness program conducted for family members of the elderly and the second program for educating elders on May/16/2024.
	(Additional) Dementia-related activities	✓ Inspired by dementia-related activities at Athurugiriya Divisional Hospital, the dementia-related activity was implemented in Padukka on Oct/25/2024. ✓ MOH Padukka, ADS from DS Office Padukka, and GN Poregedara took the lead in conducting dementia awareness activities, which were attended by 53 elderly people. ✓ MOs mental health both at Padukka Divisional Hospital and Athurugiriya Divisional Hospital collaborated to provide lectures on early symptoms of dementia and to share the example of dementia-related activities in Japan such as D-cafe, D-book and D-worker.

[Kandakepu Ulpotha GN division / Kandaketiya division]

	Plan	Activities done
1	Self-employment	✓ 2 Lectures were done on 1) consideration of business contents (Sep/12/2023) & 2) Consultation Q&A session with Small Business Development Officer (Nov/28/2023) ✓ Demonstration on Soap production was done for 8 Selected Elderly by Vidatha Officer (Nov/23/2023) ✓ 1 elderly person has started soap production (Since Mar/25/2024) ✓ 1 elderly person (same person as above) has started in making dried plants (Since Mar/25/2024) ✓ For packing soap production and dried plants mentioned above, sealing machine provided by JICA (Mar/25/2024) project has been utilized. ✓ Monitoring was done on May/7/2024. ✓ Official label for Soap production has been issued (Aug/2024)
2	Awareness of drivers for public transportation	✓ Distributed stickers for 25 local Buses (Mar/25/2024)
3	Implementation of nutrition programs for the elderly community	✓ Heath Education Program on Nutrition (Sep/5/2023, Nov/3,2023) was conducted by Health promotion Unit, RDHS, Badulla. ✓ Farming activity was done on Nov/16/2023. ✓ Lecture on Nutrition and Healthy meal preparation including cooking class was conducted by Ayurvedic Physician. (Nov/28/2023) ✓ Health checkups was done by Ayurvedic Physician (Nov/30/2023) ✓ NCD Screening was done by MOH Office (Jan/23/2024)
4	Referral to the hospital eye clinic	✓ In the activity No. 3, during NCD Screenings, elderly people were identified as suspicious of eye problem. ✓ PDHS arranged the opportunity of further testing in Badulla Teaching Hospital ✓ PDSS arranged the transportation to Badulla Teaching Hospital. ✓ 33 elderly persons were referred to Badulla Teaching Hospital (Jun/27/2024) ✓ PDSS provided spectacles. (Nov/1/2024)

Attachment 1-2: Activity Results in the Pilot Sites

	Plan	Activities done
		Number **Total Referral elderly people** **33** Appointment of surgery 20 Provision of spectacles 13
5	Providing mobility aids (Equipment of transfer)	✓ SSO prepared list of elders and aids. ✓ MO in charge supported the assessment of the needs. ✓ PDSS provided walking sticks/crutches in Oct and Nov/2024.
6	Provision of rehabilitation service skill to family members of targeted patients [Integrated Home care services]	✓ SSO/DO/GN prepare the list of the patient who needs care at home (13 households). (May/2024) ✓ Home visits were done to identify target elders in Kivulegedara (13 targeted households) (Jun/13&18/2024). ✓ Home visits were done for targeted households by MO in charge of Divisional Hospital Kandaketiya in Jun-Nov/2024. ✓ Rehabilitation Training of Trainers were done Jun, Oct and Dec/2024. ✓ Handrails were installed in restrooms and main entrance to improve barrier free restrooms. (Oct-Nov/2024)
7	Implementation of Care prevention exercise	✓ Sessions were done in Kandakepu Ulpotha Community Center (Monthly Jul-Oct/2024, once a week from Oct/2024 ✓ YOGA practice was done along with Care prevention exercises (Sep/10/2024)
	(Additional) Water purification	✓ This activity was organized in responding to the elderly's request and research was done on Sep/4 & 6/2023. However, it was discontinued since this issue should be covered especially by public health area.
	(Additional) Recreation activity	✓ Celebration of elderly day was done on Oct/12/2023. ✓ Recreational activity (singing, dancing and poem) was done on Oct/18/2023 and Nov/28/2023.

[Kivulegedara GN division / Kandaketiya division]

	Plan	Activities done
1	Implementation of health education programs on dental health and awareness programs on traditional methods	✓ Awareness lecture on oral hygiene and oral cancer by Dental surgeon, DH Kandaketiya (Sep/13/2023) ✓ Mobile clinic for oral health at the Kivulegedara temple. Mobile dental vehicle was arranged by RDHS Badulla. (Sep/18/2023)
2	Referral for socially active members.	✓ Youth club, Elderly committee conduct entertainment programs ✓ Lecture on mental health + entertainment program by counselling officer from DS Kandaketiya (Jul/5/2024, Aug/9/2024)
3	Self-employment	✓ Initial lecture was done on Dec/27/2023 ✓ Soap making training was done , Aug/9/2024
4	Implementation of several nutrition programs TWG	✓ Health promotion lecture was done by MOH Kandaketiya on Sep/13/2023. ✓ Mental health counseling was conducted on Jan/16/2024. ✓ NCD screening was conducted by MOH office on Jan/24/2024. ✓ Educational lecture on Nutrition was done by Health Promotion Unit, RDHS-Badulla on Jul/5/2024. ✓ Additionally, during care prevention exercise weekly, WC members instruct about nutrition balanced diet.
5	Increasing health education programs for adults who come for treatments in Kandaketiya Divisional Hospital	✓ Koroban Exercise videos is played in the out-patient waiting area on day for clinic. ✓ Health educational videos is played in Hospital television.

Attachment 1-2: Activity Results in the Pilot Sites

<table>
<tr><th></th><th>Plan</th><th>Activities done</th></tr>
<tr><td>6</td><td>Implementation of exercise program</td><td>✓ Weekly sessions have been conducted at the premises of elderly committee member since May/16/2024.</td></tr>
<tr><td>7</td><td>Introduction of aids, equipment and methods for the welfare of elderly societies</td><td>✓ A local shop in the village identified as a gathering place and provided board games (Dec/6/2023)</td></tr>
<tr><td>8</td><td>Referral of patients with depression to medical clinics
➔ Discontinued</td><td>TWG/WC members develop this plan according to the result of the needs assessment survey, but the members clarified that there is no medical officer of mental health in Kandaketiya and concluded it is difficult to implement this plan.</td></tr>
<tr><td>9</td><td>Referral to the hospital eye clinic</td><td>✓ In the activity No. 4, during NCD screenings, elderly people were identified as suspicious of eye problem.
✓ PDHS arranged the opportunity of further testing in Badulla TH
✓ PDSS arranged the transportation to Badulla TH
✓ 35 elderly persons were referred to Badulla TH (May/27/2024)
✓ PDSS provided spectacles. (Nov/1/2024)
<table>
<tr><th></th><th>Number</th></tr>
<tr><td>Total Referral elderly people</td><td>35</td></tr>
<tr><td>Appointment of surgery</td><td>8</td></tr>
<tr><td>Provision of spectacles</td><td>26</td></tr>
<tr><td>Follow-up in hospital</td><td>1</td></tr>
</table></td></tr>
<tr><td>10</td><td>Provision of rehabilitation service skill to family members of targeted patients</td><td>✓ SSO/DO/GN prepare the list of the patient who needs care at home (12 households). (May/7/2024)
✓ Home visits were done to identify target elders in Kivulegedara (12 targeted households) (Jun/15&19/2024).
✓ Home visits were done for targeted households by MO in charge of Divisional Hospital Kandaketiya in Jun-Nov/2024
✓ Rehabilitation Training of Trainers were done Jun, Oct and Dec/2024
✓ Handrails were installed in restrooms and main entrance to improve barrier free restrooms. (Oct-Nov/2024)</td></tr>
<tr><td></td><td>(Additional)
Providing mobility aids (Equipment of transfer)</td><td>✓ SSO prepared list of elders and aids.
✓ MO in charge supported the assessment of the needs.
✓ PDSS provided walking sticks/crutches in Oct and Nov/2024.</td></tr>
</table>

Attachment 3:
Form for the Questionnaire Survey for the Participants of the Care/Frailty Prevention Exercise Program

Questionnaire Survey for the Participants of the Care/Frailty Prevention Exercise Program

1. Interview details:

(1) Place of interview: ☐Test ☐ Padukka ☐ Kaduwela ☐ Kandakethiya

(2) Name of the interviewer ☐ ☐ ☐ ☐ ☐

2. Information of the respondents

(1) Name_: _____

(2) Age: _____years old

(3) Address: _____

(4) Sex: ☐ Female. ☐ Male

(5) Occupation if any: _____

(6) Size of the household (Number of people living and eating together): _____ persons

(7) Information of the people living together:

☐(a) Myself

☐(b) Spouse

☐(c) Mother/ mother-in-law _____

☐(d) Father/ father-in-law _____

☐(e) Sons/ sons in law _____

☐(f) Daughters/ daughters in law _____

☐(g) Sisters _____

☐(h) Brothers _____

☐(i) Grand daughters _____

☐(j) Grand sons _____

☐(k) Others (specify the relationship and the numbers

3. ව්‍යායාම වැඩසටහන සඳහා සහභාගීත්වය Participation in the exercise program

(1) ඔබ මෙම වැඩසටහනට සහභාගී වීමට පටන් ගත්තේ කවදාද? When did you start participating in this program? _____

(2) ඔබ මෙම වැඩසටහනට කී වතාවක් සහභාගී වී තිබේද? How many times have you participated in this program? _____ වතාවක් times

(3) ඔබ මෙම වැඩසටහන පිළිබඳව දැනගත්තේ කෙසේද? How did you come to know this program?

☐(a) මගේ මිතුරෙකුගෙන් from a friend of mine

☐(b) මගේ පවුලේ සාමාජිකයකුගෙන්from my family member

☐(c) වැඩිහිටි කමිටුවේ සාමාජිකයෙකුගෙන්from a member of the elderly committee

☐(d) වෛද්‍යවරයෙකු/ හෙදියක් විසින් නිර්දේශ කරනු යොමු කරන ලදිRecommended by a doctor? nurse

☐(e) සායනයකින් දැන්වීමක් හමු විය Found a notice in a clinic

☐(f) වෙනත්Others (

Attachment 3:
Form for the Questionnaire Survey for the Participants of the Care/Frailty Prevention Exercise Program

4.ව්‍යායාම වැඩසටහනට සහභාගීවීමෙන් සිදු වුණු භෞතික වෙනස්කම්
Physical changes by participating the exercise program

ව්‍යායාම වැඩසටහනට සම්බන්ධ වීමෙන් පසු ඔබ අත්විඳ ඇති වෙනස්කම් තිබේ නම් පහතින් තෝරන්න.
(බහු පිළිතුරු)
Chose changes you have experienced after joining the exercise program if any. (Multiple answers)

(1) භෞතික වෙනස්කම්
Physical changes

- ☐(a) ශාරීරික වේදනාව අඩු විය (උරහිසෙහි, දණහිසෙහි ආදී) Physical pain was reduced (shoulder, knees and so on)
- ☐(b) පෙරට වඩා වේගයෙන් ඇවිද යා හැක Can walk faster than before
- ☐(c) වඩා පහසුවෙන් අත් පා චලනය කළ හැකිය Can move arms more easily
- ☐(d) වඩාත් පහසුවෙන් කකුල් චලනය කළ හැක Can move legs more easily
- ☐(e) දිවා කාලයේ ක්‍රියාකාරකම් සඳහා වැඩි පැය ගණනක් වැය කිරීම Increased more hours for activities during day time
- ☐(f) බර අඩු වීම Lost weight
- ☐(g) බර වැඩිවීම Gain weight
- ☐(h) මට කලින් කළ නොහැකි වූ දේවල් දැන් කිරීමට හැකිය Can now do things I couldn't do before (නිශ්චිතව දක්වන්න: specify:
- ☐(i) බෝ නොවන රෝග හා සම්බන්ධ රෝග ලක්ෂණ වැඩි දියුණු වීම (උදා. අධි රුධිර පීඩනය, දියවැඩියාව යනාදිය) Improve in symptoms related to NCD (ex. Hypertension, Diabetes and so on)
- ☐(j) වෙනත් භෞතික වෙනස්කම් Other physical changes (
- ☐(k) වෙනසක් නැහැ No change

(2) සන්නිවේදනයේ සහ කණ්ඩායම් ක්‍රියාකාරකම්වල වාර ගණනෙහි වෙනස්වීම් (බහු පිළිතුරු)
Changes in frequency of communication and group activities (Multiple answers)

- ☐(a) ඔබ පිටතට යාමේ වාර ගණන වැඩි විය Frequency of your going out was increased
- ☐(b) මිතුරන් හමුවීමේ වාර ගණන වැඩි විය Frequency of meeting friends was increased
- ☐(c) කණ්ඩායම් ක්‍රියාකාරකම් වලට සහභාගී වීමේ වාර ගණන වැඩි විය Frequency of participating in group activities was increased
- ☐(d) සන්නිවේදනයේ සහ කණ්ඩායම් ක්‍රියාකාරකම්වල වෙනත් වෙනස්කම් Other changes in communication and group activities (specify
- ☐(e) වෙනසක් නැහැ No change

(3) චිත්තවේගීය වෙනස්කම් Emotional changes

- ☐(a) වඩා ක්‍රියාශීලී බවක් දැනීම Feeling more active
- ☐(b) සතුටක් දැනීම Feeling happier
- ☐(c) වෙනත් චිත්තවේගීය වෙනස්කම් Other emotional changes (specify
- ☐(d) වෙනසක් නැහැ No change

4. Communication & participation in social activities

(1) How often do you go out?

ඔබ කොපමණ වාරයක් පිටතට යනවාද? (කුඹුර /වත්ත, අසල්වැසි නිවස, සාප්පු සවාරි, රෝහල්, ආදිය ඇතුළුව)

□(a) සතියකට 5 වතාවක් හෝ ඊට වැඩි (5 times or more in a week)

□(b) සතියකට 2 හෝ 4 වතාවක් (2 or 4 times in a week)

□(c) සතියකට වරක් (Once a week)

□(d) කලාතුරකින් එළියට යනවා. (Rarely go out.)

(2) Has the frequency of your going out decreased/ increased since last year (2023)?

පසුගිය වසරේ සිට ඔබ පිටතට යන වාර ගණන අඩු වී තිබේද?

□(a) කොහොමවත් අඩුවෙලා නෑ (Not decreased at all = no change or increased)

□(b)ටි එතරම් අඩු වී නැත (Not decreased so much)

□(c) කක් අඩු වුනා (Decreased a little)

□(d)ගොඩක් අඩුවෙලා (Decreased very much)

(3) How often do you meet your friends?

ඔබට ඔබේ මිතුරන් කොපමණ වාරයක් මුණගැසෙනවාද?

□(a) සතියකට . කිහිප වතාවක් (Several times a week)

□(b) මසකට කිහිප වතාවක් (1 සිට 3 දක්වා) (Several (1 to 3) times in a month)

□(c) වසරකට කිහිප වතාවක්. (Several times in a year)

□(d) කලාතුරකින් මුණගැසෙන්නේ (Rarely do.)

(4) Number of group activities attended last one year

ඔබ කණ්ඩායම් ක්‍රියාකාරකම් සඳහා කොපමණ වාරයක් සහභාගි වන්නේද?

□(a) සතියකට 4 වතාවක් හෝ ඊට වැඩි වාර ගණනක් (4 or more times a week)

□(b) සතියකට 2 හෝ 3 වතාවක් (2 or 3 times a week)

□(c) සතියකට වරක් (Once a week)

□(d) මසකට 1 සිට 3 වතාවක් (1 to 3 times a month)

□(e) වසරකට කිහිප වතාවක් (Several times a year)

□(f) කලාතුරකින් මුණගැසෙන්නේ (Rarely do.)

(5) Has the frequency of your group activities increased since last year?
පසුගිය වසරේ සිට ඔබේ කණ්ඩායම් ක්‍රියාකාරකම්වල වාර ගණන වැඩි වී තිබේද?

□(a) කොහොමවත් අඩුවෙලා නෑ (Not decreased at all = no change or increased)

□(b)ටි එතරම් අඩු වී නැත (Not decreased so much)

□(c) කක් අඩු වුනා (Decreased a little)

□(d)ගොඩක් අඩුවෙලා (Decreased very much)

Attachment 3:
Form for the Questionnaire Survey for the Participants of the Care/Frailty Prevention Exercise Program

5. Happiness and depression

(1) To what degree, do you feel you are currently happy?

ඔබ දැනට සතුටින් සිටින බව ඔබට හැඟෙන්නේ කුමන මට්ටමකටද?

□(a) ඉතා සතුටින් Very happy
□(b) සතුටින් Happy
□(c) සාමාන්‍යයි Nutral
□(d) අසතුටින් Unhappy
□(e) ඉතා අසතුටින් Very unhappy

6. Questions on geriatric depression scale 15:

මම ප්‍රශ්නය කියවන්නම්. කරුණාකර ඔව් හෝ නැත පිළිතුරු දෙන්න

Questions ප්‍රශ්න	Yes	No
(1) ඔබගේ වර්තමාන දෛනික ජීවිතය ගැන ඔබ තෘප්තිමත්ද? (Are you satisfied with your current daily life?)		
(2) නවත් ජීවත් වීමෙන් පලක් නැතැයි ඔබට විටෙක දැනෙනවාද? (Do you sometimes feel there is no point in living anymore?)		
(3) එදිනෙදා ජීවිතය සඳහා ඔබේ ශක්තිය හෝ ලෝකය කෙරෙහි ඔබේ උනන්දුව අඩු වී ඇතැයි ඔබ සිතනවාද? (Do you think your energy for daily life or your interest to the world has been decreasing?)		
(4) ඔබේ දෛනික ජීවිතය හිස් බව ඔබට දැනෙනවාද? (Do you feel your daily life is empty?)		
(5) ඔබට බොහෝ විට කම්මැලිකමක් දැනෙනවාද? (Do you often feel bored?)		
(6) ඔබ බොහෝ වෙලාවට සිටින්නේ සතුටින්ද? (Are you usually in a		
(7) නරක දෙයක් සිදුවනු ඇතැයි ඔබට හැඟෙනවාද? (Do you feel something bad is going to happen?)		
(8) ඔබ වාසනාවන්ත යැයි ඔබ සිතනවාද? (Do you think you are		
(9) ඔබට බොහෝ විට අසරණභාවයක් හෝ බලාපොරොත්තු සුන්වීමක් දැනෙනවාද? (Do you often feel helpless or hopeless?)		
(10) ඔබ පිටතට යාමට වඩා නිවසේ රැඳී සිටීමට කැමතිද? (Do you prefer staying at home rather than going out?)		
(11) ඔබට අන් අයට වඩා අමතක වන බව ඔබ සිතනවාද? (Do you think you are more forgetful than others?)		
(12) ජීවිතේ හරි අපූරුයි කියලා ඔබට හිතෙනවද? (Do you think life is wonderful?)		
(13) ඔබ ශක්තියෙන් පිරී සිටිනවාද? (Do you feel full of energy?)		

Attachment 3:
Form for the Questionnaire Survey for the Participants of the Care/Frailty Prevention Exercise Program

Questions ප්‍රශ්න	Yes	No
(14) ඔබේ එදිනෙදා ජීවිතයේදී බලාපොරොත්තුවක් නැතැයි ඔබ සිතනවාද? (Do you think there is no hope in your daily life?)		
(15) ඔබට වඩා අන් අය හොඳ/ධනවත් යැයි ඔබ සිතනවාද? (Do you think others are better/wealthier than you are?)		

7. Nutrition

(1) How often did you eat meat or fish, including dried fish over the past month?

පසුගිය මාසය තුළ ඔබ කරවල ඇතුළු මස් හෝ මාළු කොපමණ වාරයක් අනුභව කළාද?

□(a) අවම වශයෙන් දිනකට වරක් (At least once a day)
□(b) සතියකට කිහිප වතාවක් (Several times a week)
□(c) සතියකට වරක් (Once a week)
□(d) සතියකට වරකටත් වඩා අඩුය (less than once a week)
□(e) කිසිවක් නැත (Non)
□(f) ආගමික හේතුවක් නිසා / නිර්මාංශ නිසා කන්න බැහැ (Cannot eat because of religious reason /vegetarian)

(2) How often did you eat vegetables or fruits over the past month?

පසුගිය මාසය තුළ ඔබ කොපමණ වාරයක් එළවළු හෝ පලතුරු අනුභව කළාද?

□(a) අවම වශයෙන් දිනකට වරක් (At least once a day)
□(b) සතියකට කිහිප වතාවක් (Several times a week)
□(c) සතියකට වරක් (Once a week)
□(d) සතියකට වරකටත් වඩා අඩුය (less than once a week)
□(e) කිසිවක් නැත (Never)

(3) Have you lost more than 3 kg over the past six months?

පසුගිය මාස හය තුළ ඔබේ බර කිලෝ 3 කට වඩා අඩු වී තිබේද?

□(a) ඔව් (Yes)

□(b) නැත (No)

□(c) දන්නේ නැහැ (Do not know)

8. Risk of falling down

(1) Have you fell down over something such as stairs, stones, etc. in the past 1 year?
ඔබ පසුගිය වසර තුළ පඩිපෙළකින් ගලකින් වැනි දෙයක් මතින් වැටී තිබේ ද ?
□(a) කිහිප වතාවක් (Several times a year)
□(b) වරක් (Once a year)
□(c) කිසිවක් නැත (Never)

(2) Do you have a concern about falling down?
ඔබ වැටීම ගැන බියෙන් සිටිනවාද?
□(a) ඔව්, ගොඩක් (Yes, very much)
□(b) ඔව්, තරමක් (Yes, somewhat)
□(c) ඔව්, ටිකක් (Yes, only a little)
□(d) නැත (No)

(3) Can you go upstairs without holding onto handrail or wall?
අත් වැට හෝ බිත්තිය අල්ලා නොගෙන ඔබට උඩුමහලට යා හැකිද?
□(a) ඔව්, මට පුළුවන් සහ මම එය කරනවා (Yes, I can and I do.)
□(b) ඔව්, මට පුළුවන් නමුත් මම එය සාමාන්‍යයෙන් කරන්නේ නෑ (Yes, I can but I usually don't.)
□(c) නෑ, මට බැහැ. (No, I can't.)

(4) Can you stand up from chairs without holding anything?
ඔබට කිසිවක් අල්ලා නොගෙන පුටු වලින් නැඟී සිටිය හැකිද?
□(a) ඔව්, මට පුළුවන් සහ මම එය කරනවා (Yes, I can and I do.)
□(b) ඔව්, මට පුළුවන් නමුත් මම එය සාමාන්‍යයෙන් කරන්නේ නෑ (Yes, I can but I usually don't.)
□(c) නෑ, මට බැහැ. (No, I can't.)

(5) Can you walk without stopping for about 15 minutes?
විනාඩි 15ක් විතර නවත්තන්නෙ නැතුව ඇවිදින්න පුලුවන්ද?
□(a) ඔව්, මට පුළුවන් සහ මම එය කරනවා (Yes, I can and I do.)
□(b) ඔව්, මට පුළුවන් නමුත් මම එය සාමාන්‍යයෙන් කරන්නේ නෑ (Yes, I can but I usually don't.)
□(c) නෑ, මට බැහැ. (No, I can't.)

ඇමුණුම 4: අවශ්‍යතා හඳුනා ගැනීමේ සමීක්ෂණය සඳහා නියැදි පෝරමය

Attachment 4: Sample Form for Needs Identification Survey

<u>ලියාපදිංචි කිරීමේ අරමුණ සහ තොරතුරු රැස් කිරීම</u> /<u>Purpose of information collection</u> මෙම තොරතුරු රැස් කිරීම මෙම ප්‍රජාවේ වයස අවුරුදු 60 හෝ ඊට වැඩි පදිංචිකරුවන් ඉලක්ක කර ගැනීමට සැලසුම් කර ඇත; This information collection is planned to target the residents of 60 years of age or more in this community; - ඔවුන්ගේ තත්වය සහ ජීවන තත්ත්වය තේරුම් ගැනීමට, - to understand their situation and living condition, - ඔවුන්ගේ අවශ්‍යතා හඳුනා ගැනීමට සහ ලැබෙන ආධාර, - to identify their needs and supports, - වැඩිහිටියන්ට උපකාර කිරීම සඳහා ක්‍රියාකාරී සැලැස්මක් සැකසීමට, - to make an action plan to support senior citizen, <u>වාර්තා තබා ගැනීම සහ රහස්‍යභාවය</u> /<u>Record keeping and confidentiality</u> තොරතුරු තබා ඇත්තේ වගකිවයුතු ප්‍රජා සේවකයින් ලෙස නම් කර ඇති නිලධාරීන් අතර රහස්‍යභාවය පවත්වා ගැනීම සහතික කෙරේ. ජ්‍යෙෂ්ඨ පුරවැසියන්ගේ අවශ්‍යතා විශ්ලේෂණය කිරීමට , මැදිහත්වීම්වල සඵලතාවය මැනීමට සහ පුද්ගල රහස්‍යභාවය පවත්වා ගනිමින් ජාතික, නාගරික හා ප්‍රාදේශීය මට්ටමින් ප්‍රතිපත්ති සහ ක්‍රියාකාරී සැලැස්මක් සැකසීමට මෙම තොරතුරු භාවිතා කරනු ඇත. The information is kept only within the designated responsible officers and confidentiality will be maintained. The data will be used to analyze the needs of the senior citizens, measure the effectiveness of the interventions, and make policy and action plans at national, municipal, and regional levels while maintaining individual confidentiality.

Date of Interview **සම්මුඛ පරීක්ෂණයේ දිනය** (dd/mm/yyyy):	/ /			
Information of surveyor Name of surveyor: **සම්මුඛ පරීක්ෂණය කරන්නාගේ තොරතුරු** **සම්මුඛ පරීක්ෂණය කරන්නාගේ නම:**	1		2	

නම * (වැඩිහිටි පුද්ගලයා):
Name* (Senior person)

ලිංගිකත්වය *: <u>1. පිරිමි 2. ගැහැණු</u>
Sex*: 1. Male 2. Female

උපන් දිනය (dd/mm/yyyy):<u>_____/_____/_____/</u>
Date of birth

වගඋත්තරකරු, කලත්‍රයා, දරුවන් සහ ඥාතීන්ගේ දුරකථන අංක (පසු විපරම් කාර්යය සඳහා)
Contact phone numbers of respondent, spouse, children, and relatives (for follow up purpose)

නම Name	සම්බන්ධය (කරුණාකර ✓) Relation (Please ✓)		දූරකථන අංකය Phone number	✓ එකට ජීවත් වන්නේ නම් ✓ if living together
	1. වැඩිහිටි පුද්ගලයා Senior person			
	2. සහකරු හෝ සහකාරිය /Spouse			
	3. දරුවා / Child			
	4. ඥාතීන් /Relative			
	5. අසල්වැසියා/ Neighbour			

වෛෂයික මිනුම් /Objective measurement

No. අංක	Indicator සූචකය	Results ප්‍රතිඵල		unit ඒකකය
1	රුධිර පීඩනය (කරුණාකර එකම අතකින් මැන බලන්න) Blood pressure (please measure with same arm)			mmHg
2	Body height සිරුරේ උස			cm
3	Body weight/ශරීර බර			kg
4	Abdominal circumference/උදරයේ පරිධිය			cm

කරුණාකර සෘජුවම පුද්ගල-පුද්ගල තත්වය තුළ ඉලක්ක පුද්ගලයා (වැඩිහිටි පුද්ගලයා) සමග සම්මුඛ සාකච්ඡාව කරන්න (හැකි තරම් කිසිදු පුද්ගලයෙකු ළඟ තබා නොගන්න**)**.
පිලිතුරු දෙන්නා හැර වෙනත් අයෙකු සිටී නම්, කරුණාකර පහත සඳහන් කරන්න (කරුණාකර O කරන්න)
1. සහකරු හෝ සහකාරිය 2. දරුවා(න්) 3. සහෝදරයා/සහෝදරිය 4.දෙමව්පියෝ (දෙමව්පියෝ)
5. මුණුපුරා(න්) 6. නෑදෑයා (යන්) 7. අසල්වැසියා (යන්) 8. මිතුරා (රන්) 9. වෙනත් ( )
Please make an interview to target person (senior person) directly in person-to-person situation (NO person surrounded as much as possible.
If there is anyone besides respondent, please specify below (Please give O)
1. Spouse 2. Child(ren) 3. Brother/sister 4. Parent(s) 5. Grandchild(ren)
6. Relative(s) 7. Neighbor(s) 8. Friend (s) 9. Other ( )

Q1. සංජානන ක්‍රියාකාරී පරීක්ෂාව සඳහා: සංක්ෂිප්ත මානසික පරීක්ෂණය (AMT)
(සම්මුඛ පරීක්ෂක වෙත: කරුණාකර මෙම ලැයිස්තුවේ 1-10 ප්‍රශ්න අසන්න සහ සියලු පිළිතුරු සටහන් කරන්න.)
Q1. For cognitive function screening: Abbreviated Mental Test (AMT)
(To interviewer: Please ask questions 1-10 in this list and record all answers.)

No. අංක	Question ප්‍රශ්නය	Answer පිළිතුර	Correct නිවැරදි	Incorrect වැරදියි
1	ඔයාගේ වයස කීය ද? How old are you?			
2	දැන් වේලාව කීයද? (ළඟම පැය දක්වා) What time is it now? (to nearest hour)			
3	මේ කුමන වසරද? What year is this year?			
4	මෙම ස්ථානයේ නම කුමක්ද? (සම්මුඛ පරීක්ෂණ			

No. අංක	Question ප්‍රශ්නය	Answer පිළිතුර	Correct නිවැරදි	Incorrect වැරදියි
	සැසිය පවත්වන ස්ථානය: පහසුකමේ නම හෝ ස්ථානයේ නම)What is the name of this place? (where to conduct interview session: name of facility or name of place)			
5	සම්මුඛ පරීක්ෂකවරයා හඳුනා ගැනීම (ඥාතියා, සම්මුඛ පරීක්ෂකවරයා, ආදිය , තත්ත්වය හෝ රැකියාව)? Identification of interviewer (relative, surveyor, etc, status or occupation)?			
6	When is your birthday? ඔයාගේ උපන් දිනය කවදා ද?			
7	ශ්‍රී ලංකාවේ නිදහස් වර්ෂය කවදාද? When is the independence year of Sri Lanka?			
8	වත්මන් ජනාධිපතිවරයාගේ නම? Name of the current President?			
9	කරුණාකර අංක 20 සිට 1 දක්වා පසුපසට ගණන් කරන්න Please count the numbers backwards from 20 to 1?			
10	ලිපිනය නැවත මතකෙන් පවසන්න (හැකිනම් නිවසේ අංකය, වීදි නම ඇතුළුව, අවම වශයෙන් ගමේ නම) Address for recall at end of test? (At least name of the village, also including the house number, street name if possible)			
		සමස්ත Total		

*මෙම ව්‍යාපෘතිය ඉහත ප්‍රශ්නය භාවිතා කර සංජානන ක්‍රියාකාරිත්වය පරීක්ෂා කර ලකුණු 6 ක් කඩඉම ලෙස සකසා ඇති අතර, ලකුණු 6 ක් ලබාගත් අයට (වැරදි පිළිතුරු) සංජානන ක්‍රියාකාරිත්වය පිළිබඳ ගැටළු ඇති බව තීරණය විය. කෙසේ වෙතත්, අංක 7 සහ 8 ප්‍රශ්න දැනුම පිළිබඳ ප්‍රශ්න බව පෙනී ගියේය. එබැවින්, ශ්‍රී ලංකාවේ වැඩිහිටි පුද්ගලයින්ගෙන් බොහෝ දෙනෙකුට පුළුල් ලෙස දන්නා ප්‍රශ්න ලෙස මෙම ප්‍රශ්න වෙනස් කිරීම වඩා ත් සුදුසුය. ඊට අමතරව, සංජානන ක්‍රියාකා රිත්වය පිළිබඳ විනිශ්චය වෛද්‍යවරුන් විසින් කළ යුතු බව බොහෝ ශ්‍රී ලාංකික නිලධාරීන් විසින් පෙෙසා ඇත. එසේ නම්, මෙම ප්‍රශ්නවල අන්තර්ගතය දේශීය වෛද්‍යවරුන් සමඟ නැවත සලකා බැලිය යුතුය.

*The project used the above question to check cognitive function and set 6 points as the cutoff, and it was determined that those who got 6 points (incorrect answers) were having problems with cognitive function. However, it turned out that the question No.7 and 8 were questions about knowledge. Therefore, it is preferable to modify these questions as ones that most of the elderly people in Sri Lanka widely know. In addition, it was commended by many Sri lankan officials that the judgement of cognitive function should be done by the doctors. If so, the contents of these questions should be reconsidered with the local doctors.

Q2. පවුල සහ ගෘ හස්ථ

Q2. Family and household.

No. අංක	Question ප්‍රශ්නය	Answer options පිළිතුරු විකල්ප	Answer පිළිතුර
Q2-1	ඔබත් ඇතුළුව කී දෙනෙක් මේ නිවසේ එකට ජීවත් වෙනවාද? How many people are living together including yourself?		තනියම Alone
			පුද්ගලයන් Persons
Q2-2	ඔබ යමෙකු සමඟ ජීවත් වන්නේ නම්, ඔවුන් කවුද? (බහු තේරීම්) If you live with someone, who are they? (Multiple choices)	1. සහකරු හෝ සහකාරිය අවුරුදු 60 ට අඩු (Spouse) aged less than 60	
		2. සහකරු හෝ සහකාරිය අවුරුදු 60 හෝ ඊට වැඩි (Spouse) aged 60 or more	
		3. දරුවා සහ ඔහුගේ/ඇයගේ පවුල Child and his/her family	
		4. දෙමාපියන් Parent(s)	
		5. අනික් (කරුණාකර සඳහන් කරන්න) (Other (Please specify))	

Q3. **ශාරීරික ක්‍රියාකාරිත්වය**

Q3. Physical function

ප්‍රශ්නාවලිය (Questionnaire)		**පිළිතුර** **(**Answer)
ඔබේ දෛනික ජීවිතයේ ශාරීරික චලනයන් සඳහා ඔබට කාගෙන් හෝ යම් සහයක් අවශ්‍යද? Do you need any assistance for physical movements from anyone in you daily life?	1. ඔව් Yes	
	2. නැත No	

Q4. මූල්ය තත්ත්වය

Q4. Financial situation

ප්‍රශ්නාවලිය (Questionnaire)		පිළිතුර (Answer)
Do you need any assistance for physical movements from anyone in you daily life? ඔබේ දෛනික ජීවිතයේ කාගෙන් හෝ ශාරීරික චලනයන් සඳහා ඔබට යම් සහයක් අවශ්‍යද?	1. ඉතා අපහසුයි Very difficult	
	2. තරමක් අපහසුයි Somewhat difficult	
	3.සා මා න්‍යයි Normal	
	4.තරමක් පහසුයි Somewhat comfortable	
	5.ඉතා පහසුයි Very comfortable	

Q5. සෞඛ්‍ය තත්වය

Q5. Health condition

No. අංක	Question ප්‍රශ්නය	Answer options පිළිතුරු විකල්ප	Answer පිළිතුර
Q5-1	ඔබගේ වත්මන් සෞඛ්‍ය තත්ත්වය කෙසේද? How are your current health status?	1. විශිෂ්ටයි Excellent	
		2. හොඳයි Good	
		3. වරදක් නැත Fair	
		4. හොඳම නැහැ Poor	
Q5-2	ඔබ දැනට රෝගවලින් හෝ අසනීපවලින් පෙළෙමින් සහ/හෝ ප්‍රතිකාර ලබමින් සිටිනවාද? (එක් පිළිතුරක් පමණක් තෝරන්න) (Are you currently suffering diseases or illness and/or receiving treatment? (Single choice))	1. ඔව් (Yes)	
		2. නැත (No)	
Q5-3	ඔබ දැනට පෙළෙමින් සිටින සහ/හෝ ප්‍රතිකාර ලබන තුවාල සහ රෝග මොනවාද? (ඔබට පිළිතුරු කිහිපයක් තෝරාගත හැක) උපදෙස්: කරුණාකර විකල්ප එකින් එක කියවන්න එපා, ප්‍රශ්නය කෙලින්ම අසන්න. කුමන රෝග කාණ්ඩයක්දැයි ඔබට හඳුනාගත නොහැකි නම්, කරුණාකර "අනෙකුත්" හි රෝගවල නම ලියන්න. What are the injuries and illness which you are currently suffering and/or receiving treatment? (Multiple choices) Instruction: Please do not read options one by one, but just ask the question directly. If you can not figure out which disease category, please write down name of diseases in “the Others”.		
	1. අධි රුධිර පීඩනය Hypertension		
	2. ආඝාතය (උදා. මොළයේ රුධිර වහනය, මස්තිෂ්ක ආඝාතය Stroke (e.g. brain hemorrhage, cerebral infarction		
	3. හෘද රෝග Heart disease		
	4. දියවැඩියාව Diabetes		
	5. හයිපර්ලිපිඩිමියාව (ලිපිඩ අසාමාන්‍යතාව) Hyperlipidemia (lipid abnormality)		
	6. ශ්වසන රෝග (නියුමෝනියාව, බ්‍රොන්කයිටිස්) Respiratory disease (e.g. pneumonia, bronchitis)		
	7. ආමාශ ආන්ත්‍රයික, අක්මාව හෝ පිත්තාශයේ රෝග Gastrointestinal, liver, or gallbladder disease		
	8. වකුගඩු හෝ පුරස්ථි ග්‍රන්ථි රෝගය Kidney or prostate gland disease		
	9. මස්කියුලොස්කෙලටල් රෝග (උදා: ඔස්ටියෝපොරෝසිස්, ආතරෝසිස්) Musculoskeletal disease (e.g. osteoporosis, arthrosis)		
	10. කම්පන සහගත තුවාල (උදා: වැටීම, අස්ථි බිඳීම්) Traumatic injury (e.g. fall, fracture)		
	11. පිළිකා (මාරාන්තික ගෙඩි) Cancer (malignant tumor)		
	12. රුධිරය හෝ ප්‍රතිශක්තිකරණ පද්ධතියේ රෝග Blood or immune system disease		
	13. මානසික අවපීඩනය Depression		
	14. ඩිමෙන්ශියාව (උදා: ඇල්සයිමර් රෝගය) Dementia (e.g. Alzheimer’s disease)		
	15. පාකින්සන් රෝගය Parkinson’s disease		
	16. අක්ෂි රෝගය Eye disease		
	17. කන් රෝගය Ear disease		

No. අංක	Question ප්‍රශ්නය	Answer options පිළිතුරු විකල්ප		Answer පිළිතුර
	18. අංශභාගය වැනි ශාරීරික දුබලතා Physical disabilities such as paralysis			
	19. විෂාදය හැර වෙනත් මානසික සෞඛ්‍ය රෝග Mental health illness other than depression			
	20. නිදන්ගත තුවාල / සමේ රෝග Chronic wounds / skin diseases			
	21 . අනෙකුත් (කරුණාකර ලියන්න) other (Please specify)			
Q5-4	ඔබ දිනපතා කෘතිම දත් රඳවනය පිරිසිදු කරනවාද? Do you clean denture every day?	1. ඔව් Yes		
		2. නැත (No)		
Q5-5	ඔබ සාමාන්‍යයෙන් දිනපතා දත් මදිනවාද? Do you usually brush your teeth every day?	1. ඔව් (Yes)		
		2. නැත (No)		
Q5-6	1 ඔබ දිනකට කී වතාවක් දත් මදිනවාද? උපදෙස්: කරුණාකර විකල්ප එකින් එක කියවන්න එපා, කෙලින්ම ප්‍රශ්නය අසන්න. ඉන්පසු ඔහු/ඇය දුන් පිළිතුර සටහන් කරගන්න. How many times do you brush your teeth in a day? Instruction: Please do not read options one by one, but just ask directly. Please check the answer he/she responded.			
	1. දිනකට එක් වතාවකට වඩා අඩුය (Less than once a day)			
	2. වරක් (උදා. නින්දට යාමට පෙර) (Once (ex. Before going to bed))			
	3. දෙවරක් (උදා. උදේ සහ රාත්‍රී) (Twice (ex. Morning and night))			
	4. තුන් වරක් (උදා. ආහාර ගැනීමෙන් පසු සෑම අවස්ථාවකදීම) (Three times (ex. Every time after eating))			
	5. හතර වතාවකට වඩා (More than four times)			
Q5-7	ඔබ සාමාන්‍යයෙන් කණ්නාඩි භාවිතා කරනවාද? Do you usually use glasses?	ඔව්, Yes	1. අපහසුවකින් තොරව (without difficulty)	
			2. අමාරුවෙන් (with difficulty)	
		මට. No	3. අවශ්‍යයි නමුත් මට නැහැ. (I need but I do not have.)	
			4. අවශ්‍ය නැති නිසා (since I do not need)	
Q5-8	පෙනීමේ අපහසුව නිසා ඔබ කවදා හෝ සෞඛ්‍ය මධ්‍යස්ථානයකට හෝ ජංගම සායනයකට ගොස් තිබේද? Have you ever been to health facility or mobile clinic due to difficulty of seeing?	1. ඔව් (Yes)		
		2. නැත (No)		
Q5-9	ඔබට ඇසේ සුදු ඇති බව හඳුනාගෙන තිබේද? Were you diagnosed with cataract?	1. ඔව් (Yes)		
		2. නැත (No)		
Q5-10	ඔබ ඇසේ සුදු ඉවත් කිරීමේ සැත්කමක් කළාද? Did you receive cataract surgery?	1. ඔව් (Yes)		
		2. නැත (No)		
Q5-11	ඔබ සාමාන්‍යයෙන් ශ්‍රවණාධාර උපකරණයක් භාවිතා කරනවාද? Do you usually use a hearing aid device?	ඔව් (Yes)	1, අපහසුවකින් තොරව (without difficulty)	
			2. අමාරුවෙන් (with difficulty)	

No. අංක	Question ප්‍රශ්නය	Answer options පිළිතුරු විකල්ප		Answer පිළිතුර
		නැත (No)	3. මට අවශ්‍ය නමුත් මා සතුව නැත (I need but I do not have.)	
			4. අවශ්‍ය නැති නිසා නැහැ (since I do not need)	
Q5-12	ශ්‍රවණාබාධ නිසා ඔබ කවදා හෝ සෞඛ්‍ය මධ්‍යස්ථානයකට හෝ ජංගම සායනයකට ගොස් තිබේද? Have you ever been to a health facility or mobile clinic due to difficulty of hearing?	1. ඔව් (Yes)		
		2. නැත (No)		
Q5-13	පසුගිය මාස හය තුළ ඔබේ බර කිලෝ 3 කට වඩා අඩු වී තිබේද? Have you lost more than 3 kg over the past six months?	1. ඔව් (Yes)		
		2. නැත (No)		
		3. දන්නේ නැහැ Do not know		

Q6. සෞඛ්‍ය සේවා භාවිතය.

Q6. Usage of health services.

No. අංක	Question ප්‍රශ්නය	Answer options පිළිතුරු විකල්ප	Answer පිළිතුර
Q6-1	පසුගිය මාස 12 තුළ ඔබ අසනීප/රෝගී වූ විට ඔබ වෛද්‍යවරයකු හෝ හෙදියක් මුණ ගැසුණාද? (Did you see a doctor or nurse when you were ill/sick in the past 12 months?)		
	1. ඔව්, මම නිතරම වෛද්‍යවරයකු හෝ හෙදියක් හමුවෙනවා. (Yes, I always see a doctor or nurse.)		
	2. ඔව්, මම සමහර වෙලාවට වෛද්‍යවරයකු හෝ හෙදියක් මුණගැසෙනවා. (Yes, I sometimes see a doctor or nurse.)		
	3. නෑ, මම මුණගැසුනේ නෑ (No, I did not)		
	4. මට මතක නැහැ (I do not remember)		
Q6-2	පසුගිය වසර තුළ ඔබ භාවිත කළේ කුමන රෝග වැළැක්වීමට අදාළ සේවාවන්ද? (මේ වසරේ හෝ පසුගිය වසරේ) (බහු තේරීම්) Which prevention-related services have you used in the past year? (this year or last year) (Multiple choices)	1. වෛද්‍ය පරීක්ෂාව Medical check-up	
		2. සෞඛ්‍ය අධ්‍යාපනය Health Education	
		3. පෝෂණය ගැන අධ්‍යාපනය Education about nutrition	
		4. Cooking class පිසීමේ පන්ති	
		5. සෞඛ්‍ය උපදේශනය Health Consultation	
		6.Exercise activities ව්‍යායාම ක්‍රියාකාරකම්	
		7. අනෙකුත් (කරුණාකර ලියන්න) Others Please specify	
		8. ඔවුන්ගෙන් කිසිවෙකු නොවේ None of them	

Q6-3	පසුගිය මාස 12 තුළ ඔබ භාවිතා කළ සෞඛ්‍ය පහසුකම් මොනවාද? (Which health facilities did you use in the past 12 months?)	
ප්‍රතිකාර පහසුකම Treatment facility		ඔබ භාවිතා කළේ නම් කරුණාකර සලකුණු කරන්න. කිසිවක් භාවිතා නොකළේ නම්, කරුණාකර එය හිස්ව තබන්න. Please tick if you used. If nothing used, please leave it as blank.
1. ශික්ෂණ රෝහල Teaching Hospital		
2. පළාත/ දිස්ත්‍රික් මහ රෝහල Province/ District General Hospital		
3. මූලික රෝහල Base Hospital		
4. ප්‍රාදේශීය රෝහල Divisional Hospital		
5. ප්‍රාථමික වෛද්‍ය සත්කාර ඒකකය Primary Medical Care Unit		
6. සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාලය Medical Officer of health Office		
7. මහජන ආයුර්වේද (සාම්ප්‍රදායික වෛද්‍ය) සායනය Public Ayurveda (Traditional Medical) Clinic		
8. ජංගම සායනය Mobile Clinic		
9. වෙනත් රාජ්‍ය වෛද්‍ය අංශය Other Public Medical Sector		
10. Private medical clinic/ hospital		
11. අනෙකුත් (කරුණාකර ලියන්න) Other (Please specify)		
12. දැනුවත් නැත Don't know		

Q7. මත්පැන් සහ දුම්පානය තත්ත්වය

Q7. Drinking and smoking status

No. අංක	Question ප්‍රශ්නය	Answer පිළිතුර
Q7-1	ඔබ සිගරට් බොනවද? (තාපය නොදැවෙන සිගරට් සහ ඉලෙක්ට්‍රොනික සිගරට් ඇතුළුව) Do you smoke cigarettes? (Including heat-not-burn cigarette and electronic cigarette)	
	1. මම සෑම දිනකම පාහේ දුම් පානය කරමි. (I smoke almost every day.)	
	2. මම සමහර විට දුම් පානය කරමි. (I sometimes smoke.)	
	3. මම වසර 5ක් ඇතුළත දුම්පානය නතර කර ඇති අතර දැන් දුම් පානය නොකරමි. (I've quitted smoking within 5 years and don't smoke now.)	
	4. මම වසර 5කටත් වඩා කලින් දුම්පානය නතර කර ඇති අතර දැන් දුම් පානය නොකරමි. (I've quitted smoking more than 5 years and don't smoke now.)	
	5. මම කවදාවත් දුම් පානය කරන්නේ නැහැ. (I never smoke.)	
Q7-2	ඔබ දිනකට සිගරට් කීයක් බොනවද? How many cigarettes do you smoke per day?	
Q7-3	ඔබ බුලත් කනවද? Do you chew betel?	
	1. මම හැමදාම වගේ බුලත් හපනවා. (I chew almost every day.)	
	2. මම සමහර වෙලාවට බුලත් හපනවා. (I sometimes chew.)	
	3. මම අවුරුදු 5ක් ඇතුළත බුලත් හපන එක නැවැත්තුවා දැන් හපන්නේ	

No. අංක	Question ප්‍රශ්නය	Answer පිළිතුර
	නැහැ. (I've quitted chewing within 5 years and don't chew now.)	
	4. මම අවුරුදු 5කට වැඩි කාලයක් බුලත් හපන එක නවත්තලා දැන හපන්නේ නැහැ (I've quitted chewing more than 5 years and don't chew now.)	
	5. මම කවදාවත් බුලත් හපන්නේ නැහැ. (I never chew.)	

Q8. ඔබේ දෛනික ජීවිතයේ සාමාන්‍ය ක්‍රියාකාරකම්

Q8. Routine activities in your daily life

No. අංක	Question ප්රශ්නය	Answer options පිළිතුරු විකල්ප	Answer පිළිතුර
Q8-1	ඔබ කොපමණ වාරයක් පිටතට යනවාද? (කුඹුර /වත්ත, අසල්වැසි නිවස, සාප්පු සවාරි, රෝහල්, ආදිය ඇතුළුව) How often do you go out? (Including to the field/garden, neighborhood, shopping, hospitals, etc.)	1. සතියකට 5 වතාවක් හෝ ඊට වැඩි (5 times or more in a week)	
		2. සතියකට 2 හෝ 4 වතාවක් (2 or 4 times in a week)	
		3. සතියකට වරක් (Once a week)	
		4. කලාතුරකින් එළියට යනවා. (Rarely go out.)	
Q8-2	පසුගිය වසරේ සිට ඔබ පිටතට යන වාර ගණන අඩු වී තිබේද? Has the frequency of your going out changed since last year?	1. වැඩි විය (Increased)	
		2 අඩු විය(Decreased)	
		3. එතරම් අඩු වී නැත (වෙනස් වී නැත)	
		4. මම දන්නේ නැහැ (I don't know)	
Q8-3	ඔබ පසුගිය වසර තුළ පඩිපෙළකින් ගලකින් වැනි දෙයක් මතින් වැටී තිබේ ද ? (Have you fell down over something such as stairs, stones, etc. in the past 1 year?)	1. බොහෝ වාරයක් (Many times)	
		2. වරක් (Once)	
		3. කිසිවක් නැත (None)	
Q8-4	බිම වැටීම ගැන ඔබට විශාල සැලකිල්ලක් තිබේද? (Do you have big concern about falling down?)	1. ඔව්, ගොඩක් (Yes, very much)	
		2. ඔව්, තරමක් (Yes, somewhat)	
		3. ස්වල්පයක් පමණි (Only a little)	
		4. නැත (No)	
Q8-5	අත් වැට හෝ බිත්තිය අල්ලා නොගෙන ඔබට උඩුමහලට යා හැකිද? (Can you go upstairs without holding onto handrail or wall?)	1. ඔව්, මට පුළුවන් සහ මම එය කරනවා (Yes, I can and I do.)	
		2. ඔව්, මට පුළුවන් නමුත් මම එය සාමාන්‍යයෙන් කරන්නේ නෑ (Yes, I can but I usually don't.)	
		3. නෑ, මට බැහැ. (No, I can't.)	

No. අංක	Question ප්‍රශ්නය	Answer options පිළිතුරු විකල්ප	Answer පිළිතුර
Q8-6	ඔබට කිසිවක් අල්ලා නොගෙන පුටු වලින් නැගී සිටිය හැකිද? (Can you stand up from chairs without holding anything?)	1. ඔව්, මට පුළුවන් සහ මම එය කරනවා (Yes, I can and I do.)	
		2. ඔව්, මට පුළුවන් නමුත් මම එය සාමාන්‍යයෙන් කරන්නේ නෑ (Yes, I can but I usually don't.)	
		3. නෑ, මට බැහැ. (No, I can't.)	
Q8-7	ඔබ වෙනත් කෙනෙකු සමඟ කොපමණ වාරයක් ආහාර ගන්නවාද? (How often do you eat meals with someone else?)	1. දිනපතා (Everyday)	
		2. සතියකට කිහිප වතාවක් (A few times in a week)	
		3. මසකට කිහිප වතාවක් (A few times in a month)	
		4. වසරකට කිහිප වතාවක් (A few times in a year)	
		5. කලාතුරකින් කරන්නේ (Rarely do)	
Q8-8	ඔබට ඔබේ මිතුරන් කොපමණ වාරයක් මුණගැසෙනවාද හෝ අසල්වැසියන්? (How often do you meet your friends or neighbors?)	1. සතියකට 4 හෝ ඊට වැඩි වාර ගණනක් (4 or more times in a week)	
		2. සතියකට කිහිප වතාවක් (1-3 දක්වා). (A few (1-3) times in a week)	
		3. මසකට කිහිප වතාවක් (1 සිට 3 දක්වා) (Several(1 to 3) times in a month)	
		4. වසරකට කිහිප වතාවක් (Several times in a year)	
		5. කලාතුරකින් මුණගැසෙන්නේ (Rarely do.)	
Q8-9	නෝදාත්මක සමාජ සංගම්, කණ්ඩායම් සහ රැකියා වල ඔබගේ නියැලීම ගැන විමසීමට අපි කැමැත්තෙමු. We would like to ask your engagement in recreational clubs, groups, and jobs. ඔබ පහත කණ්ඩායම් හෝ ක්‍රියාකාරකම් සඳහා කොපමණ වාරයක් සහභාගි වන්නේද? (How often do you attend the following groups or activities?)		
Q8-9-1	ජ්‍යෙෂ්ඨ පුරවැසි කමිටුව/වැඩිහිටි කමිටුව Senior citizens committee/Elderly committee	1. සතියකට 4 වතාවක් හෝ ඊට වැඩි වාර ගණනක් (4 or more times in a week)	
		2. සතියකට 2 හෝ 3 වතාවක් (2 or 3 times in a week)	
		3. සතියකට වරක් (Once a week)	
		4. මසකට 1 සිට 3 වතාවක් (1 to 3 times in a month)	
		5. වසරකට කිහිප වතාවක් (A few times in a year)	
		6. කොහෙත්ම නැහැ (not at all)	
Q8-9-2	සංස්කෘතික කණ්ඩායම් Cultural groups	1. සතියකට 4 වතාවක් හෝ ඊට වැඩි වාර ගණනක් (4 or more times in a week)	
		2. සතියකට 2 හෝ 3 වතාවක් (2 or 3 times in a week)	
		3. සතියකට වරක් (Once a week)	
		4. මසකට 1 සිට 3 වතාවක් (1 to 3 times in a month)	
		5. වසරකට කිහිප වතාවක් (A few times in a year)	
		6. කොහෙත්ම නැහැ (not at all)	
Q8-9-3	යැපුම් තත්ත්වයන් හෝ	1. සතියකට 4 වතාවක් හෝ ඊට වැඩි වාර ගණනක් (4 or more	

No. අංක	Question ප්‍රශ්නය	Answer options පිළිතුරු විකල්ප	Answer පිළිතුර
	සෞඛ්‍ය ප්‍රවර්ධනය කිරීමේ ක්‍රියාකාරකම් බවට පත්වීම වළක්වා ගැනීම සඳහා වැළැක්වීමේ ක්‍රියාකාරකම් (ව්‍යායාම, ආදිය). Preventive activities (Exercise, etc.) to avoid becoming dependent situation or health-promoting activities	times in a week)	
		2. සතියකට 2 හෝ 3 වතාවක් (2 or 3 times in a week)	
		3. සතියකට වරක් (Once a week)	
		4. මසකට 1 සිට 3 වතාවක් (1 to 3 times in a month)	
		5. වසරකට කිහිප වතාවක් (A few times in a year)	
		6. කොහෙත්ම නැහැ (not at all)	

Q9. දෛනික ජීවිතය.

Q9. Daily life

No. අංක	Question ප්‍රශ්නය	Answer options පිළිතුරු විකල්ප	Answer පිළිතුර
Q9-1	ඔබට දුම්රියෙන් හෝ බසයෙන් තනිවම පිටතට යා හැකිද? (Can you go out alone by train or bus?)	1. ඔව්, මට පුළුවන් සහ මම එය කරනවා. (Yes, I can and do.)	
		2. ඔව්, මට පුළුවන් නමුත් මම එය සාමාන්‍යයෙන් කරන්නේ නෑ (Yes, I can but usually don't.)	
		3. නැහැ, මට බැහැ. (No, I can't.)	
Q9-2	ඔබට ඔබ සඳහා කෑම පිළියෙල කර ගැනීමට පුලුවන්ද (Can you cook for yourself?)	1. ඔව්, මට පුළුවන් සහ මම එය කරනවා. (Yes, I can and do.)	
		2. ඔව්, මට පුළුවන් නමුත් මම එය සාමාන්‍යයෙන් කරන්නේ නෑ (Yes, I can but usually don't.)	
		3. නැහැ, මට බැහැ. (No, I can't.)	
Q9-3	විනාඩි 15ක් විතර නවත්තන්නෙ නැතුව ඇවිදින්න පුලුවන්ද? (Can you walk without stopping for about 15 minutes?)	1. ඔව්, මට පුළුවන් සහ මම එය කරනවා. (Yes, I can and do.)	
		2. ඔව්, මට පුළුවන් නමුත් මම එය සාමාන්‍යයෙන් කරන්නේ නෑ (Yes, I can but usually don't.)	
		3. නැහැ, මට බැහැ. (No, I can't.)	
Q9-4	ඔබට විනෝදාංශයක් තිබේද? (Do you have any hobby?)	1. ඔව් (Yes)	
		2. නැත (No)	

Q10. ප්‍රවාහණය

Q10. Transportation

No. අංක	Question ප්‍රශ්නය	Answer පිළිතුර
Q10-1	ඔබ පිටතට යන විට ඔබ භාවිතා කරන ප්‍රවාහන මාධ්‍ය කුමක් ද ? (පිළිතුරු කිහිපයක් සැපයිය හැක) (Which means of transportation do you use when you go out?) (multiple answer)	
	1. පයින් (වෙනත් ක්‍රම භාවිතා නොකරයි) (On foot (don't use other means))	
	2. ඇවිදින සැරයටිය Walking stick	
	3. රෝද පුටුවෙන් (Wheelchair)	
	4. මෝටර් රෝද පුටුව (Motorized wheelchair)	
	5. වෝකර් හෝ රෝලර් (Walker or rollator)	
	6. බයිසිකලය (Bicycle)	

No. අංක	Question ප්‍රශ්නය	Answer පිළිතුර
	7. යතුරුපැදිය / ත්‍රිරෝද රථය (Motorcycle/Three-wheeler)	
	8. කාර් (මමම පදවනවා) (Car (drive myself))	
	9. කාර් (වෙනත් කෙනෙකු විසින් පදවන ලද) (Car (driven by someone else))	
	10. පොදු ප්‍රවාහනය (බස් සහ දුම්රිය) (Public transportation (bus and train))	
	11. රෝහල් හෝ වෙනත් පහසුකම් මගින් ක්‍රියාත්මක වන බස්රථය (Bus operated by hospitals or other facilities)	
	12. ටැක්සි/ත්‍රිරෝද රථය (Taxi/Three-wheeler)	
	13. අනෙකුත් (කරුණාකර ලියන්න) Other (Please specify)	

Q11. කරුණාකර පහත ප්‍රශ්නවලට පිළිතුරු සපයන්න.
Q11. Please answer the following questions.

No. අංක	Question ප්‍රශ්නය	1. Yes ඔව්	2. No නැත
Q11-1	ඔබගේ වර්තමාන දෛනික ජීවිතය ගැන ඔබ තෘප්තිමත්ද? (Are you satisfied with your current daily life?)		
Q11-2	තවත් ජීවත් වීමෙන් පලක් නැතැයි ඔබට විටෙක දැනෙනවාද? (Do you sometimes feel there is no point in living anymore?)		
Q11-3	එදිනෙදා ජීවිතයෙදී ඔබේ ජවය හෝ ලෝකය කෙරෙහි ඇති ඔබේ උනන්දුව, ආශාව අඩු වී ඇතැයි ඔබ සිතනවාද? (Do you think your energy for daily life or your interest to the world has been decreasing?)		
Q11-4	ඔබේ දෛනික ජීවිතය හිස් යැයි ඔබට දැනෙනවාද? (Do you feel your daily life is empty?)		
Q11-5	ඔබට බොහෝ විට කම්මැලිකමක් දැනෙනවාද? (Do you often feel bored?)		
Q11-6	ඔබට සාමාන්‍යයෙන් හොඳක් දැනෙනවාද? (Do you usually feel good?)		
Q11-7	නරක දෙයක් සිදුවනු ඇතැයි ඔබට හැඟෙනවාද? (Do you feel something bad is going to happen?)		
Q11-8	ඔබ වාසනාවන්ත යැයි ඔබ සිතනවාද? (Do you think you are fortunate?)		
Q11-9	ඔබට බොහෝ විට අසරණභාවයක් හෝ බලාපොරොත්තු සුන්වීමක් දැනෙනවාද? (Do you often feel helpless or hopeless?)		
Q11-10	ඔබ පිටතට යාමට වඩා නිවසේ රැඳී සිටීමට කැමතිද? (Do you prefer staying at home rather than going out?)		
Q11-11	ඔබට අන් අයට වඩා අමතක වන බව ඔබ සිතනවාද? (Do you think you are more forgetful than others?)		
Q11-12	ජීවිතය පුදුමාකාරයි කියා ඔබ සිතනවාද? (Do you think life is wonderful?)		
Q11-13	ඔබ ශක්තියෙන් පිරී සිටිනවාද? (Do you feel full of energy?)		
Q11-14	ඔබේ එදිනෙදා ජීවිතයේදී බලාපොරොත්තුවක් නැතැයි ඔබ සිතනවාද? (Do you think there is no hope in your daily life?)		
Q11-15	ඔබට වඩා අන් අය හොඳ/ධනවත් යැයි ඔබ සිතනවාද? (Do you think others are better/wealthier than you are?)		

*ඍණ පිළිතුරු "1" ලෙසත් ධනාත්මක පිළිතුරු "0" ලෙසත් පරිවර්තනය කරන ලදී. ඉන්පසුව, සම්පූර්ණ ලකුණු අනුව ප්‍රතිචාර දැක්වූවන් පහත පරිදි වර්ග කරන ලදී.

ලකුණු 0-4 → සාමාන්‍ය

ලකුණු 5-9 → මානසික අවපීඩනය සැක කෙරේ

ලකුණු 10-15 → මානසික අවපීඩනය

* Negative answers were converted to "1" and positive answers to "0". Thereafter, the respondents were classified as follows according to the total score:

0-4 points → Normal

5-9 points → Depression suspected

10-15 points → Depression

No. අංක	Question ප්‍රශ්නය	Answer පිළිතුර
Q11-16	ඔබ දැනට සතුටින් සිටින බව ඔබට හැඟෙන්නේ කුමන මට්ටමකටද? (To what degree, do you feel you are currently happy?)	
	1. ඉතා අසතුටින් Very unhappy	
	2. අසතුටින් Unhappy	
	3. සාමාන්‍ය Normal	
	4. සතුටින් Happy	
	5. ඉතා සතුටින් Very happy	

Q12. සන්නිවේදනය

Q12. Communication

No. අංක	Question ප්‍රශ්නය	Answer options පිළිතුරු විකල්ප	Answer පිළිතුර
Q12-1	පසුගිය මාසය තුළ ඔබ මිතුරන්/හිතවතුන් කී දෙනෙක් දැක තිබේද? ඔබ එකම පුද්ගලයා දෙවතාවක් දුටුවහොත්, කරුණාකර එය එක් වතාවක් ලෙස සලකා පිළිතුර සටහන් කරන්න. How many friends/acquaintances have you seen over the past month? If you see the same person twice, please count that as one.	1. කිසිවෙක් නැත (None)	
		2. 1 සිට 2 (1 to 2)	
		3. 3 සිට 5 දක්වා (3 to 5)	
		4. 6 සිට 9 දක්වා (6 to 9)	
		5. 10 හෝ ඊට වැඩි (10 or more)	

Q13. චිත්ත වික්ෂේපණය

Q13. Dementia

චිත්ත වික්ෂේපණය සම්බන්ධ උපදේශන සේවා පිළිබඳ අවබෝධය.

Understanding of consultation services related to dementia.

No. අංක	Question ප්‍රශ්නය	Answer පිළිතුර
Q13-1	ඔබට චිත්ත වික්ෂේපණය රෝග ලක්ෂණ තිබේද නැතහොත් චිත්ත වික්ෂේපණය රෝග ලක්ෂණ ඇති පවුලේ සාමාජිකයෙකු ඔබට සිටීද? Do you have symptoms of dementia or do you have a family member with symptoms of dementia?	

No. අංක	Question ප්‍රශ්නය	Answer පිළිතුර
Q13-2	චිත්ත වික්ෂේපණය සම්බන්ධ උපදේශන සේවා ගැන ඔබ දන්නවාද? Do you know of any consultation services related to dementia?	

Attachment 5-1: Sample Checklist of Resource Identification for the Health Sector

1. Basic Information

Name of District	
Name of Division	
Name of GN	
Name of Your Facility or Office	
Your Title	
Your Name	
Your Phone Number	

2. Health care services for elderly people

Please leave a check mark if your health facility provides the following services.

		Service provision		Which person provides the service?					Need further improvement
		Yes	No	MO	PHNO	PHI	PHM	Other	
1. NCD									
1-1	Screening for HLC								
1-2	Screening for NCD								
1-2	Blood and/or urine test								
1-3	Measuring height and weight								
1-4	Keeping the record of the above								
4	Health education/promotion								
7	Mobile clinic								
2. Geriatric Care									
1-1	ADL/IADL test								
1-2	Frailty test								
5	General consultation								
3	Health education/promotion								
4	Home visit								
7	Visiting elderly homes, day centers, etc. for checkups.								
	Rehabilitation								
8	Services by Physiotherapist or Occupational therapist								
	Services by Speech therapist								
	Cataract surgery								
	Providing eyeglasses								

		Service provision		Which person provides the service?					Need further improvement
		Yes	No	MO	PHNO	PHI	PHM	Other	
	Providing hearing aids								
	Providing wheelchairs, walking sticks, etc.								
	Exercise activities								
1-3	Mental test								
	Dementia/mental problem-related care/support								
	Pain management								
	Palliative care								
G. Others (if any)									

3. Human Resources

Please fill in the numbers of human resources in your health facility.

(1) Health and Medical Facilities

Designation	No. of personnel
Administrative Grade (Senior and Deputy) Medical Officers for Geriatric Medicine	
Specialists/Consultant (other than administrative grade) for Geriatric Medicine	
Community Dental Surgeons	
Ophthalmologist / Eye Doctor	
Public Health Nursing Officers	
Supervising Public Health Midwives	
Public Health Midwives	
Public Health Field Officers	
Public Health Field Assistants	
Supervising Public Health Inspectors	
Public Health Inspectors	
Nutritionists	
Physiotherapists	
Occupational Therapists	
Speech Therapists	
Orthopedic Technicians	
Others	

(1) Health services

Please fill in the number of health facilities providing health services for elderly people in your area.

	Province/ District Hospital	Base Hospital	Division Hospital	PMCU	Private	Others
Geriatric OPD						
Geriatric Clinic						
Geriatric Ward						
Specific medical services for elders						
-Eye						
-Ear						
-Dental						
-Dementia						
-Rehabilitation for elders						
Home based medical care						
Home based nursing care						
Others						

4. Rehabilitation services

Is there any facility that provides rehabilitation services (either hospital or community-based rehabilitation services) in your area? If yes, please share the information.

	Facility name	Number of staff					Number of users per day	Types of rehabilitation
		OT	PT	ST	Other1	Other2		
1								
2								
3								

(2) Referral hospital

Please write the names of referral hospitals from your health facility.

health facility	Name of facility
Teaching Hospital	
Provincial General Hospital	
District General Hospital	
Base Hospital	
Others	

(3) Challenges in providing health services

If you identify any challenges, missing services, or services to be improved for elderly people, please write them down. Also, if you have any ideas or proposals for a solution, please write them down.

Any challenges, missing services, services to be improved	Ideas of solution/countermeasures
. . . . .	

5. Coordination between multi-sectors

(1) Coordination and collaboration

How is the relationship with the following personnel/organization/facility in providing the elderly services? Please mark any of the following options.

	Always work together/ communicate	Collaborate when necessary/when asked	Have periodical discussion	Know contact number/ address	Can freely contact	No coordination at all
Health sector						
Ministry of Health						
PDHS						
Provincial hospital						
District Hospital						
Base Hospital						
Divisional Hospital						

	Always work together/ communicate	Collaborate when necessary/when asked	Have periodical discussion	Know contact number/ address	Can freely contact	No coordination at all
MOH Office						
PMCU						
HLC						
Others						
Social services sector						
NSE						
Divisional Secretary						
ERPO						
SSO						
Development officer						
GN						
Elderly committee						
Daycare center						
Elder home						
Others						
Others						
NGO						
Volunteer						
Other						

(2) Challenges in coordination between multi-sectors

If you have any problems or solutions to such problems in multi-sectoral coordination, please let us know.

Any challenges, things to be improved	Ideas of solution/countermeasures

Thank you very much for your cooperation.

Attachment 5-2: Sample Checklist of Resource Identification for the Social Service Sector

1. Basic Information

Name of District	
Name of Division	
Name of GN	
Name of Your Office	
Your Title	
Your Name	
Your Phone Number	

1. General information on elderly people in GN

Items		Number
Number of elderly people (age 60 years and above)		
Number of households of elderly people		
Age group	Number of elderly people: 60-69 years	
	Number of elderly people 70-79 years	
	Number of elderly people more than 80 years	
Service needs	Number of elderly people who need medical care	
	Number of elderly people who require assistance in living	
	Number of elderly people who are not independent	
	Number of elderly people who are living under the poverty level	
Economic situation	Number of elderly people who are on employment	
	Number of elderly people who get pension / income	
	Number of elderly people who have no income	
Living condition	Number of elderly people living in elderly home	
	Number of elderly people living with their family members	
	Number of elderly people living alone	
Disability	Number of elderly people who are disabled	

2. Human Resources

Please fill in the numbers of human resources who work for elderly people in your office.

Title	Number of staff
ERPO (Elderly Rights Promotion Officer)	
SSO (Social Service Officer)	

Development Officer	
Vidatha Officer	
Counselling Officer	
Samurdhi Officer	
Women's Development Officer	
Small&Medium Enterprise Officer	
Other	

(1) Service provision

If you or your office have provided any of the following services for elderly people in the past year, please indicate the number of beneficiaries

Services	Number of beneficiaries (elderly people only)
Rehabilitation activity	
Exercise activity	
Housing (anything related to houses)	
Food or cooking related services	
Financial support	
Medical-related support (including financial support for medical operations)	
Administrative support	
Provision of eyeglasses	
Provision of hearing aids	
Provision of wheelchairs or walking sticks	
Support for the disabled	
Support for elderly committee	
Support for entertainment activities	
Others	

(2) Service provided by NSE (National Secretariat for Elders)

Have you ever applied the services or support provided by NSE (National Secretariat for Elders)?

Questions	Answer
Are you aware of NSE's services and support?	
Have you ever applied?	

What kind of services or support have you got?	
When (Which year)?	
What (or how much) did you get?	

2. Further improvement of elderly services

(1) Challenges and issues

Do you have any challenges in providing the services related to elderly care? If you have, please describe.

Challenges	Solutions/Suggestions

3. Social service facilities

Please indicate the number of social service-related facilities in your area.

Category	Total number of facilities		Number of facilities registered by the government	
	public	private	public	private
Day Care Center				
Elderly Home				
Facility providing rehabilitation service				
Facility providing home-based care service				
Disabled Home				
Dementia facility				
Other facility related to elderly care				
NGO related to elderly care				

1. Information on Day (care) centers and Elderly home

Please indicate the information on Day (care) centers and Elderly home in your area.

Name of Facility	
Address	
Name of Representatives	

Phone number	
Number of staff	
Number of elders staying/coming	
Required Qualifications or Restrictions for elderly people	
Source of income of facility	
Provided service 1	
Provided service 2	
Provided service 3	
Provided service 4	
Provided service 5	

2. Information of Elderly Committee

Please indicate information on the Elderly Committee in GN and their activities.

Name of Representative	
Phone number of Representative	
Number of members	
Place of their regular meeting	
Date of their regular meeting	
Their major activity 1	
Their major activity 2	
Their major activity 3	
Their major activity 4	
Their major activity 5	

3. Coordination between multi-sectors

(1) Coordination and collaboration

How is the relationship with the following personnel/organization/facility in providing the elderly services?

Please mark any of the following options.

	Always work together / communicate	Collaborate when necessary / when asked	Have periodical discussion	Know contact number / address	Can freely contact	No coordination at all
Health sector						

	Always work together / communicate	Collaborate when necessary / when asked	Have periodical discussion	Know contact number / address	Can freely contact	No coordination at all
Ministry of Health						
PDHS						
Provincial hospital						
District Hospital						
Base Hospital						
Divisional Hospital						
MOH Office						
PMCU						
HLC						
Others						
Social services						
NSE						
Divisional Secretary						
ERPO						
SSO						
Development officer						
GN						
Elderly committee						
Daycare center						
Elder home						
Others						
Others						
NGO						
Volunteer						
Others						

(2) Challenges in coordination between multi-sectors

If you have any problems or solutions to such problems in multi-sectoral coordination, please let us know.

Challenges and issues	How to solve the issues

Thank you very much for your cooperation.

Attachment 6: Sample Form of Analyzing Needs and Resources

Area/Group		Participants	

Category	Identified issues through the Needs Assessment Survey or any other means	Countermeasures /Solutions	Prioritization of possible activities	Point to be considered for implementation
(Example) Preventive Care	• Lack of activity related to healthy life • Isolation at home • No chance of meeting friends	• Conducting exercise programs • Conducting health/nutrition lectures • Holding regular events/gatherings	• Conducting exercise programs→**HIGH** • Conducting health/nutrition lectures→**Mid** • Holding regular events/gatherings→**Low**	• Find a good place to gather people • Coordinate with the hospital, MOH office, and DS office • Find an exercise trainer • Communicate with the elderly committee • Check the available equipment

Attachment 7: Sample Form of Developing of Action Plan

Detailed activities	Responsible persons to implement	Necessary resources/ collaboration	Implementation schedule (Month)												Indicator
			1	2	3	4	5	6	7	8	9	10	11	12	
1. (example) Conducting exercise program.															
• Train one or two exercise trainers.	MOH, PHNO, PHI	• Instruction text. • Exercise video.	✓	✓											• Conduct the exercise every week • More than 300 elders participate in the exercise in a year.
• Find a place for exercise	DS, MOH, PHNO, PHI, GN	• Meet elderly committee members and discuss • Visit temple, school.	✓	✓											
• Coordinate with the hospital, MOH office, DS office, elderly committee	GN, PHNO, PHI	• Discuss how to gather elders • Make posters, etc.	✓	✓											
• Conduct exercise program	Trainers	• PC, Projector, Screen, etc.			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2.															
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3.															
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4.															
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Attachment 8: Sample Form of Monitoring and Follow-up

Name of GN / Division	
Time and date of the meeting	
Name of Facilitator	
Name of Recorder	

1. Monitoring of the activities in the action plan

	Activity of the action plan	**What was done in this month**	**Issue and its response, if any**
	(Please copy and paste each activity of the action plan.)	(Please describe what was done in this month.)	(Please describe any challenges in implementing the activities. If any activities are delayed, please describe the specifics and the reasons for the delay. Also, please discuss and describe the responses to the challenges mentioned above.)
1			
2			
3			
4			

2. Other discussion topics

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-

3. Next meeting

Date:

Venue: