The Democratic Socialist Republic of 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

Project Completion Report

March 2025

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)

FUJITA PLANNING CO., LTD.

Project for Capacity Enhancement of Elderly Service in the Community

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Abbreviations

ARPA	Agriculture research and production assistant
C/P	Counterpart
CCP	Consultant community physician
CSTH	Colombo South Teaching Hospital
DMO	District medical officer
DO	Development officer
DS	Divisional Secretariat (office)/Secretary
DSS	Department of Social Services
ERPO	Elders' rights promotion officer
GN	Grama Niladhari
HLC	Healthy Lifestyle Center
HPB	Health Promotion Bureau
ICOPE	Integrated Care for Older People
JAGES	Japan Gerontological Evaluation Study
JCC	Joint Coordination Committee
JICA	Japan International Cooperation Agency
JV	JICA volunteer
MCH	Maternal and child health
MO	Medical officer
MoFA	Ministry of Foreign Affairs
MoHM	Ministry of Health and Mass Media
MOH	Medical officer of health
MOIC	Medical officer in charge
MoPA	Ministry of Public Administration, Provincial Councils, and Local Government
MoSS	Ministry of Rural Development, Social Security, and Community Empowerment
NCD	Non-communicable disease
NCE	National Council for Elders
NGO	Non-governmental organization
NSE	National Secretariat for Elders
PD	Project director
PDCA	Plan-do-check-act
PDHS	Provincial director of health service
PDM	Project design matrix
PDSS	Provincial director of social service
PHC	Primary (Health) Care Service
PHI	Public health inspector

PHM	Public health midwife
PHNO	Public health nursing officer
PHSEP	Primary Healthcare Systems Enhancing Project
PIC	Project Implementation Committee
PM	Project manager
PMCU	Primary medical care unit
R/D	Record of discussions
RDHS	Regional director of health services
SME	Small- and medium-sized enterprise
SO	Samurdhi officer
SSO	Social service officer
SWOT	Strengths, weaknesses, opportunities, and threats
TOT	Training of trainers
TWG	Technical Working Group
UNFPA	United Nations Population Fund
WB	World Bank
WC	Working Committee
WHO	World Health Organization
YED	Directorate for Youth, Elder and Disabled Persons

Pictures of Activities

First JCC Meeting (August 2022)

First Training in Japan (October 2022)

Needs Identification Survey (December 2022)

Second Training in Japan (June 2023)

TWG and WC Joint Meeting in Kandaketiya (November 2023)

Second JCC Meeting (November 2023)

Pilot Site Activity (Self-Employment) in Poregedara (February 2024)

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I. Basic Information of the Project

1. Country

The Democratic Socialist Republic of Sri Lanka (Sri Lanka)

2. Title of the Project

The Project for Capacity Enhancement of Elderly[1] Service Management in the Community

3. Duration of the Project

From February 3, 2022 to February 2, 2025

4. Background

The Asian Development Bank (2019)[2] predicted that by 2045, people over 65 years of age would be 21% of the total population in the Democratic Socialist Republic of Sri Lanka (hereinafter referred to as “Sri Lanka”). Sri Lanka is one of the fastest-aging populations in Asia (HelpAge International, 2023)[3]. It has been necessary to take measures to respond to the transition of disease structures, such as the increasing burden of illness due to non-communicable diseases (NCD), the prevalence of dementia, and elderly people living with disabilities.

Under these circumstances, the Cabinet decided on a national policy for aging in 2006, and a revised version is currently being formulated as of January 2025. In January 2017, the Cabinet approved the National Elderly Health Policy. Elderly care is positioned as a national priority, and discussions on elderly care policies are underway. Several strategies are being discussed, such as the establishment of mechanisms to strengthen the health system for service provision; cross-sectional coordination, facilities, and human resource management for the provision of equal and comprehensive services; treatment prevention, rehabilitation, and interventions to promote healthy aging; mechanisms to build the capacity of all carers of the elderly; and evidence-based investigation and information systems that include old age disabilities to support care.

In developing these policies, it became evident that elderly people do not receive sufficient care in healthcare facilities, in nursing homes, or at home. In response to this issue, the Ministry of Health and Mass Media (MoHM) developed the Elderly Health Care Delivery Plan in 2017 and initiated measures such as transforming current health facilities into intermediate care facilities by creating elderly-friendly environments in underutilized primary health care units. According to Sri Lankan

[1] There are views that the term 'elderly' carries negative connotations towards older people, but this report uses 'elderly' in accordance with the term used in Sri Lankan government documents.
[2] Growing Old Before Becoming Rich: Challenges of An Aging Population in Sri Lanka (http://dx.doi.org/10.22617/TCS190612-2)
[3] Policy in practice case study: Sri Lanka (https://www.helpage.org/wp-content/uploads/2023/06/sri-lanka-population-ageing-policy-case-study.pdf)

culture, caring for the elderly at home is considered a major responsibility of the family. Since the population is aging rapidly and the trend of more elderly people living alone is likely to continue (UNFPA, 2016)[4] as children leave the country or find employment in faraway cities, caregiving for elderly people will become a major issue in the near future. Therefore, health and social service systems need to be transformed to provide services for the elderly by using resources efficiently and effectively.

5. Overall Goal, Project Purpose, and Outputs

The project outline was finalized based on the Record of Discussions (R/D), which was agreed upon on February 20, 2020 and amended on September 15, 2023, and January 24, 2025, as follows.

(1) Overall goal and indicator

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

Indicator 1. Government's programmes to promote the models implemented in 10 target Divisions. *Implemented at least 1 GN division in each division.

(2) Project purpose and indicators

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

Indicator 1. The models are shared with more than 146 relevant organizations.

Indicator 2. More than 80% of the attendants of the seminar for sharing the models answer that developed models are useful.

(3) Outputs

Output 1: Planning and coordination mechanism for health and social services in the community is established in each pilot site.

Output 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.

Output 3: The models are developed at each pilot site for community-based health and social services for elderly persons.

Output 4: The coordination of health and social sectors at the central level and the coordination between central and local levels are improved.

Output 5: Recommendations are developed for a wider application of the models.

[4] Features, Challenges and Opportunities of Population Ageing: Sri Lankan Perspective (https://srilanka.unfpa.org/sites/default/files/pub-pdf/Ageing%20Policy%20Brief%20for%20WEB_0.pdf)

6. Implementing Agency

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

II. Results of the Project

1. Results of the Project

1-1 Input by the Japanese Side

Assignment of Japanese Experts

The assignment of the Japanese experts (person–month) is shown in Table 1.

Table 1: Assignment of Japanese Experts

Areas of Responsibility	Name	First Term	Second Term	Total
[First term] Chief Advisor / Elderly Care 1	Kanako Tanigaki	6.41	–	6.41
[First term] Assistant Chief Advisor / Social Service 1 / Community Hunan Resource (HR) Development 1 [Second term] Chief Advisor / Social Service 1 / Community Hunan Resource (HR) Development 1	Michiko Fujimoto	8.59	9.52	18.11
Elderly Care 2	Kijo Deura	0.95	3.67	4.62
[First term] Social Service 2 / Community HR Development 2	Naoe Sato	0.01	–	0.01
[Second term] Social Service 2 / Effectiveness Assessment and Modeling	Tomoko Tamura	–	3.97	3.97
[Second term] Social Service 3 / HR development 2	Chihiro Uchiyama	–	2.00	2.00
Training Management 1	Mizuki Takegata	0.05	–	0.05
[First term] Training Management 2 [Second term] Training Management / Social Service Assistant / Community Activity Management	Kota Iwaki	7.87	6.85	14.72
Training Management 3	Ryota Hirama	2.53	–	2.53
Situation Analysis	Yuma Fujinami	0.27	–	0.27
	Total	26.68	26.01	52.69

International Training (in Japan and Thailand)

The title of the training and the number of participants from the Sri Lankan side are shown in Table 2. For each time period, the participants were selected from both the health side and the social service side as equally as possible.

Table 2: International Training

	Title of the Training	Host Country	Period	Number of Participants
1	The Knowledge Co-Creation Program on Community-Based Integrated Care System	Japan	Oct 18–Nov 1, 2022	- MoHM: 8 - MoSS: 5 - Ministry of Public Administration, Provincial Councils, and Local Government (MoPA): 1 TOTAL: 14
2	The Knowledge Co-Creation Program on Community-Based Integrated Care System	Japan	Jun 20–Jul 1, 2023	- MoHM: 8 - MoSS: 2 - MoPA: 6 - Western Provincial Council: 1 TOTAL: 17
3	Thailand Visiting Program	Thailand	May 26–May 31, 2024	- MoHM: 5 - MoSS: 5 TOTAL: 10
4	The Knowledge Co-Creation Program on Community-Based Integrated Care System	Japan	Sep 24–Oct 3, 2024	- MoHM: 7 - MoSS: 2 - MoPA: 2 - Western Provincial Council: 1 - Uva Provincial Council: 1 TOTAL: 13

The main objective of visiting Japan was to learn about the community-based integrated care system in Japan and to observe the actual activities on site. The major objective of visiting Thailand, where three other JICA projects had been conducted previously, was to learn about how the Thai government has been implementing elderly care based on the lessons learned from those projects. The other major objectives and content of each training are shown in Figure 1.

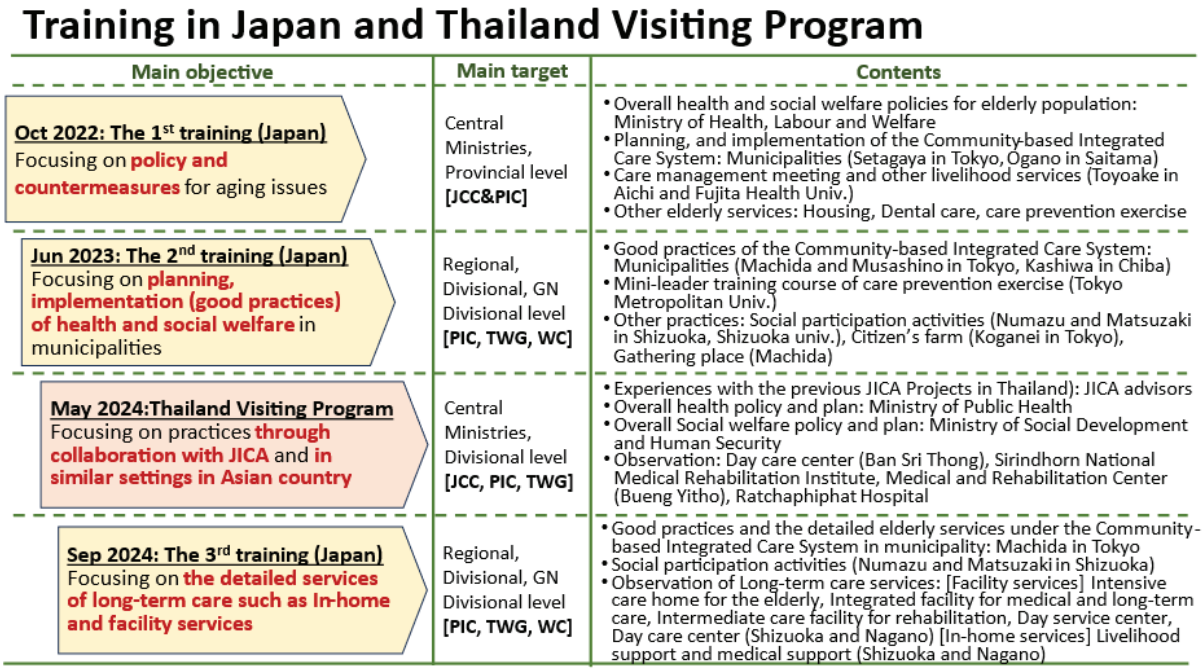


Figure 1: Objectives and Content of the Training in Japan and Thailand Visiting Program

Overseas Activity Cost

The equipment procured for the project activities is shown in Table 3.

Table 3: List of Procured Equipment

	Purchase Year	Description	Specification	Qty
1	2022	Note PC	HP 15S-I7-FQ2890TU	1
2	2022	Projector	ViewSonic Multimedia Projector PG603W	1
3	2022	Photocopier	Toshiba Copier MFP e-Studio 2329a	1
4	2022	Note PC	HP 15T-DW300-CORE i7	1
5	2022	Tablet	Lenovo 10inch 3+32GB TAB	33
6	2023	Projector	ACER PJ-X1226AH	4
7	2023	Note PC	HP 15S-ep3334AU	4
8	2023	Printer	HP Ink Tank Wireless 415	4
9	2024	Projector	ACER PJ-X1226AH	1

The staff assigned by the Japanese experts to support the project activities are shown in Table 4.

Table 4: Assignment of Staff

	Name	Position	Working place (Province)	Period
1	Mr. Sivasubramaniam Surendran	Senior officer	Western	Feb 2022–May 2023
2	Ms. Sanduni Jayaratne	Officer	Western	Jun 2022–Jan 2023
3	Ms. Chamali Rajasinghe	Assistant	Uva	Nov 2022–Sep 2024
4	Ms. Ahmed Shayeed Shuhaira	Assistant	Uva	Nov 2022–Jan 2025
5	Ms. Nisali Jayawardena	Officer	Western	May 2023–Jan 2025
6	Ms. Jessica Jayakumarage	Officer	Western	May 2023–Jan 2025

1-2 Input by the Sri Lankan Side

The project directors (PD) and project managers (PM) on the Sri Lankan side are shown in Table 5.

Table 5: List of PDs and PMs

Roles	Title		Name	Period
PD	MoHM	Secretary	Mr. Janaka Sri Chandragupta	Feb 2022–Nov 2023
			Dr. P. G. Mahipala	Nov 2023–Nov 2024
			Dr. Anil Jasinghe	Dec 2024–Feb 2025
	MoSS	Secretary	Ms. R.Sunethra Gunawardana	Feb 2022–Jul 2022
			Mr. H.K.D.W.M.N.B. Hapuhinna	July 2022–Jan 2023
			Mrs. M. Yamuna Perera	Jan 2023–Sep 2024
			Mr. Ranjith Ariyaratne	Sep 2024–Nov 2024
			Mrs. Malarmathi Gangadharan	Nov 2024–Feb 2025
PM	MoHM	Director, Directorate for Youth, Elderly and Disabled Persons (YED)	Dr. Deepa Saranajeewa	Feb 2022–Jul 2024
			Dr. Lakmini Mogodaratna	Jul 2024–Nov 2024
			Dr. Nishani Ubeysekara	Dec 2024–Feb 2025
	MoSS	Director, National	Mr. Kapila Lanerolle	Feb 2022–May 2024

Roles	Title		Name	Period
		Secretariat for Elders (NSE)	Mr. Chathura Mihidum	Aug 2024–Feb 2025

The office of the Japanese experts was allocated in the office of NSE, and other items provided during the project period by the Sri Lankan side are shown in Table 6.

Table 6: List of Items Provided by the Sri Lankan Side

	Name	Qty	Usage Period
1	Office space	1	Feb 2022–Jan 2024
2	Desks	3	Feb 2022–Jan 2024
3	Chairs	5	Feb 2022–Jan 2024
4	File cabinet	1	Feb 2022–Jan 2024
5	Internet/Wi-Fi access	n/a	Feb 2022–Jan 2024

1-3 Activities

Output 1: Planning and coordination mechanism for health and social services in the community is established in each pilot site.

Activity 1.1. Identify the relevant authorities and personnels in each pilot site.

From February 2022, several meetings were held with the Sri Lankan counterparts (C/P) from the ministry level to the Grama Niladhari (GN) level. The relevant authorities and personnel of the Working Committee (WC) and Technical Working Group (TWG) were identified (shown in Table 7 and Table 8, respectively) and agreed on in the first joint meeting of the Joint Coordination Committee (JCC) and Project Implementation Committee (PIC) on August 29, 2022.

Table 7: List of WC Members

	Title
1	Public health nursing officer (PHNO)
2	Public health midwife (PHM)
3	Public health inspector (PHI)
4	Elder’s right promotion officer (ERPO)

	Title
5	Social service officer (SSO)
6	Development officer (DO)
7	Samurdhi officer (SO)
8	GN
9	Elderly Committee members

Table 8: List of TWG members

	Title
1	Regional director of health services (RDHS)
2	Divisional secretaries (DS)/additional DSs
3	Regional consultant community physician (CCP)
4	District medical officer (DMO)/Medical officer in charge (MOIC)
5	Medical officer of health (MOH)
6	District SSO
7	District elders' rights promotion officer (ERPO)
8	DS officers (relevant field officers)
9	Divisional SSO/Divisional ERPO
10	PHNO
11	PHM
12	PHI
13	Other health and social service field staff relevant to the project activities

The members of WC and TWG were added or changed as needed to adjust to the actual situation at each site. For example, it was later discovered that some staff members in the above lists were not even assigned at some of the sites. Moreover, there were some personnel changes at each pilot site, and replacements were sometimes not immediately available. The list of WC and TWG members who attended the meetings regularly until the end of the project is shown in Annex 1-1.

As suggested by the Verification Survey (see Annex 2-1), in some cases, the WC and TWG can be merged, especially when activities are carried out in only one GN area in one division. To reflect the needs of the elderly in activities and gain their cooperation, it is important to ensure the participation of the Elderly Committee in a platform such as the WC or TWG when establishing the platform.

Activity 1.2. Establish a working committee at each pilot site.

Regarding the selection of the pilot sites, the area up to the division level had already been pre-determined in the project formulation period, and three different regions were selected: one from an

urban area, another from a semi-urban area, and one from a rural area. In September 2022, four GN divisions were selected for the project's pilot sites at the TWG meeting, as shown in Table 9. The selection was based primarily on recommendations from the C/P, and the main reason for the nomination was that the area had an active elderly committee. After the recommendation, the Japanese expert team visited each site and both C/Ps in the GN division and agreed to make them pilot sites. Due to the strong recommendation from C/P, two sites were selected in the Kandaketiya Division.

Table 9: Pilot Sites of the Project

Province	Western		Uva	
District	Colombo		Badulla	
Division	Kaduwela	Padukka	Kandaketiya	
GN division (pilot site)	Athurugiriya	Poregedara	Kandakepu Ulpotha	Kivulegedara
Elderly population*	570	225	126	218
Feature	Urban	Semi-urban	Rural	

*Above 60 years old, as of May 2023

After the selection of the pilot sites, a WC was established in each pilot GN division. In the first JCC meeting in August 2022, it was agreed that WCs would be held regularly, ideally every month. However, WCs were held every 2–3 months, as needed. The WC meetings held throughout the project period are described in Indicator 1.1 of Output 1 (page 74, 2, Achievements of the Project, 2-1 Outputs and indicators).

Activity 1.3. The working committees decide the roles and responsibilities of the participating authorities and personnels in the working committees.

For personnel selected for the WC as of the first JCC meeting in August 2022, the roles of WC members were determined as the ERPO and SO as co-chairs from the social service side, and the PHNO, PHM, or PHI as co-chair from the health service side. Later, in the WC meeting conducted at each site, the GN and MOH or PHI were recommended as chairs and co-chairs by the WC members. However, as stated above in Activity 1.1, it was still an early stage of the project, and the roles did not function as agreed in the first JCC. In reality, the DS or additional DS from the social service side and the MOH or DMO/MOIC from the health service side at each respective site took the lead of the WC members most of the time. Although those officials and the GN widely assisted in organizing WC meetings, it was the Japanese expert team that primarily proposed meeting dates, suggested the content of the meetings, and

guided the meetings until the end of the project. Having said that, the actual activities at the pilot sites, except for those mentioned above, were smoothly conducted without the lead of the Japanese experts.

Activity 1.4. The working committees formulate the plans for the activities of the working committees in each pilot site.

Kick-off meetings of the WC at the four pilot sites were held in September 2022, and the plan and the details of the Needs and Resource Identification Survey were shared by the Japanese expert team and agreed upon in the meetings.

The detailed process of the formulation of action plans and the implementation of the activities are described in Activities 2.1–3.4, and the WC meetings held throughout the project period are described in Indicator 1.1 of Output 1 (page 74, 2. Achievements of the Project, 2-1 Outputs and indicators).

Output 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.

Activity 2.1. Prepare the questionnaires for collecting the data of elderly persons and their families as well as the data of health and social services.

In April 2022, the Japanese expert team drafted the questionnaires for the Needs and Resource Identification Survey for elderly people based on the needs assessment for the elderly in Japan (Long-Term Care Insurance Planning Division, Promotion Division, Geriatric Health Division and General Affairs Division, Bureau of Aging and Welfare, Ministry of Health, Labor and Welfare, Guidance for Conducting Needs Assessment for Long-Term Care Prevention and Daily Living Areas)[5]. The draft was reviewed many times, mainly with YED, NSE, geriatric medicine experts in Colombo South Teaching Hospital (CSTH), and other officials in Kaduwela and Padukka. Based on the comments raised during these review meetings, the questionnaires were modified several times. The modified questionnaires were sent to the MoHM for the final review in July 2022. Later, they were all translated into Sinhala. The Sinhala version was also modified several times through the review of the MoHM and other C/Ps. Translation into Tamil was considered, but it was deemed unnecessary after hearing from the officials at each pilot site.

In September 2022, the Japanese expert team conducted the first orientation meeting of the Needs and Resource Identification Survey at each WC meeting. In the same month, the WC members conducted a trial survey. Based on the feedback from these, the Japanese expert team modified the questionnaire again and obtained final approval from the two PMs and the MoHM in November 2022.

[5] https://www.mhlw.go.jp/content/12301000/000560423.pdf

The final structure of the Needs Identification Survey form was composed of four parts: (1) informed consent and basic information, (2) questions for those who need care, (3) information about carers, and (4) questions for those who don't need care. Everyone answered section (1), and depending on their answers, which led to the judgment of their being dependent or independent, it was determined whether they answered (2) and (3) or only (4). The structure of the Resource Survey was divided into the health side and social service side. The health side was composed of four parts: (1) for RDHS, (2) for health facilities, (3) for community health workers, and (4) for registered private health facilities. The social service side was composed of three parts: (1) for ERPOs, SSOs, and DOs, (2) for GNs, and (3) for facilities.

Prior to the commencement of the Needs Identification Survey, the forms were uploaded to the Kobo Toolbox[6] and synchronized with 33 tablets. The purpose of not conducting a paper-based survey was to minimize the time required for data entry and analysis and to reduce the risk of losing collected information. Data collection and entry were conducted without internet access, and the data were uploaded to a cloud server once the tablets were connected to the internet.

At the end of the project, the Verification Survey was conducted, and several interviews with C/Ps took place. During the interview, feedback on the questionnaires for both surveys was also given, and based on the comments and opinions, the survey forms were revised to be simpler and shorter for future use (see Annex 2-2).

Activity 2.2. Each working committee analyzes the situation of the elderly persons and their families in each pilot site.

The second orientation meeting of the Needs Identification Survey, including the practice of how to use the tablets and the data entry on the screen, was conducted at each site in November and December 2022. The survey was initiated in December 2022 at all four sites by officials from both the health and social service sides at the site, and local youth volunteers assisted in data collection. The notification and mobilization of elderly people mainly took place through the help of the Elderly Committee. The community center and temple were mostly selected as survey locations for their accessibility to the elderly people. Even so, in Kandakepu Ulpotha, and Kivulegedara in particular, there were many elders who were not able and/or willing to come to such places. Some Sri Lankan officials visited the homes of these elderly people to collect their answers. Health checkups were also conducted for the elderly people along with the survey, following good practice and guidance of CSTH.

The survey ended in May 2023 for analysis, and the response rate of the survey at each site is shown in Table 10.

[6] https://www.kobotoolbox.org/

Table 10: Response Rate of the Needs Identification Survey

Pilot Site	Elderly Population*	Response (Rate)
Athurugiriya	570	402 (70.5%)
Poregedara	225	191 (84.9%)
Kandakepu Ulpotha	126	126 (100%)
Kivulegedara	218	165 (75.7%)
Total	1,139	884 (77.6%)

*Above 60 years old, as of May 2023

Activity 2.3. Each working committee analyzes the situation of health services in hospitals and the community.

The Resource Survey was conducted on a paper basis. The forms for resource identification for the health sector were distributed to the respective C/Ps from September 2022. After collecting the forms, follow-up interviews were conducted over the phone or face-to-face, when necessary, to clarify the written information. The collected information was referred to later, when the action plans at each site were developed. This activity took place in the process of formulating action plans, as described in Activities 3.1 and 3.2.

Activity 2.4. Each working committee analyzes the situation of social services in the community.

The Resource Survey was conducted on a paper basis. The forms for resource identification for the social service sector were distributed to the respective C/Ps from September 2022. The follow-up interviews were conducted, as well as Activity 2.3.

The survey forms for both the health and social service sectors were modified at the end of the project for future reference of the Sri Lankan government (see Annex 2-3 and 2-4). This activity took place in the process of formulating action plans, as described in Activities 3.1 and 3.2.

Activity 2.5. Each working committee identifies the mechanism of providing the health and social services for the elderly persons in each pilot site.

This activity took place in the process of formulating action plans, as described in Activities 3.1 and 3.2.

Activity 2.6. Each working committee identifies specific challenges of service provision for the elderly persons based on the analysis in each pilot site.

This activity took place in the process of formulating action plans, as described in Activities 3.1 and 3.2.

Output 3: The models are developed at each pilot site for community-based health and social services for elderly persons.

Activity 3.1. Each working committee identifies a few priority challenges in each pilot site.

The Japanese expert team compiled the data collected by the Needs Identification Survey and shared the summary results with the Sri Lankan officials at each pilot site in May 2023. The issues to be addressed at each pilot site were discussed at the WC meetings at each site first, and a summary of the discussions was shared and discussed at the TWG meetings next. Then, the WC and TWG members listed the identified issues and discussion results at each pilot site. Later, when each site formulated its action plans, examples of the identified priority issues were summarized (Table 11).

Table 11: Identified Priority Issues in Athurugiriya

Group: Athurugiriya/Kaduwela		**Members**	Elderly Committee, GN (WC members), ERPO, SSO, DO, PHI, PHNO, PHM (both WC and TWG members), RDHS, RDSS, DS, Additional DS, MOH, DMO (TWG members)	
Category	Identified issues (% is extracted from the survey)	Countermeasures to be solved using lesson learned in Japan	Select priority issues to be implemented after the training sessions	Point to be considered for implementation
Living space	Children are busy (Children's financial support: 8.3%) Economic difficulties (Very difficult: 43%)	Establishment of a day care center	• Organizing entertainment programs • Organizing educational programs	• Enlisting the support of Elderly Society members; contact: leader of the Elder Society (by phone) • Getting support from the temple; meet the leader monk in the temple • Dancing and singing activities. Contact: GN
Life support	Lack of protection from children (Children's financial support: 8.3%)	Referral to day care center		
Social participation	Minimum participation for society companies (Rarely go out: 47.6%)		• Continuing exercise programs • Further organization of health clinic programs • Educating about nutritious foods	• Getting a building from the school and conducting exercise sessions once a week • Coordinating with hospital and MOH office
Care prevention	Lack of activity related to healthy life Isolation (Chance of going out decreased: 83%)	Conduct awareness program to enhance healthy life for the elderly Referral to social activities		

Health /medical services	Lack of awareness of NCDs Low understanding of exercise (Being sick last year: 78.6%)	Implementation of consultancy services		• Enlisting the help of an exercise trainer PHI/MOH
Elder care services	No insurance policy Allocation of limited amount for allowances (govt.) (Not receiving financial support: 71.4%; Receive pension 7.1%)	Government focus on an insurance scheme	• Providing knowledge about self-employment • Referral to self-employment	• Lions Club and DS Office • Liaison of DS • Sweets/porridge • Handicrafts • Wood carving • Contact: DO
Others	Dependent mentality Minimum linkage between social services and health services (Living alone: 12%)	Make a connection between the health sector and social services sector		

Activity 3.2. Each working committee formulates action plans for solving the challenges they prioritize in each pilot site.

Those in each WC and TWG participating in the second training in Japan in June 2023 were tasked with keeping these prioritized issues in mind, learning about the good practices of the elderly services implemented in Japan, and formulating draft action plans at the end of the training. After the training, they shared the lessons learned and presented draft action plans at the Feedback Seminar in July 2023. The presented action plans were also shared with other WC and TWG members, and the meetings were held at each site to finalize the plans, referring to the above-identified issues as well. Several elders from the Elderly Committee were also invited to the meeting and gave their opinions and ideas on the plans. Those elders were encouraged to take an active role as implementers in the activities as much as possible.

While formulating the action plans, some of the WC and TWG members in Kaduwela also visited the Lanka Alzheimer's Foundation in Colombo to observe its activities because they were considering implementing a dementia cafe (D-Café), which was observed as a good practice in Japan.

In August 2023, all the action plans of the respective pilot sites were modified, and by November 2023, the plans were finalized at the WC and TWG meetings. From either the WC or TWG, at least one person was assigned as the person in charge of each activity, and an implementation schedule for each activity was set. In November 2023, the plans were approved at the second JCC meeting.

The initial planned activities determined through the formulation of action plans for each site are shown in Table 12 (see more details in Annex 2-5, 2-6, 2-7, and 2-8 for all the pilot sites).

Table 12: List of Initially Planned Activities

Site	No.	Activities
Athurugiriya	1	Care/frailty prevention exercise
	2	Elderly clinic including health promotion
	3	Entertainment activities
	4	Self-employment
	5	Outreach health clinic
	6	Consultation for dementia patients including their family members
	7	Health education (especially nutrition)
	8	Establishment of a day care center * Deleted due to subsequent discussions
Poregedara	1	Self-employment
	2	Use of technology devices/smart phones *Deleted due to subsequent discussions
	3	Community library
	4	Care/frailty prevention exercise
	5	Awareness of safe driving for transportation service providers
	6	Health camp
	7	Home gardening and nutrition program
	8	Awareness to make better relationships for elders and others
Kandakepu Ulpotha	1	Self-employment
	2	Awareness of safe driving for public transportation
	3	Health education (nutrition)
	4	Outreach clinic/referrals of elderly people with eye problems
	5	Providing mobility aids
	6	Rehabilitation training for family members of elderly people
Kivulegedara	1	Health education (oral health)
	2	Social activities for elderly people who need social assistance
	3	Self-employment
	4	Health education (nutrition)
	5	Care/frailty prevention exercise
	6	Entertainment activities
	7	Outreach clinic/referrals of elderly people with depression *Deleted due to subsequent discussions
	8	Outreach clinic/referrals of elderly people with eye problems
	9	Rehabilitation training for family members of elderly people

Activity 3.3. Based on the action plans, the health and social services for elderly persons are provided in each pilot site.

While formulating and reaching a consensus on the action plans, some activities began being provided based on learnings from the first training in Japan. In February 2023, the MOH in Kaduwela took the first action to initiate a care/frailty prevention exercise. In March 2023, the same exercise program was launched by the GN and SSO and was continuously promoted by the PHNO in Padukka. The exercise imitated Koroban exercise, which is widely implemented by elderly people in the Arakawa ward, Tokyo, but the content of the exercise was modified and arranged by the PHNO based on the local context in Kaduwela. In addition, the Kaduwela MOH sought sustainable ways to conduct the exercise activity and attempted to collaborate with local schools. In April and May 2023, the exercise program was implemented at one of the public schools in Kaduwela, and the coordination and preparation were also done in cooperation with youth volunteers, the Boy Scouts group of the school, the Lion's Club, and local Elderly Committee members.

After the second training in Japan in June 2023, all pilot sites gradually began their activities according to the action plans. The activities conducted at each pilot site from July 2023 to January 2025 are shown in Table 13 and Table 14.

Table 13: List of Activities in the Pilot Sites (1)

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 Athurugiriya Divisional Hospital 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 opinion exchange - Instruction session on making sweets - Workshop for 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-café (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 1) - Gardening (monitoring 2)	 Nov 7, 2023 Nov 28, 2023 Dec 20, 2023 Jan 17, 2024 Nov 8, 2024

Division	Pilot Site/GN	Activities	Date
		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
		Counseling - Counseling for elderly people (at Kalukapuge Luwis Perera Elders Home in Battaramulla) - Counseling for the representatives of elderly committees from 24 GNs	 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 (24 GNs)	 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 2024
		Care prevention exercise (at the Oruwala Community Center in Oruwala GN)	Once a week from July 2024
Padukka	Poregedara	**Care prevention exercise** (at the Poregedara Community Center) - Periodical sessions - Promotion event	 Every Tue, Thu, Sat 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 Jan 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 - Counseling for the elderly - Awareness for school students	 Nov 7, 2023 Nov 12, 2023 May 16, 2024

Division	Pilot Site/GN	Activities	Date
		- Good relationships between the elderly and family members	
		Nutrition program - Gardening (lecture)	 Nov 17, 2023
		Establishment library space at the community center - Arrangement of books and launch of 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, and Pahala 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** - Preparation meeting - Workshop for the Elderly Committee members - Distribution of stickers to 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 content - 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/frailty 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 poetry)	 Oct 12, 2023 Oct 18, 2023 Nov 28, 2023

Division	Pilot Site/GN	Activities	Date
	Kivulegedara	**Health promotion**	
		- Health education on Oral health	Sep 13, 2023
		- Mental health counseling	Jan 16, 2024
		- NCD screening	Jan 24, 2024
		- Nutrition lectures	Jul 5, 2024
		Care prevention exercise	
		- Periodical sessions (at the house of an 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	Dec 27, 2023
		- Soap-making training	Aug 9, 2024
	Both Kandakepu Ulpotha and Kivulegedara jointly	**Awareness of safe driving: public transportation for the elderly**	
		- Distribution of stickers	Mar 25, 2024
		Referral of elderly patients with eye problems to tertiary hospitals	
		- Referral of the 1st batch (35 elderly persons)	May 27, 2024
		- Referral of the 2nd batch (33 elderly persons)	Jun 27, 2024
		- Distribution of eyeglasses and walking sticks	Nov 1, 2024
		Rehabilitation training for patients' families	
		- Preparation meeting	May 7, 2024
		- Identification of target elders at home	In May 2024
		- 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 in houses	In Oct and Nov 2024
		Support for disabled people	In Sep and Oct 2024
		- Providing walking sticks/crutches	

Table 14: List of Activities in the Pilot Sites (2)

[Athurugiriya]

	Plan	Activities
1	Continuing the exercise program	✓ Several care prevention exercises have been conducted by various health service staff. ✓ Athurugiriya and 5 other GN divisions started the program.

Place	Activity started	Frequency	No. of Participants	Trainers
Primary school, college	Feb 2023-	Ad hoc	40	MOH, PHI, master trainer
Athurugiriya DH	Sep/2023-	Weekly	35–40	PHNO
Oruwara Community Center		Weekly	20	PHNO
Abhaya Pura Community Center	Dec/2023-	Twice a week	5	Elderly person

<table>
<tr><th></th><th>Plan</th><th>Activities</th></tr>
<tr><td></td><td></td><td>
<table>
<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</td><td>Apr/2024-</td><td>Monthly</td><td>50</td><td>PHI, master trainer</td></tr>
</table>
</td></tr>
<tr><td>2</td><td>Athurugiriya Divisional Hospital – Elderly Clinic (including promotional activities)</td><td>✓ The Elderly Clinic opens in the morning every Friday.
a. NCD screening and Integrated Care for Older People (ICOPE) testing are conducted by Medical officers (MOs).
b. Cognitive stimulation therapy is conducted by MO in mental health for patients who have been diagnosed with dementia with mild and moderate symptoms.</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 towels) are 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>
</table>
✓ On September 26, one woman joined the fair at the DS office, conducted by the “Vidatha” section of the DS office. She sold cookies, milk toffees, and some traditional sweets she made. She joined the sweet-making demonstration session held at the DS office in March.</td></tr>
<tr><td>5</td><td>Further organization of health clinics.</td><td>✓ With the support of non-governmental organization (NGO) “HelpAge,” a medical camp took place at Moratuwahena Temple on Aug 6, 2024.
✓ NCD screening, ICOPE testing, medical consultation and counseling, and eye inspections were conducted.
✓ 8 elderly persons were referred for cataract surgeries of a total of 80 elderly participants at the screening.</td></tr>
<tr><td>6</td><td>Establishment of a consultation center for dementia patients (similar to D-café in Japan)</td><td>✓ Consultation sessions were held by a counseling officer at the DS office on Sep 19 and 27, 2023, and two dementia-suspected people and family members joined.
✓ An awareness session about dementia and looking after dementia patients was held by MOs of Athurugiriya DH collaborating with CSTH at the Moratuwahena Temple on Nov 25, 2023. There were 5 cases in which the person who joined the session took a family member who was a suspected patient.
✓ Home visits were conducted by DO and counseling officer on Feb 2, 2024.</td></tr>
</table>

<table>
<tr><th></th><th>Plan</th><th>Activities</th></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 conducted 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 distributed</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>
</table></td></tr>
</table>

In addition to the pilot sites, the exercise program was gradually disseminated to the following GN areas from February 2024 after the recommendation of the Japanese experts and the efforts of Sri Lankan officials, especially the MOH and PHNO in Padukka, and MOIC and PHNO in Athurugiriya Divisional Hospital.

Table 15: List of GN Areas Where the Exercise Program Has Been Disseminated

Division	GN Area	Date
Kaduwela	Thunadahena	Every Monday and Wednesday
	Oruwala	Every Monday
	Hewagama	Once a month
Padukka	Dampe	Every Tuesday and Friday
	Horakandawala	Every Tuesday and Friday
	Uggalla	Every Tuesday and Thursday
	Pinnawala North	Every Tuesday
	Pinnawala South	Every Tuesday
	Horagala	Every Thursday
	Pahala Padukka (Polwatta)	Every Tuesday and Thursday
	Kurugara	Suspended in October 2024

Activity 3.4. Each working committee monitors and assesses the implementation of the action plans and make necessary modifications.

After the activities of the action plans were widely initiated, monitoring of the activities was mainly done by the joint meetings of WC and TWG at each site on a regular basis. The monitoring form was

created by the Japanese expert team (see Annex 2-9), and it was used several times. Table 16 shows the records of the first monitoring joint meeting between the WC and TWG at each site in February and March 2024. After that, the progress of each activity was shared regularly during the joint WC and TWG meetings, and good examples and challenges were also shared. Through the discussions, modifications and adjustments to the action plans were made whenever necessary.

Some activities were the first ever trials for both the Sri Lankan officials and the elderly people on the site; therefore, some activities that had been planned at the beginning were later found to be unnecessary or too difficult to continue. For example, training in PCs and mobile phone skills was planned based on the results of the Needs Identification Survey, but the elderly people were not eager to take it.

The Japanese expert team did its best to support the Sri Lankan officials in pursuing their original action plans but did not persist in continuing a large number of activities unnecessarily and did not stop C/Ps at the sites from selecting and focusing on limited activities that they felt necessary or that the elderly people responded well to as the project went on.

Even though the meetings were moderated by the Japanese expert team until the end, the notetaking was done by the Sri Lankan side.

Table 16: Example of Monitoring Report (Kivulegedara)

	Activity of the action plan	What was done in this month	Challenges and countermeasures (if any)
1	Health education program (dental)	Health education was given regarding oral health; mobile clinics were conducted.	Clinics are not conducted regularly. It will be conducted once or twice a year. Elders seem to be disinterested since their custom of smoking cigarettes remains persistent. If it's difficult to educate adults, it's better to educate younger people.
2	Referral for socially active members	1 elderly living alone was referred to Base Hospital Mahiyanganaya (Feb)	Not ongoing.
3	Self-employment	Conducted 2 activities (an education program was arranged). 4 people were identified to carry out the activities.	Limited resources. Practically difficult to carry out the process. They do farming but prefer doing other things.
4	Nutrition programs	Health education was given during the NCD screening.	A nutrition program will be arranged in the future. MOH will do it again.
5	Health education program for adults at hospital	Ongoing.	No activity is conducted. It's good to play an exercise video in the waiting area.

	Activity of the action plan	What was done in this month	Challenges and countermeasures (if any)
6	Care prevention exercise	Health screening was conducted, and elderly people at low risk were identified for the exercise program.	Date and place to be arranged. 48 elderly will attend. Some participants were screened, as suggested by doctors.
7	Support for the elderly living alone (giving aids, equipment, etc.)	Wheelchairs and walking aids were given to the elderly.	Same as Kandakepu Ulpotha.
8	Referral of depression patients to clinic		Not done at all. Difficult to conduct since doctors can't visit the houses of the elderly. Wording of "suspected patients with forgetfulness" should be used.
9	Referral of eye problem patients to hospital		Same as Kandakepu Ulpotha.
10	Training of rehabilitation skills for families		It seems to be difficult to conduct this.

Activity 3.5. Based on the above activities, the models are finalized in each pilot site.

Figure 2 shows an original version of the overall process of the model initially proposed by the Japanese expert team. The proposed model is a model of the activity process, including planning, implementation/monitoring, and evaluation, for providing services to the elderly in the community. It was implemented in agreement with its Sri Lankan C/P, with a plan to streamline the overall process at the end of the project based on actual implementation experience and input from stakeholders during the Verification Survey.

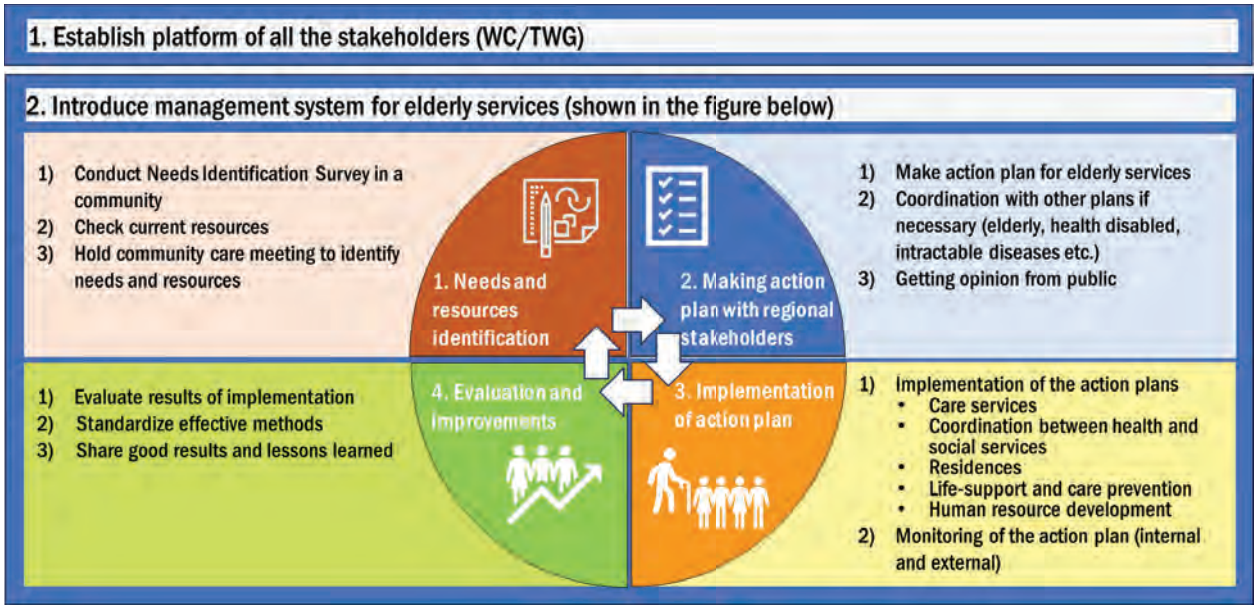


Figure 2: Original Version of the Overall Process of the Model

Prior to modeling the project outcomes, thorough discussions were held among the parties concerned to clarify "what is a model" in order to proceed with the work without rework. First, a consensus was reached among the Japanese expert team, the JICA headquarters, and the JICA Sri Lanka office, and then the project's PM, PIC, and JCC were consulted to validate the modeling process.

With the aim of finalizing the model, the Verification Survey was conducted with the following objectives:

(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 recommendations, and propose a process model for Sri Lankan officials to continue the activities and disseminate them to other areas.

The survey consisted of the following components:

(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 to provide 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.

The framework for the Verification Survey is shown in Table 17.

Table 17: Framework of the Verification Survey

Study Item	Purpose of the 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 (MOH, PHNO, SSO, ERPO, etc.)	• WC, TWG, and PIC members
(2) Identification of effects and impacts of the activities	(2)-1. Identify examples of the effects and impacts of the key project activities.	• Case studies	• Elderly people who participated in project activities • Government officials
	(2)-2. Identify the effect and impact of the activities quantitatively.	• Questionnaire survey for the elderly participating in the care/frailty prevention exercise program	• Elderly people who participated in the care/frailty prevention exercise program

The survey commenced in June 2024 and was completed in November 2024. Group discussions, key informant interviews, and a 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 PIC meeting in August 2024. This report was drafted based on feedback from relevant officers who participated in a PIC meeting in November 2024, individual meetings with ministry officials, and the discussion held at the November PIC meeting. Table 18 shows the timeline of the survey.

Table 18: 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						

For further details of the survey, see Annex 2-1. The details of the model are described in Activity 5-2 with recommendations.

Output 4: The coordination of health and social sectors at the central level and the coordination between central and local levels are improved.

Activity 4.1. Identify the relevant authorities of health and social service at central as well as provincial and regional levels for coordinating and monitoring the implementation of the Project.

From February 2022, key stakeholders in the MoHM, YED, NSE, Western Province, Uva Province, Kaduwela Division, Padukka Division, and Kandaketiya Division were interviewed individually to identify stakeholders in both the health and social services sectors. As a result, the central, provincial, district, and divisional level agencies that coordinate and supervise the implementation of the project as PIC were identified, as shown in Table 19. For TWG, this is described in Activity 1.1.

Table 19: List of PIC Members

	Title
1	Director, YED, MoHM (chair)
2	Director, NSE, MoSS (chair)
3	Director, Department of Social Services (DSS), MoSS
4	Director, Planning, MoSS
5	Provincial director of health service (PDHS), Western Province
6	PDHS, Uva Province
7	Provincial director of social service (PDSS), Western Province
8	PDSS, Uva Province
9	RDHS, Colombo
10	RDHS, Badulla
11	DSs in the pilot sites (Kaduwela)
12	DSs in the pilot sites (Padukka)
13	DSs in the pilot sites (Kandaketiya)
14	CCP, YED, MoHM
15	Director Primary (Health) Care Service (PHC), MoHM
16	Director, Health Promotion Bureau (HPB), MoHM
17	Consultant, CSTH

Some other members were added in the course of the project (see Annex 1-2).

Activity 4.2. Establish Project Implementation Committee (PIC) and Technical Working Groups (TWGs) for supporting the activities of the working committees in pilot sites.

Based on the above list, the PIC members were approved at the first JCC meeting in August 2022 and were established. The TWG was also agreed upon at the first JCC meeting, and it was established with the members listed in Activity 1.1.

Some other members were added in the course of the project for various reasons, such as personnel transfers or participating in the training in Japan, and the list of regular PIC members at the end of the project is attached (see Annex 1-2).

Activity 4.3. PIC and TWGs regularly monitor and assess the implementation of the Project.

In August 2023, TWG meetings were held at each pilot site, and the action plans made by the WC were reviewed. Some activities that seemed to be difficult to implement at the WC level alone, such as the health checkup program (at all pilot sites) and the establishment of a day care center (in Kaduwela), and those requiring support from a higher level were also discussed. In September 2023, a TWG meeting

was held in Kandaketiya, and the implementation of other new activities, such as home visits for the elderly living alone and exercise programs, were considered for addition to the action plan. In October and November 2023, TWG meetings were also held at each pilot site, and the TWG members assisted each WC in finalizing the action plans.

After the commencement of activities in action plans, whenever WC meetings were held at the site, TWG members were also invited, and the meetings were jointly held to share the progress and challenges of the activities and to discuss them together.

As a novel attempt, cross-visits between the pilot sites were conducted in June 2024. Eight WC and TWG members from Kandaketiya were invited to Padukka and Kaduwela. In Padukka, the members observed care prevention exercises in Poregedara and two other neighboring GN divisions, Dampe and Pinnawala, where exercise activities were disseminated and Q&A sessions were held with the elders. Later, they visited the self-employment pop-up store and learned about how the elderly people were selling items together. In Kaduwela, the members observed the elderly clinic, health education, cognitive stimulation therapy for the elderly with dementia, and care/frailty prevention exercises at Athurugiriya Divisional Hospital. At the end of each day, review meetings were held with the officials from all four sites. On the second day, RDHS Colombo (PIC member) took the lead in the discussion and provided some feedback to the members from Kandaketiya to encourage them to conduct more activities like those they had seen at these two sites. Additional secretary, MoSS (JCC member), also joined and monitored the morning session in Padukka, and YED Director (PIC member), accompanied the entire visits for two days.

On a different occasion, DO and SSO from Kaduwela, were invited to Padukka in June 2024 to observe a self-employment pop-up store opening trial on DS office premises. Both officers had some discussions with the elders and GN Poregedara, and they decided to try to coordinate with the DS Kaduwela office and establish a similar setting in their offices as well.

Before the cross-visit, exercise activity was not implemented in Kandaketiya because the officers claimed that it was not needed for elderly people in their area since most of them were hard-working farmers. However, the cross-visit changed their minds and attitudes about conducting the program after they directly observed the elderly people enjoying the care/frailty prevention exercise program. Soon after the visit, the program was implemented, and it became a regular activity. A self-employment activity involving the DS office in Kaduwela was also realized immediately. As such, observing good examples at other sites motivated the officers of the WC and TWG, and the visit triggered a mindset change to “We can also do this activity if other people are doing it.”

Activity 4.4. PIC regularly gives the feedbacks to TWGs and the working committees in each pilot site.

In March 2024, the progress of the site activities was shared with YED CCP (JCC and PIC member), and YED Director (JCC and PIC member). YED Director evaluated the health camp and screening activities led by the MOH and PHI in coordination with RDHS highly.

For Kandaketiya, in order to refer elderly people who require a detailed eye examination, PDHS Uva (PIC member) arranged appointments for them to see a doctor at the Badulla Teaching Hospital, and PDSS Uva (PIC member) arranged a bus to take them to the hospital in May and June 2024, in coordination with the WC and TWG. Initially, the coordination and communication among them did not go well, but after some attempts, it was ultimately successful.

For Poregedara WC, a suggestion to receive books from public libraries in Colombo was given by PDSS Western Province (PIC member), in June 2024. Soon after that, the official request from WC members was made, and there are plans to receive some books from the library later in 2025.

When discussing the proposal of the model at the PIC meeting in August and November 2024, some TWG members also attended and discussed the content together. During the discussion, details of the activities conducted at the pilot sites were shared from the TWG members to the PIC members.

Such communications between the officers at the national/central level, provincial/regional level, and divisional/GN level were very useful in activating stagnated activities, deepening the understanding of the activities at each site, and finalizing the model.

Output 5: Recommendations are developed for a wider application of the models.

Activity 5.1. The Project (Sri Lankan side and Japanese side) draws the lessons and suggestions for a wider application of the models.

As stated in Activity 3.5, the survey was conducted to draw out the lessons and suggestions and to identify the effects and impacts of some key activities that had been implemented at the respective pilot sites. In the survey, group discussions with members of the WC, TWG, and PIC; key informant interviews with the MOH, PHNO, SSO, ERPO, and others; and interviews and questionnaire surveys with the elderly people who participated in the project activities were conducted. The objectives were 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.

The following is a detailed description of the lessons and suggestions that informed the model.

(1) Formation of the Platform

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 Gospital 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 service 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 these 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 meetings, many participants suggested meeting once a month from 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 that needs their support.
  - Psychiatrists, ayurvedic doctors, sports officers, vidatha officers, counseling officers, and agriculture research and production assistants (ARPAs) could be added to the WC/TWG.
  - Involvement of the Elderly Committee is crucial.

(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 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 was 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 MoPA; if possible, a joint circular that is tripartite between the ministries.
- The workload of maternal and child health (MCH) should be adjusted if elderly care is added to the duties of the MOH and PHM. This is important because they are currently overwhelmed with MCH duties.
- 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.

(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 Lankan budget/fund.
- The budget for the World Bank (WB)'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.

(4) Needs Identification Survey

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

Strengths/opportunities:

- The survey has been useful in identifying 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 of 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.

(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 fill shortages (e.g., the World Health Organization's (WHO) ICOPE training for the PHNO and MO).
- Psychiatrists and dentists are needed at the Divisional Hospital to implement the proposed activities.

(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 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-Café) 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 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.

(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 enterprises (SMEs) 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 service 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. Patience and good strategies are required.
- Awareness creation and the involvement of staff at the DS office and Divisional Hospital are necessary for the effective implementation of activities.
- The 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.

(8) Monitoring and Evaluation

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

- Many mentioned that there was no other evaluation conducted but this verification survey, which was important and useful for identifying lessons learned from the project.

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 and submission frequency of the progress review report and evaluation method should be defined.
- Targets and indicators for each activity should be defined at the time of planning.

Other lessons and suggestions from some key activities in the pilot sites are shown below. Some voices from elderly people and government officers were also collected as 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, and flexibility, and strengthening muscles.

The examples in Table 20 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 20: 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/ Additional MOH/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 checkups 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, Additional MOH, PHI, ERPO, GN, counseling officer, elderly committees

Figures 3–7 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 happy
- Feeling less sad and weak

For government officials:

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

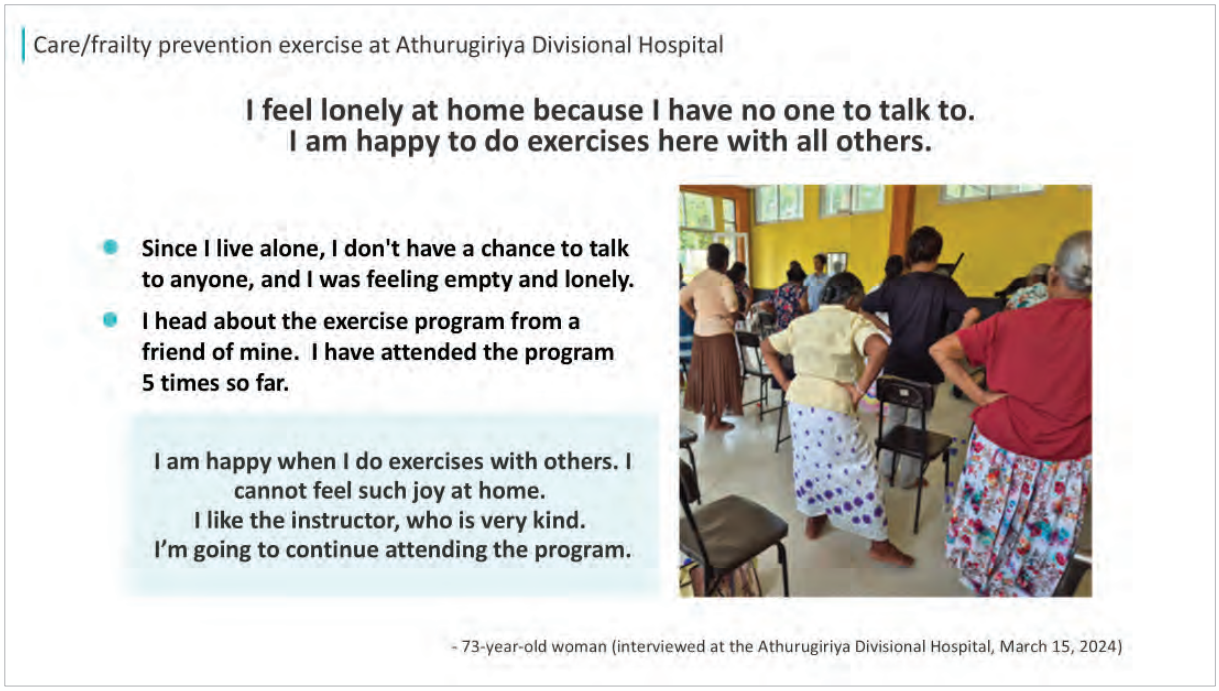


Figure 3: Case Study of the Care/Frailty Prevention Exercise Program – Elderly Person (1)

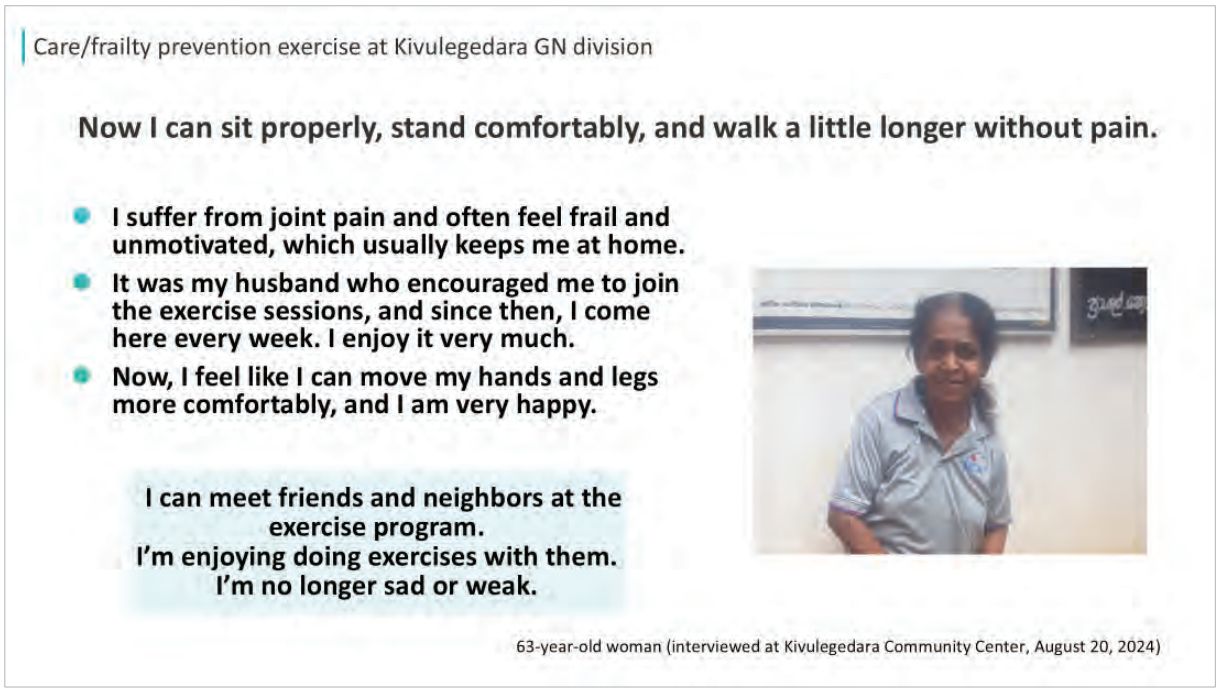


Figure 4: Case Study of the Care/Frailty Prevention Exercise Program – Elderly Person (2)

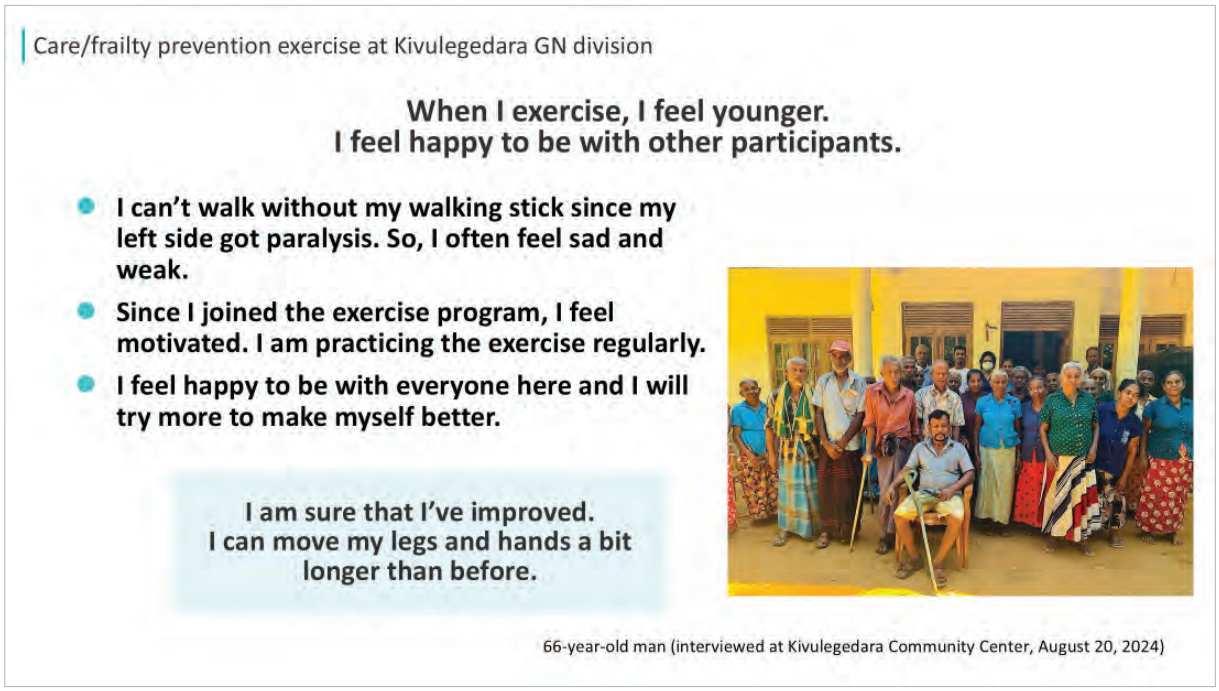


Figure 5: Case Study of the Care/Frailty Prevention Exercise Program – Elderly Person (3)

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

WC & TWG members – Care/frailty prevention exercise at Kandaketiya

At first, we thought that elders in rural areas did not need exercise. We were convinced only after we observed the program in other sites.

- Then, we started the exercise but there was no participant for the second time. But we didn't stop it.
- We changed the location, encouraged elders, and the number increased.
  Since then, the program continues with more than 30 elders at a time.
- We had 61 participants when we invited a popular counseling officer.
  He gives a counselling session with singing and dancing. Entertainment is important element for the elders.
- The program is also used as a venue for health education and nutrition demonstrations.

WC & TWG of Kandaketiya, August 16, 2024

Figure 7: Case Study of the Care/Frailty Prevention Exercise Program – Government Official (2)

2) D-café in Athurugiriya

This is one of the best practices for persons with dementia. The DO joined the training in Japan and learned about D-Café 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-Café activity at the local temple by adjusting the activity to the Sri Lankan context (see the case study in Figure 8). Following this activity, several elders were taken to the hospital by family members who had attended the D-Café and had learned 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.

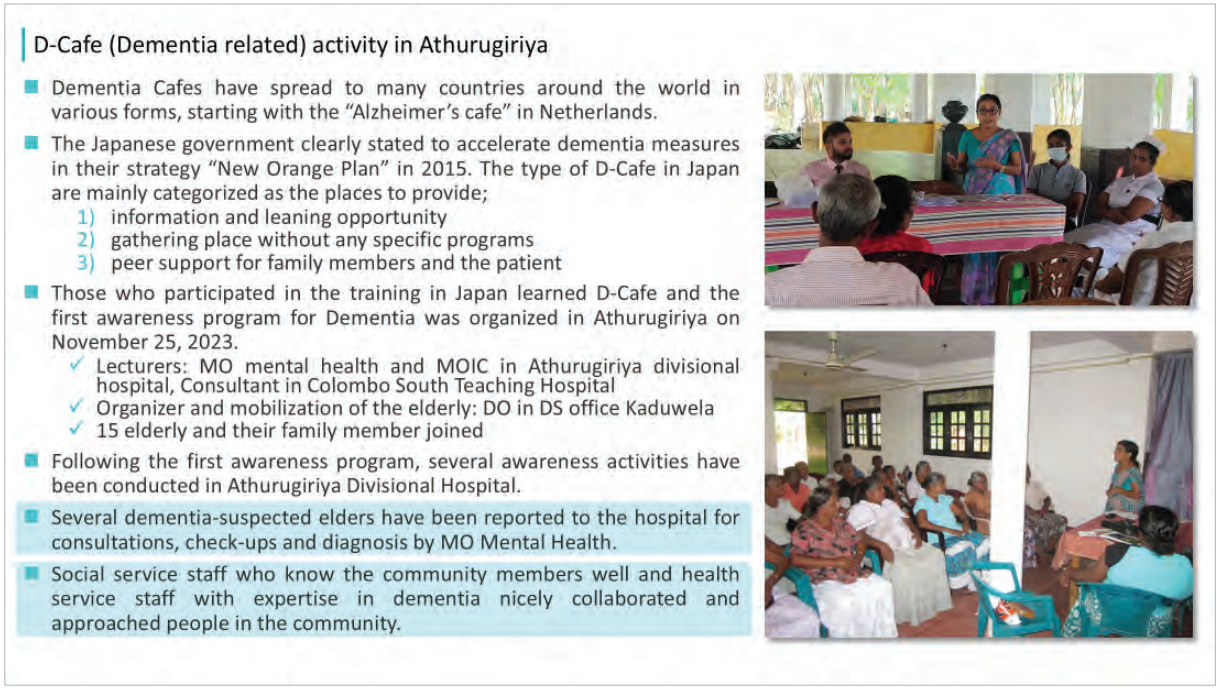


Figure 8: Case Studies of a D-Café in Athurugiriya

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, so they may not be seen by doctors for long periods 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 practices. The case study in Figure 9 describes the process of home visit care.

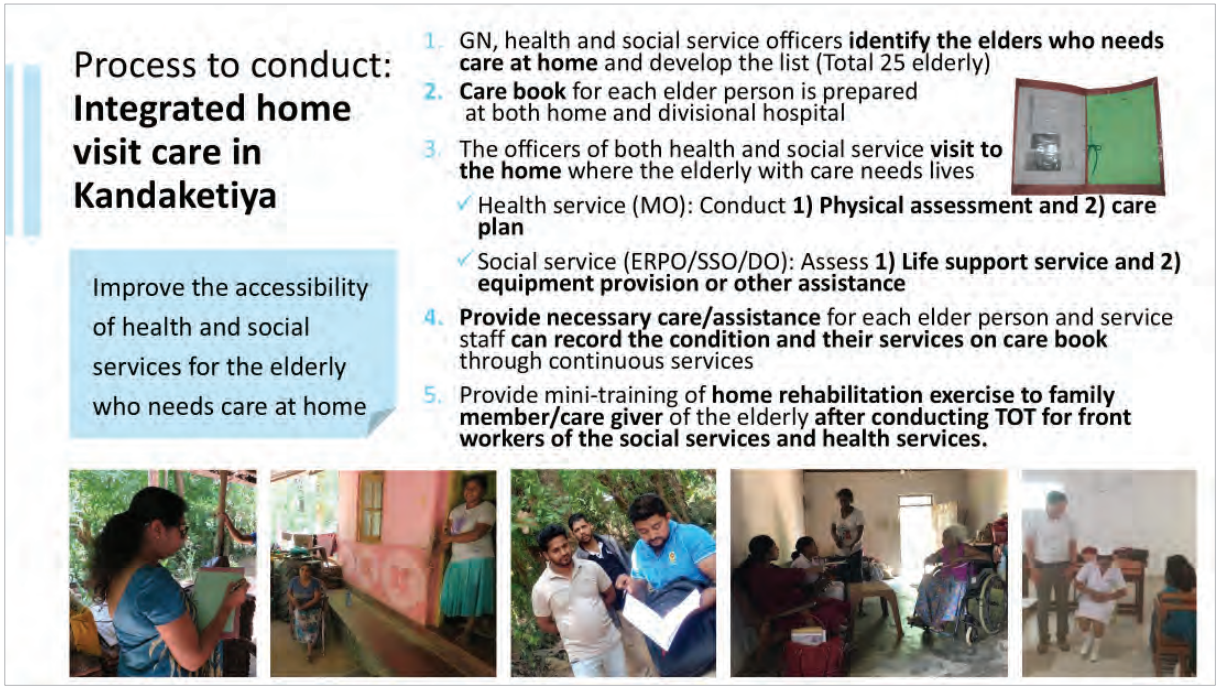


Figure 9: Case Study of Integrated Home Visit Care in Kandaketiya

As the case study in Figure 10 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.

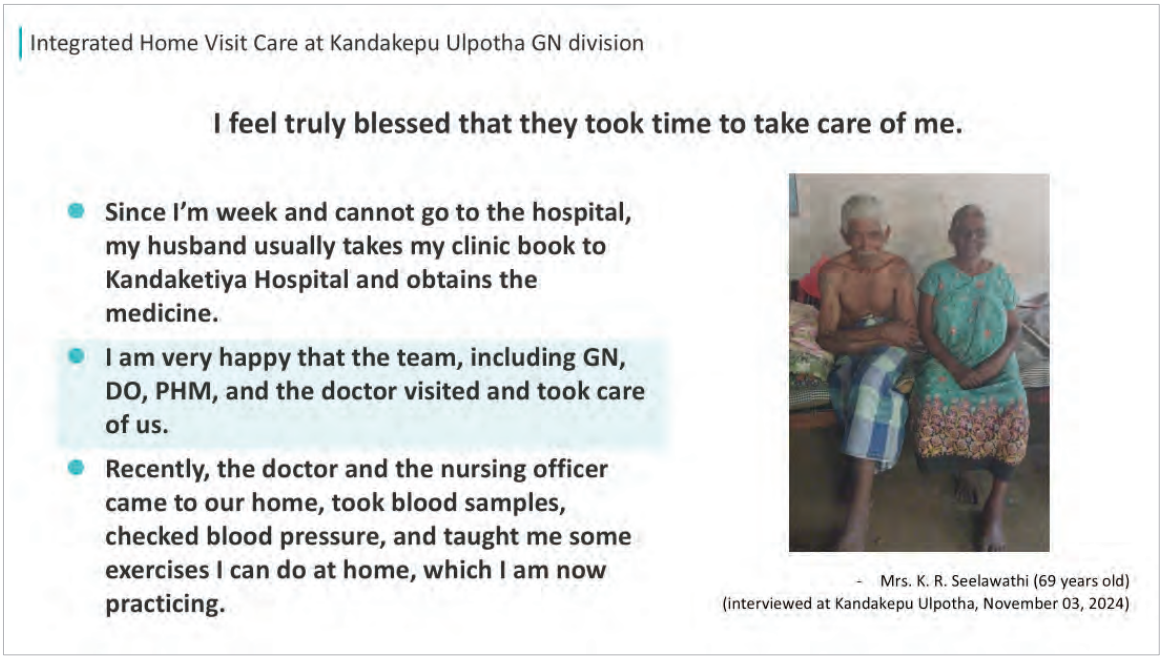


Figure 10: Case Study of Integrated Home Visit Care in Kandaketiya – Elderly Person

As the case study in Figure 11 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 other factors. He emphasized the need for the PHNO in the area to make home visits more effective.

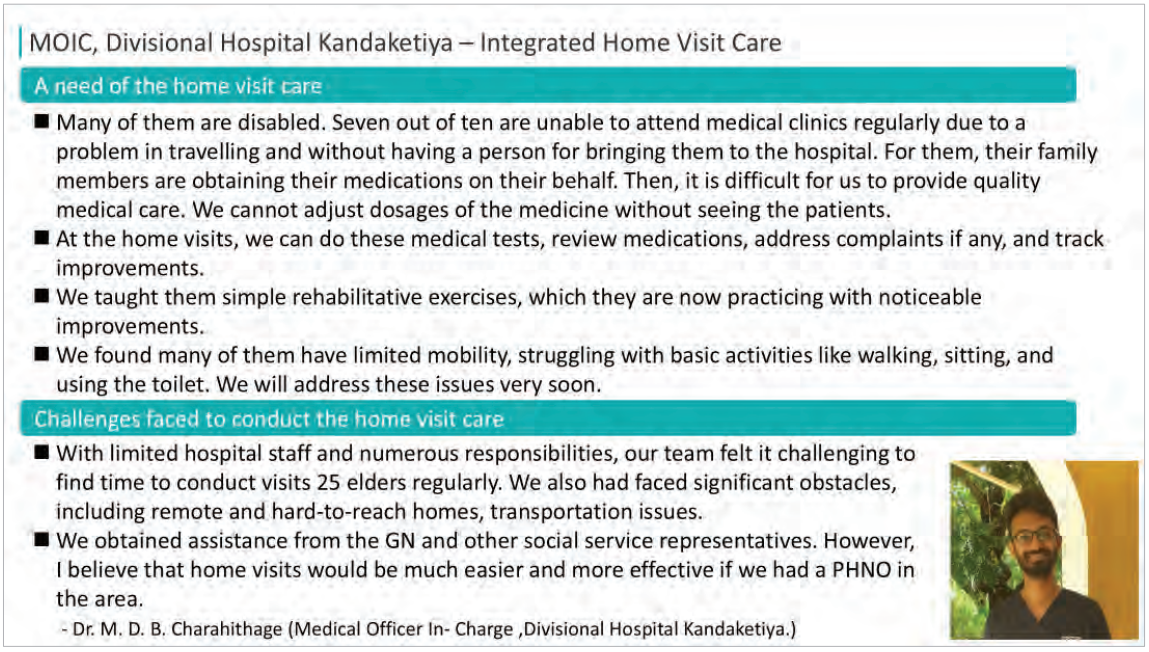


Figure 11: Case Study of Integrated Home Visit Care in Kandaketiya – MOIC

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 had difficulty seeing, and this figure was 73.3% in Kivulegedara. However, despite 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 12 describes the process, and Figure 13 and Figure 14 illustrates the gratitude of the beneficiary.

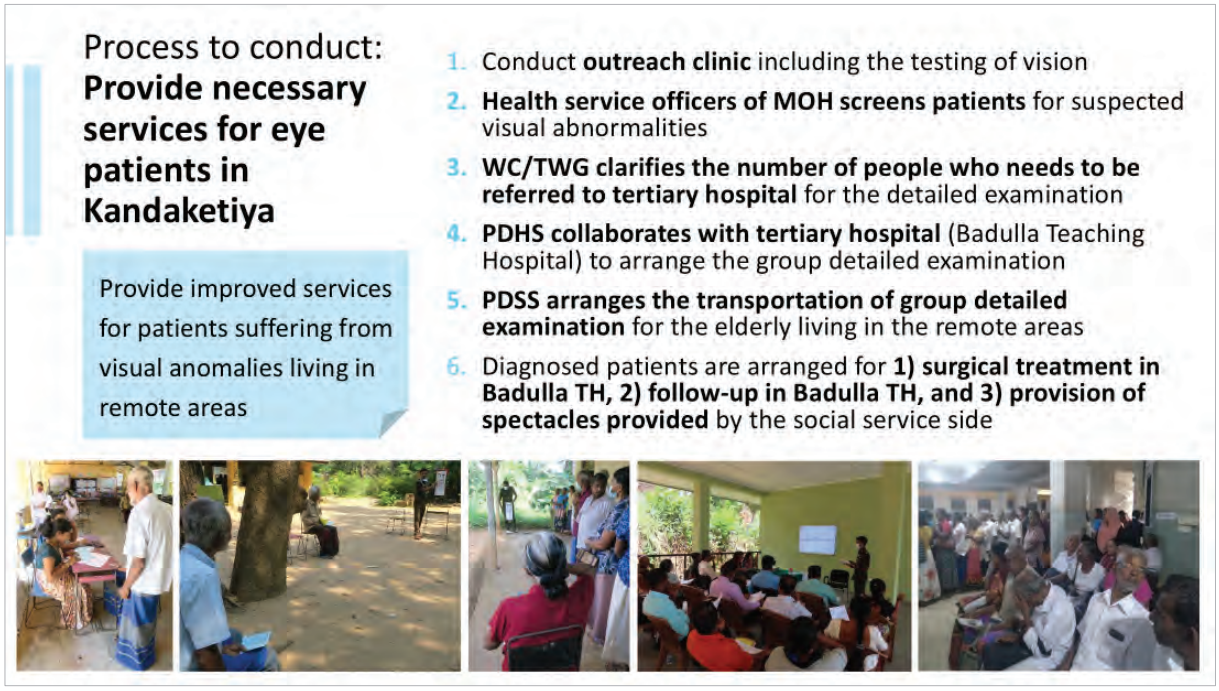


Figure 12: Case Study of Activities for Elders with Eye Problems in Kandaketiya

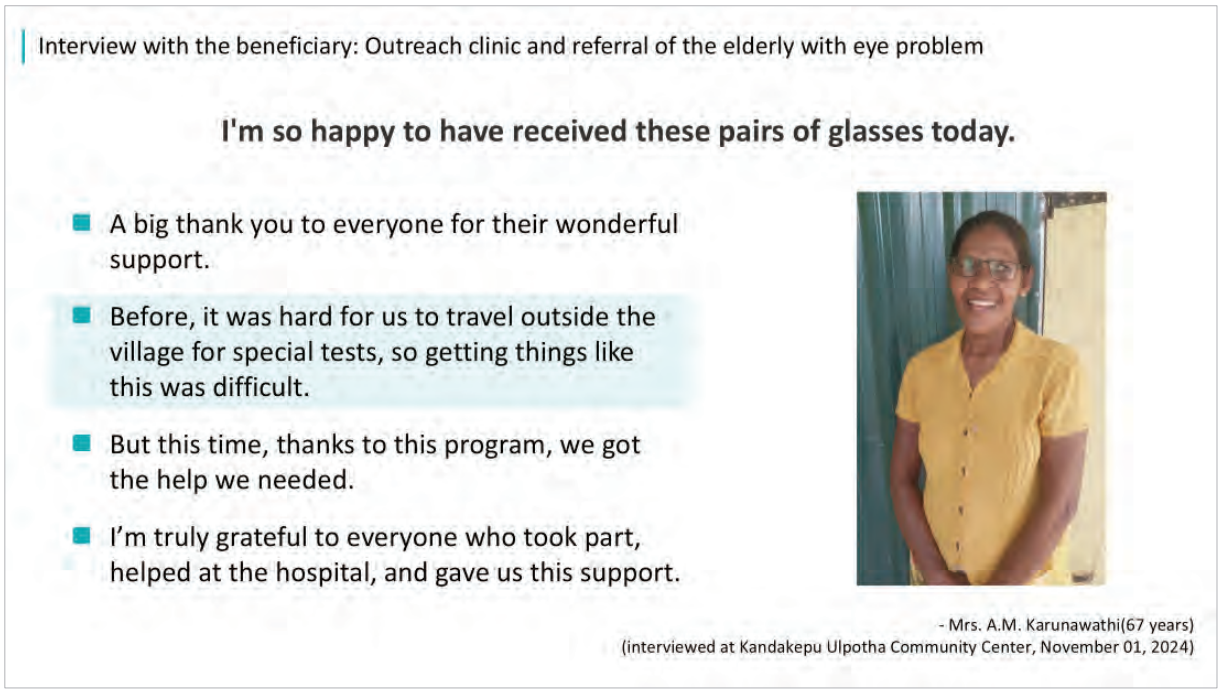


Figure 13: Case Study of Activities for Elders with Eye Problems – Elderly Person (1)

Figure 14: Case Study of Activities for Elders with Eye Problems – Elderly Person (2)

5) Self-Employment Activity in Padukka

What follows 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 and 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 the 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. With the cooperation of the SME and SSO officers, a monthly pop-up store on DS office premises was opened for free. Not many sales were made in the beginning, but later, satisfactory sales were made, and adequate income was earned by changing the venue of the store and adding more value to the products (see the case study in Figure 15).

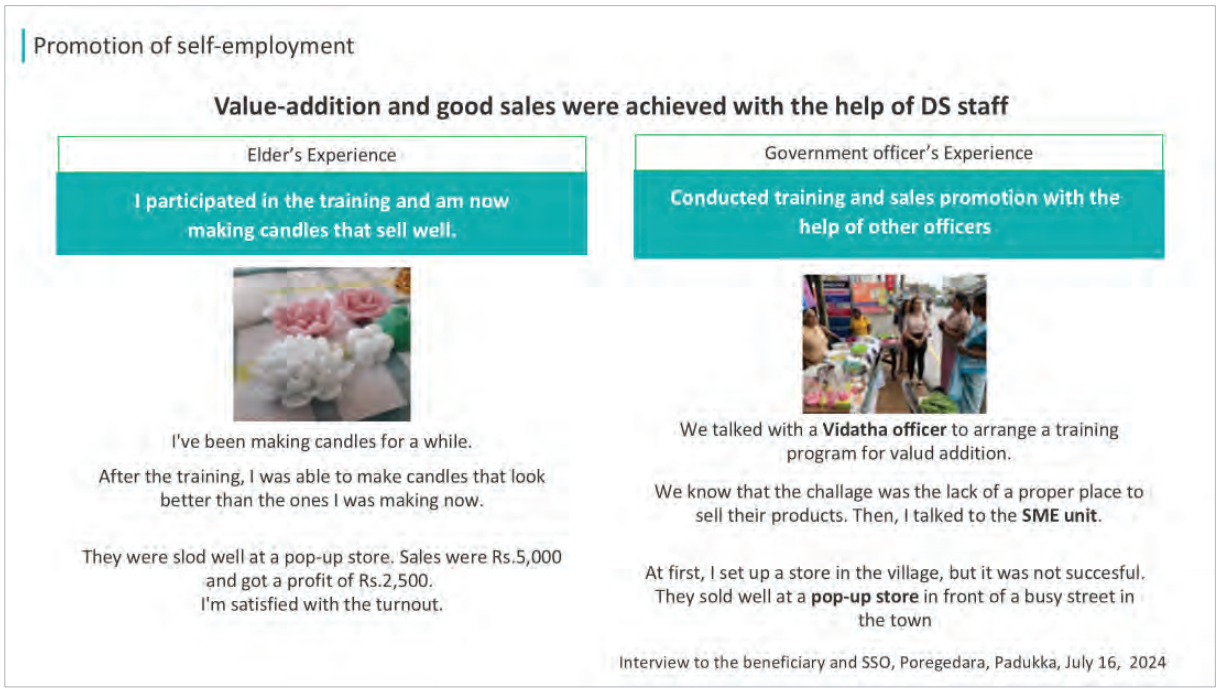


Figure 15: Case Study of the Self-Employment Activity

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, and others.

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 16 shows how 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 members of the WC and TWG had discussions with the Lions Club and obtained funding from them.

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

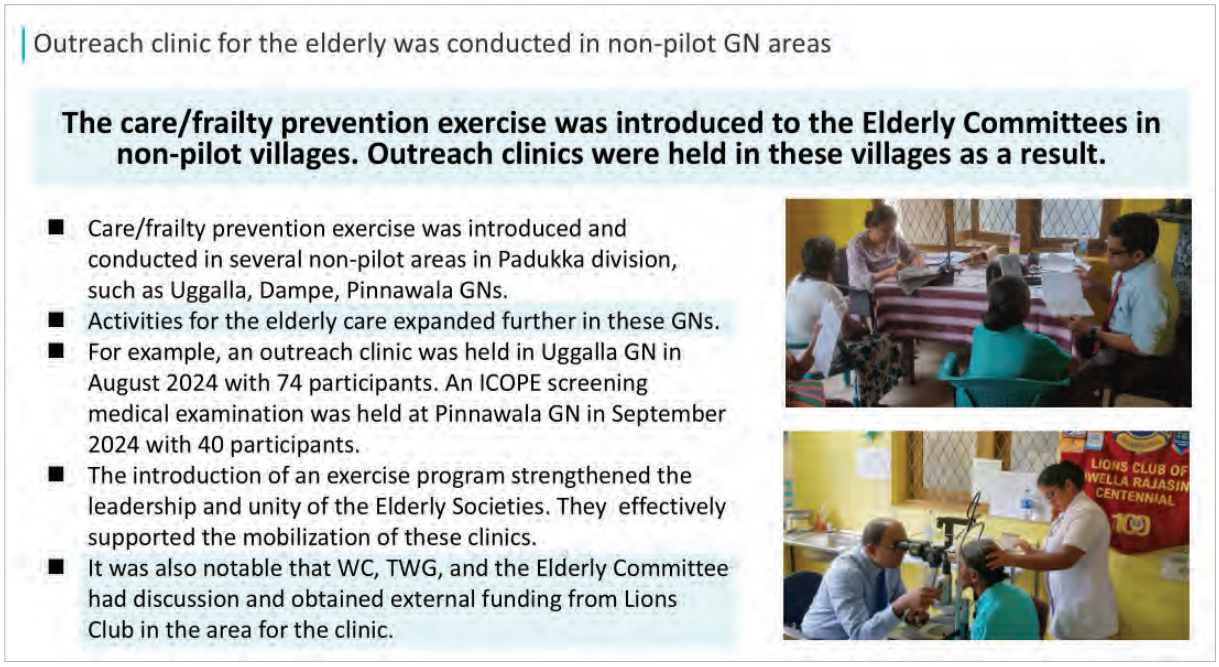


Figure 16: Case Study of an Outreach Clinic and ICOPE Screening

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 17). 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.

Figure 17: Case Study of Cross-Visits

Activity 5.2. The project (Sri Lankan side and Japanese side) documents the recommendations for a wider application of the models.

Based on the lessons and the suggestions summarized in Activity 5.1, the "Report on a Verification Survey for Proposing the Model of Community-Based Health and Social Services for Elderly People," including recommendations for a wider application of the models, was finalized in December 2024 (see Annex 2-1). The following is a detailed description of the recommendations for the wider application of the models.

(1) The Process Model

After the Verification Survey verified the process of pilot activities and identified the effects and impacts of the activities, the model was finalized as the process model shown in Figure 18. This model shows the process of initiating the interventions in elderly care in the community and determining what kinds of activities/services will be provided to elderly people. The model does not enforce particular activities that have been implemented at the project's pilot sites; rather, it could guide each community and its

local government officers and other stakeholders to consider and choose what activities to conduct in their respective communities, depending on its needs and resources.

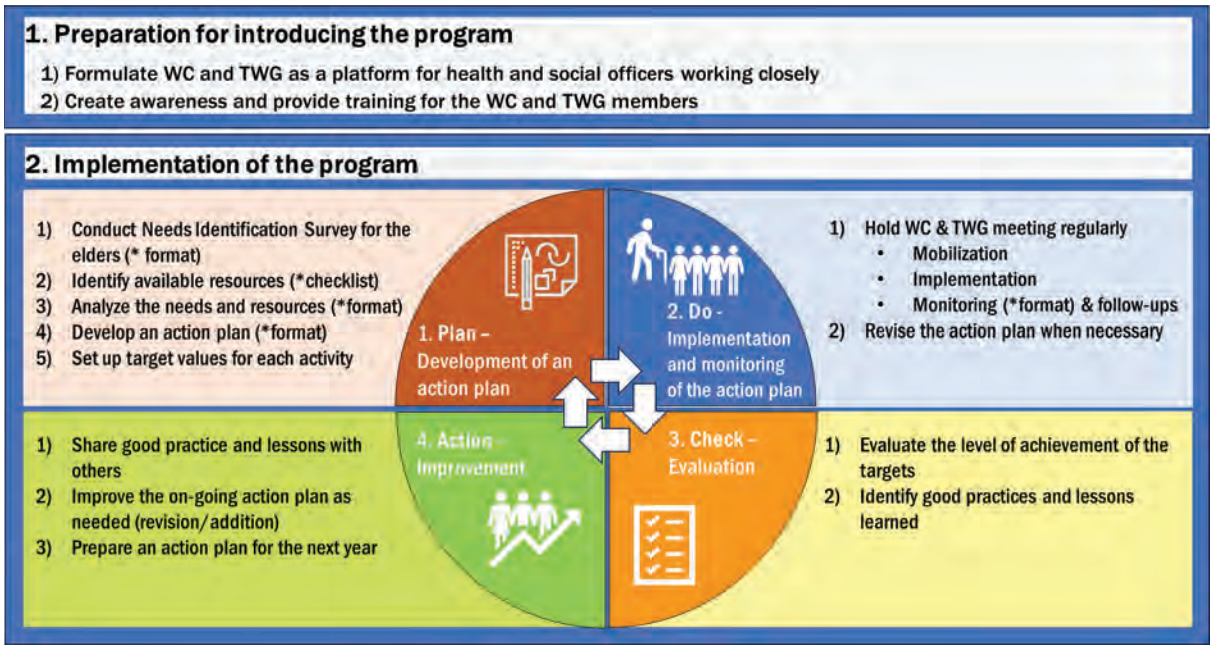


Figure 18: The Process Model Recommended for Providing Community-Based Health and Social Service Programs for Elderly People

Participants in the key informant interviews and group discussions of the Verification Survey 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. Through the survey, no problems were found regarding the overall flow of the process. Therefore, it is recommended that the process model be followed to provide community-based health and social services programs for the elderly (hereinafter referred to as '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 during the survey. The recommendations, including the process model, were documented in the Report on a Verification Survey for Proposing the Model of Community-Based Health and Social Services for Elderly People. Recommendations and suggestions are given for each step of the cycle: (1) Preparation for Introducing the Program, and (2) Implementation of the Program. Recommendations and suggestions for each step are shown as follows.

(2) Recommendations and Suggestions (for Preparing the Program)

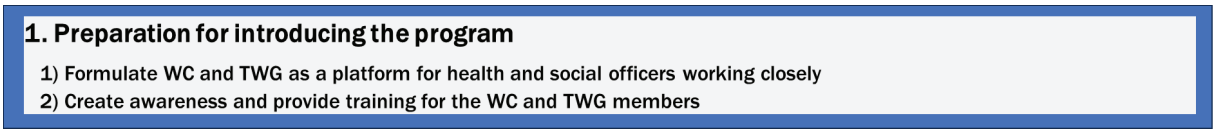


Figure 19: Preparation for Introducing the Program

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 were convened by the JICA expert team during the project, the platform's operation has been project-led until now. To continue to 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 20 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.

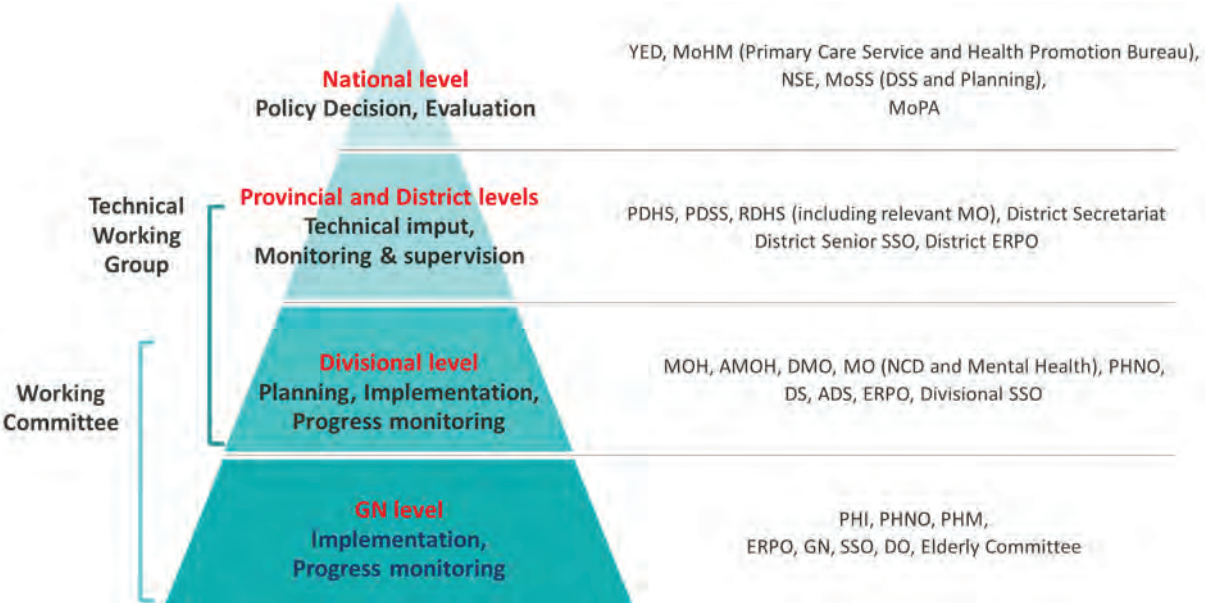


Figure 20: An Idea for a Reorganized Platform for Stakeholders

As suggested by the Verification Survey, in some cases, the WC and TWG could be merged, especially when such activities are 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 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 also stated that after the project ends in February 2025, formal appointments would 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 adjustments to the workload of MCH to enable them to engage in the elderly care work, in response to the declining birthrate and increasing numbers of elderly people.[7]

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 a 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 in implementing the planned activities only after observing them 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 for WC and TWG members, including workshops, seminars, and exposure tours, 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 and MOH should be provided.

[7] Currently, for example, PHMs have set targets of minimum 100, maximum 150 visits per month for prenatal and postnatal care and for families with infants up to 5 years old, and they do not have adequate time to care for the elderly.

(3) Recommendations and Suggestions (for Implementing the Program)

Figure 21 shows the proposed Plan-do-check-act (PDCA) cycle for the implementation of the Program to provide the elderly services in the community.

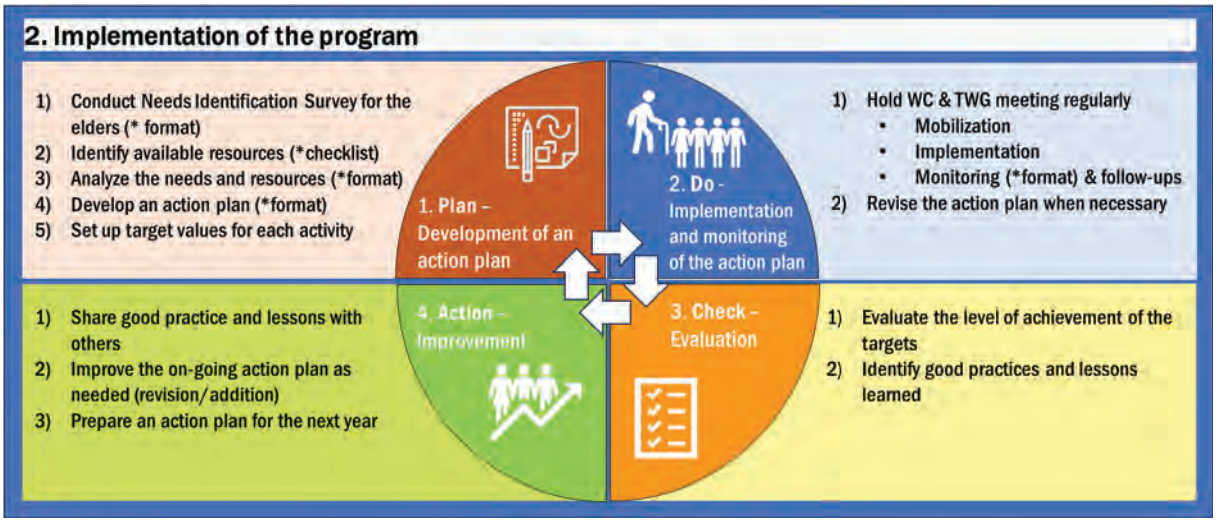


Figure 21: Proposed PCDA Cycle for the Implementation of the Program

The following are recommendations for implementing each process.

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. (Annex 2-10 shows the sample form of developing action plans.)

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

a. <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. (Annex 2-2 shows the simplified questionnaire based on the results of the Verification Survey).
- 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.

b. 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. Since the resources that are useful differ among 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 21 and Table 22, respectively.

Table 21: 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	Conducting the Needs Identification Survey	Padukka
Vidatha officer (DS office)	Self-employment	Lecturing in the practical training session (how to make soap, dried products, etc.)	Kaduwela Padukka Kandaketiya
SME officer (DS office)	Self-employment	Lecturing in the basic knowledge training session (basic business skills and knowledge, pricing, marketing, etc.)	Kaduwela Padukka
Counseling officer (DS office)	• Awareness program for elders to live a happy life • Sensitization program • Counseling session • D-Café (dementia awareness)	• Lecturing in the sensitization and awareness programs • Counseling in the counseling session	Kaduwela Padukka Kandaketiya
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	Kaduwela Padukka Kandaketiya
CSTH	• Needs Identification Survey • Outreach clinic	• Providing technical advice on conducting activities • Lecturing in the awareness	All pilot divisions

Job Title or Organization/Institution	Activity	Items Supported	Pilot Division
	• D-café (dementia-related) activity	program about dementia	
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 Unit)	All pilot divisions
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 22: 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

Job Title or Organization/Institution	Activity	Items Supported	Pilot Division
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 Identification Survey	Padukka

While identifying available resources, it is necessary to clarify the gaps in each area. For example, one of the pilot areas of the project did not have a PHNO, MO mental health, 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 the 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 finding time for this activity due to the hospital's shortage of medical staff. The ministries should pay attention to these shortages of human resources and make the necessary arrangements to fill the gaps as soon as possible.

c. Identify Sustainable Funding Arrangements

The project did not provide much funding for its activities, 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 actions 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 WB-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.

d. Use Problem-Solving Tools to Analyze Needs, Resources, Objectives, and Activities

The project used the format shown in Table 11 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 be utilized. Based on the results of the analysis, problems to be solved or objectives to be achieved can be identified, along with necessary activities for implementation.

e. Implement Recommended Activities

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

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

f. 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 when planning activities in the future, as follows:

- Operation indicators: Start by setting simple operation indicators, such as the number of times an event is held and the number of participants attending to monitor the progress of the activities.
- Effect indicators: Indicators could be set that quantitatively and qualitatively measure the effects of the activities, the identified issues and problems solved, and the extent to which objectives were achieved.

- It is recommended that interviews be conducted with elders who benefit and group discussions are held to measure the effects, such as physical and mental changes in the elderly people, their families, and the officers involved in the activities.
- The target values 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

a. 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. However, key informant interviews revealed 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 Figure 9 and Figure 11.

b. 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. More than half (57%) of the respondents in the questionnaire survey on the care/frailty prevention exercise program mentioned that they learned about the program from members of the Elderly Committee. As Table 20 shows, activities can be implemented continuously through the leadership of Elderly Committee members.

c. 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, consideration should be given to 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.

d. 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, the GN, and Divisional Hospitals where members of the WC and TWG work should be well aware of the activities. This is particularly important for gaining understanding and technical support for the activities. The objectives and action plan of the Program should be explained to these staff when the Program is introduced, and updates should be provided on a regular basis to share information, such as the action plan, the event schedule, and activity progress.

e. 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 holding regular WC and TWG meetings. Therefore, it is necessary to introduce a new monitoring framework including indicators when the Program is continued and disseminated. 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 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 helpful to share photos of and information about the activities via WhatsApp groups, as occurred in the project.

f. 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 continually 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 an 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

a. Introduce an Evaluation Framework

Evaluations should be conducted with the aim of learning lessons for subsequent improvement. Primarily, it is important to analyze the achievement status of targets set at the time of planning, identify the background and reasons 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, but 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.

b. 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 Survey. 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. In the group discussion on this survey, some officers

highlighted 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.

c. Promote Male Participation in Activities

As can be seen from the respondents of the questionnaire survey, 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.[8] However, since men also need physical and psychological support and care, it is necessary to find strategies to increase men's participation in the future. For this reason, numbers of men and women should be recorded 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. The following is the process to feedback the evaluation results to prepare a plan for the following 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 ongoing action plan as needed (revision/addition)
3)	Prepare an action plan for the following year

a. Organize Cross-Visits and Exposure Tours

As previously mentioned, observation of activities in the other pilot areas, training in Japan, and visits to Thailand provided breakthroughs for some officers in feeling confident about the Program. These learning opportunities should be promoted as much as possible. The relevant ministries and departments should 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

[8] 「介護予防事業への男性参加に関連する事業要因の予備的検討(A Preliminary Discussion of Project Factors Related to Male Participation in Care/Frailty Prevention Programs)」 https://www.jstage.jst.go.jp/article/jph/52/12/52_1050/_pdf
「男性高齢者の社会活動への参加要因に関する研究(Study of the Factors of Elderly Male Participation in Social Activities)」 https://www.jstage.jst.go.jp/article/jachn/25/1/25_4/_pdf/-char/ja

them to spend time together, see the same things together, and discuss what they could do collaboratively in their areas.

b. 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 helpful 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.

c. Disseminate the Program in Stages

Since the project activities have only been implemented for around one 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 areas all at once. For example, one idea for the first stage was to prioritize GNs and DSs adjacent to the pilot areas. In this way, new areas can learn by visiting the pilot areas of the project 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.

Activity 5.3. The Project (Sri Lankan side and Japanese side) submits the recommendations to the relevant organizations.

The recommendations and the model were presented at the third JCC meeting on December 12, 2024 at the JICA Sri Lanka office. There were seven JCC members and seven Sri Lankan officials from TWG, and the pilot sites participated. No questions were raised regarding the recommendations or the model.

The Report on a Verification Survey for Proposing the Model of Community-Based Health and Social Services for Elderly People, which contains both the recommendations and the model, was printed out and distributed during the National Dissemination Seminar on January 22, 2025 to 189 participants from 87 relevant organizations, departments, and units. For the other participants that were

invited to the seminar but absent, the printed report was delivered by postal service or by hand to their offices after the seminar.

Activity 5.4. The Project (Sri Lankan side and Japanese side) holds the national and international seminars for the dissemination of the models and sharing the best practices.

(1) International Dissemination Seminar: From October 28 to November 1, 2024

The project hosted the delegations of WB, the Vietnam government, and JICA HQ. The WB delegation comprised staff from Vietnam, India, and Sri Lanka, and the Vietnam government delegation comprised officials from the Ministries of Health, Labor, and Invalids and Social Affairs; the Vietnam Association of the Elderly, Thanh Hoa Province; and HelpAge Vietnam. The main agenda included: 1) an introduction of the project; 2) an explanation of the Sri Lankan government's measures for elderly people by both PMs; 3) an observation of the project's activities at the two sites in Colombo and an introduction of major activities by the officials at each site; 4) an exchange of views among WB and JICA officials; and 5) feedback on the project from the Vietnamese government and Sri Lankan officials. The delegations visited two divisions of the project sites: Padukka on October 29 and Kaduwela on November 1. In Padukka, the care/frailty prevention exercise was observed first at Bodhiwardhanaramaya Temple in Dampe GN, which is next to the project site, Poregedara, but the activity was disseminated mainly by PHNO. Second, self-employment activity was observed at the Padukka DS office. Third, presentations were given by the Japanese expert team, MOH, additional DS, and SSO in Padukka. Fourth, a discussion took place. In Kaduwela, at the Athurugiriya Divisional Hospital, the elderly clinic, care/frailty prevention exercise, health/nutrition education, and cognitive stimulation therapy for elders with dementia were observed, and presentations by the DMO, medical officer of mental health, and DO were held, followed by discussions. For further details of the schedule, see Annex 1-8.

At the end of the program, feedback from the Vietnam and WB delegations was given to the project and Sri Lankan officials. One of the highly evaluated points was that the participants in the three trainings in Japan embodied what they had learned from Japan in Sri Lanka by adjusting them in the local context and settings.

(2) National Dissemination Seminar: January 21, 2025

The project held a national dissemination seminar to share the model and the recommendations with other Sri Lankan officials. The main agenda included: 1) an outline of the project and Community-Based Integrated Care System in Japan; 2) an explanation of the model, recommendations, and findings from the Verification Survey; 3) good practices of the pilot sites; 4) a demonstration of care/frailty prevention exercise and 5) sharing the voices of elderly people; and 6) Q&A and discussion. A total of 189

participants from 87 organizations, departments, and units participated in the seminar and questions and comments were exchanged at the end of the seminar.

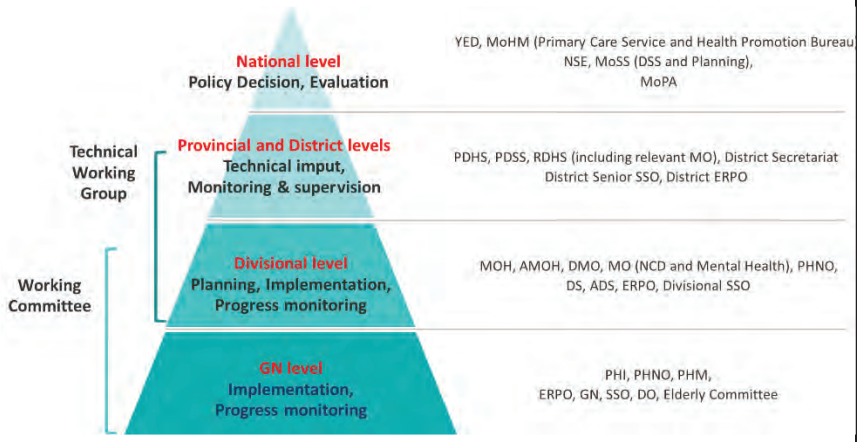
According to the questionnaire, 92.9% of respondents answered that they would like to start a similar elderly care activity in their areas. In addition, many comments such as requesting the project activities to be carried out throughout the country were expressed. For further details of the questionnaire, see Annex 2-11.

2. Achievements of the Project

2-1 Outputs and Indicators (Target values and actual values achieved at completion)

<table>
<tr><th>Indicators</th><th>Achievement</th></tr>
<tr><td colspan="2">Output 1: Planning and coordination mechanism for health and social services in the community is established in each pilot site.</td></tr>
<tr><td>1-1. The working committees hold the meetings regularly.</td><td>Achieved.
WC meetings were held whenever necessary and suitable. As a result, a total of 46 meetings were held.

Table 23: List of WC Meetings
<table>
<tr><th>GN/WC</th><th>Year</th><th>Date</th></tr>
<tr><td>Athurugiriya</td><td>2022</td><td>Sep 28, Dec 5</td></tr>
<tr><td></td><td>2023</td><td>Mar 22, May 11, Aug 11, Oct 19</td></tr>
<tr><td></td><td>2024</td><td>Mar 3, Apr 30, May 22, Sep13</td></tr>
<tr><td>Poregedara</td><td>2022</td><td>Sep 22, Dec 6</td></tr>
<tr><td></td><td>2023</td><td>Mar 23, May 9, July 13, Aug 4, Nov 7,</td></tr>
<tr><td></td><td>2024</td><td>March 7, May 20, Sep 27</td></tr>
<tr><td>Kandakepu Ulpotha</td><td>2022</td><td>Sep 8, Nov 30</td></tr>
<tr><td></td><td>2023</td><td>Feb 8, Mar 22, May 17, Aug 16, Nov 1</td></tr>
<tr><td></td><td>2024</td><td>Feb 20, May 7, Jun 11, Aug 8, Sep 11, Nov 19</td></tr>
<tr><td>Kivulegedara</td><td>2022</td><td>Sep 8, Nov 30</td></tr>
<tr><td></td><td>2023</td><td>Feb 8, Mar 22, May 17, Aug 17, Nov 1</td></tr>
<tr><td></td><td>2024</td><td>Feb 20, May 7, Jun 11, Aug 8, Sep 11, Nov 19</td></tr>
</table>
From the midpoint of the project onward, the TWG members were invited to attend the WC meetings to reduce the burden of some officers who needed to attend both WC and TWG meetings and for the sake of time efficiency for C/Ps and the project.
In addition to the above formal WC meetings, other informal stakeholder meetings were often held at the ground level when preparing and implementing the activities for the elderly services.</td></tr>
</table>

Indicators	Achievement
	Through both formal and informal meetings, members of the health and social care sectors worked well together to share information, plan, and monitor activities at all pilot sites.
1-2. The roles and responsibilities of the authorities and personnels participating in the working committees are documented.	Achieved. The roles and responsibilities of the platform, including the WC, were documented in the Report on A Verification Survey for Proposing the Model of Community-Based Health and Social Services for Elderly People in Chapter 3: Recommendations for Sustainability and Dissemination. The survey found that the members of the groups involved in the project were appropriate. It also shows an idea for the reorganized platform of stakeholders and recommends that MoSS and MoHM use this as a reference to scrutinize and select the members of each platform, the leaders of each group, and the conveners of meetings at the national level, provincial and district level, divisional level, and GN level.  The detailed roles and responsibilities of individual officers were not specified in the proposed model because, depending on the area/community, the number of officers and their roles and responsibilities will differ. As many stated during the survey, it would be appropriate for the DS to convene the meetings of the WC and TWG. However, the DS is under the MoPA, and it was not the C/P ministry of this project. Therefore, it is highly recommended that the C/P issue a joint circular to be issued by MoHM, MoSS, and MoPA together to specify the roles and responsibilities of these officers in the near future, including the DS, to meet the needs of the increasing elderly people by referring to the recommendations of the project and the survey. In addition, it has been observed that certain activities involve key persons outside of the WC as internal and external resources. Even though the roles are not clearly specified for these reasons, the report shows several examples of how each WC member can function in providing the various elderly services.
1-3. The plans for the implementation of the	Achieved. In November 2023, the second JCC meeting was held at the JICA Sri Lanka office, and the action plans of each pilot site were approved.

<table>
<tr><th>Indicators</th><th>Achievement</th></tr>
<tr><td>Project in each pilot site are approved in JCC.</td><td></td></tr>
<tr><td colspan="2">Output 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.</td></tr>
<tr><td>2-1. The result of the situation analysis is submitted to the relevant organizations of the central government.</td><td>Achieved.
The results of the Needs Identification Survey were shared with WC, TWG, and PIC members in May 2023 and shared with the National Council for Elders (NCE) in July 2023.
The summary of the Needs Identification Survey was also presented at the second JCC meeting in November 2023 and shared with JCC and PIC members. This time, WC members from each pilot site also joined the meeting and shared their challenges, analyzed by the results of the survey.</td></tr>
<tr><td colspan="2">Output 3: The models are developed at each pilot site for community-based health and social services for elderly persons.</td></tr>
<tr><td>3-1. The challenges in each pilot site focuses are approved in JCC.</td><td>Achieved.
The challenges and issues identified at each pilot site were incorporated in the action plans and they were approved at the second JCC meeting in November 2023.</td></tr>
<tr><td>3-2. The finalized models are approved in JCC.</td><td>Achieved.
The finalized model incorporated in the Report on a Verification Survey for Proposing the Model of Community-Based Health and Social Services for Elderly People was presented during the third JCC meeting on December 12, 2024, and it was approved.</td></tr>
<tr><td colspan="2">Output 4: The coordination of health and social sectors at the central level and the coordination between central and local levels are improved.</td></tr>
<tr><td>4-1. The Project Implementation Committee holds the meetings regularly.</td><td>Achieved.
A total of 7 PIC meetings were held, as shown in the table below. Although the PIC meetings have not been held on a regular basis, they have been held as needed to share good practices at the pilot sites and discuss modeling of the activity results.

Table 24: List of PIC Meetings

<table>
<tr><th>No.</th><th>Date</th><th>Agenda</th></tr>
<tr><td>1</td><td>Aug 29, 2022</td><td>(1) Joint JCC and PIC meeting</td></tr>
<tr><td>2</td><td>Jun 1, 2023</td><td>(1) Sharing the results of Needs Identification Survey
(2) Sharing the discussion results in analyzing the survey results at each pilot site</td></tr>
<tr><td>3</td><td>Aug 9, 2023</td><td>(1) Feedback presentation of the second training in Japan
(2) Discussion of future activities</td></tr>
<tr><td>4</td><td>May 16, 2024</td><td>(1) Discussion of the model concept and recommendations</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Indicators</th><th>Achievement</th></tr>
<tr><td></td><td>
<table>
<tr><td></td><td></td><td>(2) Discussion on the indicators of the project output and purpose</td></tr>
<tr><td>5</td><td>Jun 7, 2024</td><td>(1) Feedback presentation of the Thailand Visiting Program
(2) Explanation of the concept of the model
(3) Explanation of the Verification Survey</td></tr>
<tr><td>6</td><td>Aug 23, 2024</td><td>(3) Reviewing the draft model and recommendations
(4) Sharing the future plan for activities</td></tr>
<tr><td>7</td><td>Nov 5, 2024</td><td>(1) Review of the model and recommendations
(2) Feedback on the third training in Japan</td></tr>
</table>

In addition to the above, individual meetings with members of the PIC were held many times to discuss a certain topic deeply.
Joint PM meetings (YED and NSE) were also held at least once every two months. The joint PM meetings played a role in sharing information and issues in health and social services at the central government level.</td></tr>
<tr><td>4-2. Feedbacks are given to TWGs and the working committees regularly.</td><td>Achieved.
PIC members gave feedback as technical guidance as per requests from the WC/TWG.
• Those who visited Japan and Thailand from the PIC, TWG, and WC and from both the health and social sectors shared their experiences and observations with other members.
• YED Director (JCC and PIC member) was deeply concerned about the elderly people with eye problems in Kandaketiya and suggested that the WC members in Kandaketiya and officers at the GN and divisional level, and provincial level collaborate. Later, many communications took place between the WC and PIC levels, and PDHS and PDSS (PIC members) attended the WC meetings from time to time. As a result, appointments for those who need the detailed examination with tertiary level hospital were arranged by PDHS. And a vehicle provided by PDSS took elderly people in Kandaketiya to the tertiary level hospital to receive eye checkups. The selection of the elderly people with eye problems was also conducted collaboratively between staff from the social service and health service sides.
• When the idea of implementing gardening activities in Athurugiriya was raised by the WC members but they had no idea how to start, RDHS Colombo connected the local NGO with WC members there. Then, the activities were initiated smoothly.
• When the idea of establishing a local library in Poregedara was raised by the WC members but they had no resources to purchase books, PDSS Western Province suggested contacting the national</td></tr>
</table>

Indicators	Achievement
	library in Colombo and that the GN could get books from there. • When WC and TWG members in Kandaketiya visited Athurugiriya and Padukka by cross-visit but were reluctant to implement similar activities such as the care/frailty prevention exercise, RDHS Colombo strongly encouraged them to initiate the activity in Kandaketiya as well. As a result, the activity has been conducted regularly in Kandaketiya until now.
Output 5: Recommendations are developed for a wider application of the models.	
5-1. Developed recommendations are shared with more than 146 relevant organizations, departments and units.	Achieved. The recommendations incorporated in the Report on a Verification Survey for Proposing the Model of Community-Based Health and Social Services for Elderly People were presented in the Dissemination Seminar in January 2025, and a printed report was handed out to the total 189 participants from 87 organizations. For those who were absent from the seminar, the printed reports were sent via postal service. In addition to the target 146 relevant organizations, the reports were also sent to the two JICA volunteers (JV)s' assignment sites, the PDSS office North Western Province and the District Secretary Office Matara, and several CP organizations. Thus, the recommendations were shared with more than 146 relevant organizations.

2-2 Project Purpose and Indicators (Target values and actual values achieved at completion)

Indicators	Achievement
Project Purpose: The community-based health and social care model for elderly persons is disseminated for the purpose of a wider application.	
1. The models are shared with more than 146 relevant organizations, departments and units.	Achieved. As above, the model and the recommendations incorporated in the Report on a Verification Survey for Proposing the Model of Community-Based Health and Social Services for Elderly People were presented and shared with 87 relevant organizations in the Dissemination Seminar in January 2025. For those who were absent from the seminar and the organizations related to the JV's assignment sites, the printed report was sent via postal service in January 2025. As result, the models are shared with more than 146 relevant organizations.
2. More than 80% of the attendants of the seminar for sharing the models answer that developed models are useful.	Achieved. The following questions were asked to the participants of the seminar at the end of the event. 1) Information on community-based integrated care system in Japan was useful. 2) The process model and recommendations presented by the project were useful. 3) Information on activities including case studies of elderly people in each pilot site was useful.

4) Care/Frailty prevention exercise demonstrated by the elderly people was useful.
5) The Q&A session and Discussion was useful.
6) The provided report on Verification Survey and the attached documents were useful.
7) I would like to start a similar elderly care activity in my office/department/unit/area.

The answers were selected from the following five options: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree.
155 participants out of 189 answered the questions. The percentage of "Strongly Agree" and "Agree" for each question is shown as follows.

(%)

No.1	No.2	No.3	No.4	No.5	No.6	No.7
95.5	96.1	94.8	95.5	69.7	94.2	92.9

No. 2 and No. 6, which are directly related to the evaluation of the model, were rated highly by 96.1% and 94.2% of respondents, respectively, indicating that this indicator was achieved.
Regarding No. 5, since not much time was allocated for the Q&A session due to time constraints, it is considered that the rating was not so high.

3. History of PDM Modification

The original Project Design Matrix (PDM), which was attached as Annex 2 to the R/D, was made in November 2019. After the commencement of the project, the PDM was modified twice, with reasons stated as follows:

(1) First amendment, signed on September 15, 2023.

1) Names of Ministries

Before	Amended Version
Ministry of Healthcare and Indigenous Medical Services	Ministry of Health
Ministry of Women, Child Affairs and Social Security	Ministry of Women, Child Affairs and Social Empowerment
Reason: The responsibilities and names of the ministries were changed in April 2022 for Ministry of Health and in June 2022 for Ministry of Women, Child Affairs and Social Empowerment.	

2) Administration of the Project and related Annexes

Before	Amended Version

Project Director: Secretary, Ministry of Healthcare and Indigenous Medical Services.	Project Directors: Secretary, Ministry of Health, and Secretary, Ministry of Women, Child Affairs and Social Empowerment
Reason: Assigning Secretary of Ministry of Women, Child Affairs and Social Empowerment as Project Director was agreed at JCC held on August 29, 2022. Two secretaries are serving as co-chairpersons of JCC.	

3) Period of Project

Before	Amended Version
Three (3) years from the date after the first Japanese expert arrives in Sri Lanka	February 3, 2022 to February 2, 2025
Reason: The first Japanese expert arrived in Sri Lanka on February 3, 2022.	

4) Project Organization Chart (1) and Project Organization Chart (2)

The following members and observers are added to JCC JCC Members: Additional Secretary, Ministry of Health JCC Observers: Representative(s) of international and local organizations related to elderly care services.
Reason: Since the Project Organization Charts was agreed tentatively on February 2020, the Project reviewed and revised the members of JCC, PIC and TWG and agreed at JCC held on August 29, 2022.

(2) Second amendment, signed on January 24, 2025

1) Names of Ministries

Before	Amended Version
Ministry of Health Ministry of Women, Child Affairs and Social Empowerment	Ministry of Health and Mass Media Ministry of Rural Development, Social Security and Community Empowerment
Reason: The names of the ministries were changed in November 2024.	

2) Objectively Verifiable Indicators

Before	Amended Version
Overall Goal	
1. Government's programmes to promote the models implemented at XX site.	1. Government's programmes to promote the models implemented in 10 target Divisions.

Before	Amended Version
	*Implemented 1 GN division at least in each Division ■Western Province [Colombo District] 1) Kaduwela, 2) Padukka, [Gampaha District] 3) Mahara, 4) Dompe, [Kalutara District] 5) Millaniya, 6) Horana ■Uva Province [Badulla District] 7) Kandaketiya, 8) Uvaparanagama [Monaragala District] 9) Buttala, 10) Wellawaya
Reason: The Sri Lankan side and the Japanese side agreed to set 6 target Divisions in Western Province and 4 target Divisions in Uva Provinces where the community-based health and social care model (the model) for elderly persons will be implemented within 3 years after the Project ends.	
Project Purpose	
1. The models are shared with more than XX relevant organizations.	1. The models are shared with more than **146** relevant organizations, **departments and units**.
Output 5	
1. Developed recommendations are shared with more than XX relevant organizations.	1. Developed recommendations are shared with more than **146** relevant organizations, **departments and units.**
Reason: The Sri Lankan side and the Japanese side agreed to invite a total 146 organizations, departments and units including MoHM, MoSS, and Ministry of Public Administration, Provincial Councils, Local Government, other health and social service-related government institutions in 9 provinces and 25 districts, etc. to a dissemination seminar in January 2025 to share the model and recommendations.	

3. Means of verification

Before	Amended Version
Project Purpose	
1. Record of the meeting with the relevant organizations	1. **Project Completion Report**
Output 5	
2. Record of the meeting with the relevant organizations	1. Monitoring sheet 2.**Project Completion Report**

Reason: The result of the dissemination seminar can be confirmed on a Project Completion Report to be submitted by the end of the project period.

4. Others

4-1 Results of Environmental and Social Considerations

Not applicable.

4-2 Results of Considerations on Gender/Peace Building/Poverty Reduction, Disability, Disease infection, Social System, Human Wellbeing, Human Right, and Gender Equality

Not applicable.

III. Results of Joint Review

1. Results of Review Based on DAC Evaluation Criteria

(1) Relevance

The relevance of the project is judged to be high.

The government of Sri Lanka, in its "National Health Policy 2016–2025," states that the mission of the government is "to contribute to social and economic development of Sri Lanka by achieving the highest attainable health status through promotive, preventive, curative, and rehabilitative services of high quality made available and accessible to people of Sri Lanka," and there are seven broad strategic directions. Three of them are very much related to elderly care. The first broad strategic direction is to improve the health status and reduce the dependency of the elderly. The third broad strategic direction is to provide palliative care in the mainstream health system, to ensure healthy aging with multi-sectoral collaboration, to provide equitable distribution of geriatric care, and to provide community-based comprehensive rehabilitative care. The fourth broad strategic direction includes ensuring the sharing of resources within a cluster to provide quality primary level care to the community and to develop a referral and back-referral system for patients in each defined catchment area.

These broad strategic areas are consistent with the project's strategy to provide services according to the elderly's needs and maximize the limited resources in the communities where the project has been implemented. In addition, the National Elderly Health Policy and Strategies, developed by YED and approved by the cabinet in 2017, describe strengthening the comprehensive provision of various services, such as prevention, treatment, rehabilitation, long-term care, and palliative care for the aging population, and the project has played a part in implementing this policy. The National Elderly Health Policy and Strategies, which is currently under preparation for revision, will include elements such as the integration of health and social services in the community that the project has been promoting.

In addition, the presidential election was held in October 2024, and Jathika Jana Balavegaya (NPP) took over the new government. Although no new policies have yet been issued by the new government, according to the manifesto "Statements of Policies: A Thriving Nation/A Beautiful Life," there are many measures for the elderly, including the implementation of a comprehensive package of activities to promote physical and mental well-being, ensuring a healthy life for the elderly population, and the introduction of specialized geriatric clinics in disease prevention institutions for elderly care. The pilot sites of the project have already implemented some of the activities listed in the manifesto. In addition, activities related to maintaining mental health for the elderly and prioritizing the elderly in the public transportation system have also been implemented as pilot site initiatives. The new government's policies will be formulated based on this manifestation in the near

future; however, it can be predicted that there will be no major deviation in the direction of the activities and their implementation by the project or the new government. In light of this situation, the implementation of this project will assist in providing the services to the elderly that the Sri Lankan government aims for, and it is judged that the consistency with the Sri Lankan government's future policies could be high.

(2) Coherence

The coherence of the project is judged to be high.

The project is highly consistent with the Country Development Cooperation Policy in Japan and other projects implemented by JICA. One of the three priority areas of the Country Development Cooperation Policy issued by the Ministry of Foreign Affairs (MoFA) in Japan in 2018 is "mitigating vulnerability," which specifically includes support for the improvement of social service infrastructure, such as the development of related facilities and capacity building, particularly in areas such as health and medical care. In addition, the Rolling Plan for Sri Lanka developed by the Japanese government includes strengthening the management of medical and social service provision for elderly services as a strategy for reducing vulnerability. JICA has a long history of cooperation in the healthcare sector in Sri Lanka, particularly in the area of NCDs, where it has provided a series of assistance from strategy formulation to implementation through surveys, technical cooperation projects, and loan projects. In particular, the establishment of a Healthy Lifestyle Center (HLC) in primary medical care institutes (Divisional Hospitals and primary medical care units (PMCU)) has served as a foundation for the implementation of the elderly clinic in Athurugiriya Divisional Hospital, and synergistic effects and interconnectedness with past cooperation have been recognized.

In terms of mutual complementarity with other development partners, the project will further strengthen ICOPE initiative promoted by WHO. The WB has promoted primary health sector reform, and the PHSEP, which was approved in 2024 and is preparing for its commencement, will also focus on the provision of services for the elderly in primary medical care institutes, which will further strengthen interrelationships with the project.

(3) Effectiveness

The effectiveness of the project is judged to be high since the results of the activities led to the production of the desired effects, and the project purpose is generally being achieved.

The goal of this project is that "the community-based health and social care model for elderly persons ("The model") is disseminated for the purpose of a wider application," and the following five points were set as indicators:

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

The project established the WC at the community level and the TWG at the divisional level, and they functioned effectively at all pilot sites as multi-sectoral platforms for the planning and implementation of elderly service provision. All project stakeholders understood the significance of such platforms and were eager to model the project for dissemination in other areas. Through the implementation and experience of the activities to date, a model was finalized that summarizes the elements, processes, and functions of providing the elderly care in the community.

With regard to matters that contributed to the attainment of outputs, as noted under Coherence, since the establishment of the HLCs was strengthened by JICA's previous NCD projects, this facilitated the smooth implementation of the elderly clinic and other prevention activities and contributed significantly to the effectiveness of the project.

(4) Efficiency

The efficiency of the project is judged to be moderate.

The implementation of the activities in 2021 and 2022 was significantly delayed due to difficulties in project management caused by the Covid-19 pandemic and unstable political and economic conditions, respectively.

For Output 2, it was initially envisioned that the content of the Needs Identification Survey would follow the framework promoted by the Japan Gerontological Evaluation Study (JAGES). However, this framework has academic research elements, and there was too much information for the pilot sites to understand the needs of their sites during the limited project period. In addition, the survey targeted all elderly people in the community, and this resulted in a heavy burden on the surveyor and the elderly people as interviewees and caused an unexpected extension of the study period. The result of the model verification survey shows that the pilot site members also felt that there were too many questions in the survey, and that it would be necessary to reduce the time and burden of the elderly people. In the limited timeframe of the project (3 years), when supporting needs assessment,

formulation, and implementation of action plans, as well as evaluation and modeling, it would have been more efficient to conduct a simpler survey to identify needs. In addition, it would have been possible to identify needs in a shorter period of time if needs were identified through a sample survey instead of a complete survey, and more time could have been allocated to activities at the pilot sites, which would have allowed for greater scrutiny and improvement of the activities.

With regard to Output 4, cross-sectoral and vertical communication between the national/central level and the local level was activated in various ways in the provision of elderly services. However, although intersectoral communication was activated, the Sri Lankan side did not actively lead the meetings of the PIC, and the Japanese side needed to take the lead. It might have been beneficial to create more opportunities to develop Sri Lankan ownership during the project implementation period.

All the equipment and materials provided by the project were put to good use. In particular, the tablets used in the pilot sites for the Needs Identification Survey greatly reduced the time required for data entry and analysis. The projectors, PCs, and screens facilitated the implementation of care/frailty prevention exercises, health education, and training on self-employment activities in the pilot sites. In addition, the gymnastics-related equipment provided in Kaduwela and Padukka has been utilized extensively in the implementation of the care/frailty prevention exercise, which is being implemented continuously and actively in those areas.

The dispatch of experts was also generally appropriate. One point that particularly enhanced efficiency was the appointment of an expert with previous ex-post evaluation experience as the expert in charge of the modeling activity in the latter half of the project. Because of this, the project's model validation study and summarizing the project's results were conducted effectively and efficiently.

(5) Impact

The impact is judged to be relatively high.

The project's overall goal is that "the community-based health and social care model for elderly persons is utilized for a wider application." Some activities, such as the care/frailty prevention exercise, have already been disseminated to other non-pilot GN divisions in Kaduwela and Padukka. These GN divisions are shown in Table 25.

Table 25: Areas Where the Project Activity was Disseminated

District	Division	GN Divisions Disseminated
Colombo	Kaduwela	Hewagama
		Thunadahena
		Oruwala
	Padukka	Dampe
		Horakandawala

District	Division	GN Divisions Disseminated
		Uggalla
		Pinnawala North
		Pinnawala South
		Horagala
		Pahala Padukka
		Kurugala
Matara	Matara	-
	Malimbada	-
	Welipitiya	-
	Mulatiyana	-
	Thihagoda	-
Kurunegala	Weerambugedara	-
Puttalam	Nawagaththegama	-
	Naththandiya	-
	Anamaduwa	-

In addition, the project attempts to collaborate with JVs and expects to create synergy. Currently, two JVs are providing technical assistance in the provision of services to the elderly, and they work in the Matara District Secretariat in Southern Province and in the Provincial Department of Social Services in North Western Province, respectively. In January 2025, JVs, their C/Ps, and concerned personnel visited the pilot sites to study the project model and experiences and to exchange ideas related to the elderly services. It is expected that the JVs and their C/Ps could implement their activity more smoothly and hopefully disseminate the project model in their working places in the future. The list of JVs and their C/Ps for the study visit is shown in Table 26.

Table 26: List of JVs and Their C/Ps for the Study Visit

Title	Workplace
JICA Volunteer	
JV	District Secretariat – Matara
JV	PDSS – North Western Province
Southern Province – Matara District	
・Assistant DS ・District ERPO	District Secretariat – Matara
ERPO	DS – Matara
ERPO	DS – Malimbada
ERPO	DS – Welipitiya
ERPO	DS – Mulatiyana
DO (elder care)	DS – Thihagoda
District Elder Board secretary	DS – Mulatiyana
Regional Elder Board treasurer	DS – Matara
North Western Province	
・Senior SSO ・SSO (3)	PDSS – North Western Province
・SSO ・DO	Divisional Secretariat – Weerambugedara
SSO	DS – Nawagaththegama

Title	Workplace
DO	DS – Naththandiya
DO	DS – Anamaduwa

It is expected that the model and the related activities will be disseminated outside the pilot sites in the future through the efforts of the government officers at the local level. However, it is crucial that the Sri Lankan government issue some official documents, such as circulars and memorandums, as government orders for promoting the model in non-pilot site areas. Although the project framework did not include the activity for developing such official documents to disseminate the model, discussions on issuing the official document have already begun during the project implementation period to ensure the impact and sustainability of the project. These efforts have also helped increase the impact of the project.

(6) Sustainability

The sustainability of the project is judged to be moderate.

Political aspects: As noted under Relevance, the project strategy is consistent with Sri Lankan policy, and considering the fact that numbers of elderly people will continue to increase, the project results are likely to be sustained in the future. However, Sri Lankan government officials usually implement activities based on official circulars/orders, and the issuance of official circulars by the government is essential for ensuring the continuous and sustainable implementation of the model for providing the elderly services in the pilot sites and other non-pilot areas.

Technical aspects: At each pilot site, the implementation of the activities was accomplished well with ownership of Sri Lankan government officials through the experiences of planning, implementing, and monitoring the provision of services for the elderly. In addition, the pilot sites have been working on what they can do with existing resources for the provision of these services, so it can be reasonably judged that there will be no problems with technological sustainability. During the project implementation period, the evaluation activities were not implemented at the pilot sites; therefore, in the future, they will need technical support from the higher/central level to do that.

Organizational aspects: It is possible to sustain platforms such as the WC and TWG that the project introduced by utilizing C/Ps (currently existing government organizations). However, cross-sectoral coordination needs to be ensured, and this should be clearly stated in the official circular.

Financial aspects: Since the project has provided little funding for the implementation of activities, it

would be possible to implement activities based on the current budgets of Sri Lankan departments. In addition, the WB has been providing loans to boost primary health care reforms, and a new phase, PSHEP, was approved in 2024 and is being prepared for launch. This will strengthen the function of primary health care institutes and include strengthening the management of NCDs from screening to treatment, which has been supported in the past, as well as strengthening the provision of the elderly care. The extent to which this budget can be used to continue some of the project activities will need to be considered in future discussions with the WB and MoHM. However, it is also expected that sustainability will improve through the efforts of the Sri Lankan government, while external funds are utilized from other development partners such as this one.

2. Key Factors Affecting Implementation and Outcomes

2-1. Challenges in Implementation of the Project Operation

(1) Restrictions on project operation due to the coronavirus disease

The largest constraint was traveling restrictions due to the global COVID-19 pandemic. Initially, the first trip was planned for February 2021, but due to these restrictions, the discussions were initiated online.

Although a kick-off meeting was held online in January 2021 to discuss the review of the implementation structure, there was no response from the Sri Lankan side for some time thereafter. With the strong cooperation of the JICA Sri Lanka office, the Japanese expert team was able to arrange a meeting and finally held the second online discussion in November 2021. However, the response frequency from the Sri Lankan side was limited at that time, and it was quite difficult to proceed with the activity remotely.

In addition, the Japanese expert team attempted to apply for a visa for the first dispatch, but there were delays in the visa issuance process due to the lockdown of the office in charge due to COVID-19. Finally, the visa was issued in January 2022 after several months, and the first dispatch was realized in February 2022.

(2) Constraints due to unstable political and economic situation

On April 28, 2022, civil servants across Sri Lanka called a strike against the government due to economic difficulties. NSE, where the project office is located, was also called to strike, making it difficult to work there. Although Japanese experts resumed their travel at the end of June 2022, shortages and fuel price hikes made it difficult to use rental cars to travel to distant locations such as Uva Province. There were also cases in which business operations were hampered by the unavailability of other transportation services, even in Colombo. In the worst cases, no vehicle was available for some days, but even under these circumstances, the Japanese expert team made great

efforts to arrange the training in Japan and coordinate with the C/Ps, such as in the selection of Sri Lankan participants. The activities during the initial period would have proceeded much more smoothly if the above obstacles had not been in place.

2-2. Innovations in Implementation of the Project Operation

(1) Efforts to strengthen intersectoral communication: Multi-channel communication

Since two ministries served as C/Ps and cross-ministerial coordination was required, the Japanese expert team always made efforts to share information and hold joint discussions when working with PMs and each section-level head. In addition to e-mail, WhatsApp was introduced to create a group for the PMs and the expert team for in-depth communication. Having close cross-ministry communication, both in person and online, fundamentally facilitated the coordination of health and social services that the project aimed to achieve.

The project's newly created WC and TWG also created WhatsApp groups for their respective pilot sites, and they were used to plan project activities, publicize meetings, and report on activities after the implementation. Posting photos of activities and results facilitated communication, as everyone praised each other, regardless of whether they were in health or social services.

(2) Utilizing learning from training abroad: Holding feedback sessions

In this project, the Japanese expert team made every effort to help the Sri Lankan participants of the training in Japan share their learnings with others in Sri Lanka. Feedback sessions of the second and third trainings were held in Sri Lanka, and how their learnings could be applied to future activities in Sri Lanka was discussed with others who couldn't participate in the training directly. This careful sharing of learning and support for the development of activities tailored to the Sri Lankan context has led to some activities at the project sites that are based on the Japanese experience. It is believed that the thoroughness of feedback has made a significant contribution.

(3) Modeling: Defining the model and reaching consensus on the work process

In JICA's technical cooperation projects, "modeling" or "model formulation" is often aimed for as a project outcome; however, progress in project activities is sometimes impeded by discrepancies in the understanding of the concept or definition of "model" among the parties concerned. To avoid these problems in this project, prior to modeling the project outcomes, thorough discussions were held among the parties concerned to clarify what the model was before the work proceeded. First, a consensus was reached among the Japanese expert team, the JICA headquarters, and the JICA Sri Lanka office, and then the PM, PIC, and JCC were consulted to validate the modeling process. This

process avoided miscommunication with the parties concerned and allowed the modeling work to proceed as planned, without the need for rework.

(4) Creation of synergies between JICA programs: Moderate collaboration with JVs

Since no successor projects are expected after the completion of this project, to ensure the sustainability of the project, the Japanese expert team considered a moderate partnership with JVs in Sri Lanka. The detailed activities include study visits to the pilot sites of the project and sharing the tools and materials made by the project to enhance the elderly services. At the time of the project ends, two JVs were supporting the provision of services for the elderly people in the Matara District of the Southern Province and in Northwestern Province, with a district-level ERPO and a provincial-level SSO, respectively, under the MoSS. Since the JVs are volunteers who implement activities in response to their own defined goals, in principle, they are not directly responsible for any part of the project activities. However, it is expected that their options to provide the elderly services will increase through this attempt, and if that happens, it might contribute to the sustainability of the project.

3. Evaluation of the Results of the Project Risk Management

The political and economic situation was unstable in Sri Lanka, and there were many changes in PDs and PMs due to regime changes and government restructuring. In the latter half of the project, the Japanese expert team requested meetings with the new person in charge as soon as possible after such changes, where they introduced project activities and attempted to involve them in the project.

4. Lessons learned

(1) Simplifying the content and setting an appropriate target number for the Needs Identification Survey considering the project duration

As noted under Efficiency, it is important to consider the content of each project's activity commensurate with the duration of the project to improve the efficiency of the project. For example, in the needs identification activity, if a complete survey were conducted, the quality and reliability of the survey would be enhanced. However, it would take more time to do it. Therefore, it is important to determine the appropriate number of samples in light of the project implementation period. In addition, although this project was implemented for only three years and was a trial implementation of the management of services for the elderly people in the community, the inclusion of extra components that were not necessarily needed to develop the action plan in the survey increased the burden of both surveyors and interviewees, extended the duration of the survey, and reduced the efficiency of the project as a result. Under the circumstances of this project, where the needs

assessment itself was the first attempt at this activity, the survey components could have been a little simpler.

(2) Strengthening intersectoral communication and fostering ownership of PIC

As mentioned under Efficiency, at the community level, there was a need for fairly frequent intersectoral communication between the health and social service sides to implement activities in the action plans. However, at the central government and provincial levels, there were not as many opportunities to do that. The pilot site members treated activities in the project as a personal matter, but the PIC inevitably had a different level of enthusiasm about treating it as their own since they did not implement activities by themselves. In addition, PIC members are always busy at the central level and tend to be less involved than those at the pilot sites. Thus, sectoral collaboration and leadership among the PIC members were somewhat less developed than in the WC and TWG.

Teamwork can be fostered gradually, as there are many opportunities for face-to-face meetings to implement activities, which was observed in the pilot sites. However, establishing a platform to discuss various issues among sectors at the central administration level required more effort than at the local level. If PIC members had been more involved in field activities, there would have been more interest in field services for the elderly and a greater sense of the need for interdisciplinary collaboration. Alternatively, if a training program in Japan were organized for PIC members, it could have enabled better communication and fostered a sense of ownership for those involved at the central level.

5. Performance

The JICA Sri Lanka office timely shared the situation of the government with the team of Japanese experts and supported the project activities to proceed smoothly. In addition, the JICA Sri Lanka office assisted in coordination with C/P agencies, including government officials, in a very sensitive manner according to each situation.

6. Additionality

As stated in Activity 5.4., the delegation of the WB and Vietnamese government visited the pilot sites and exchanged opinions with the Sri Lankan officials. This unique activity was realized due to the efforts of the officer in charge of this project at JICA headquarters.

IV. For the Achievement of Overall Goals after the Project Completion

1. Prospects to Achieve Overall Goal

Indicators	Achievement
Overall Goal: The community-based health and social care model for elderly persons is utilized for a wider application.	
1. Government's programmes to promote the models implemented in 10 target Divisions. *Implemented 1 GN division at least in each Division ■ Western Province [Colombo District] 1) Kaduwela, 2) Padukka, [Gampaha District] 3) Mahara, 4) Dompe, [Kalutara District] 5) Millaniya, 6) Horana ■ Uva Province [Badulla District] 7) Kandaketiya, 8) Uvaparanagama [Monaragala District] 9) Buttala, 10) Wellawaya	The prospects for achieving the overall goal are relatively high. As noted under Impact, some activities, such as the care/frailty prevention exercise, have already been disseminated to other non-pilot GN divisions in Kaduwela and Padukka (3 GN divisions in Kaduwela and 8 GN divisions in Padukka as of December 2024). It is crucial that the Sri Lankan government issue official documents such as circulars and memorandums to promote the project model at non-pilot sites.

2. Plan of Operation and Implementation Structure of the Sri Lankan Side to Achieve Overall Goal

In the first year after project completion, the government circular will be finalized and the project model will be introduced to the target sites in the project target districts; in the second year, YED and NSE will monitor and supervise the delivery of services to the elderly people in the target sites, including the implementation of PDCA management for service delivery and the achievement of the services. An ex-post project evaluation will be conducted by JICA to review the progress of the overall goal approximately three years after the completion of the project.

3. Recommendations for the Sri Lankan Side

For MoHM and MoSS

(1) Circular documentation, continuation, and dissemination of the health and social service model process within and outside of the pilot site based on formal government document/order

(2) Use of pilot sites as good practices

For MoHM

(1) Collaboration with development partners such as WB to use the resources of PHSEP to disseminate the model developed by the project

(2) Securing health personnel involved in the elderly services in the community

- ✓ Increasing the number of PHNO and health staff related to rehabilitation, such as physiotherapists and occupational therapists

- ✓ Consideration of revision of Terms of References for PHM to provide the elderly services in addition to the tasks for MCH

For MoSS

(1) Securing social service personnel involved in the elderly services in the community

- ✓ Allocation of one ERPO per division

Annex 1-1: Member List of WC and TWG in Each Pilot Site

Colombo District

No	TWG	WC	Title	Organization	Name
1	✓		Regional Director of Health Services	RDHS Office	Dr. Chandana Gajanayake
2	✓		Regional Consultant Community Physician, RDHS, Colombo	RDHS Office	Dr. Deshani Herath

Kaduwela Division/Athurugiriya GN

No	TWG	WC	Title	Organization	Name
1	✓	✓	Medical Officer in Charge	Divisional Hospital	Dr. Dumithra Kahangamage
2	✓	✓	Medical Officer, Mental Health	Divisional Hospital	Dr. Nirupa Hettige
3	✓	✓	Public Health Nursing Officer	Divisional Hospital	Ms. M.M.D.K Magammana
4	✓	✓	Medical Officer of Health	MOH Office	Dr. Niroshan Silva
5	✓	✓	Public Health Inspector	MOH Office	Mr. C. S. Indipolage
6	✓		Divisional Secretary	DS Office	Mr.Harshana Suranga Sampath Idamgodage
7	✓	✓	Assistant Divisional Secretary	DS Office	Ms. Dhammalage Padma Dhammika Saddhasena
8	✓	✓	Management Service officer	DS Office	Ms. Sucharitha Dilrukshi
9	✓	✓	Development Officer	DS Office	Ms. B.K.D Wathsala
10		✓	Grama Niladhari	DS Office	Ms.J.P.D.N. Jayasinghe
11		✓	Councelling Officer	DS Office	Ms. M.P.D.K. Pathirane
12		✓	Vidatha officer	DS Office	Ms.S.D.Dharmarathne
13		✓	Socail Service Officer	DS Office	Ms. Anusha Dilrukshi

Padukka Division/Poregedara GN

No	TWG	WC	Title	Organization	Name
1	✓	✓	Medical Officer of Health and Medical Officer In Charge	MOH Office and Divisional Hospital	Dr. K. H. Jagath Kumara
2	✓	✓	Public Health Nursing Officer	Divisional Hospital	Ms. S.A. Priyanthi
3	✓	✓	Public Health Inspector	MOH Office	Mr. R.A. Uditha Nalin Ranasinghe
4	✓	✓	Divisional Secretary	DS Office	Mr. Sugath Sisira Kumara
5	✓	✓	Additional Divisional Secretary	DS Office	To be assigned
6	✓	✓	District Social Service Officer	DS Office	Ms. W. G. A. Ama Rajinie
7	✓	✓	Social Service Officer	DS Office	Ms. A. D. M. Madhuwanthi
8	✓	✓	Elder's Right Promotion Officer	DS Office	Ms. A.G.A.R Shyamalee
9		✓	Development Officer	DS Office	Ms. Thanuja Gamage
10		✓	Grama Niladhari	DS Office	Ms. Sasanka Madhawee Kuruppuarachchige

Badulla District

No	TWG	WC	Title		Name
1	✓		Provincial Director of Health Services	PDHS office, Uva	Dr. Janitha Thennakoon
2	✓		Provincial Director of Social Services	PDHS office, Uva	Ms. N.L.S. Piumla
3	✓		District Social Service Officer	PDSS office, Uva	Mr. M.M.P.K. Manathunga
4	✓		Medical Officer, Planning	RDHS office	Dr. M. P.Wanasinghe
5	✓		Medical Officer, NCD	RDHS office	Dr. Hemantha Gawarammana
6	✓		Deputy Regional Director of Health Services	RDHS office	Dr. Thusitha Attahanayake

Kandaketiya Division/Kandakepu Ulpotha GN and Kivulegedara GN

No	TWG	WC	Title		Name
1	✓		Medical Officer in Charge	Divisional Hospital	Dr. M. D. B. Charahitha
2	✓		Medical Officer of Health	MOH Office	Dr. K. B. Egodawela
3	✓		Additional Medical Officer of Health	MOH Office	Dr. D. M. D. N. Dasanayaka
4	✓		Supervising Public Health Midwife	MOH Office	Mrs. R. M.A. D. Senevirathne
5	✓		Divisional Secretary	DS Office	Mr. Nuwan K. Dissanayaka
6	✓	✓	Public Health Inspector	MOH Office	Mr. D.M.S.L. Dissanayake
7	✓	✓	Elder's Right Promotion Officer	DS Office	Mr. A. M. T. S. Madushantha
8	✓	✓	Social Service Officer	DS Office	Mrs. M. K. P.T. S. Perera
9	✓	✓	Social Service Officer	DS Office	Mr. D.M. Thivanka Dissanayaka
10	✓	✓	Social Service Officer	DS Office	Mrs. D. M. K. P. Dissanayaka
11		✓	PHM (Kandakepu Ulpotha)	MOH Office	Mrs. B. M. Udayangani Priyadarshini

12		✓	Grama Niladhari (Kandakepu Ulpotha)	DS Office	Mrs. H. M. Y. G. D. T. K. Herath
13		✓	Development Officer (Kandakepu Ulpotha)	DS Office	Mrs.R. M. S. T. Rathnayaka
14		✓	Public Hhealth Midwife (Kivulegedara)	MOH Office	Mrs. E. M. N. K. Ekanayaka
15		✓	Grama Niladhari (Kivulegedara)	DS Office	Mrs. R. M. S. Irangani
16		✓	Development Officer (Kivulegedara)	DS Office	Mr. J.W.S. M.P.P.K. Mahanthe
17		✓	Agricultural Officer (Kivulegedara)	DS Office	Mrs. R. M. Seedevi Somalatha

Annex 1-2: Member List of PIC

No	Title	Organization	Name
	PIC		
1	Director (Chair)	Directorate for Youth, Elderly and Disabled Persons, MoHM	Dr. Nishani Ubeysekara
2	Director (Chair)	MoSS	Mr. K.Chathura Mihidum
3	Director	Department of Social Services, MoSS	Ms Darshani Karunarathne
4	Director	Planning, MoSS	Mr. Murugaiyah Ramamurthi
5	Director	PHC, MoHM	Dr. Sarathchandra Kumarawansa
6	Provincial Director of Health Service	Western Province	Dr. Dammika Jayalath
7	Provincial Director of Health Service	Uva Province	Dr. Janitha Tennekoon
8	Provincial Director of Social Service	Western Province	Ms. Sewwandi Hettiarachchi
9	Provincial Director of Social Service	Uva Province	Ms. N. L. Sajani Piumla
10	Regional Director of Health Service	Regional Director of Health Services, Colombo	Dr. Chandana Gajanayake
11	Regional Director of Health Service	Regional Director of Health Services, Badulla	Dr N.G.S Panditharathne
12	Regional Director of Health Service	Regional Director of Health Service, Badulla	Dr Attahanayake
13	Divisional Secretary	Divisional Secretary, Kaduwela	Mr. Harshana Suranga Sampath Idamgodage
14	Divisional Secretary	Divisional Secretary, Padukka	Mr. Sugath Sisira Kumara
15	Divisional Secretary	Divisional Secretary, Kandaketiya	Mr. Nuwan Kumara Dissanayake
16	Consultant Community Physician	Directorate for Youth, Elderly and Disabled Persons, MoHM	Dr. Shiromi Maduwage
17	Director/Consultant Community Physician	Health Promotion Bureau, MoHM	Dr. B. K. R. Batuwanthudawa
18	Senior Registrar	Colombo South Teaching Hospital	Dr. Pravenie

Annex 1-3: Member List of JCC

No	Name	Title	Organization
	JCC members		
1	Dr. Anil Jasinghe	Secretary	MoHM
2	Ms. Malarmathi Gangadharan	Secretary	MoSS
3	Dr. Lakshmi Somathunga	Additional Secretary (Public Health Services)	MoHM
4	Mr. Galagama Sunil	Additional Secretary (Development)	MoHM
5	Ms. H.T.R. Nalika Piyasena	Additional secretary (Development II)	MoSS
6	Mr.Gamini Wijesinghe	Additional secretary (Development I)	MoSS
7	Dr. Asela Gunawardene	Director General of Health Services	MoHM
8	Dr. S.C.Wickramasinghe	Deputy Director General (PHS II)	MoHM
9	Dr. Nishani Ubeysekara	Director	Directorate for Youth, Elderly & Disabled persons, MoHM
10	Mr. Chathra Mihidum	Director	National Secretariat for Elders, MoSS
11	Mr. M.Ramamurthi	Director General, Planning	MoSS
12	Dr. Shiromi Maduwage	Consultant Community Physician	Directorate for Youth, Elderly & Disabled persons, MoHM

Annex 1-4

Participants List for the 1st training in Japan

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

No.	Name	Title and Organization
1	Dr. SOMATUNGA Thalgahahena Lakshmi	Additional Secretary (Public Health Services), Ministry of Health
2	Mrs. PEIRIS Dombagahapathiranage Loshani	Additional Secretary (Administration) 1, Ministry of Health
3	Mr. KALUARACHCHI Champika Dilan	Additional Secretary(Development), Ministry of Women, Child Affairs and Social Empowerment (MoWCS)
4	Dr. SARANAJEEWA Peletiyana Withana Deepa	Director, Directorate for Youth, Elderly and Disabled, Ministry of Health
5	Mr. LANEROLLE Kapila Gaddila	Director ,National Secretariat for Elders (NSE), MoWCS
6	Mrs. HERATH Anoja Udaya Kumari	Director, Department of Social Services, MoWCS
7	Dr. JAYALATH Kamani Dammika	Provincial Director of Health Services (Western Province)
8	Dr. DE SILVA Ajith Hemantha Kumara	Deputy Regional Director of Health Service (Badulla)
9	Mr. KOTTAGE Chathura Mihidum	Divisional Secretary, Kaduwela
10	Dr. SILVA Lamahewage Chaminda Niroshan	Medical Officer of Health, Kaduwela
11	Dr. KALU HANNADIGE Jagath Kumara	Medical Officer of Health, Padukka
12	Dr. KAHANGAMAGE Dumithra Ruwansiri	Medical Officer in Charge, Athurugiriya District Hospital
13	Mr. ABDUL WAHAB Mohamed Nisham	Elderly Rights Promotion officer, NSE
14	Mr. GUNATHISSA Raveendra Sunimal	Elderly Rights Promotion officer ,NSE

Detailed Training Schedule

Course name:	The Knowledge Co-Creation Program on Community-Based Integrated Care System
Course No.:	201700153-J002
Course period:	From October 18th to November 1st, 2022
Participants:	14

DATE	TIME	CONTENTS	Lecturer or person in charge		Venue	Remarks
			Name	Organization and title		
18-Oct	～ 7:35	Arrival at Narita Airport				
	8:30 ～ 10:30	[Travel] TIC→JICA Tokyo International Centre (TIC)	TBA	TIC		
	10:30 ～ 11:30	CHECK IN at TIC				
19-Oct	9:30 ～ 11:30	General Briefing (Bank account, meals, medical card etc.)	TBA	TIC	TIC	
	11:30 ～ 12:40	Lunch				
	12:40 ～ 16:15	General Orientation (Japanese economy, politics, public administration, etc.)	TBA	TIC	TIC	
20-Oct	9:00 ～ 10:00	Training briefing (the overall training schedule and the action plan)		Fujita Planning Co., Ltd.	TIC	
	10:15 ～ 10:50	[Traveling] TIC→The Embassy of Sri Lanka in Japan				
	11:00 ～ 11:45	Courtesy visit to the Embassy of Sri Lanka in Japan	H.E.Ms.Sesath Thambugala	Minister Counsellor / Deputy Chief of Mission, The Embassy of Sri Lanka in Japan	The Embassy of Sri Lanka in Japan	
	11:45 ～ 12:30	[Traveling] The Embassy of Sri Lanka in Japan→TIC				
	12:30 ～ 14:00	Lunch				
	14:00 ～ 16:00	[Lecture]Policies and Programs of Graying Japan: Learning from the historical development	Dr. Shintaro NAKAMURA	Senior Technical Advisor in charge of Social Security, JICA	TIC	
21-Oct	8:40 ～ 9:10	[Traveling] TIC→ Ministry of Health, Labour and Welfare (MHLW)				
	9:30 ～ 11:00	[Lecture]Outline of Long-Term Care Insurance System of Japan	Mr.Naohide TOMISAWA	Section Chief, General Affaires Division, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare(MHLW)	MHLW	
	11:00 11:10	Break time				
	11:10 ～ 12:40	[Lecture]Community-based Integrated Care System Model	Mr.Naohide TOMISAWA	Section Chief, General Affaires Division, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare(MHLW)	MHLW	
	12:40 ～ 13:30	Lunch				
	13:30 ～ 14:30	[Lecture]Promotion of preventive long-term care initiatives	Mr. Toshitaka MASUDA	Deputy Director, Division of the Health for the Elderly, Health and Welfare Bureau for the Elderly,MHLW	MHLW	
	14:30 ～ 15:30	[Lecture]Comprehensive measures to secure sufficient nursing care candidates (main initiatives)	Mr. Kaito ANDO	Officer, Office for Welfare Human Resources Policy, Welfare Promotion Division, Social Welfare and War Victims' Relief Bureau, MHLW	MHLW	
	15:30 15:40	Break time				
	15:40 16:40	[Lecture]Overview of Dementia Policy in Japan	Mr. Kazuo TANIUCHI	Assistant Director, Dementia Policy and Community Care Promotion Division,Health and Welfare Bureau for the Elderly, MHLW	MHLW	
	16:50 ～ 17:20	[Traveling] MHLW → TIC				
22-Oct						
23-Oct						
24-Oct	8:40 ～ 9:15	[Traveling]TIC → WeWork Hibiya Fort Tower				
	9:30 ～ 12:30	[Lecture]Efforts and Challenges of the Ministry of Land, Infrastructure, Transport and Tourism in Improving the Housing Environment for the Elderly 1. Overall picture of Japan's housing policy 2. Issues Related to Housing for the Elderly in the Community-based Integrated Care System 3. Development of Housing for the Elderly 4. Housing Safety Net System 5. Cooperation between Welfare and Housing Sectors in Housing Support	Ms. Mihoshi KOJIMA	Director, Senior Citizens Housing Guidance Section, Safe Habitation Promotion Division, Housing Bureau, Ministry of Land, Infrastructure, Transport and Tourism (MLIT)	Meeting Room, Wework Hibiya Fort Tower	
	12:30 ～ 13:30	Lunch				
	13:30 ～ 16:30	[Lecture] 1. Influence of Oral Frailty on the Elderly 2.Efforts to prevent oral frailty and oral care for the elderly	Mr. Yasunori MIZUMACHI	Board Member, Chiba Prefecture Dental Association	Meeting Room, Wework Hibiya Fort Tower	
	16:40 ～ 17:40	[Traveling] Wework Hibiya Fort Tower → TIC				

DATE	TIME	CONTENTS	Lecturer or person in charge		Venue	Remarks
			Name	Organization and title		
25-Oct	8:30 ～ 8:50	[Traveling] TIC → Setagaya Ward, Tokyo (Urban Area)				
	9:00 ～ 10:30	[Lecture] -General Information of Setagaya Ward -Development and implementation of a community-based Integrated care system in Setagaya Ward (Urban area)	Mr. Kota TANAKA	General Director, Health and Welfare Policy Department, Setagaya Ward	Health, Medical and Welfare Plaza Conference room 2 (2F)	
	10:30 ～ 10:40	Break time				
	10:40 ～ 11:50	[Lecture]Actions to Develop and Implement Elderly Care Plan in Setagaya Ward (Urban area)	1)Mr.Hiroyuki SUGINAKA 2)Mr.Futoshi MORITA	1)Director, Elderly Welfare Division, Department of Elderly Welfare, Setagaya Ward 2)Planning Section Chief, Elderly Welfare Division, Department of Elderly Welfare, Setagaya Ward	Health, Medical and Welfare Plaza Conference room 2 (2F)	
	11:50 ～ 12:20	[Site visit]Tour of Health, Medical and Welfare Plaza	1)Mr. Kota TANAKA 2)Mr. Teruyoshi KOIZUMI	1)General Director, Health and Welfare Policy Department, Setagaya Ward 2)Director, Health and Welfare Promotion Division, Health and Welfare Policy Department, Setagaya Ward	Health, Medical and Welfare Plaza	
	12:20 ～ 13:20	Lunch				
	13:20 ～ 14:10	[Lecture]Overview and Initiatives of the Setagaya Ward Welfare Personnel Development & Training Center	Ms. Ritsuko URYU	Director of the Centre for Human Resource Development and Training for Social Welfare	Health, Medical and Welfare Plaza Conference room 3-1(3F)	
	14:10 ～ 14:40	[Lecture]Overview of the Setagaya Ward Dementia Home Life Support Centre and its activities	Ms. Miki MOCHIZUKI	Director, Long-Term Care Prevention and Community Support Division, Department of Aging and Welfare, Setagaya Ward	Health, Medical and Welfare Plaza Conference room 3-1(3F)	
	14:40 ～ 15:00	[Traveling] Health, Medical and Welfare Plaza → Community Integrated Support Centre				
	15:00 ～ 15:50	[Site visit]Presentation of the Setagaya Ward Community Integrated Support Centre's activities and site visit	Mr. Seiichi INAGAKI	Manager, Umegaoka Anshin Sukoyaka Centre (Community Integrated Support Centre)	Umegaoka Machizukuri Centre Activity Floor	
	15:50 ～ 16:10	Q&A and wrap up of the entire program in Setagaya Ward	TBC	Elderly Welfare Division, Department of Elderly Welfare, Setagaya Ward	Umegaoka Machizukuri Centre Activity Floor	
	16:10 ～ 16:30	[Traveling]Community Integrated Support Centre→ Health, Medical and Welfare Plaza				
	16:30 ～ 16:50	[Traveling] Setagaya Ward → TIC				
26-Oct	7:50 ～ 10:20	[Traveling] TIC→ Ogano Town, Saitama Prefecture (Rural Area)				
	10:30 ～ 11:30	[Site visit]Observation of care prevention project activities at Iki Iki Kan (care prevention facility), Ogano Town (Rural area)	1)Ms.Hiromi MACHIDA 2)Ms.Hiroko YUYAMA 3)Mr.Yoshiyuki TAKITA	1)Public Health Division, Ogano Town 2)Registered Nutritionist 3)Certified Instructor of Exercise for Health	Iki Iki Kan (care prevention facility)	A physical activity is planned.It is advised to come to the training dressed for exercise
	11:30 ～ 11:45	[Traveling]Iki Iki Kan → Restaurant				
	11:45 ～ 12:45	Lunch				
	13:00 ～ 14:30	[Lecture]Overview of Ogano Town, planning and implementation of the community-based integrated care system in Ogano Town(Rural Area), and presentation of examples of initiatives	Mr. Shoichi MINAMI	Director, Public Health Division, Ogano Town	Conference room in the Town Hospital	
	14:30 ～ 14:40	Break time				
	14:40 ～ 15:30	[Lecture]The role of the Ogano Town Hospital in the community-based integrated care system	Dr.Ai UEKI	Chief physician, Ogano Town Hospital	Conference room in the Town Hospital	
	15:30 ～ 15:40	[Traveling] Town Hospital→Health and Social Service Centre				
	15:40 ～ 16:30	[Site visit] Tour of Health and Social Service Centre	Mr. Shoichi MINAMI	Director of Public Health Division, Ogano Town	Health and Social Service Centre	
	16:30 ～ 19:30	[Traveling] Ogano Town, Saitama Prefecture (Rural Area)→TIC				
27-Oct	8:10 ～ 9:00	[Traveling]TIC→Tokyo Metropolitan University (Arakawa Ward, Tokyo)				
	9:15 ～ 10:15	[Lecture]Arakawa "Koroban Taiso" (Fall Prevention Exercise) -Arakawa Ward's Approach to Long Term Prevention Care-	Mr. Takumi YAMADA	Professor, Faculty of Health Sciences, Tokyo Metropolitan University	Classroom, Tokyo Metropolitan University	
	10:15 ～ 10:30	[Traveling] Tokyo Metropolitan University → Arakawa Ward Sports Centre				
	10:30 ～ 11:30	Observation of the implementation system and practice of the "Koroban Taiso," a fall prevention exercise	TBC	Health Consultation, Health Promotion Division, Health Department, Arakawa Ward, Tokyo	Gymnasium, Tokyo Metropolitan University	■A physical activity is planned.It is advised to come to the training dressed for exercise ■Arakawa Ward's public relations department and local cable TV will be covering the event from 10:30 to 11:30. **If you do not want to be on camera, please let us know in advance.**
	11:30 ～ 12:45	Lunch				
	12:50 ～ 13:05	[Traveling] Lunch → Community Garden SAKURA (Day Service Centre)				
	13:15 ～ 14:15	[Lecture]Functions, structure, and operational considerations of day service center	1) Mr.Mitsuru YAMAZAKI 2) Ms.Mayu IBE	1)Manager,Community Garden SAKURA 2)Counsellor, Community Garden SAKURA	Community Garden SAKURA	
	14:15 ～ 16:00	[Site visit] Tour of Community Garden SAKURA, Day Service Centre	1)Mr.Shoichi KIMIYANMA 2)Ms.Tomomi SUZUKI	1)General Leader,Community Garden SAKURA 2)Culture Leader, Community Garden SAKURA	Community Garden SAKURA	Divided into 2 groups
	16:00 ～ 17:00	[Traveling] Community Garden SAKURA→TIC				

DATE	TIME	CONTENTS	Lecturer or person in charge		Venue	Remarks
			Name	Organization and title		
28-Oct	7:45 ～ 8:25	[Traveling] TIC→JR Tokyo Station (by Bus)				
	9:18 ～ 10:54	[Traveling] JR Tokyo Station→JR Nagoya Station (by Express Train)				
	11:10 ～ 12:00	[Travelling] JR Nagoya Station →Toyoake City Kyosei-Koryu Plaza "Carat" (by Bus)				
	12:00 ～ 13:00	Lunch			Conference Room, Conference Room, Toyoake City Kyosei-Koryu Plaza (Citizen's Coexistence Interaction Plaza) "Carat", Toyoake City, Aichi Prefecture	
	13:00 ～ 16:00	[Lecture]Development of the community integrated care system in the field (Provision of services for the elderly in the community by a multidisciplinary team utilizing local government, educational institutions, volunteers, and other relevant organizations and persons in the community)	1)Mr. Akira TSUZUKI 2)Ms. Komaki MATSUMOTO	1)Fujita Health University Comprehensive Community Care Center/Human Resource Education Support Center/Education Promotion Center (concurrent post) 2)Director, Elderly Welfare Division, Health and Welfare Department, Toyoake City		
	16:00 ～ 16:30	[Lecture]Overview of "Carat", a comprehensive facility that promotes lifelong learning, intergenerational exchange in the community, and support for the daily lives of the elderly	Mr. Morita	Manager, Toyoake City Kyosei-Koryu Plaza (Citizen's Coexistence Interaction Plaza) "Carat"		
	16:30 ～ 17:00	[Lecture]A system for citizens to support each other in dealing with minor problems in daily life of the elderly, etc.	Ms. Kawasaki	OTAGAISAMA (Mutual Support) Center "Chatto"		
	17:10 ～ 18:10	[Traveling]Carat→JR Nagoya Station				
	18:29 ～ 20:06	[Traveling]JR Nagoya Station→JR Tokyo Station				
	20:15 ～ 20:50	[Traveling]JR Tokyo Station → TIC				
29-Oct						
30-Oct						
31-Oct	9:00 ～ 10:30	Develop the Action Plan based on the lessons learnt from the field visit in Japan		Fujita Planning Co., Ltd.	TIC	Use the format of simple action plan
	10:30 ～ 10:45	Break time			TIC	
	10:45 ～ 12:15	Presentation of Action Plan (1)		Fujita Planning Co., Ltd.	TIC	Each participant has **7min for the presentation and 5min for Q&A**
	12:15 ～ 13:15	Lunch				
	13:15 ～ 14:45	Presentation of Action Plan (2)		Fujita Planning Co., Ltd.	TIC	Each participant has **7min for the presentation and 5min for Q&A**
	14:45 ～ 15:15	Break time				
	15:15 ～ 16:15	Evaluation of the Training		TIC	TIC	
	16:15 ～ 16:45	Closing Ceremony		TIC	TIC	
1-Nov	6:50 ～ 8:20	[Traveling] TIC→ Narita Airport				
	11:20 ～	[Traveling] Departure at Narita Airport				

Annex 1-5

Participants List for the 2nd training in Japan
for the Project for Capacity Enhancement of Elderly Service Management in the Community

	Name	Title and Organization
1	Sunil Galagama	Additional Secretary, Development, Ministry of Health
2	Sriromi Manjula De Silva Maduwage	Consultant Community Physician, Directorate of Youth, Elderly and Disability, Ministry of Health
3	Chandana Gajanayake	Regional Director of Health Services, Office regional Director of Health Services, Ministry of Health
4	Mayakaduwage Nimdinu Thivanka Mayakaduwa	Medical Officer, Office of the Additional Secretary, Ministry of Health
5	Dasanayaka Mudiyanselage Dinushi Nisansala Dasanayaka	Additional MOH, Kandakatiya Ministry of Health
6	Chandana Sudath Indipolage	Public Health Inspector, Medical Officer of Health Office Kaduwela, Ministry of Health
7	Ranasinghe Arachchige Uditha Nalin Ranasinghe	Public Health Inspector, Medical Officer of Health Office Padukka Ministry of Health
8	Dissanayaka Mudiyanselage Sameera Lakmal Dissanayaka	Public Health Inspector, Medical Officer of Health Office Kadaketiya, Ministry of Health
9	Disanayaka Mudiyanselagee Udagedara Indrajith Nuwan Kumara Disanayaka	Divisional Secretary, Divisional Secretariat Kandaketiya Ministry of Public Administration, Home Affairs, Provincial Councils & Local Government
10	Weerakkodige Madhusha Ruwanthika Weerakkodi	Assistant Divisional Secretary, Divisional Secretariat Padukka, Ministry of Public Administration, Home Affairs, Provincial Councils & Local Government
11	Jayasinghe Patabandige Deepika Niloshani Jayasinghe	Grama Niladhari, Athurugiriya Divisional Secretariat Kaduwela Ministry of Public Administration, Home Affairs
12	Gamage Kularathna	Grama Niladhari, Poregedara Divisional Secretariat Padukka, Ministry of Public Administration, Home Affairs
13	R. M. Jayamali Saumya Kumari Ariyachandra	Grama Niladhari, Kandakepu Ulpotha Divisional Secretariat Kandaketiya, Ministry of Public Administration and Home Affairs
14	Nawarathna Mudiyanselage Saliya Bandara Nawarathna	Grama Niladari, Kivulegedara Divisional Secretariat Kandaketiya, Ministry of Public Administration & Home Affairs
15	A. D. M. Madhuwanthi	Social Service Officer, Divisional Secretariat Padukka, Department of Social Services
16	A. M. T. S. Madushantha	Elder Rights Promotion Officer, Department of Social Services National Secretariat for Elders
17	Brahmana Kankanamalage Dilini Wathsala	Development Officer, Social Services, Ministry of Healh Indigenous Medicine Social Welfare, Probation and Childcare Services, Women Affairs

Training Schedule

Course name:	The Knowledge Co-Creation Program on Community-Based Integrated Care System
Course No.:	201700153-J003
Course period:	From June 20th to July 1st, 2023

Training schedule

DATE	TIME	CONTENTS	Lecturer or person in charge		Venue
			Name	Organization and title	
20-Jun	～ 8:10	Arrival at Narita from Colombo（UL0454）			
(Tue)	8:30 ～ 10:30	[Transfer] Airport → JICA Tokyo International Centre (TIC)			
	10:30 ～ 11:30	Check in at TIC			
		Break time			
	14:00 ～ 16:00	Briefing on the training (the overall training schedule and the action plan)	Mr. Kota Iwaki	Fujita Planning Co., Ltd.	TIC Sub building 2C2D
21-Jun	9:30 ～ 12:00	TIC General Briefing (Bank account, meals, medical card etc.)	TBA	TIC	TIC SR201
(Wed)	12:00 ～ 13:00	Lunch			
	13:00 ～ 16:00	[Lecture (video)] Policies and Programs of Graying Japan: Learning from the historical development	Dr. Shintaro NAKAMURA	Senior Technical Advisor in charge of Social Security, JICA	
22-Jun	8:30 ～ 9:30	[Transfer] TIC → Machida city			
(Thu)	10:00 ～ 10:35	[Lecture] Machida City Self-introductions and greetings (1) Role of Machida City in measures for the elderly (2) Regional characteristics of Machida City, and planning/implementation of measures for the elderly	TBA	Machida City	Machida City Office, TOKYO
	10:35 ～ 11:05	[Lecture] (3) District development of the community based integrated care system (4) Role of community-based integrated support centers, multisectoral collaboration and issues	TBA	Machida City	
	11:10 ～ 12:00	[Lecture] (5) Measures for the elderly in Machida city	TBA	Machida City	
	12:00 ～ 13:00	Lunch			
	13:00 ～ 14:40	[Lecture] Machida City (5-1) Measures for dealing with dementia (5-2) Preventive care and lifestyle support Q and A session	TBA	Machida City	
	14:40 ～ 15:10	[Transfer] Machida City Office → Oyamada Sakuradai Danchi Center			
	15:10 ～ 16:00	[Site visit] (6) Introduction of good practices in Machida City, and observation of actual activities/initiatives: "Relax Space Sakura Sakura", "Yorimichi Hiroba"	TBA	Machida City	
	16:00 ～ 17:00	[Transfer] Machida city → TIC			
	17:00 ～ 18:00	Stopping by the bank at Hatagaya to withdraw money for stay in Japan	Ms. Shoji	TIC	
23-Jun	8:00 ～ 9:00	[Transfer] TIC → Koganei City			
(Fri)	9:00 ～ 11:00	Waku-waku Citizen Farm Koganei as a Place for Creating Community-based Participatory Learning and Interaction	Mr. Koji Chiba	Koganei City Tourism Association	Waku-waku Citizen Farm Koganei, TOKYO
	11:15 11:25	[Transfer] Waku-waku Citizen Farm → Koganei park			
	11:30 12:45	Lunch			
	12:45 ～ 13:30	[Transfer] Koganei City → Musashino City			
	13:45 ～ 15:00	[Lecture] (1) Musashino City's regional characteristics, and planning/ implementation of measures for the elderly	①Mr. Wataru Kokubo ②Ms. Tomoko Nagasaka ③Ms. Eri Kanamaru	①②Musashino City Health and Social Welfare Department Senior Citizens Support Section ③Musashino City Health and Social Welfare Department Community Welfare Support Section	Musashino City Office, TOKYO
	15:00 ～ 16:00	[Lecture] (2) Introduction of Musashino City's good practices			
	16:00 ～ 17:00	[Transfer] Musashino city → TIC			

DATE	TIME	CONTENTS	Lecturer or person in charge		Venue
			Name	Organization and title	
24-Jun (Sat)	6:45 ～ 9:30	[Transfer] TIC → Numazu City			
	9:30 ～ 10:30	[Lecture] Activities of a salon for the elderly in Numazu City, Numazu City Higashimakado Community Center	TBA	Social welfare council, Numazu city	Numazu City Higashimakado Community Center in N I
	11:00 ～ 12:00	[Site visit] Visit to a salon for the elderly	Ms. Kitagawa		
	12:00 ～ 14:00	[Transfer] Numazu city → Matsuzaki Town (lunch on the bus)			
	14:00 ～ 15:00	[Lecture] Lecture on a salon for the elderly (lectured by Shizuoka University)	Prof. Kazuhiro Matsumoto Ms. Mitsuho Nakagomi	Shizuoka University	Kurara in Matsuzaki town, SHIZUOKA
	15:00 ～ 16:00	[Site visit] Visit to a salon for the elderly, Kurara	TBA	Kurara	
	16:00 ～ 20:00	[Transfer] Matsuzaki Town → TIC			
25-Jun (Sun)		Holiday (writing reports, organizing materials, etc.)			
26-Jun (Mon)	8:00 ～ 9:30	[Transfer] TIC → Kashiwa City			
	9:30 ～ 11:30	[Lecture] Introduction of case studies of initiatives in Kashiwa City	Mr. Yusaku Ohnishi	Health Policy Division, Department of Health and Medical Care, Kashiwa City	Kashiwa City Office, CHIBA
	11:30 ～ 12:30	[Site visit] Visit to a housing complex	TBA	Kashiwa City	
	12:30 ～ 14:00	[Transfer] Kashiwa City → TIC			
	15:00 15:30	TIC general briefing (only for Secretary)	Ms. Nagai Ms. Shoji	JICA	TIC
	15:45 ～ 16:15	JICA Meeting (only for Secretary and Additional Secretary of MOH)	TBA	JICA	TIC
27-Jun (Tue)	8:00 ～ 9:00	[Transfer] TIC → Arakawa Ward			
	9:15 ～ 11:30	[Site visit] Arakawa Ward: Observation of exercise "Arakawa Koronban Calisthenics" Exchange of opinions with eldery people	TBA	Health Promotion Division, Arakawa Ward	Haketa Fureai Hall in Arakawa Ward, TOKYO
	12:00 ～ 13:00	[Transfer] Arakawa Ward → TIC			
	15:00 ～ 16:00	Stopping by the bank at Hatagaya to withdraw money for stay in Japan (only for secretary)	Ms. Shoji	JICA	
28-Jun (Wed)	8:45 ～ 9:45	[Transfer] TIC → Arakawa Ward			
	9:45 ～ 10:45	[Lecture] Arakawa Ward (1) Briefing on the elderly in the City	Mr. Goto	Arakawa Ward	Senior Citizen Welfare Center in Arakawa Ward TOKYO
	10:45 ～ 11:45	[Site visit] Observation of food and exercise club "Kame" and Welfare center for the elderly and its day service	TBA	Arakawa Ward	
	12:00 ～ 12:30	[Transfer] Arakawa Ward → Tokyo Metropolitan University			
	12:30 ～ 13:45	Lunch			
	14:00 ～ 15:00	[Site visit] Mini-leader training course ("Arakawa Koronban Calisthenics")	Dr. Takayuki Tajima	Department of Physical Therapy, Faculty of Health Sciences, Tokyo Metropolitan University	Tokyo Metropolitan University
	15:00 ～ 16:00	[Transfer]Tokyo Metropolitan University → TIC			
29-Jun (Thu)	9:30 ～ 12:30	[Lecture] Issues, case studies, and practices related to oral frailty of the elderly	Dr. Masahiro Nakazawa	Chiba Dental Association, 8029 Committee for Extension of Healthy Lifespan Doctor of Medicine and Dentistry	TIC SR403
	12:30 ～ 13:30	Lunch			TIC SR403
	13:30 ～ 16:30	[Practice] Action Plan preparation	TBA	Fujita Planning Co., Ltd.	TIC SR403
30-Jun (Fri)	8:30 ～ 9:30	Preparation for Action Plan presentation			TIC SR403
	9:30 ～ 11:00	[Debate] Action Plan Presentation (1)	TBA	Fujita Planning Co., Ltd.	
	11:00 ～ 11:15	Break			
	11:15 ～ 12:15	[Debate] Action Plan Presentation (2)	TBA	Fujita Planning Co., Ltd.	
	12:15 ～ 13:45	Lunch			
	13:45 ～ 14:00	Evaluation Session	Ms. Nagai	JICA	
	14:00 ～ 14:30	Closing ceremony	Ms. Tokuda	JICA	
1st-Jul (Sat)	06:50 ～ 8:20	[Transfer] TIC → Narita Airport			
	11:35 ～	[Transfer] Departure from Narita Airport（UL0455）			

Annex 1-6

Participants List for the 3rd Training in Japan
for the Project for Capacity Enhancement of Elderly Service Management in the Community

No	Name	Title
1	Lakmini Magodaratne	Director, Directorate of Youth, Elderly and Disability, Ministry of Health
2	J.C.M. Tennekoon	Provincial Director of Health Services, Uva Province
3	Senaka Thalagala	Regional Director of Health Services, Kandy
4	Nirupa Hettige	Medical Officer, Mental Health, Divisional Hospital Athurugiriya
5	M.D.B. Charahithage	Medical Officer In Charge, Divisional Hospital Kandaketiya
6	S. Anoja Priyanthi	Public Health Nursing Officer, Divisional Hospital Padukka
7	Upul Rohana	Public Health Inspector, Medical Officer of Health Office Chilaw
8	K.G.R. Priyadarshani	Director (Counselling), Ministry of Women, Child Affairs and Social Empowerment
9	W.M.Wathsala	Elders Rights Promotion Officer, National Secretariat for Elders, Ministry of Women, Child Affairs and Social Empowerment
10	H.A.S. Sewwandi	Provincial Director of Social Services, Western Province (Ministry of Public Administration, Home Affairs, Provincial Councils and Local Government)
11	M.M.P.K. Manathunge	District Social Service Officer, Department of Social Service, Uva province (Ministry of Public Administration, Home Affairs, Provincial Councils and Local Government)
12	Harshana Suranga Sampath Idamgodage	Divisional Secretary, Divisional Secretariat Kaduwela, (Ministry of Public Administration, Home Affairs, Provincial Councils and Local Government)
13	Kuruppu Arachchige Sasanka Madhavi	Grama Niladhari, Poregedara Divisional Secretariat Padukka, (Ministry of Public Administration, Home Affairs, Provincial Councils and Local Government)

Training Schedule

Course name:	The Knowledge Co-Creation Programon Community-Based Integrated Care System
Course No.:	201700153-J004
Course period:	From September 24th to October 3rd, 2024

DATE	TIME	CONTENTS	Lecturer or person in charge		Venue
			Name	Organization and title	
24-Sep (Tue)	～ 8:10	Arrival at Narita from Colombo（UL0454）			
	9:00 ～ 10:00	[Transfer] Airport → JICA Tokyo International Centre (TIC)			
	10:30 ～ 11:30	Check in at TIC			
		Break time			
	13:30 ～ 15:30	TIC General Briefing (Bank account, meals, medical card etc.)	TBA	TIC Mr. Tajima	TIC SR410
	15:30 ～ 16:00	Briefing on the training (the overall training schedule and orientation)	Mr. Kota Iwaki	JICA Project Team (Fujita Planning Co., Ltd.)	
	16:00 ～ 17:30	[Lecture (video)] Policies and Programs of Graying Japan: Learning from the historical development by Dr. Shintaro NAKAMURA (Senior Technical Advisor in charge of Social Security, JICA)	Ms. Michiko Fujimoto	JICA Project Team (Fujita Planning Co., Ltd.)	
25-Sep (Wed)	8:30 ～ 9:35	[Transfer] TIC → Machida city			
	10:00 ～ 10:20	[Lecture] Machida City Self-introductions and greetings (1) Role of Machida City in measures for older people (2) Regional characteristics of Machida City, and planning/implementation of measures for older people	TBA	Machida City	Machida City Office, TOKYO
	10:20 ～ 11:14	[Lecture] (3) District development of community based integrated care system (4) Role of community comprehensive support centers, multisectoral collaboration and issues	TBA	Machida City	
	11:20 ～ 12:07	[Lecture] (5) Measures for older people in Machida city	TBA	Machida City	
	12:07 ～ 13:00	Lunch			
	13:00 ～ 14:40	[Lecture] Machida City (5-1) Measures for dealing with dementia (5-2) Preventive care and lifestyle support Q and A session	TBA	Machida City	
	14:45 ～ 15:10	[Transfer] Machida City Office → Oyamada Sakuradai Danchi Center			
	15:15 ～ 15:55	[Site visit] (6) Introduction of good practices in Machida City: Overview of Support for Lifestyle Support Organizations and organizations to visit in Machida City	TBA	Machida City	
	16:00 ～ 17:30	[Transfer] Machida city → TIC			
26-Sep	7:30 ～ 10:00	[Transfer] TIC → Numazu City			
	10:00 ～ 11:20	[Site visit] Visit to Salon Terakoya in Senbon area		Salon Terakoya	
	11:20 ～ 12:10	[Lecture] Activities of Social welfare council, Numazu City	TBA	Social welfare council, Numazu City	
	12:20 ～ 13:00	[Transfer] Salon Terakoya → Izu Gateway Kannami			
	13:00 ～ 13:45	Lunch			
	13:45 ～ 14:15	[Transfer] Izu Gateway Kannami → Furatto Tsukigase			
	14:15 ～	[Lecture] Initiatives of Furatto Tsukigase	TBA	Furatto Tsukigase	Izu City SHIZUOKA
	～ 15:45	[Site visit] Visit to day service and short-stay for older adults, support for continuous employment, and certified children's center			
	15:45 ～ 15:55	[Transfer] Furatto Tsukigase → Seven-Eleven Aamagi Yugashima (for ATM)			
	16:30 ～ 17:30	[Transfer] Seven-Eleven Aamagi Yugashima → Nishiizu Matsuzaki Itoen Hotel			
27-Sep (Fri)	9:15 ～ 9:30	[Transfer] Nishiizu Matsuzaki Itoen Hotel → Matsuzaki Town			
	9:30 ～ 10:00	[Lecture] Lecture on Kurara, social gathering for the older people	TBA	Kurara	Matsuzaki Town SHIZUOKA
	10:00 ～ 11:30	[Site visit] Visit to Kurara			
	11:30 ～ 12:30	Lunch			
	12:30 ～ 12:50	[Transfer] Matsuzaki Town → Home-based medical care			
	12:50 ～ 13:20	[Site visit] Home-based merical care			Matsuzaki Town
	13:20 13:30	[Transfer] Home-based medical care → Jujinosono			
	13:30 ～ 15:00	[Site visite] Visits to services for older people, such as nursing home for older people in need of 24-hour care, short-term residential care, day-care service, home help service, in-home service support, etc.	TBA	Jujinosono	SHIZUOKA
	15:00 ～ 18:30	[Transfer] Jujinosono → TIC			

DATE	TIME	CONTENTS	Lecturer or person in charge		Venue
			Name	Organization and title	
28-Sep (Sat)	9:00 ～ 19:00	[OPTIONAL: Discovering Japansese Culture] TIC → Asakusa → Tokyo Skytree → Akihabara → TIC			
29-Sep (Sun)	～	Holiday (writing reports, organizing materials, etc.)			
30-Sep (Mon)	9:00 ～ 11:00	[Transfer] TIC → Yokokawa SA (Lunch)			
	11:00 ～ 12:00	Lunch			
	12:00 ～ 13:00	[Transfer] Yokokawa SA → Saku Central Hospital Koumi Branch			
	13:00 ～ 14:30	[Lecture] Saku Central Hospital Koumi Branch	Dr. Kazuyuki Kobayashi	Saku Central Hospital Koumi Branch	Saku City NAGANO
	14:30 ～ 15:00	[Site visit] Saku Central Hospital Koumi Branch			
	15:00 ～ 15:10	[Translfer] Saku Central Hospital Koumi Branch → Long-term Care Health Facility Koumi			
	15:10 ～ 16:00	[Site Visit] Long-term Care Health Facility Koumi	TBA	Long-term Care Health Facility Koumi	
	16:00 ～ 16:45	[Translfer] Long-term Care Health Facility Koumi → Hotel Route-Inn Saku Minami Inter			
	17:50 ～ 18:00	[Translfer] Hotel Route-Inn Saku Minami Inter → Sujatha (Sri Lankan restaurant!!)			
	18:00 ～ 19:30	Dinner at Sujatha			
	19:30 ～ 19:40	[Translfer] Sujatha → Hotel Route-Inn Saku Minami Inter			
1-Oct (Tue)	8:45 ～ 9:00	[Transfer] Hotel Route-Inn Saku Minami Inter → Dr. Deura's home			
	9:00 ～ 10:15	[Site visit & Lecture] Home-based merical care and home care for older people	Dr. Deura & Social welfare council	Dr. Deura's home	Sakuho Town NAGANO
	10:15 ～ 10:30	[Transfer] Dr. Deura's home → Sakuho Municipal Chikuma Hospital			
	10:30 ～ 11:30	[Lecture] Sakuho Municipal Chikuma Hospital	TBA	Sakuho Municipal Chikuma Hospital	
	11:30 ～ 12:00	[Site visit] Sakuho Municipal Chikuma Hospital	TBA	Sakuho Municipal Chikuma Hospital	
	12:00 ～ 13:00	[Transfer] Sakuho Municipal Chikuma Hospital → Yokokawa SA (Lunch)			
	13:00 ～ 14:00	Lunch			
	14:00 ～ 17:00	[Transfer] Yokokawa SA → SMBC Bank Hatagaya branch to withdraw money for stay in Japan			
	17:30 ～ 17:45	[Transfer] SMBC Bank → TIC			
2-Oct (Wed)	9:00 ～ 10:25	Review and Action plan (1)	Ms. Michiko Fujimoto	JICA Project Team (Fujita Planning Co., Ltd.)	TIC SR 402
	10:25 ～ 10:35	Break			
	10:35 ～ 11:35	Review and Action plan (2)			
	11:35 ～ 12:00	Summary and future plan of the Project in Sri Lanka			
	12:00 ～ 13:00	Lunch			
	13:00 ～ 13:30	Evaluation Session	Ms. Maki Nagai	JICA	
	13:30 ～ 14:00	Closing ceremony	Ms. Rie Sato	JICA - TIC	
3-Oct (Thu)	06:50 ～ 8:20	[Transfer] TIC → Narita Airport			
	11:35 ～	[Transfer] Departure from Narita Airport to Colombo (UL0455)			

List of Participants for Thailand Visiting Program (May 26-31, 2024)
organized by JICA Project for Capacity Enhancement of Elderly Service Management in the Community

No	Name	Title and Organization
1	Dr. Lakshmi Somatunga	Additional Secretary, Ministry of Health
2	Dr. Deepa Saranajeewa	Director, Directorate for Youth, Elderly and Persons with Disabilities Ministry of Health
3	Dr. K. H. Jagath Kumara	Medical Officer of Health Padukka (TWG member) Ministry of Health
4	Dr. Dumithra Kahangamage	Athurugiriya Divisional Hospital Medical Officer in Charge, Athurugiriya (TWG member) Ministry of Health
5	Dr. D. M. D. N. Dasanayaka	MOH office Kandaketiya Additional Medical Officer of Health, Kandaketiya (TWG member) Ministry of Health
6	Ms. H.T.R.Nalika Piyasena	Additional Secretary(Development II) Ministry of Women, Child Affaiars and Social Empowerment
7	Ms. P.J.D.Fernando	Senior Assitant Secretary (Adminstration) Ministry of Women, Child Affaiars and Social Empowerment
8	Ms. S.G.A.K.Subawickrama	Assistant Director Development (Acting) Ministry of Women, Child Affaiars and Social Empowerment
9	Ms. N.Dilani Kumari	Elders Right Promotion Officer National Secretariat for Elders (Regional branch, Kegalle)
10	Mr. A.M.Asri	Elders Right Promotion Officer National Secretariat for Elders

May 27 session: JICA projects

Time	Topics	Lecturers/Speakers
8:50-9:10	Welcome remarks	Dr. Bootsakorn Loharjun, Director of Institute of Geriatric Medicine (IGM)
9:10-10:10	JICA projects: • CTOP (Project on the Development of a Community Based Integrated Health (2007-2011); • LTOP (Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People(2013-2017).	Mr. Nakamura Shintaro, JICA Senior Advisor on Social Security
10:10-10:40	JICA project: S-TOP (Project on Seamless Health and Social Services Provision for Elderly Persons, 2017-2022)	Ms. Keiko Mehra, JICA Advisor on Healthy Aging
10:40-11:00	Discussions / Q&A	
11:10-11:50	The site visit to the facilities of IGM	Ms. Nitikul Thongnuam, Assistant Director of IGM, Senior Professional Technical Public Health Officer
11:50-12:50	Lunch/Break (IGM building 4 F)	

Venue: Meeting room (2F)-Institute of Geriatric Medicine (IGM) building

1

May 27 session: Lectures by MOPH

Time	Topics	Lectures
13:00-14:00	• Policies and strategic initiatives for the elderly people in Thailand. • Current situation of elderly people in Thailand.	Dr. Lamthong Kaewtrakulpong, Deputy Director of Strategy and Planning Division(SPD), Office of Permanent Secretary) Ms. Nitikul Thongnuam, Assistant Director of Institute of Institute of Geriatric Medicine(IGM)
14:00-14:40	• Human resources such as Village House Volunteers (VHV), Family Care Team (FCT), Family Volunteers (FV) and their roles.	Dr. Natthapong Kunthawong, Director of the Bureau of Elderly Health, Department of Health (DOH) Mr. Prasit Piriyapaiboonl, Chief of Academic and Innovation Development Group, Primary Health Care Division, Department of Health Service Support (DHSS)
14:40-15:00	Break	
15:00-16:00	• Rehabilitation services for elderly people • Referral and back-referral system of elderly people through strengthening of intermediate care (IMC)	Dr. Chompunut Pongakkasira, Head of Rehabilitation Service Sector, Sirindhon National Medical Rehabilitation Institute (SNMRI)
16:00-16:30	Discussions/Q &A: A brief presentation on the general situation and health initiatives in Sri Lanka will be provided, followed by discussions.	Sri Lankan government officials

Venue: Department of Health Service Support (DHSS) building –the meeting room on 4th Floor

2

May 28: Lecture by Department of Older Persons (DOP)

Time	Topics	Lecturers/Speakers
10:00-10:05	Opening remarks	JICA team
10:05-10:45	Lecture: • Current situation of elderly people in Thailand (from the perspective of social welfare). • Policies and measures for the elderly people in Thailand from the perspective of social welfare, e.g. Strategic Plan (2014-2018) • Human resources such as Elderly Care Volunteers (ECV) and their roles (if possible, difference between health and social welfare human resources, how they collaborate, etc.);	Ms. Busaya Jaisawang, Deputy Director of DOP
10:45-11:20	Discussion and Q&A: A brief presentation on the general situation and health initiatives in Sri will be provided, followed by discussions.	Sri Lankan government officials
11:20-12:00	Lunch	

Venue: DOP building- Room NO 705 (7 F)

3

May 28 session: Site visit to Ban Sri Thong Sub District

Time	Topics/activities	Venues
13:15-13:30	Arrival at Bang Sri Thong rehabilitation/daycare center for the elderly and the disabled: Care givers will welcome the group from Sri Lanka at the entrance of the center	Bang Sri rehabilitation center/daycare center/Tambon Health Promoton Hospital(THPH)
13:30-13:45	Welcome and introductory session. • Welcome remarks by the Mayor of Bang Sri Thong • Introduction of the participants from Bang Sri Thong side (executives, doctor and nurse from THPH, health officials, caregivers) • Introduction of the participants from JICA project team side including the aims of the visit	
13:45-14:15	Discussion session with the elderlies to hear their thoughts and perspectives	
14:15-14:35	Presentation on the day care center's activities and services (break provided).	
14:35-15:00	Discussion session with PT, nurses and caregivers	
15:00-16:00	Moving to THPH: Photo session and visiting to the THPH	

4

May 29 session: Site visit to Sirindhorn National Medical Rehabilitation Institute (SNMRI)

Time	Topics	Lecturers
9:00-9:10	Video Presentation: Introduction to SNMRI	
9:10-9:15	Welcome remarks and exchange contact	Dr. Pathra Angsuwan, Director of SNMRI
9:15-9:45	Hospital presentation and Rehabilitation Situation of Thailand	Dr. Donruedee Srisuppaphon, Head of the Hospital Quality Management Center, SNMRI
9:45-10:00	Discussion / Questions and Answers	
10:00-10:10	Group photo shot on the ground floor of OPD SNMRI	
10:10-12:00	Visit to SNMRI facilities: Outpatient department (OPD) Physical therapy (PT) Occupational Therapy (OT) Assistive Technology (AT) IPD (Special ward) Hydrotherapy / Smart gym for aging	
12:00-13:00	Lunch	

Venue: Meeting room (5 F) Administration Building, SNMRI

5

May 29 session: Healthy aging initiatives

Times	Topics	Lecturer
13:00-14:00	• Healthy Aging Initiatives in Thailand. • Situation of multi-sectoral cooperation (health, medical, and social welfare) at the national and local level. • The function of the regional core hospital in a rural area and its role in the elderly care	Dr. Thaworn Sakunphanit, Vice President of Foundation for Research on Social Protection and Health (FRoSPaH).
14:00-14:15	Break	
14:15-15:00	• History of policy development on aging over the past 5-10 years. • Role of National Committee and new strategies and action plans on aging • Health economics; • Research and study on driving evidence-based action, strategies, policy making and innovation on aging.	Dr. Thaworn Sakunphanit, Vice President of Foundation for Research on Social Protection and Health (FRoSPaH).
15:00-15:30	Discussions and Q&A	

Venue: Meeting room (5 F) Administration Building, SNMRI

6

May 30 session: Site visit to Bueng Yitho Municipality

Time	Topics/Activities	Venues
10:00-10:30	Arrival at the Bueng Yitho Medical and Rehabilitation Center • A lecture on role of caregivers by the Director of Tamborn Health Promotion Hospital (THPH) by Dr. KwanJai Chamtim	Bueng Yitho Medical and Rehabilitation Center/ THPH/Daycare Center
10:30-11:00	Discussion session with care givers to hear about their roles and activities at the daycare center	
11:00-12:00	Visiting the facilities: THPH as sub-district health center, and the daycare center.	
12:00-13:00	Lunch and break	
13:00-15:00	Visiting the community: Two families will be visited to discuss their case reports with the sub-district multidisciplinary team and family caregivers.	

7

May 31 session: Site visit to Ratchaphiphat Hospital

Time	Topics	Presenter
9:00-9:30	Arrival at Ratchaphiphat Hospital Welcome remarks by the hospital executives	
9:30-10:30	Presentation on the primary healthcare system and intermediate care system in Bangkok	Dr. Kriengpipat Jiravanichkul, MD (Professional level).
10:30-11:00	Visiting the coordination centers of online hospital: Urban Medicine Support Center (UMSC); and Urban Medicine Logistic Center (UMLC)	

8

List of Participants

South-South Learning Exchange on Ageing between Vietnam and Sri Lanka

(International Seminar of JICA Project for Capacity Enhancement of Elderly Service Management in the Community)

1. Participants from World Bank

	Name	Title/Organization
	World Bank Vietnam Team	
1	Dr. Do Thai Hoa	Vice Director, Thanh Hoa Department of Health
2	Mr. Nguyen Duc Thang	Chair, Thanh Hoa Provincial Association of the Elderly
3	Mr. Truong Xuan Cu	Vic chair, Vietnam Association of the Elderly; National Assembly Member
4	Mr. Nguyen Ngoc Toan	Vice Director, Official from Ministry of Labour – Invalids and Social Affairs (not confirmed)
5	Ms. Nguyen Thi Oanh	Vice head, Older persons Unit, Vietnam Population Administration, Ministry of Health
6	Ms. Tran Bich Thuy	Country Director, HelpAge International in Vietnam
7	Ms. Nga Thi Nguyen	Social Protection Specialist, World Bank
8	Ms. Emiko Masaki	Senior Economist, Health, World Bank
	WB Sri Lanka	
9	Ms. Di Dong	Senior Economist (Health), Health, Nutrition and Population Global Practice, South Asia Region, World Bank
10	Mr. Hideki Higashi	Senior Economist (Health), Health, Nutrition and Population Global Practice, South Asia Region, World Bank

2. Participants from JICA

	Name	Title/Organization
	JICA HQ	
1	Ms. Rie Sato	Director, Health Team 4, Human Development Department, JICA
2	Ms. Maki Nagai	Deputy Director, Health Team 4, Human Development Department, JICA
	JICA Sri Lanka Office	
3	Ms. Yukiko Ito	Representatives, JICA Sri Lanka Office
4	Ms. Kiyoka Sukegawa	Country officer, JICA Sri Lanka Office
5	Ms. Eranga Rajapaksha	Associate Officer, JICA Sri Lanka Office

Schedule of International Seminar

			WB-Vietnam Team	JICA Experts Team	JICA HQ Mission	in-charge of coordination
	27-Oct	Sun			11:20 Leave Narita 17:30 Arrival at Colombo	
DAY 1	28-Oct	Mon		Project Activities	1000-1045: Internal Meeting with JICA Sri Lanka Office	JICA Sri Lanka-HQ
				1300-1400: Meeting (JICA Experts Team, JICA Sri Lanka Office and JICA HQ mission) @Meeting room of NSE office		JICA Sri Lanka-HQ
			PM: Arrival of Vietnam delegation	1400-1500 Meeting with Youth, Elderly and Disabled persons Unit) @Meeting room of NSE Office		JICA Project office
DAY 2	29-Oct	Tue	Visit Poregedara (One day trip) Tentative program is as follows			JICA Project office
	9:30-10:00		Observation 1: Care/frailty prevention exercise in community in Dampe GN division [disseminated area of the project]	Bodhiwardhanaramaya temple	Mr. Uditha (PHI) Ms. Anoja (PHNO)	
	10:00-10:20		Move to DS office			
	10:20-10:50		Observation 2: Self-employment activity (Interaction with local elderly committee members)	Market place set at Padukka Divisional Secretary (DS) office	Ms. Malika (SSO) Ms. Sasanka (GN)	
	10:50-11:00		Break			
	11:00-12:10		Presentations: 1)Outline of the JICA Project (20 min) 2)Padukka DS office: Self-employment (20 min) 3)MOH office: Activities related to health condition of older people and outreach of elderly clinic (30 min)	Auditorium in Padukka DS office	1) Ms. Fujimoto (JICA Project) & Ms. Madusha (ADS) 2) Ms. Malika (SSO) 3) Dr. Jagath (MOH)	
	12:10-13:00		Discussions with both health and social service officers (Sri Lankan counterparts from health and social service sides)	Auditorium in DS office Padukka		
	13:00-14:00		Lunch			
DAY 3	30-Oct	Wed		1000- 1100 Visit National Secretariat for Elders(Ministry of Buddhasasana, Religious and Cultural Affairs, National Integration, Social Security and Mass Media)@NSE director's office		Visit MoWCS-JICA Project office&JICA Sri Lanka-HQ
			MOH Dept. of Planning (DDG Planning) at 11AM Ministry of Finance (National Planning Dept)	Project Activities	1200-1300 ADB Herathbanda Jayasundara, senior social development officer Dr.Kumari Navaratne,lead consultant of health sector operations Dai-Ling (online) Meredith Wyse (ADB HQ-online)	Visit MoH, MOF-WB team Visit ADB/WHO-JICA Sri Lanka-HQ
					Lunch 1430-1530 WHO	
DAY 4 National Holiday	31-Oct	Thu	AM: internal sessions (@ JICA Sri Lanka Office) at 9:30-11:30 Opening remarks (Mr. Yamada, Chief Representative, JICA Sri Lanka Office) Agenda 1: Overview of the ageing situation in Sri Lanka 1)Overview of the ageing situation in Sri Lanka (Dr. Shiromi-Directorate for Youth, Elderly & Disabled of Ministry of Health) 30min 2)Outline of the role of YED on the field of elderly services (Dr. Lakmini- Director, Directorate for Youth, Elderly & Disabled of Ministry of Health) 10min 3)Outline of the role of NSE on the field of elderly services (Mr. Mihidum- Director, National Secretariat for Elders of MoWCS) 10min Agenda 2: Veitnam Team's feedbacks/Questions to DAY 2 (visit Porgedara) Agenda 3: Discussions to explore possibilities for WB-JICA collaboration i) Sri Lanka and ii) in the field of aging society			JICA Sri Lanka-HQ
DAY 5	1-Nov	Fri	Tentative program is as follows;			JICA Project office
	9:00-9:20		Observation 1: Elderly Clinic (Consultation and checkup day especially for older people in Healthy Lifestyle Center (HLC))	Athurugiriya Divisional Hospital-HLC	Dr. Dumithra (MO in charge)	
	9:25-10:00		Observation 2: •Care/frailty prevention exercise in health facility •Health/nutrition education (conducted together with exercise program)	Athurugiriya Divisional Hospital-Gym	Ms. Magammana (PHNO) Dr. Dumithra	
	10:00-10:30		Observation 3: Cognitive Stimulation Therapy (CST) for dementia patients	Athurugiriya Divisional Hospital-Auditorium	Dr. Nirupa (MO in mental health)	
	10:30-11:25		Presentation: 1)Divisional Hospital Athurugiriya (25 min) ✓ICOPE (Elderly Clinic) ✓Outreach clinic ✓Care prevention exercise ✓Intersectoral collaboration (working with HelpAge) ✓Facilitation elderly care through cross-visit 2)D-Cafe (Dementia Awareness Program), Dementia screening and CST (10 min) 3)Self-employment activity (10 min) 4)Care prevention in community level and home garden activity (10 min)	Athurugiriya Divisional Hospital-Auditorium	1)Dr. Dumithra 2)Dr. Nirupa 3)Ms. Dilini (DO) 4)Dr. Niroshan or Mr. Indipolage (TBC)	
	11:25-12:00		Discussion with both health and social service officers (Sri Lankan counterparts from health and social service sides)	Athurugiriya Divisional Hospital-Auditorium		
	1200-1240 1240-1400		traveling time Lunch (@WB)			
	1400- 1600		Feedback session with Project Implementation Committee members (@ WB Sri Lanka Office) Agenda (DRFAT): facilitator WB 1 Welcome remarks : i)Representative from Sri Lanka(TBD) and ii) WB 2 Presentation on the ageing situation, delivery and financing of health and social care, policies and strategies, innovation, pilots, models implemented in Vietnam (WB vietnam team) 3 Feebback of the Field Visit and way forward (WB vietnam team) 4 Open Discussions 5 Closing remarks : i)Representative from Sri Lanka(TBD) and ii) JICA			JICA Project office
	XX:XX		Debriefing to Country Manager of WB Sri Lanka office			
	17:00				Report to CR of JICA Office	JICA Sri Lanka-HQ
			Leave Colombo at night		20:35 Leave Colombo	
	2-Nov	Sat			08:10 Arrive at Narita	

Invited Organization/Department/Unit of the National Dissemination Seminar

	Expected	Actual
1-1. Non-counterpart Ministry		
Ministry of Finance, Planning and Economic Development	1	0
Ministry of Public Administration, Provincial Councils, Local Government	1	1
Ministry of Youth Affairs and Sports	1	0
Ministry of Education, Higher Education and Vocational Education	1	0
1-2. Counterpart ministries (Ministry of Health and Mass Media, and Ministry of Rural Development, Social Security and Community Empowerment)		
Ministry of Health and Mass Media	1	1
Ministry of Health and Mass Media (Youth, Elderly and Disable persons)	1	1
Ministry of Health and Mass Media (Training)	1	0
Ministry of Health and Mass Media (Primary Care Service Unit)	1	0
Ministry of Health and Mass Media (Health Promotion Bureau)	1	1
Ministry of Health and Mass Media (Training for paramedical under Education, Training and Research department)	1	1
Ministry of Health (Private Health Sector Development)	1	1
Ministry of Health and Mass Media (Nursing (Public Health))	1	0
Ministry of Health and Mass Media (Nutrition)	1	1
Ministry of Health and Mass Media (Estate & Urban Health)	1	1
Ministry of Health and Mass Media (Tertiary Care Services)	1	0
Ministry of Health and Mass Media (Dental Service)	1	1
Ministry of Health and Mass Media (Non-Communicable Diseases (NCD))	1	1
Ministry of Health and Mass Media (Mental Health)	1	1
Ministry of Health and Mass Media (Family Health Bureau)	1	1
Ministry of Health and Mass Media (Environmental and occupational health unit)	1	0
Ministry of Health and Mass Media (Indigenous Medicine)	1	1
Ministry of Health and Mass Media (Planning, Management and Development unit)	1	0
Ministry of Health and Mass Media (Policy Development unit)	1	0
Ministry of Rural Development, Social Security and Community Empowerment	1	1
Ministry of Rural Development, Social Security and Community Empowerment (National Secretariat for Elders)	1	1
Ministry of Rural Development, Social Security and Community Empowerment (Department of Social Services)	1	1
Ministry of Rural Development, Social Security and Community Empowerment (Administration)	1	1
Ministry of Rural Development, Social Security and Community Empowerment (Counseling Division)	1	1
Ministry of Rural Development, Social Security and Community Empowerment (Department of Samurdhi Development)	1	0
Ministry of Rural Development, Social Security and Community Empowerment (National Secretariat for Person with Disabilities)	1	1
2. Province (9 provinces)		
Provincial Councils-Provincial Director of Health Services	9	5
Provincial Councils-Provincial Director of Social Services	9	7
3. District (25 districts)		
Regional Director of Health Services (25 RDHSs)	25	16
District Secretariat (25 districts)	25	11

4. Divisions: 10 target divisions and others		
10 target divisions: ■Western Province [Colombo District] 1) Kaduwela, 2) Padukka, [Gampaha District] 3) Mahara, 4) Dompe, [Kalutara District] 5) Millaniya, 6) Horana ■Uva Province [Badulla District] 7) Kandaketiya, 8) Uvaparanagama [Monaragala District] 9) Buttala, 10) Wellawaya		
MOH office	10	6
Divisional/Base Hospital	10	5
Divisional Secretariat	10	6
DS Kegalle *ERPO joined the Thailand Visiting Program	1	0
MOH office Chilaw *PHI joined the 3rd training in Japan	1	0
Kaduwela Municipal Council	1	0
Padukka Pradeshiya Sabha	1	0
5. Institutes		
National Council for Elders (NCE)	1	0
Colombo South Teaching Hospital	1	1
Badulla Teaching Hospital	1	1
Peradeniya Teaching Hospital	1	1
National Hospital Sri Lanka (NHSL)	1	1
National Institute of Health Sciences (NIHS)	1	1
Ragama Rehabilitation Hospital	1	1
Sri Lanka Association of Geriatric Medicine	1	1
6. Development partner, NGO and others		
World Bank	1	1
WHO	1	1
ADB	1	1
HelpAge	1	0
Lanka Alzheimer's Foundation	1	1
Lanka Organic Agriculture Movement (LOAM)	1	1
Total	**146**	**87**

7. Additional		
Seethawaka Divisional Secretariat Office	N/A	1
Chief Secretary -Provincial Council (Northern, Southern)	N/A	2
Health Secretary -Provincial Council (Central, Northern, North-Western, Sabaragamuwa)	N/A	4
Total	N/A	**7**

Grand total	**94**

National Dissemination Seminar

Time and Date: 10:00-13:40, January 22nd, 2025

Venue: Waters Edge Hotel, Grand Ballroom

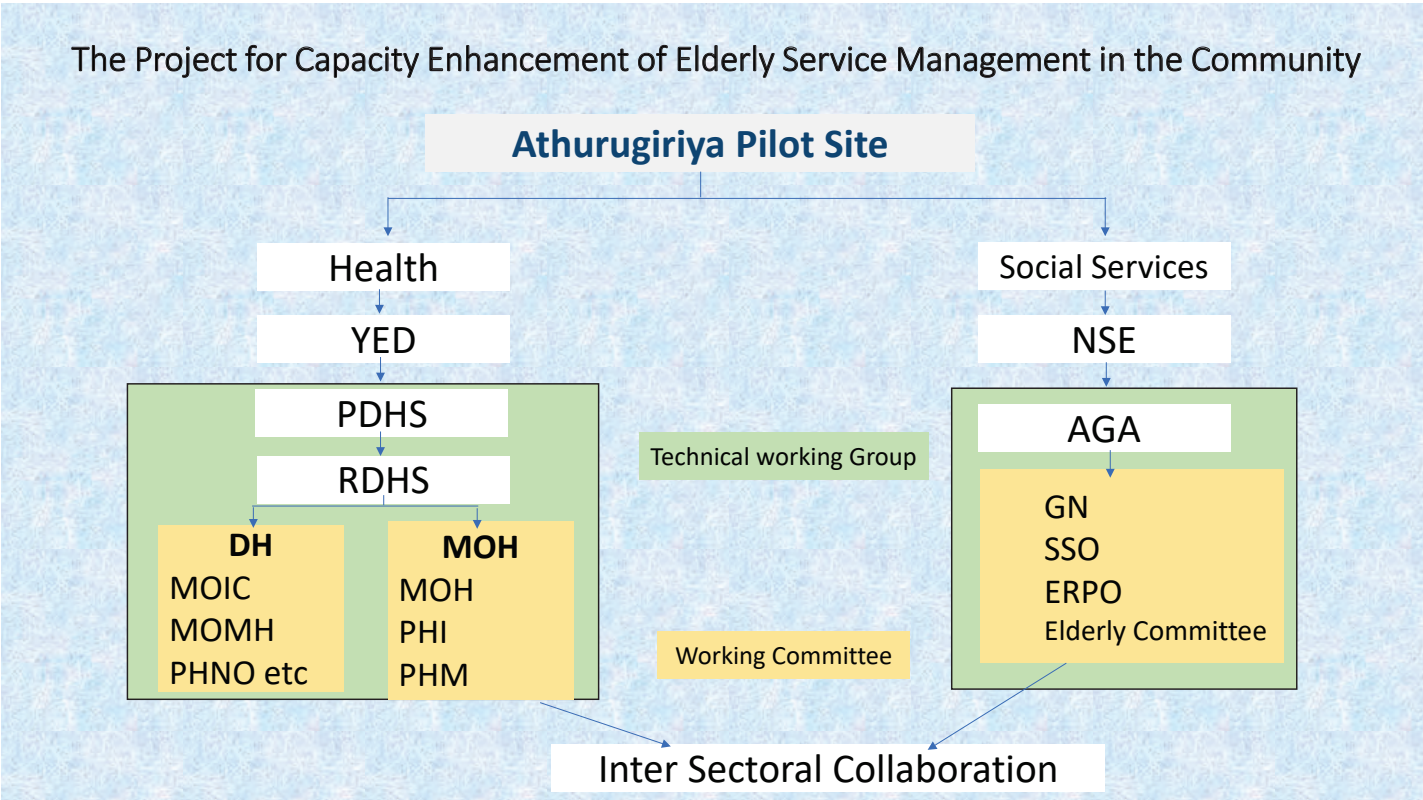
Agenda:

	Start	Items	In-charge
1	10:00	Registration / Snacks	All participants
2	10:30	**Opening Remarks**	1) Dr. Anil Jasinghe Secretary, Ministry of Health and Mass Media (MoHM) 2) Mrs. Malarmathy Gangatharan Secretary, Ministry of Rural Development, Social Security and Community Empowerment (MoSS) 3) Ms. Yuri Ide Senior Representative, JICA Sri Lanka Office
3	10:45	**JICA project outline and Community Based Integrated Care System in Japan**	Ms. Michiko Fujimoto Chief Advisor, JICA Project Team
4	11:05	**Proposed Model for the Community-Based Health and Social Services for Elderly People in Sri Lanka** - Findings from the verification survey of the project	Ms. Tomoko Tamura Team Member, JICA Project Team
5	11:45	**Good practices in pilot sites** **1) Kaduwela:** Elderly Services in Athurugiriya Divisional Hospital (DH) **2) Padukka:** Care/Frailty Prevention Exercise and Self Employment activity in the community **3) Kandaketiya:** Collaboration works between health and social services in providing elderly services in remote area	1) Kaduwela: • Dr. Dumithra Kahangamage (MOIC, Athurugiriya DH) • Dr. Nirupa Hettige (MO Mental Health, Athurugiriya DH) 2) Padukka: • Dr. Jagath Kumara (MOH, MOH Office Padukka) • Ms. Malika Madhuwanthi (SSO, DS office Padukka) 3) Kandaketiya: • Dr. M.D.B. Charahithage (MOIC, Kandaketiya DH)
6	12:45	**Demonstration of care/frailty prevention exercise**	Representatives of the elderly committee Poregedara
7	12:55	**Voices of elderly people** **1) Exercise program in Poregedara Community Center** **2) Self-employment activity in Poregedara**	Elderly Committee Poregedara 1) Exercise program • Mrs. S.J.Vithanage. Treasurer • Mrs. Indrani Dissanayake, Member 2) Self-employment activity • Mrs. A. Arigawathi, President
8	13:10	**Q&A sessions and comments from audience**	All participants
9	13:25	**Closing remarks**	1) Ms. Michiko Fujimoto Chief Advisor, JICA Project Team 2) Mr. K.C. Mihidum Director, National Secretariat for Elders, MoSS 3) Dr. Nishani Ubeysekara Director, Directorate for Youth, Elderly & Disabled Persons, MoHM
10	13:40	Lunch / Communication with participants	All participants
11	14:30	End of the seminar	

Elderly Care Services @ DH Athurugiriya

Combination of Exercise, Nutrition Education, ICOPE and other activities in Kaduwela

Dr. Dumithra Kahangamage, Medical Officer in Charge
Dr. Nirupa Hettige, Medical Officer Mental Health
Divisional Hospital Athurugiriya



ACTIVITIES DONE

01-Elderly clinic at DH Athurugiriya
- ICOPE screening
- Outreach screening clinics

02-Fall prevention exercises
- Entertainment activities

03-Establishment of consultation center for dementia patients-'D-café

04-Health education targeting nutrition

05-Self employment activities

06-Home gardening

ICOPE Screening at Elderly Clinic

Services received by the elderly after the screening

- If any one of the domains needed full assessment he/she will be referred to the relevant specialty/medical officer for further assessment or treatment.

1. Locomotive capacity → CFP → Secondary/Tertiary care centers
   ↓ ↗
   Advices
   Physiotherapy
   PHNO-home visit
2. Sensory capacity – vision → Eye clinic
3. Sensory capacity – hearing → ENT clinic
4. Vitality → CFP / Dental clinic
5. Cognitive capacity
6. Psychological capacity } MO /Mental Health

★ If all the domains are normal he/she will be given an appointment after 1year for next screening

Mobile Elderly Screening






Care/Frailty Prevention Exercises for Elderly in Athurugiriya DH





How the situation is changing…

- Activities started in late 2022 once a week on Friday
- Only 5-8 participants at initial stage
- Number of participants increased gradually now attending about 70
- As the number of participants high now conducted in 2 groups, twice a week





- Part of a building renovated as a gym
- Received a donation of gym equipment from JICA
- 4 volunteers – Trained as master trainers

Care/frailty Prevention Exercises Conducted by MOH Office Kaduwela

MOH office collaborated with National School and Lions Club






Dissemination of Exercise Activities




Activity sites:

- Community hall – Oruwala
- Temple –Oruwala
- Elderly home (Sarana Nikethanaya) – Athurugiriya
- Several Sites at Community Organized by Volunteers from the Participants

Weekly Health Education in Athurugiriya DH




- Every Friday
- Person in-charge: PHNO, MO in charge, MO mental health, DS
- Contents of education:
  - ✓ Nutrition
  - ✓ Importance of prevention of fall
  - ✓ Oral Health
  - ✓ Mental Health

Promotion of Activities

- SNS

- Leaflet

- Monthly Elderly Committee mtg

- Friends of Facility Committee

Other Activities & Intersectoral Collaboration




Care 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 progam from a friend of mine. I have attended the program 5 times so far.**

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

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

Way Forward…

- Dissemination of elderly services & exercise activities to community
- To start a care giver training to carers of bed bound/home bound patients
- Data to be taken from respective GN – Number of bed bound & home bound elderly etc.

Mental Health Services for the Elderly

Mental Health services at Kaduwela MOH area

3 Mental Health clinics at PMCIs

- DH Athurugiriya
- DH Nawagamuwa
- PMCU Kaduwela

Services are provided by Medical Officer Mental Health and the team

Sources of Referrals

- ICOPE screening at HLC
- OPD and other clinics
- Public health staff
- Community (relatives, friends,)
- Other institutions (Officers of the DS office, GN, Elderly societies}
- GPs
- self referrals

- Assessment – MMSE or MoCA, Clinical history, ADL, IADL
  Necessary investigations

- Interventions – Necessary referrals to Secondary or tertiary care centers
  -Starts interventions in the clinic

Services provided at Mental Health Clinic

- Psychological interventions (Counselling and Psycho education)
- Medical treatment
- Rehabilitation activities
- Cognitive stimulation therapy (for dementia patients)

Community Mental Health Program

Community Mental Health activities

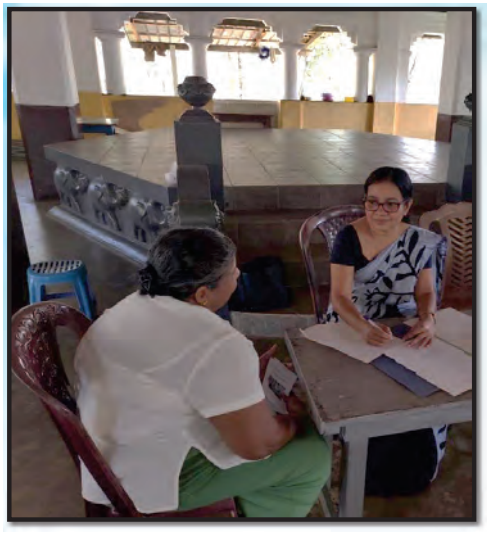
- *Conducting awareness programs*
- *Screening programs to identify dementia and other mental disorders.*
- *Providing services for mentally ill elders at care homes for elders.*
- *Conducting home visits*

Domiciliary visits

Domiciliary visits are conducted by Mental health team

- Medical officer Mental Health (MOMH)
- Community Psychiatric Nursing officer (CPN)/ Nursing officer attached to MH unit
- Psychiatric Social Worker (PSW)
- Occupational Therapist (OT) (Whenever necessary)

Awareness programs and screening for dementia



Visits to Elderly Homes and home visits

D(Dementia)-Cafe activity

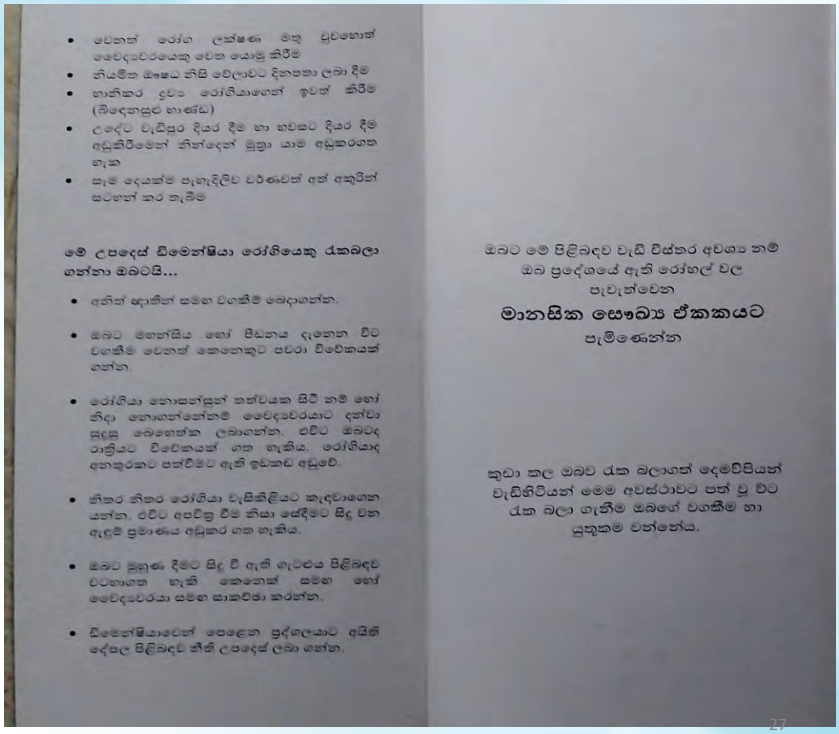
Outline of the activity

- At Moratuwahena Temple, November 25, 2023
- Organizer: Dr. Nirupa, Dr. Dumithra (Athurugiriya Divisional Hospital), Ms. Dilini (DS office Kaduwela),
- Guest speaker: Dr. Rasika (Colombo South Teaching Hospital)
- Participants: Elderly persons
- Contents:
  - ✓ Information related to dementia
  - ✓ Information for the family member of dementia patient

Work shop on Dementia

50 officers working in the JICA pilot project sites (Kaduwela and Padukka) were trained on identification and management of Dementia.

IEC materials



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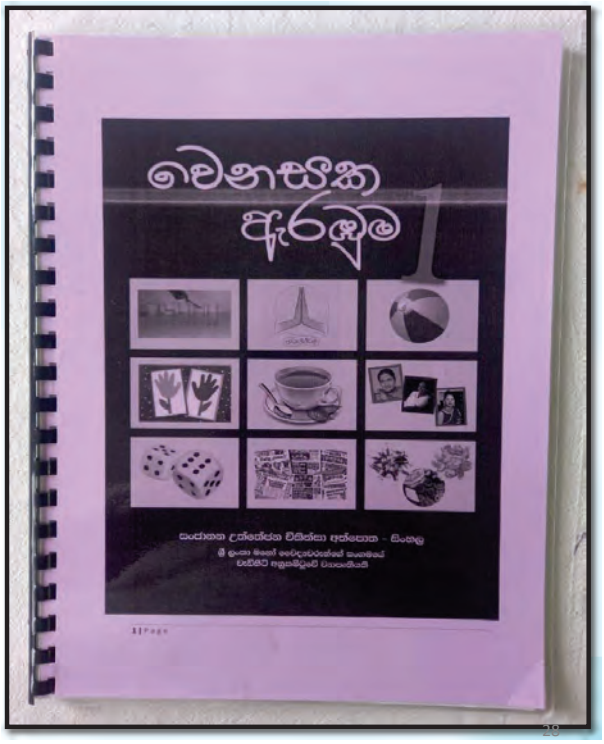
Cognitive stimulation Therapy

- Started on 17th May 2024
- Target: Mild – Moderate Dementia patients
- Consists of 14 sessions
- Conducting according to international guidelines



Cognitive stimulation Therapy

Elders and children get together to celebrate Xmas and Mental Health day

Trip to Kalutara Bodhiya with Dementia patients

Sharing experiences

Receiving Cross Visits to share the experiences with other pilot sites

Beneficiary's comment

- The Dementia therapy program conducted by Athurugiriya hospital is very good.
- I appreciate the hard work of health staff do to make it successful.
- We're eagerly waiting until Friday to attend the program as it make us relax and happy.
- We're happy to attend the sessions where we can make friends who are retired and it makes us feel wonderful.
- We really enjoyed the trip organized by the program and appreciated the good care provided by the doctor, nurse and the team.
- Thank you so much for your hard work

(Participant of the Dementia program)

Way forward

- Plan to strengthen the already existing services for the elders.
- Start a place similar to D-café in the community.
- Train community dementia supporters
- Conduct more awareness programs for the public.
- Establish a gathering place for dementia patients to do creative work and other activities.(planning start at Mahila Samithi building at Kotalawala)
- Utilize the same place as a Day center.
- To start services for dementia patients at Community Mental Health center at Padukka also.

Care Prevention Exercise and Self-Employment activities Conducted in Poregedara/Padukka

Dr. Jagath Kumara, MOH Padukka
Ms. Malika Madhuwanthi, Social Service Officer, DS Office Padukka

ARAKAWA KOROBAN CALISTHENICS SESSIONS (care/frailty prevention exercise) – POREGEDARA

Case Study - Voice from the elderly people -

Community leaders play the key role in the Care Prevention Exercise Program

■At the beginning

- At first, PHI and PHNO who participated in the training in Japan shared the exercise and we started trying it.

■In progress…

- At first, it was implemented twice a week but now it's three times a week.
- PHNO comes to the community center next to GN office and teaches the exercises to us.
- Now we've got used to it and we can do it without PHNO.
- We made plastic bottles filled with sand instead of dumbbells.

■Now

- It has been going on for 1.5 years.
- Now I like to do the exercises to feel refreshed.
- Some elderly people including me have attended it more than 100 times.

-A leader of the exercise program in Poregedara, July 16, 2024

Introduction of care/frailty prevention exercise to the elderly society union members at DS Padukka

Exercise activities have been disseminated to other areas

Place (GN)	Frequency	Regular Participants
Poregedara	Three days a week **In total more than170 times**	20
Dampe	Twice a week	30-40
Horakandawalla	Twice a week	30-40
Uggalla	Twice a week	30
Pinnawala North	Once a week	25
Pinnawala South	Once a week	25
Horagala	Once a week	15
Kurugara	Currently stopped	n/a
Polwatta	Once a week	20

Self-Employment Activity
-SUHADA CAFÉ-

KURARA shop

Matsuzaki town, Shizuoka prefecture




■ **What kind of place is KURARA?**

- Self employment shop for elderly
- Meetup place + Working place + economically support

■ **History**

- 2005: the forerunner of Kurara was started as a volunteer activity by Mrs. Aomori.
- 2010: Kurara was launched together with 25 investors

■ **Concept**

- Self funded
- Self managed
- Working together

■ **Purpose**

- gives people a sense of acceptance.
- not to earn income but to make life worth while and enjoyable for the elderly

Objectives of the activity

○ Enjoying doing the best they can in the current situation.

○Make a place where elderly can work and earn money .

○ Experience the benefits of team work.

○ Develop a place for emotional support – “still able to enjoy life”

○Make a place where people can buy quality products.

Challenges

- Difficulty in finding a suitable location for establishment.
- Negative attitudes in the elderly community as well as their family members.
- Negative comments from the society.
- Finding suitable quality products for sale.
- Retaining elderly people until a successful transition occurs.

Activities

- Conducting initial awareness about the importance of the project.
- Checking on suitable location
- Providing training on the production of value added goods.
- Providing training on pricing and packaging
- Setting the selected location.
- Identifying the elderly involved in the sale
- Starting the shop
- To further success a stall was provided near the divisional secretariat.

Case Study - Voice from the elderly people -

Value-addition and good sales were achieved with the help of DS staff

Service Receiver's Experience

I participated in the training and am now making candles that sell well.

I've been making candles for a while.
After the training, I was able to make candles that look better than the ones I was making now.
They were slod well at a pop-up store. Sales were Rs.5,000 and got a profit of Rs.2,500.
I'm satisfied with the turnout.

Service Provider's Experience

Conducted training and sales promotion with the with the help of other officers

We talked with a **Vidatha officer** to arrange a training program for valued addition.
We know that the challenge was the lack of a proper place to sell their products. Then, I talked to the **SME unit**.
At first, I set up a store in the village, but it was not successful.
They sold well at a **pop-up store** in front of a busy street in the town.

Interview to the beneficiary and SSO, Poregedara, Padukka, July 16, 2024

What we learned from the pilot project

- Greater progress can be achieved by integrating health, social service and other sectors.
- Initially success could be achieved through a one self employment project per division.
- The project should be initiated through the most active elders committee in the division.
- Success can be achieved through the participation of many field officers.
- The attitudes of officials, elders and the community must be improved to understand the value of the project.

Outreach clinic/referral of the elderly with eye problem and Integrated Home Visit Care

Dr. Migara
MOIC in Divisional Hospital Kandaketiya

January 22 2025

Outreach clinic and referral of the elderly with eye problem

Process to conduct: **Provide necessary services for the elderly with eye problem**

Provide improved services for patients suffering from visual anomalies living in remote areas

1. Conduct **outreach clinic** including the testing of vision
2. **Health service officers of MOH screens patients** for suspected visual abnormalities
3. **WC/TWG clarifies the number of people who needs to be referred to tertiary hospital** for the detailed examination
4. **PDHS collaborates with tertiary hospital** (Badulla Teaching Hospital) to arrange the group detailed examination
5. **PDSS arranges the transportation of group detailed examination** for the elderly living in the remote areas
6. Diagnosed patients are arranged for **1) surgical treatment in Badulla TH, 2) follow-up in Badulla TH, and 3) provision of spectacles provided** by the social service side

Outreach clinic and referral of the elderly with eye problem

Outreach clinic and referral results

Site	No. of the elderly joined outreach clinic	No. of the elderly referred to Badulla TH	No. of the elderly received services after referral	
Kandakepu Ulpotha	46 (Jan 23, 2024)	33 (May 27, 2024)	Surgery in TH (After Dec 2024)	20
			Provision of spectacles	13
Kivulegedara	64 (Jan 24, 2024)	35 (May 30, 2024)	Surgery in TH (After Dec 2024)	8
			Provision of spectacles	26
			Follow-up by TH Badulla	1

Roles of each member of WC/TWG

staff	Roles
Elderly Committee	• Mobilization of the elderly people (Promotion of activity participation)
GN, DO	• Mobilization of the elderly people (Promotion of activity participation) • Arrangement of application of provision of equipment
MOH, PHI, PHM, PHNS, DO	• Organization of the outreach clinics • Implementer: MOH (Medical examination), PHI (Eyesight test), PHM and PHNS (Support of medical examination), DO (Registration)
SSO, ERPO	• Responsibility of transportation (arrangement, taking them to the Badulla TH) • Arrangement of application of provision of equipment (SSO)
PDHS	• Arrangement of referral of the elderly group to Badulla Teaching Hospital (TH)
PDSS	• Provision of transportation (bus) • Provision of spectacles
Badulla TH	• Detailed medical examination • Provision of medical service (follow-up, surgical operation)

Interview with the beneficiary: Outreach clinic and referral of the elderly with eye problem

I'm so happy to have received these pairs of glasses today.

- A big thank you to everyone for their wonderful support.
- Before, it was hard for us to travel outside the village for special tests, so getting things like this was difficult.
- But this time, thanks to this program, we got the help we needed.
- I'm truly grateful to everyone who took part, helped at the hospital, and gave us this support.

- Mrs. A.M. Karunawathi(67 years)
(interviewed at Kandakepu Ulpotha Community Center, November 01, 2024)

Process to conduct: **Integrated Home Visit Care in Kandaketiya**

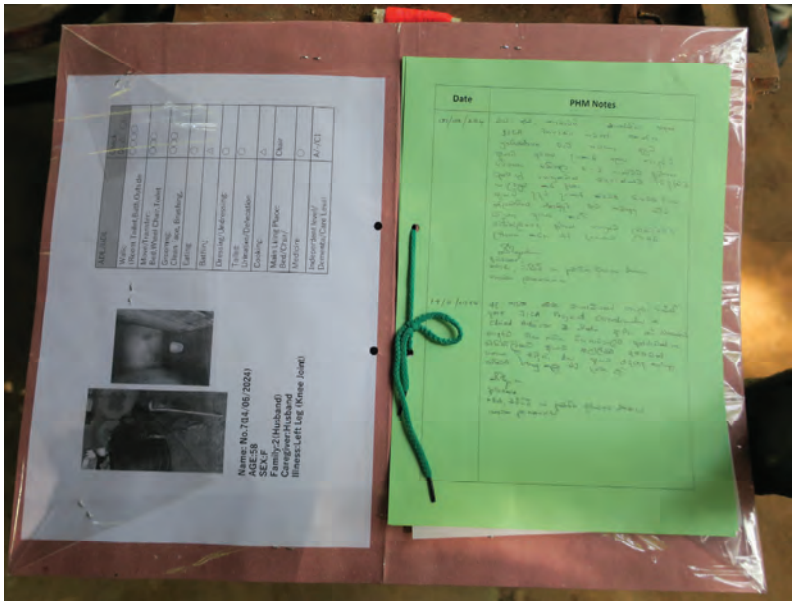
Improve the accessibility of health and social services for the elderly who needs care at home

1. GN, health and social service officers **identify the elders who needs care at home** and develop the list (Total 25 elderly)
2. **Care book** for each elder person is prepared at both home and divisional hospital
3. The officers of both health and social service **visit to the home** where the elderly with care needs lives
   - ✓ Health service (MOIC): Conduct **1) Physical assessment and 2) care plan**
   - ✓ Social service (ERPO/SSO/DO): Assess **1) Life support service and 2) installation of handrails, equipment provision etc.**
4. **Provide necessary care/assistance** for each elder person and service staff **can record the condition and their services on care book** through continuous services
5. Provide mini-training of **home rehabilitation exercise to family member/care giver** of the elderly **after conducting TOT for front workers of the social services and health services.**





Care book for home visit



[1st page]

- **Basic information**: Name, Age, Sex, Family, Care giver, Illness
- ADL/IADL and Life style:
  - ADL/IADL: Walk, Move/Transfer, Grooming, Eating, Bathing, Dressing/Underdressing, Toilet
  - Information related lifestyle: Living place, Medicine, Independent level

[2nd page]

- **Visiting record:** Anyone who visits the elderly can record the condition, information and what was done

Integrated Home Visit Care

Assessment of ADL/IADL

MOIC and NO visited for physical assessment and guide easy exercise

DO and PHM visited for monitoring the bedridden patient at home

Installation work for handrail at the entrance of residence

Handrail and supporting tool for toileting

Provision of supporting tool for walking

MOIC, Divisional Hospital Kandaketiya – Integrated Home Visit Care

A need of the home visit care

- Many of them are disabled. Seven out of ten are unable to attend medical clinics regularly due to a problem in travelling and without having a person for bringing them to the hospital. For them, their family members are obtaining their medications on their behalf. Then, it is difficult for us to provide quality medical care. We cannot adjust dosages of the medicine without seeing the patients.
- At the home visits, we can do these medical tests, review medications, address complaints if any, and track improvements.
- We taught them simple rehabilitative exercises, which they are now practicing with noticeable improvements.
- We found many of them have limited mobility, struggling with basic activities like walking, sitting, and using the toilet. We will address these issues very soon.

Challenges faced to conduct the home visit care

- With limited hospital staff and numerous responsibilities, our team felt it challenging to find time to conduct visits 25 elders regularly. We also had faced significant obstacles, including remote and hard-to-reach homes, transportation issues.
- We obtained assistance from the GN and other social service representatives. However, I believe that home visits would be much easier and more effective if we had a PHNO in the area.

- Dr. M. D. B. Charahithage (Medical Officer In- Charge ,Divisional Hospital Kandaketiya.)

Interview with the beneficiary: Integrated Home Visit Care

I feel truly blessed that they took time to take care of me.

- **Since I'm week and cannot go to the hospital, my husband usually takes my clinic book to Kandaketiya Hospital and obtains the medicine.**
- **I am very happy that the team, including GN, DO, PHM, and the doctor visited and took care of us.**
- **Recently, the doctor and the nursing officer came to our home, took blood samples, checked blood pressure, and taught me some exercises I can do at home, which I am now practicing.**

- Mrs. K. R. Seelawathi (69 years old)
(interviewed at Kandakepu Ulpotha, November 03, 2024)

Findings of the activities

The elderly people access the services efficiently and effectively

- The services combining "Health check up", "Referral" and "Provide the aids for disability" made the elderly people to access the service.
- Combined and integrated services made the elderly people to use the services more easily.

Be sure to "Leave No One Behind"

- The bedridden patients in Kandaketiya had not accessed to health and social services directly for a long time. Integrated Home Visit Care enabled to be sure for vulnerable people to access the services.

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.

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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:

Recommendations for the Overall Process

1) The recommended process model

Recommendations for Preparing the Program

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

Plan – Development of an Action Plan

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

Do – Implementation of the Action Plan

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

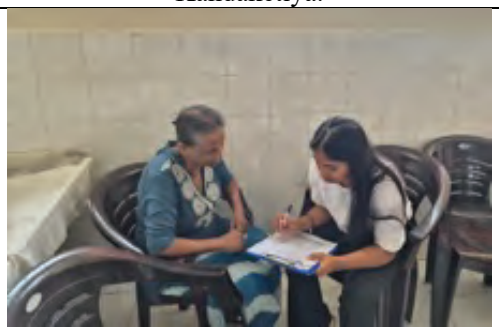
Photographs

Group discussion with WC and TWG members in Kaduwela.

Group discussion with WC and TWG members in Padukka.

Key informant interview with the DS, Kandaketiya.

Group discussion with WC and TWG members in Kandaketiya.



Questionnaire survey in Athurugiriya.

Questionnaire survey in Poregedara.

Questionnaire survey in Kandaketiya.

Questionnaire survey in Kandaketiya.

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.

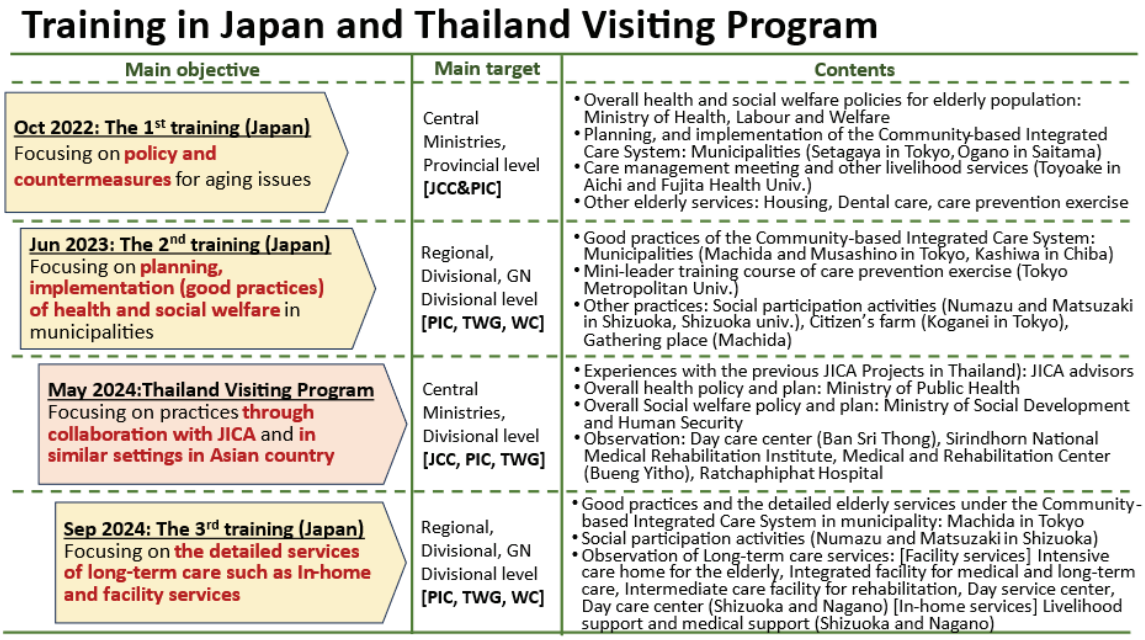


Figure 1: Outline of Training Sessions in Japan and the Thailand Visiting Program

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

<u>Care/Frailty Prevention Exercise Program</u>

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.

<u>Self-Employment Activity</u>

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.

<u>Outreach Clinic</u>

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

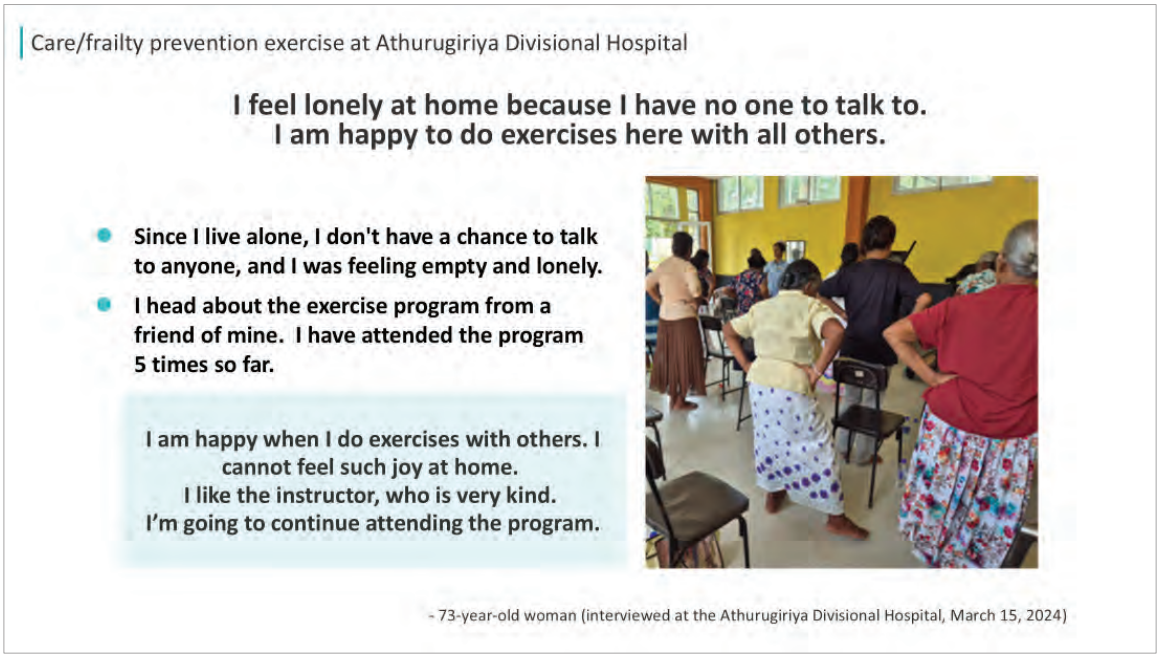


Figure 2: Case Study of the Care/Frailty Prevention Exercise Program – Elderly Person (1)

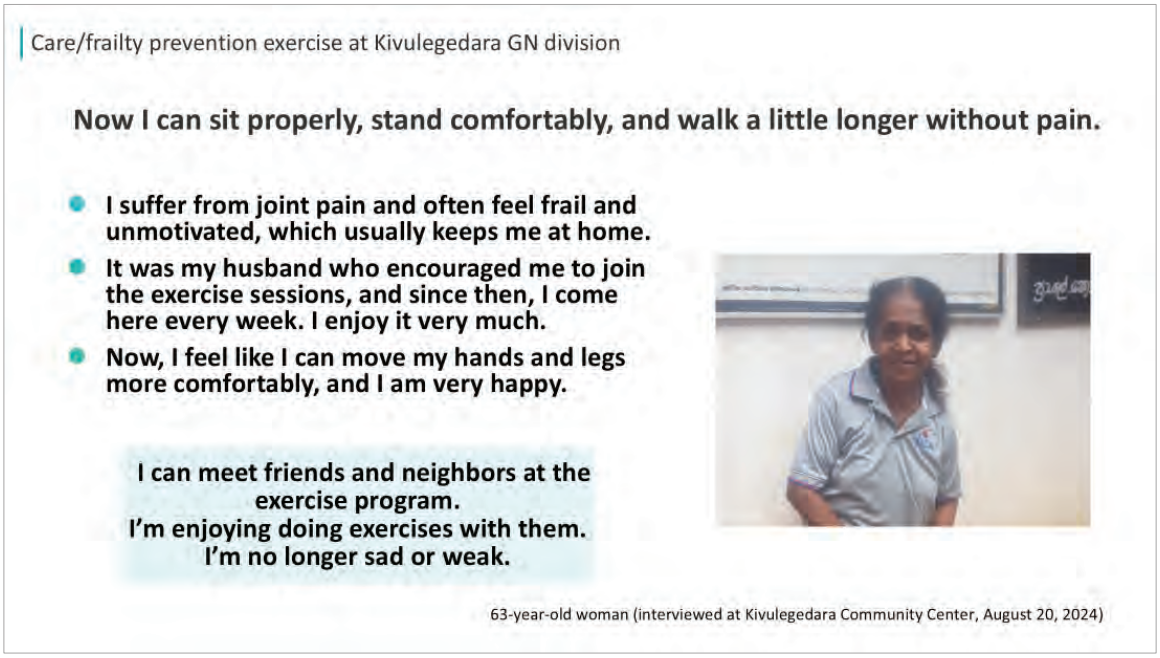


Figure 3: Case Study of the Care/Frailty Prevention Exercise Program – Elderly Person (2)

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)

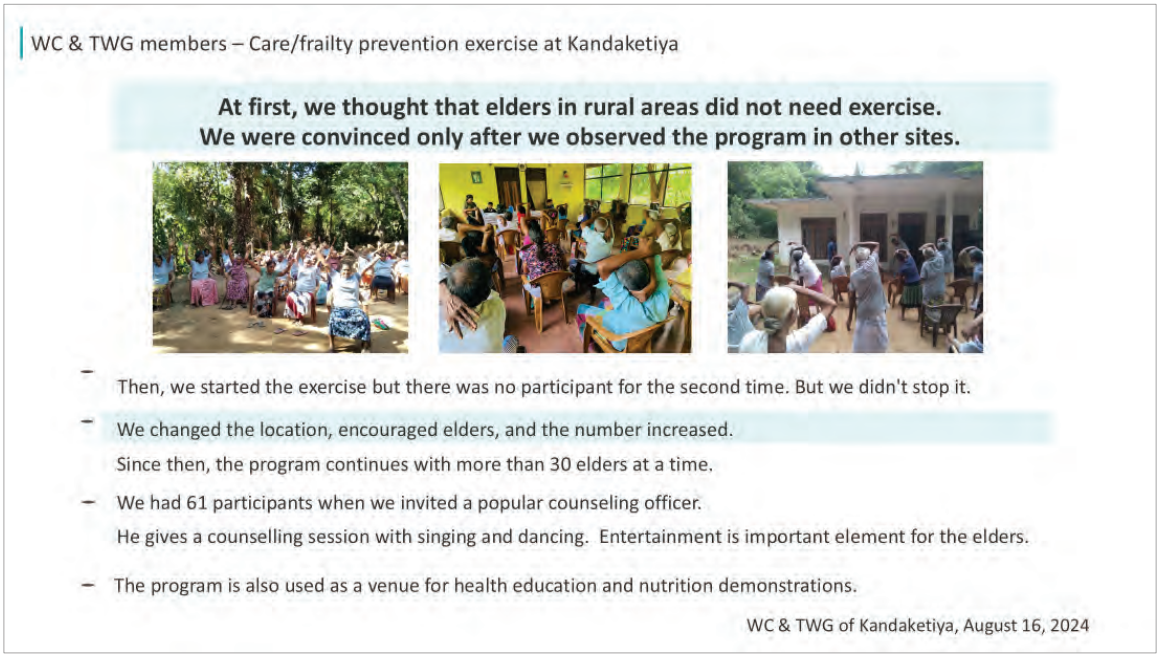


Figure 6: Case Study of the Care/Frailty Prevention Exercise Program – Government Official (2)

(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.

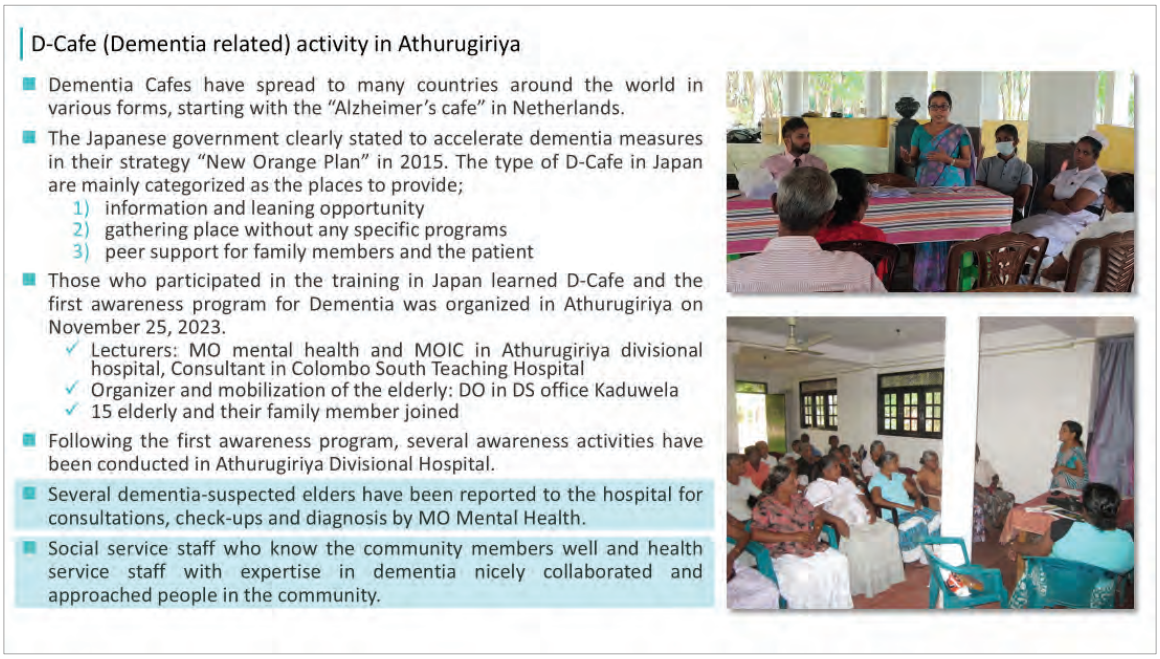


Figure 7: Case Studies of a D-Cafe in Athurugiriya

(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.

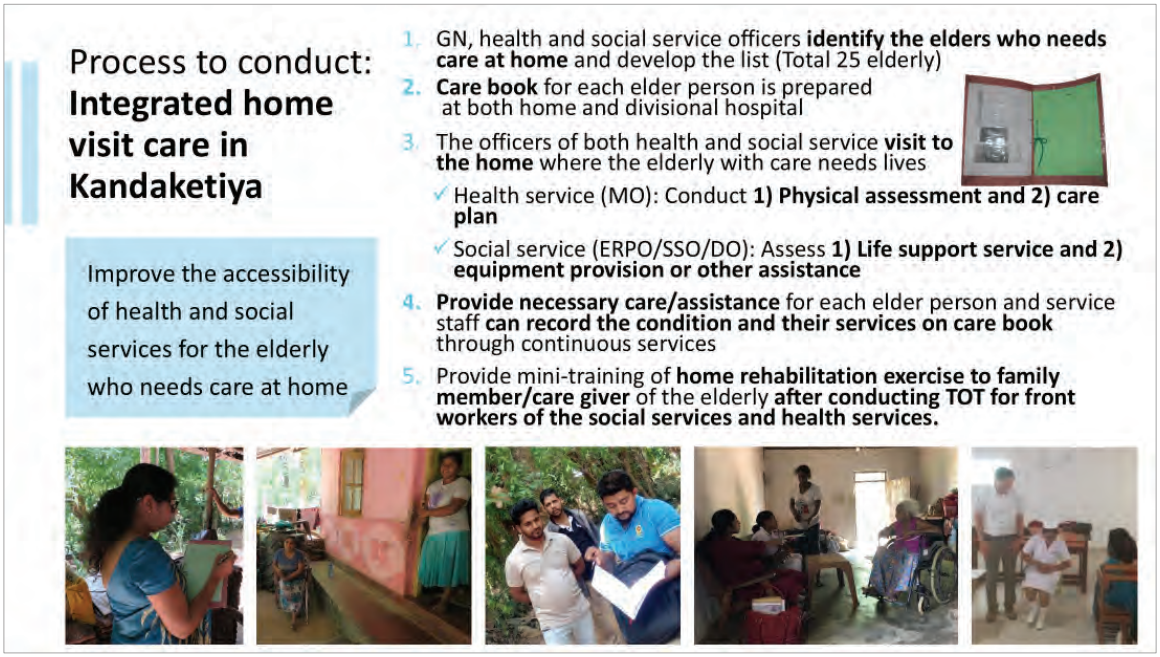


Figure 8: Case Study of Integrated Home Visit Care in Kandaketiya

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.

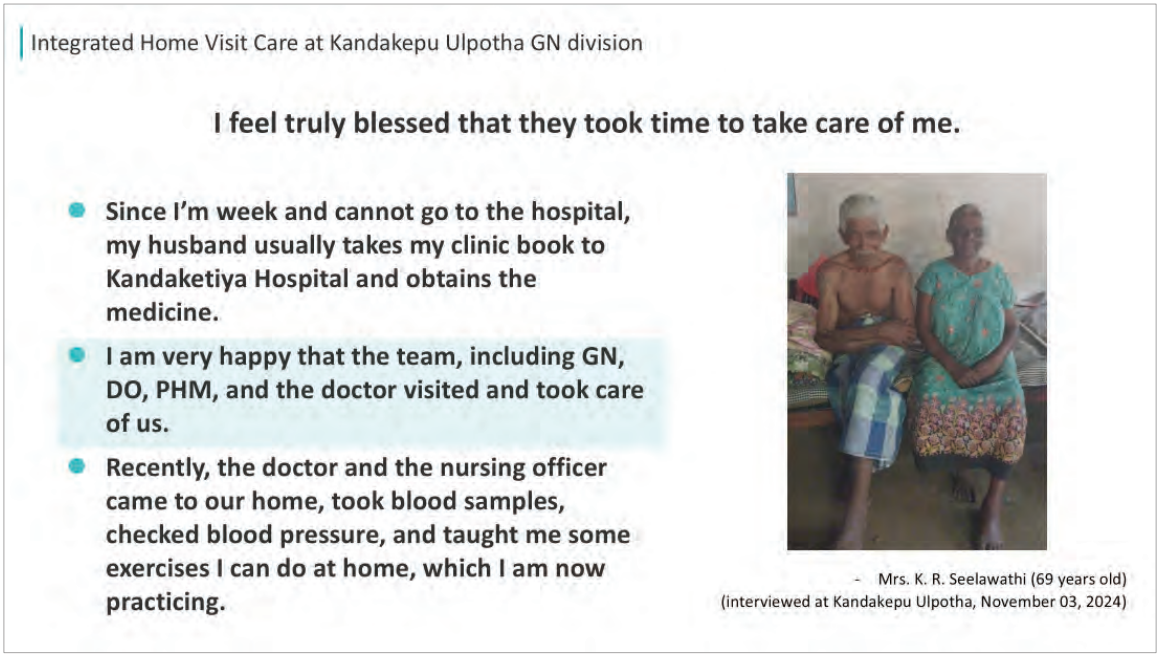


Figure 9: Case Study of Integrated Home Visit Care in Kandaketiya – Elderly Person

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.

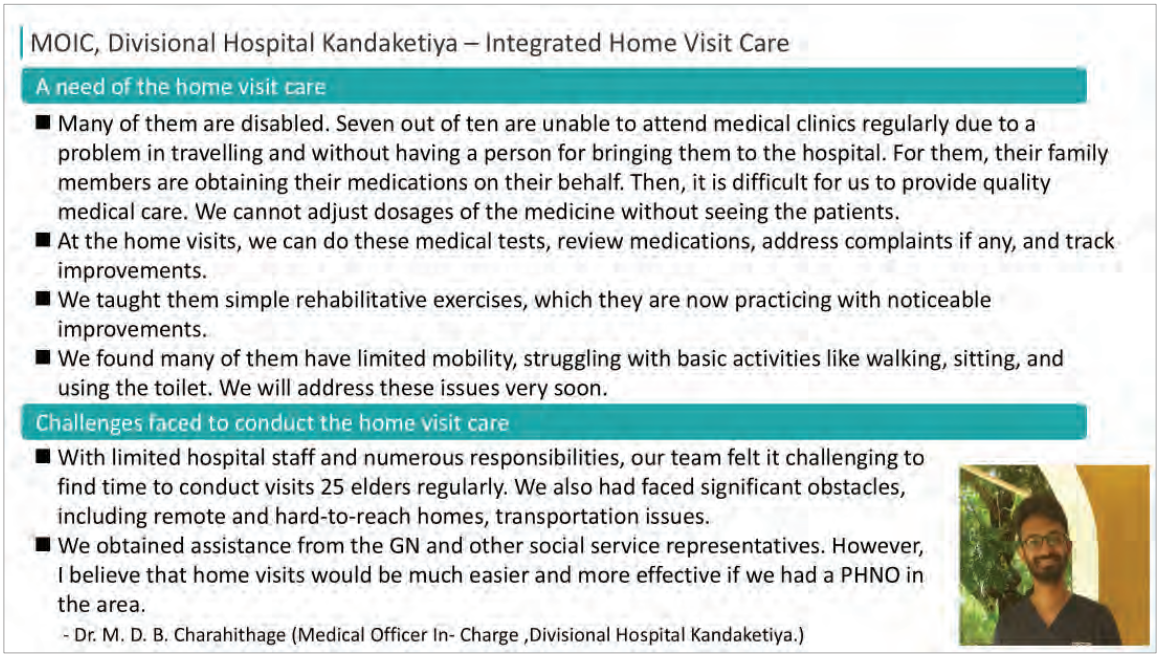


Figure 10: Case Study of Integrated Home Visit Care in Kandaketiya – MOIC

(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.

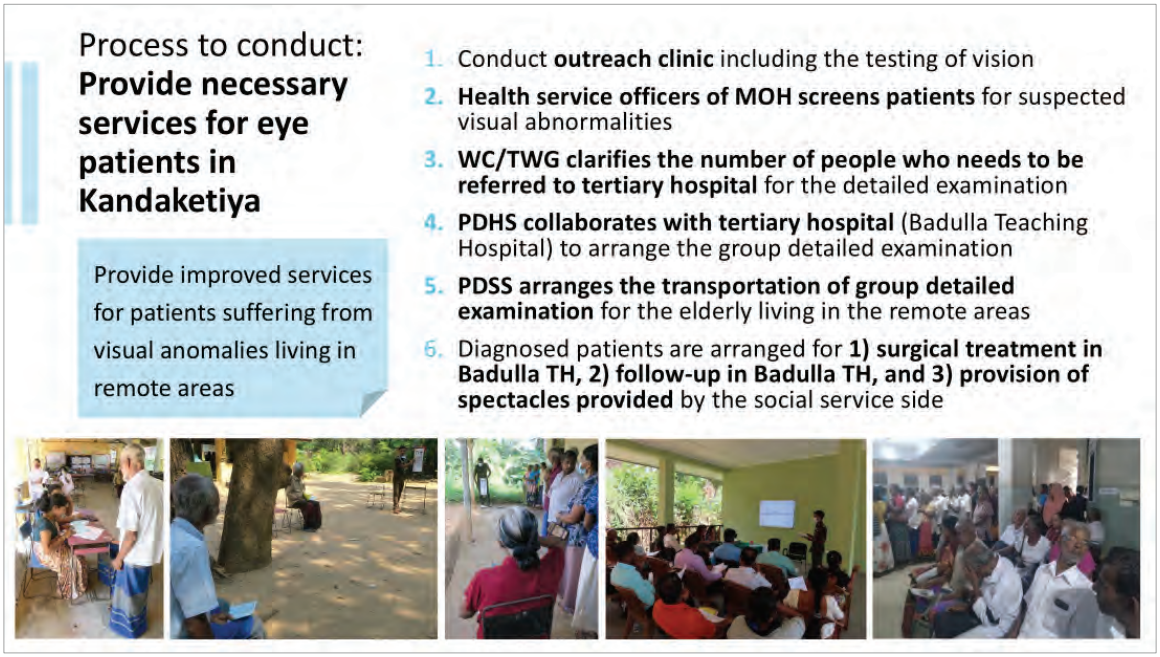


Figure 11: Case Study of Activities for Elders with Eye Problems in Kandaketiya (1)

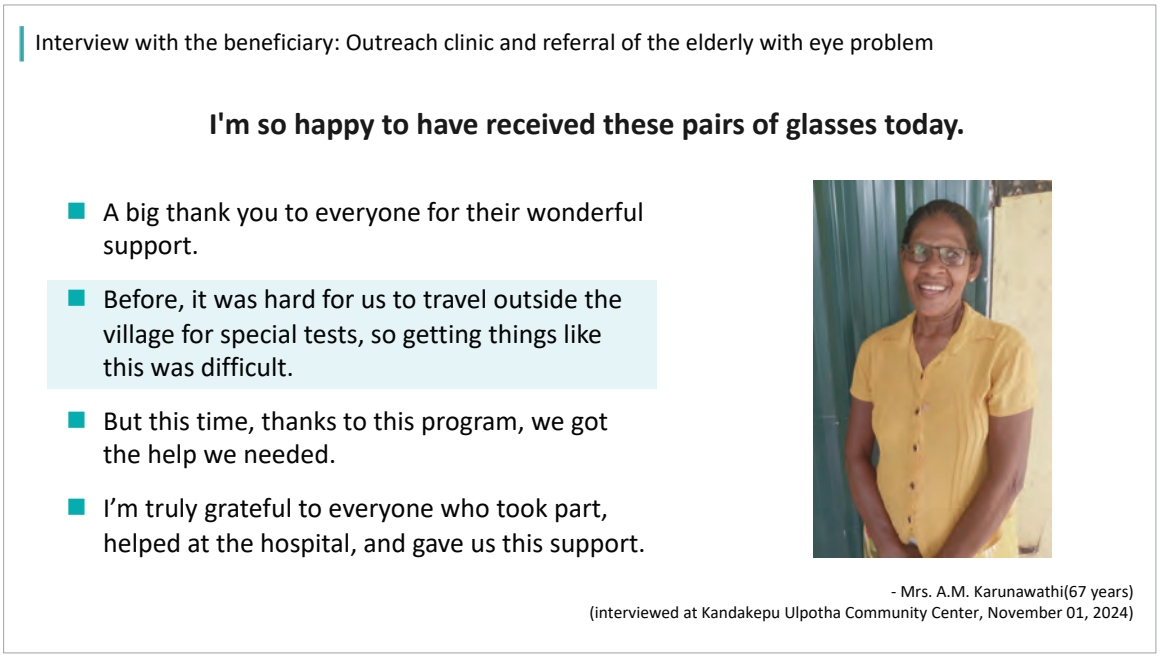


Figure 12: Case Study of Activities for Elders with Eye Problems in Kandaketiya (2)

(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).

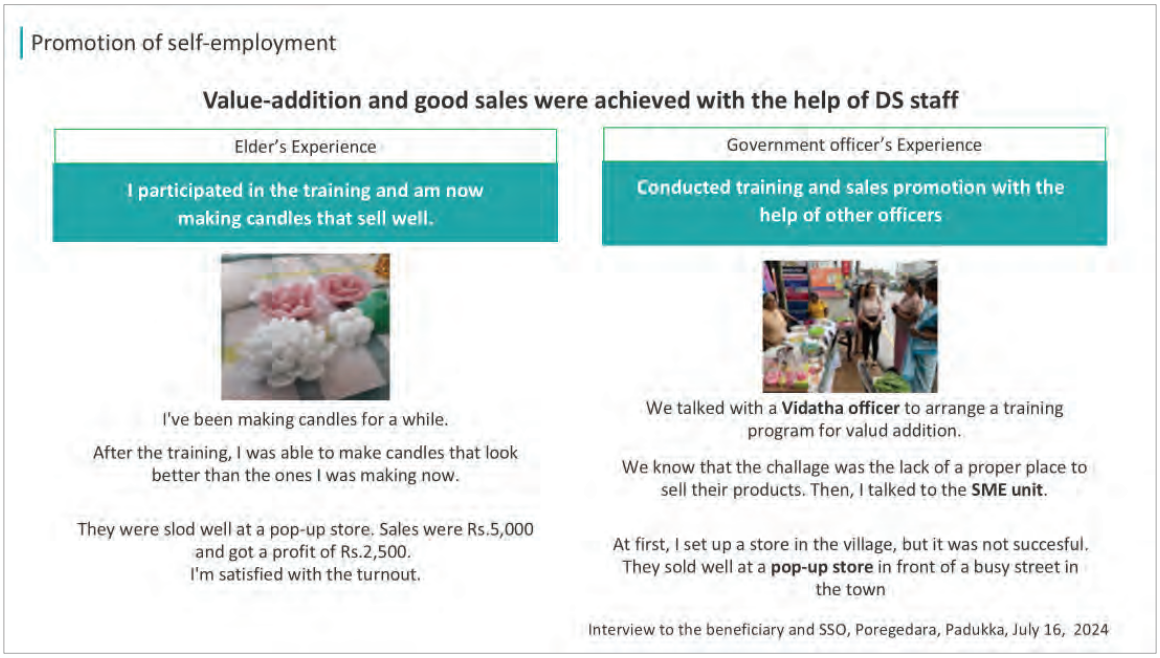


Figure 13: Case Study of the Self-Employment Activity

(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.

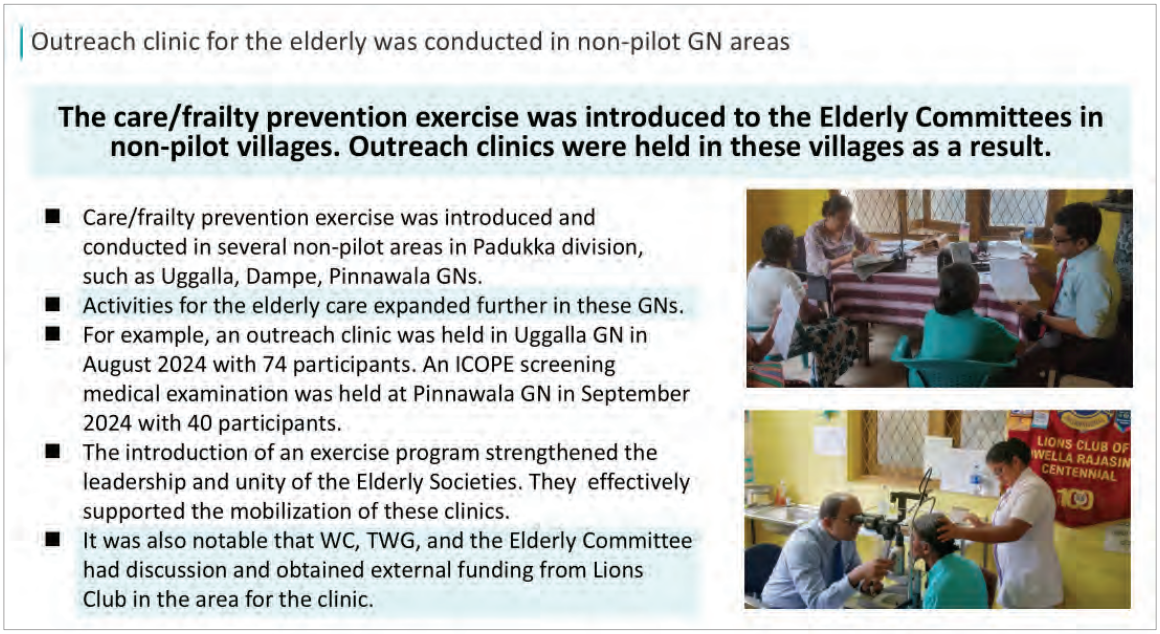


Figure 14: Case Study of an Outreach Clinic and ICOPE screening

(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.

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

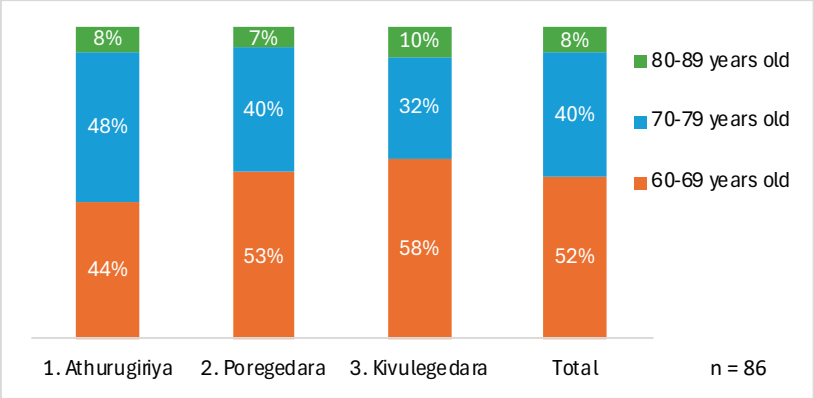


Figure 16: Age Distribution of the Respondents

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).

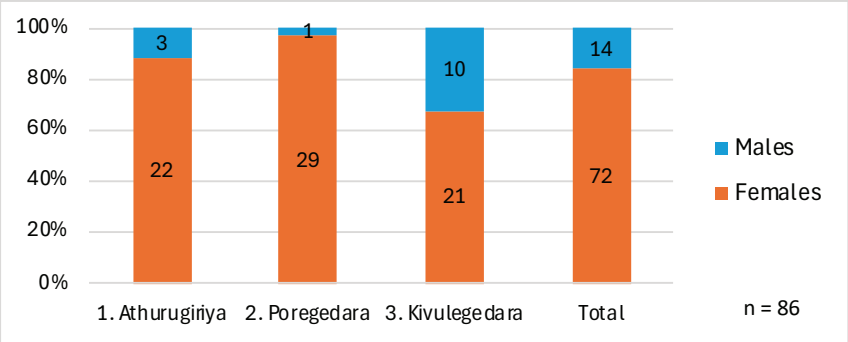


Figure 17: Sex of the Respondents

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

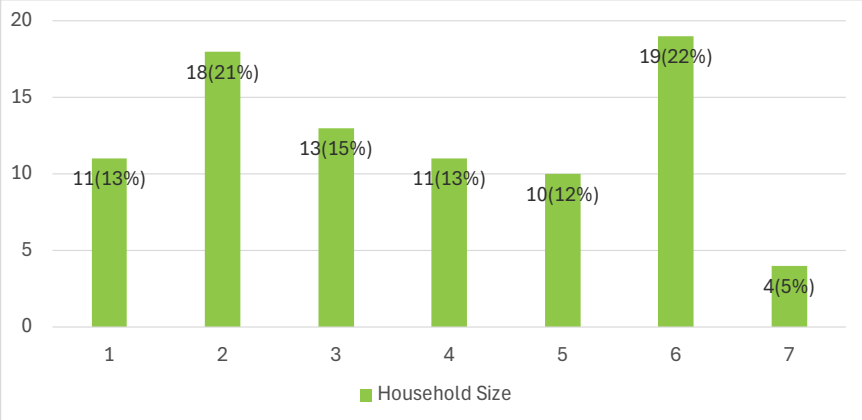


Figure 18: Household Size of the Respondents

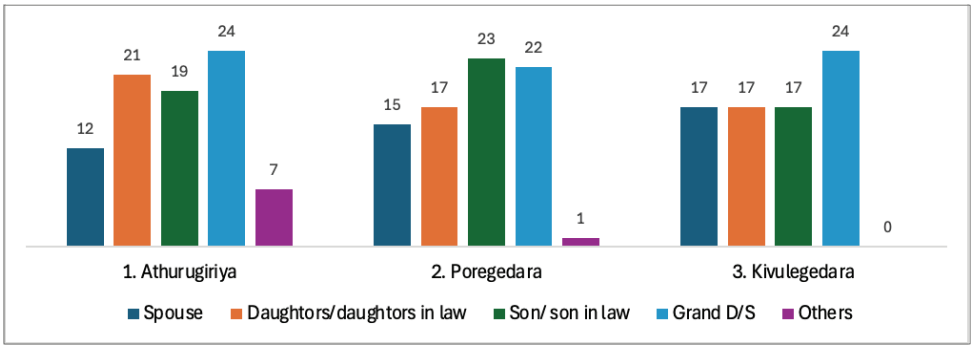


Figure 19: People Living with the Respondents

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.

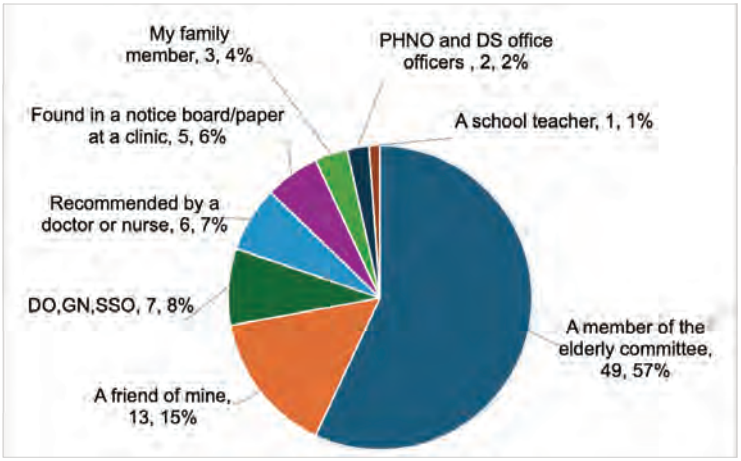


Figure 20: How Elders Learned about the Exercise Program

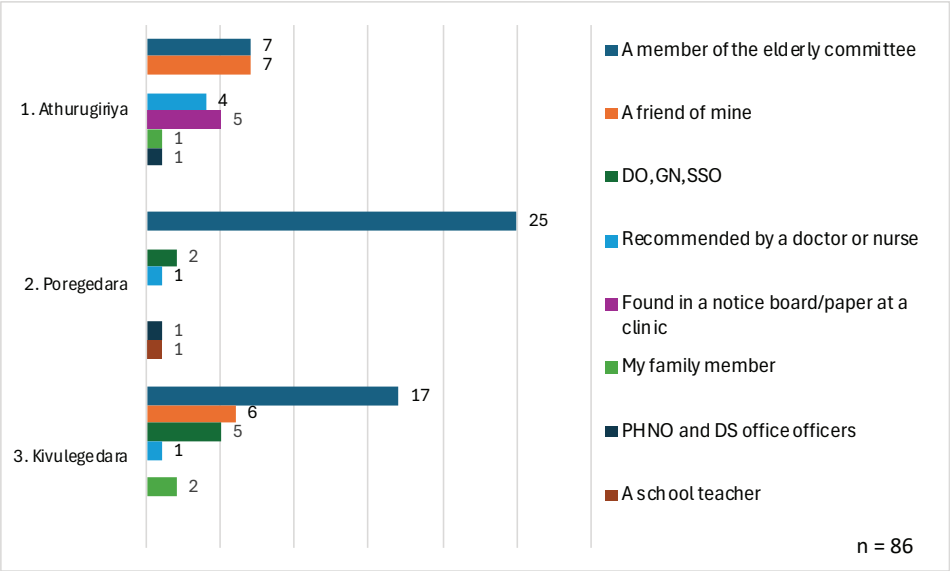


Figure 21: How Elders Learned about the Exercise Program (by area)

(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.

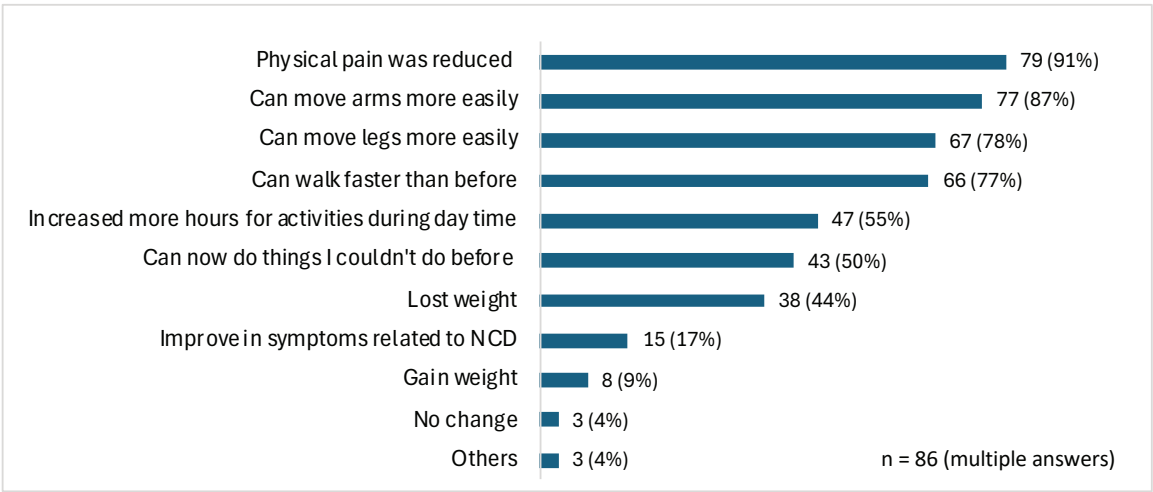


Figure 22: Physical Changes in Elders after Joining the Exercise Program

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.

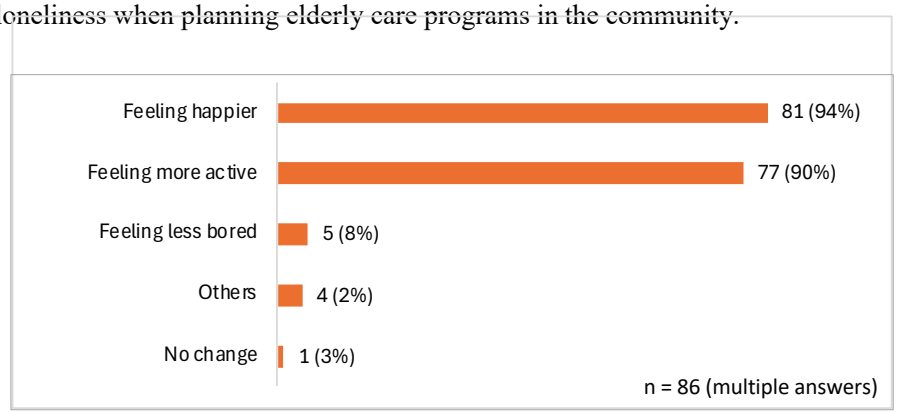


Figure 23: Emotional Changes of Elders after Joining the Exercise Program

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.

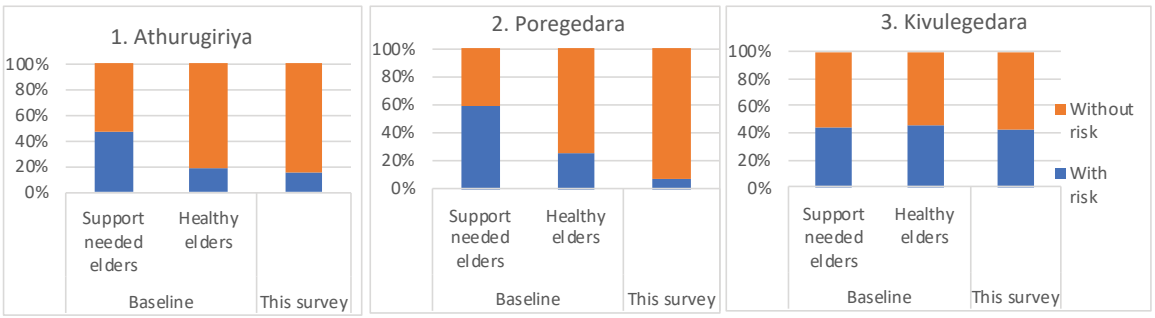


Figure 24: Result of the Analysis on the Risk of Falling
(Comparison between the Needs Identification Survey and This Survey)

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.

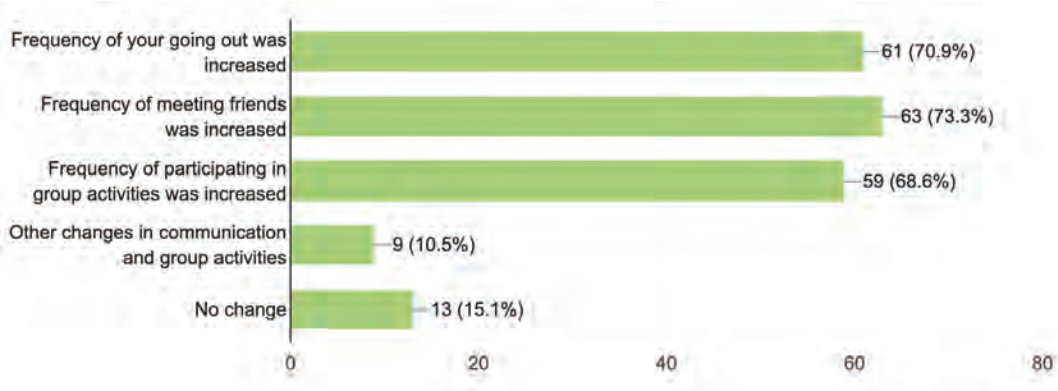


Figure 25: Changes in the Frequency of Communication and Group Activities after Joining the Exercise Program

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].

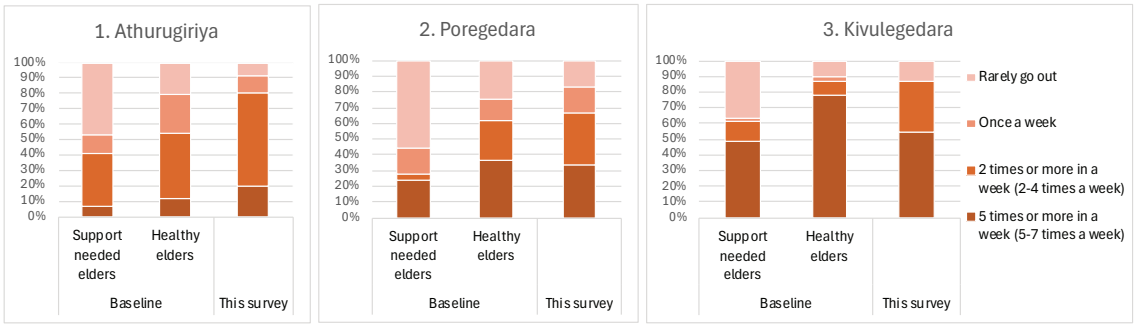


Figure 26: Frequency of Going Out
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

[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.

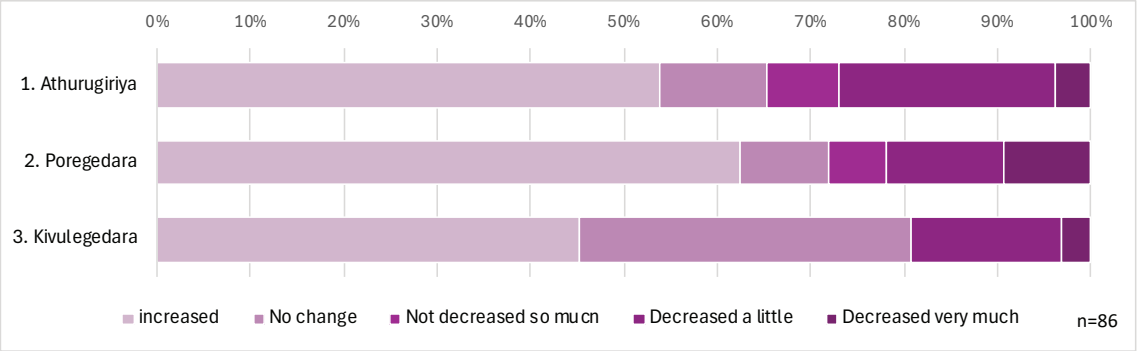


Figure 27: Changes in the Frequency of Going Out since the Previous Year

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].

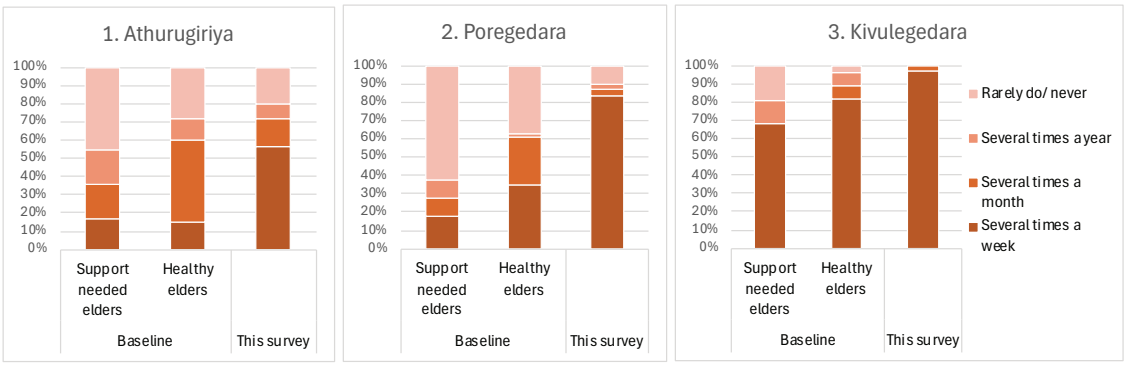


Figure 28: Frequency of Meeting Friends
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

(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.

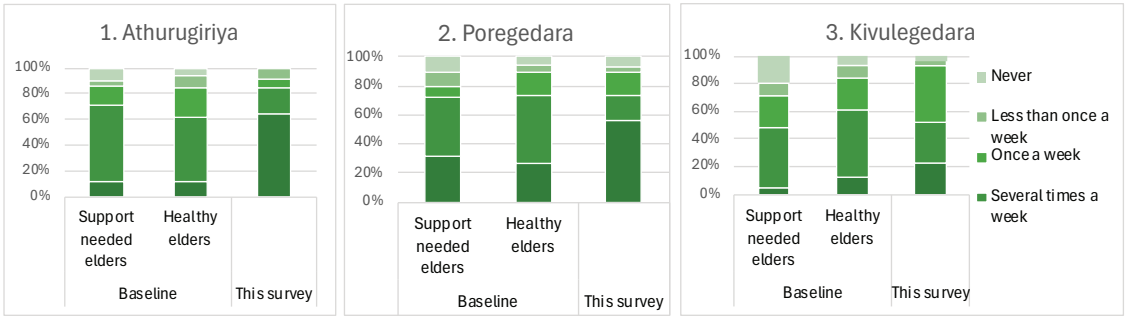


Figure 29: Frequency of Eating Meat or Fish
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

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.

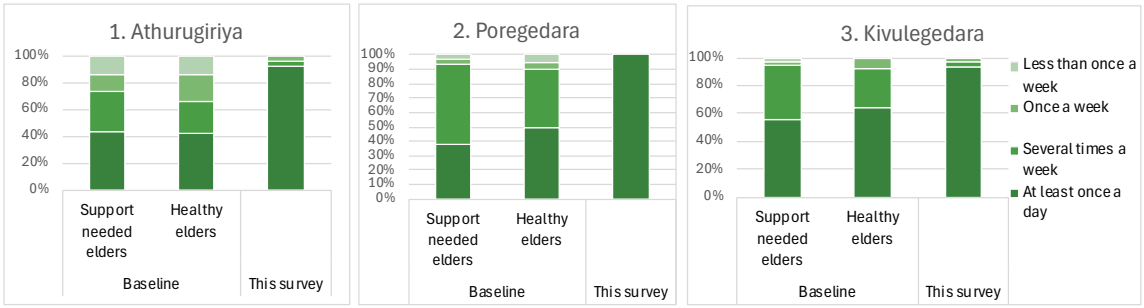


Figure 30: Frequency of Eating Vegetable and/or Fruits
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

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.

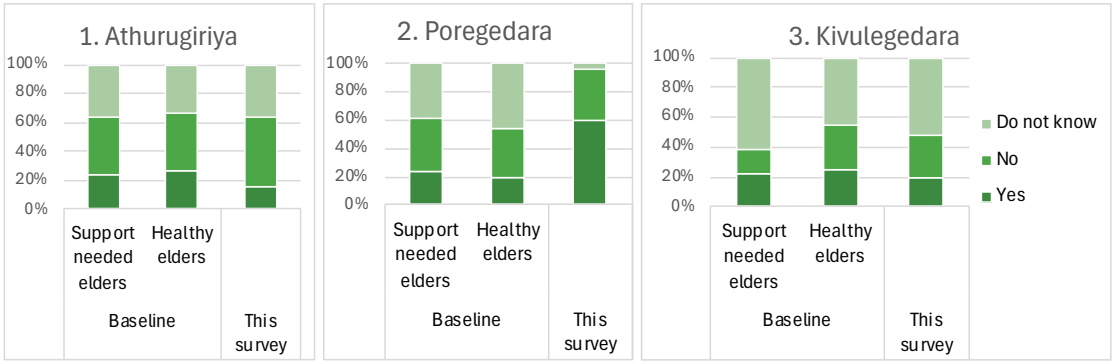


Figure 31: Weight Loss of More than 3 kg Over the Previous 6 Months
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

(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.

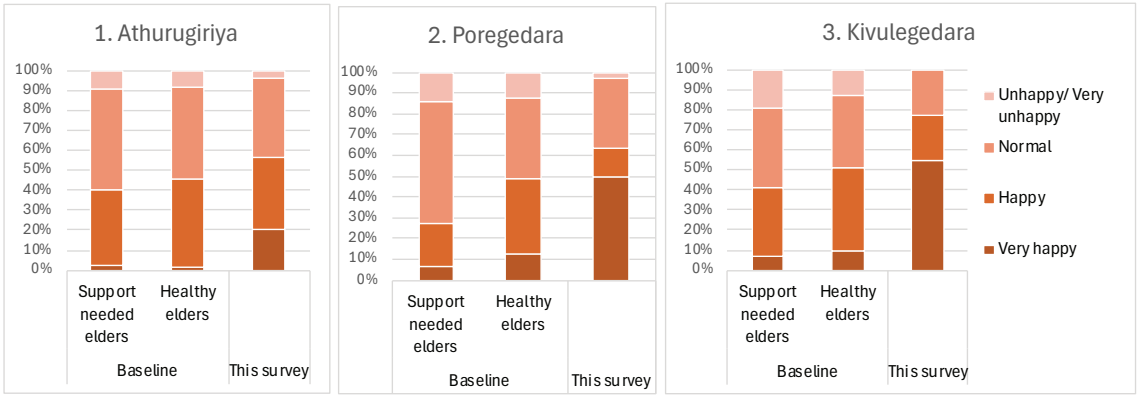


Figure 32: Degree of Happiness
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

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.

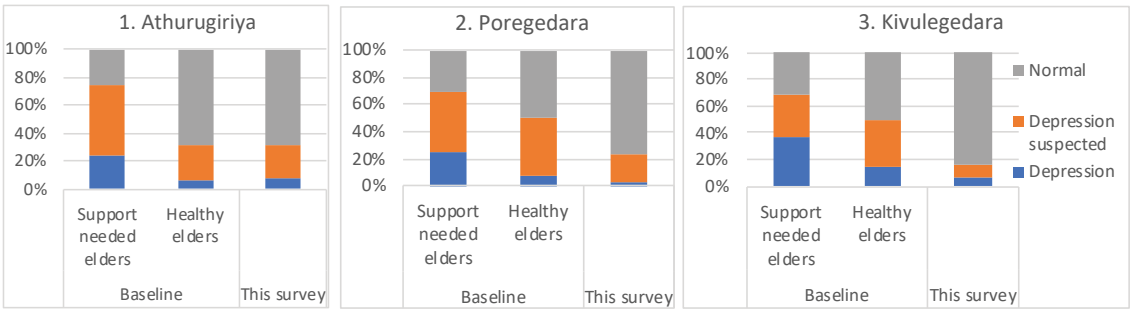


Figure 33: Trend of Suspected Depression
(Comparison between the Needs Identification Survey and This Survey)
Note: The number of samples is the same as in Figure 24.

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.

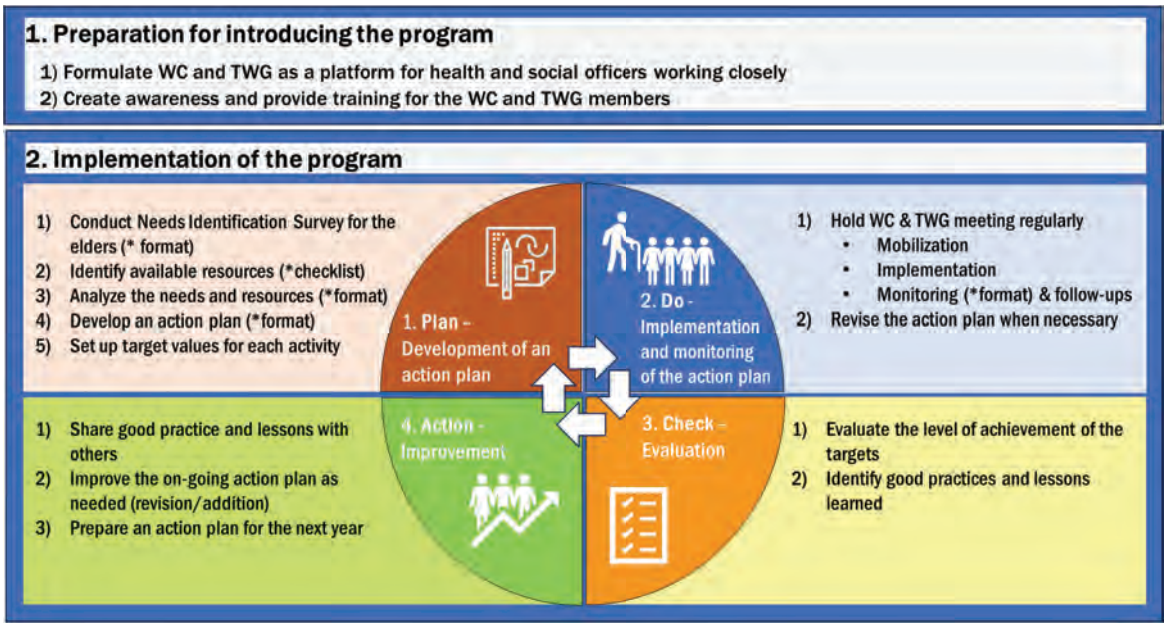
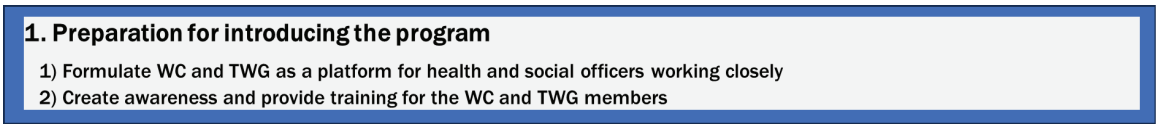


Figure 34: The Process Model Recommended for Providing Community-Based Health and Social Services Programs for Elderly People

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.

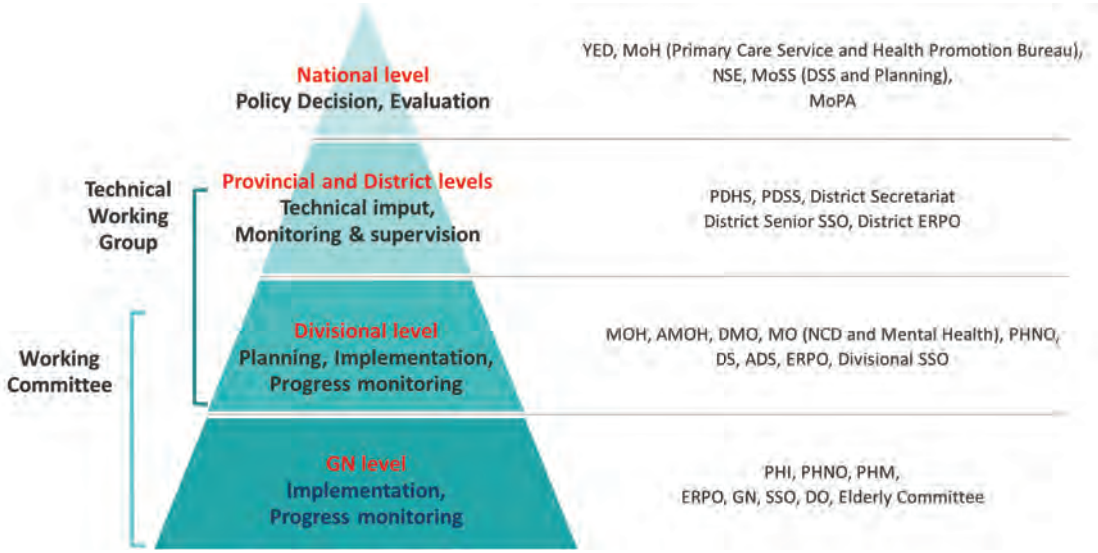


Figure 35: An Idea for a Reorganized Platform for Stakeholders

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]).

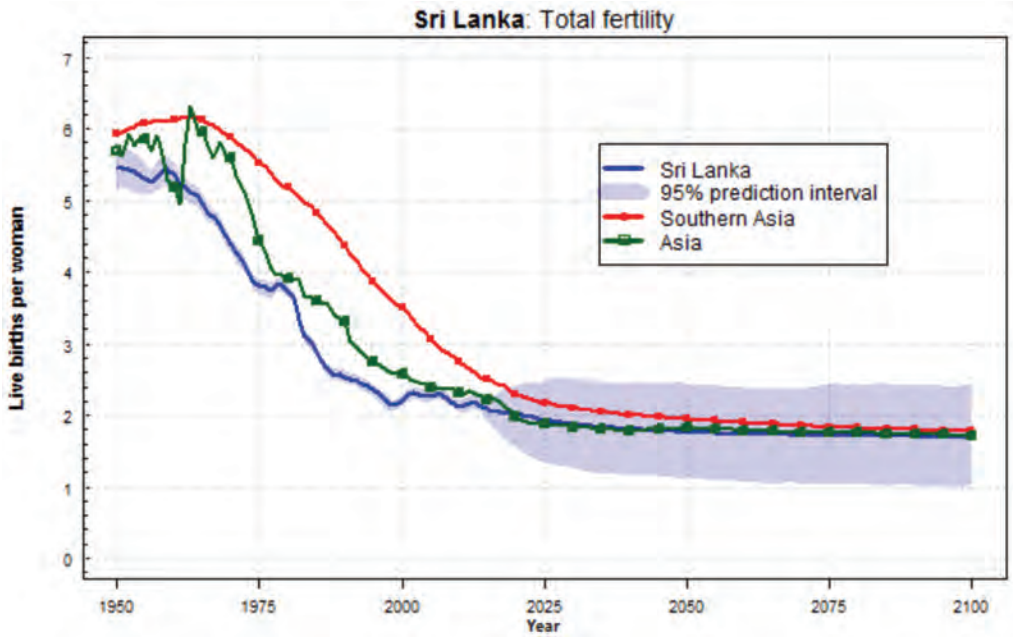


Figure 36: Total Fertility of Sri Lanka

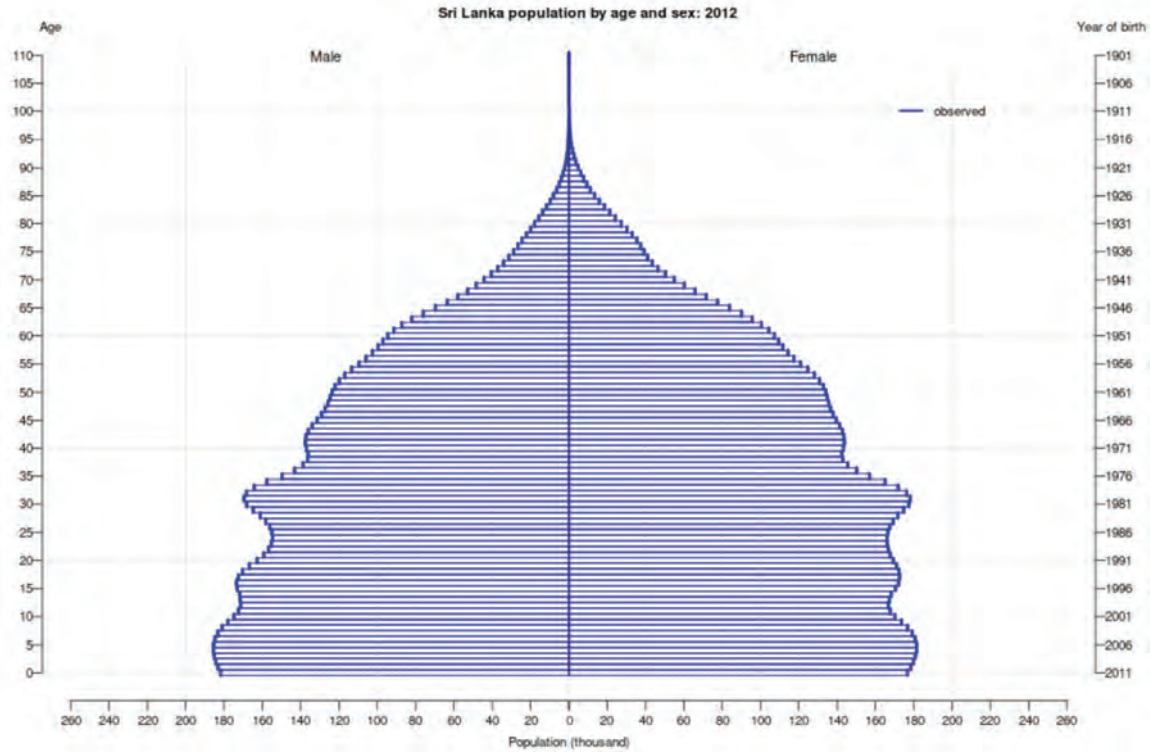


Figure 37: Sri Lankan Population by Age and Sex in 2012

[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.

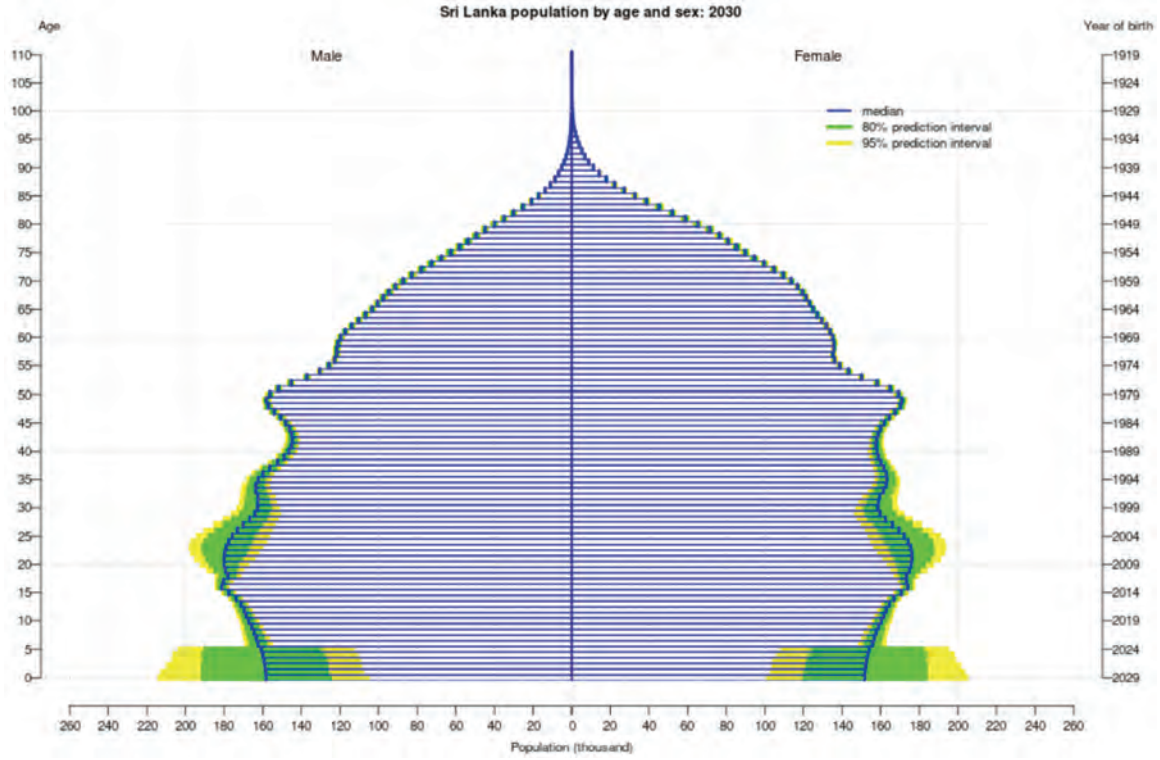


Figure 38: Sri Lankan Population by Age and Sex in 2030

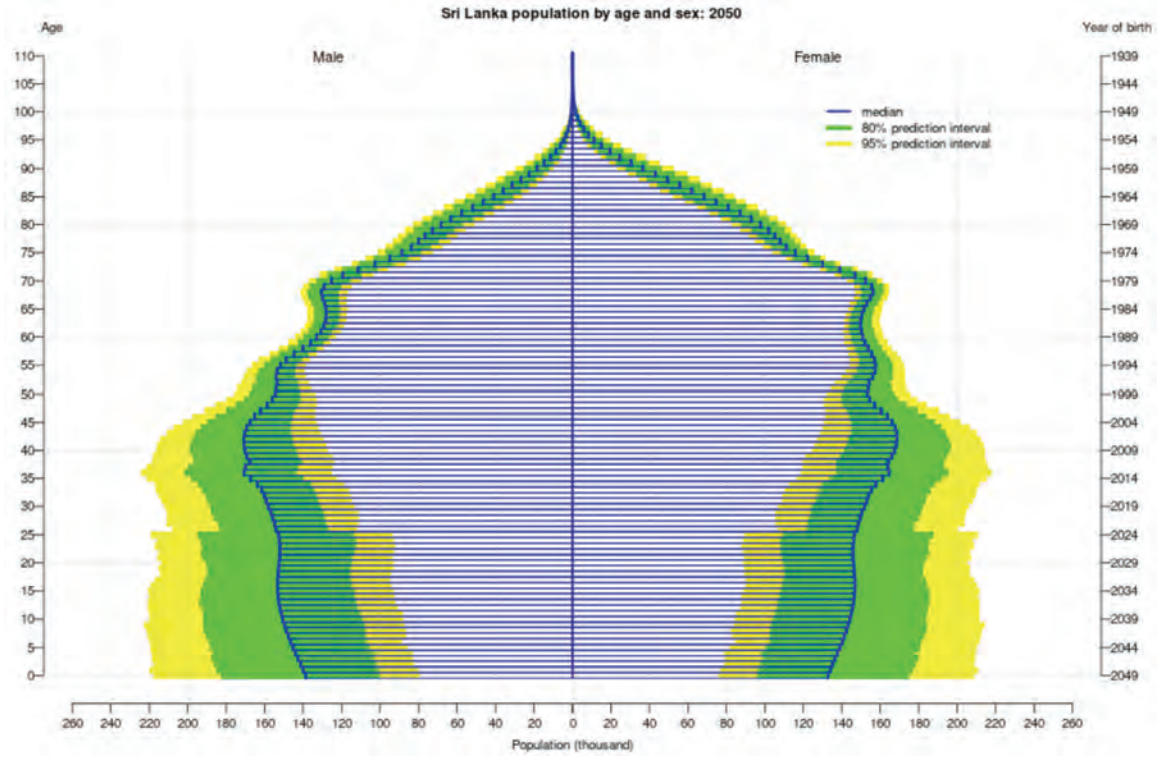


Figure 39: Sri Lankan Population by Age and Sex in 2060

(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.

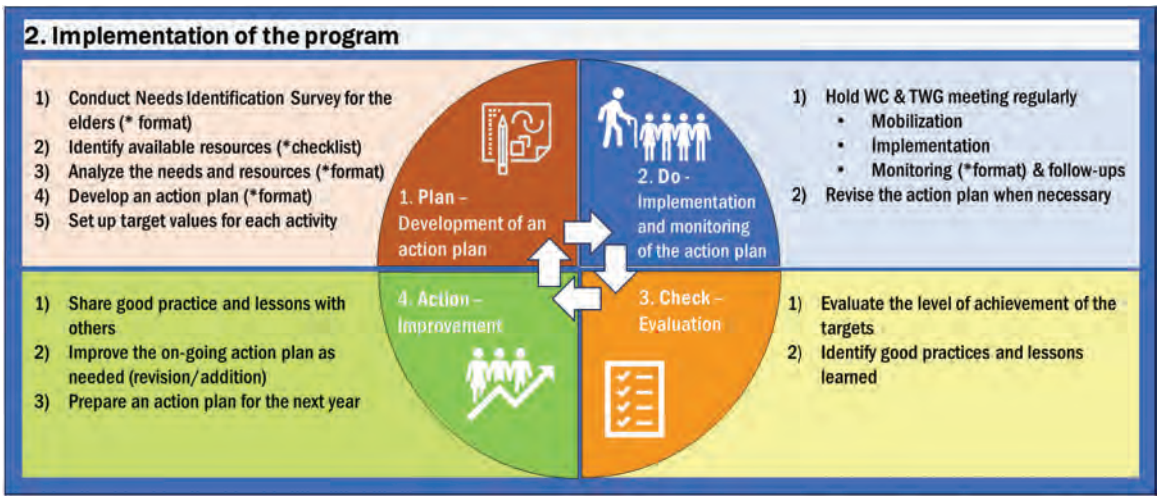


Figure 40: Proposed PCDA Cycle for the Implementation of the Program

(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>

	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 වෙනස් කම්ther 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)

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 ප්‍රශ් නය 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) තවත් 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 සිදුවිනු 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 සේව කයින්ලස 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 සැලැස් මක්කසීමට 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 ✓)		දුරකථන 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 ඵහසුකමේ 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 නිරණය 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 පෙසෙසා 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. විශිෂ්ට 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 පුරස්ථ ග්‍රන්ථි රෝගය Kidney or prostate gland disease		
	9. මස්කියුලොස්ඵ කලටල්රෝග (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 අවස් ථාවකදීම (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?)		

*සෘණ 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.															
•		•													
•		•													
•		•													
3.															
•		•													
•		•													
•		•													
4.															
•		•													
•		•													
•		•													

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

-
-

3. Next meeting

Date:

Venue:

Annex 2-2

අවශ්‍යතා හඳුනා ගැනීමේ සමීක්ෂණය සඳහා නියැදි පෝරමය

Sample Form for Needs Identification Survey

<u>ලියාපදිංචි කිරීමේ අරමුණ සහ තොරතුරු රැස් කිරීම /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 /Record keeping and confidentiality</u> තොරතුරු තබා ඇත්තේ වගකිවයුතු ප්‍රජා සේව කයින්ලස 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 සැලැස් මක්කැකසීමට 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):_____/_____/_____/
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 ✓)		දුරකථන 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 ඡහසුකමේ 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 පසසා 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 ක්‍රියාකාරීත්වය**

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. විශිෂ්ට 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 පුරස්ථ ග්‍රන්ථි රෝගය Kidney or prostate gland disease		
	9. මස්කියුලොස්ඉ කලටල්රෝග (උදා: ඔස්ටියෝපොරෝසිස්, ආතරෝසිස්) Musculoskeletal disease (e.g. osteoporosis, arthrosis)		
	10. කම්පන සහගත තුවාල (උදා: වැටීම, අස් බිඳීම) 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 අවස් ථාවකදීම (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)	
		ඔව්, Yes — 2. අමාරුවෙන් (with difficulty)	
		මට. No — 3. අවශ්‍යයි නමුත් මට නැහැ. (I need but I do not have.)	
		මට. No — 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)	
		ඔව් (Yes) — 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	සංස් කෘතික 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?)		

*සෘණ 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?	

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.

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.

Group: Athurugiriya / Kaduwela	**Members**	Elderly Committee, GN (WC members), ERPO, SSO, DO, PHI, PHNO, PHM (Both WC and TWG members), RDHS, RDSS, DS, ADS, MOH, DMO (TWG members)		
Category	**Identified issues (% is extracted from the survey)**	**Countermeasures to be solved using lesson learned in Japan**	**Select priority issues to be implemented after the training sessions.**	**Point to be considered for implementation**
Living space	Children are busy (Children's financial support 8.3%) Economic difficulties (Very difficult 43%)	Establishment of a day care center	• Organizing entertainment programs. • Organizing educational programs.	• Enlisting the support of Elderly Society members. Contact: Leader of the elder society (by phone) • Getting support from the temple. Meet the leader monk in the temple. • Dancing and Singing activities. Contact: GN
Life support	Lack of protection from children (Children's financial support 8.3%)	Referral to day care center		
Social participation	Minimum Participation for Society Companies (Rarely go out 47.6%)		• Continuing exercise programs. • Further organization of health clinic programs. • Educating about nutritious foods.	• Getting a building from the school and conducting exercising sessions once a week. • Coordinating with hospital and MOH office • Enlisting the help of an exercise trainer. PHI / MOH
Care prevention	Lack of activity related to healthy life Isolation (Chance of going out decreased 83%)	Conduct awareness program to enhance healthy life for the elderly Referral to social activities.		
Health/medical services	Lack of awareness of NCDs Low understanding of exercising (Being sick last year 78.6%)	Implementation of consultancy services		
Elder care services	No insurance policy. Allocation of limited amount for allowances (Govt.) (Not receiving financial support 71.4%, Receive pension 7.1%)	Government focus on an insurance scheme	• Providing knowledge about self-employment. • Referral to self-employment.	• Lions Club and DS Office • Liaison of Divisional Secretariat. • Sweets/Porridge • Handy Crafts • Wood Carving • Contact: Development Officer
Others	Dependent mentality Minimum linkage between social services and health services (Living alone 12%)	Make a connection in between the health sector and the social services sector.		

Detailed activity plan

[Working Committee level]

Detailed activities	Responsible persons to implement	Necessary resources/ collaboration	Implementation schedule						
			Oct	Nov	Dec	Jan	Feb	Mar	After-ward
1. Continuing the exercise program. WC									
• Training of two exercise trainers.	PHI (Mr. Indipolage) MOH (Dr. Niroshan)	• School building/Videos/ Sounds/ Chairs							
• Selection of a leader from among the trainers.	PHI – Athurugiriya MOH – Kaduwela PHNO – Kaduwela	• Meet the principal • Meet elder society leader. • Contact Lions Club members over the phone.							
• Choosing a suitable place to exercise.	GN – Athurugiriya (Ms. Niroshani)								
• Implementation of exercise program.	PHI – Athurugiriya MOH – Kaduwela	• Trainers /Multimedia							
2. Athurugiriya Divisional Hospital Elderly Clinic (including promotional activities) WC									
• Facilitation for elderly to come to the clinic - Distribution of brochure - WhatsApp group of elderly committees - Other	GN (Ms. Niroshani) DO (Ms. Dilini)								
• Screening of Elderly for NCD, 1. Through already established Elderly Clinics at Athurugiriya Hospital - Every Friday Morning 2. Every participant should attend exercise session after screening and they can continually participate exercise programme weekly 3. After basic screening those who needed will refer to mental health assessment on the same day	Dr. Dumithra								
• Organization of outreach clinics in the field.	Dr. Dumithra Ms. Niloshini								
3. Providing opportunities for seniors to engage in entertainment activities (combining with above exercise activities) *Dancing and singing, celebrating birthdays of seniors living alone etc. WC									

Detailed activities	Responsible persons to implement	Necessary resources/ collaboration	Implementation schedule						
			Oct	Nov	Dec	Jan	Feb	Mar	After-ward
• Discussion the President of Elderly Committee	GN - Ms. Niroshani DO - Ms. Dilini	• For elderly /Multimedia							
• On the dates of meetings of the Elderly Society relating to that month, 1. Celebrating the birthday of elders and giving them a gift. 2. Allocate an opportunity in the Elder Society to present creative skills. (Dancing/Singing/Playing)	GN – Ms. Niroshani		★ (Sep-)	★	★	★	★	★	★
4. Self-employment WC									
• Meeting for launching the activity for self-employment to discuss about; - What kind of business we will do - What is the role of each participant - How we can move forward the activity (developing the detailed plan)	Ms. Dilini Mr. Nishantha Ms. Niloshini Elderly committee Small scale business officer Others (Please add based on the discussion) Elderly committee members								
Organizing self-employment program for elderly people	Ms. Dilini Mr. Nishantha Ms. Niloshini Elderly committee Small scale business officer Others (Please add based on the discussion) Elderly committee members	• Self-employment trainers • Officers in DS Office • Self-employment equipment • Multimedia Sound							

[Technical Working Group level]

Detailed activities	Responsible persons to implement	Necessary resources/ collaboration	Implementation schedule						
			Oct	Nov	Dec	Jan	Feb	Mar	After-ward
5. Further organization of health clinics. (Outreach activity) TWG									
• Selecting a location to hold clinics. • Conduct the promotion activity for the elderly to come to outreach service.	**GN – Niroshani** DO – Dilini PHI – Indipolage DO – Dilrukshi Elderly Committee (Saturday, once a month)	• Doctors • Nursing staff • Minor staff • Vehicle/Drugs • Medical equipment's							
Conduct outreach health clinic for 40 elderly persons per one clinic, a clinic is held twice per month. • Organization of non-communicable disease clinics • Conducting a dental clinic • Conducting a psychiatric clinic	**NCD Clinic** DMO – Athurugiriya (Dr. Dumithra) MOH – Kaduwela (Dr. Niroshan) PHNO – Athurugiriya		★★	★★	★★	★★	★★	★★	★★
	Dental clinic (mobile car) Dr. Chandana (RDHS Colombo) Mobile Dental Doctor and team								
	Mental clinic DMO – Athurugiriya (Dr. Dumithra) Mental Health Doctor Athurugiriya DH (Dr. Nirupa)								
6. Establishment of consultation center for dementia patients similar to D-café in Japan (by merging with Athurugiriya Hospital Psychiatric Clinic) TWG									
• Conducting a meeting with resource persons regarding commencing a D-Café	CSTH - (Dr. Dilhar Athurugiriya DH - Dr. Dumithra and Dr. Nirupa (Mental health) DO - Ms. Dilini SSO- Mr. Nishantha Counselling officer - Ms. Pathirana and Ms. Shirani								
• D-Café එකක් පැවැත්වීමට සුදුසු Preparing	Ms. Dilini								

Detailed activities	Responsible persons to implement	Necessary resources/ collaboration	Implementation schedule						
			Oct	Nov	Dec	Jan	Feb	Mar	After-ward
a program using training on D-Café in Japan. (Mrs. Dilini will launch a place suitable for D- Cafe) • Establish the place for counselling "D-Cafe" in public place in Athurugiriya / Kaduwela	Mr. Nishantha Counselling officer Others (Please add the key implementors)								
• Prepare a brochure to provide information of how to respond to Dementia	CSTH DO - Ms. Dilini SSO- Mr. Nishantha Counselling officer - Ms. Pathirana and Ms. Shirani								
• Develop registration of Dementia to share the information between health and social services	Dr. Dumithra (Athurugiriya DH)								
• Establish the place for counselling "D-Cafe" in public place in Athurugiriya / Kaduwela	Ms. Dilini Mr. Nishantha Counselling officer Others (Please add the key implementors)	• Doctors involved in dementia • Counseling Officers (attached to Divisional Secretariat) • In collaboration with RDHS, NGOs and Department of Social Services (Central Govt.) , Ministry of Health.							
7. Health education especially targeting nutrition (MOH) TWG									
• Select participants (elderly person and family members)	PHI PHM								
• Organize awareness program about 1) nutrition vegetable and fruit (by LOAM), and 2) home gardening, 3) Nutrition education (by health service)	MOH Kaduwela PHI Kaduwela GN Athurugiriya Agricultural instructor (Agricultural office) PHI Rathmalana Lanka Organic Agriculture Movement: LOAM (NGO)								

Detailed activities	Responsible persons to implement	Necessary resources/ collaboration	Implementation schedule						
			Oct	Nov	Dec	Jan	Feb	Mar	After-ward
• Workshop for management of home gardening	MOH Kaduwela PHI Kaduwela GN Athurugiriya Agricultural instructor (Agricultural office) PHI Rathmalana LOAM								
• Follow-up in practice of home gardening	MOH Kaduwela PHI Kaduwela GN Athurugiriya Agricultural instructor (AG office) PHI Rathmalana LOAM								

[Long term plan]

1. Establishment of Day Care Center (at least three centers in Athurugiriya)

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			ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	පසුව /After-ward
1. Invite person from Kaduwela Municipality to have next TWG meeting on 5th October to discuss establishment of elderly day care center in Athurugiriya 1-1. Dr. Niroshan will explain about the project with Municipal Commissioner 1-2. Dr. Chandana will send the invitation letter to Municipal Commissioner	RDHS Colombo (Dr. Chandana) DMO in Athurugiriya DH (Dr. Dumithra) MOH (Dr. Niroshan) DS (Mr. Sampath)								
2. Mr. Sampath (DS) will send letter to Ministry to acquire land for the center									
3. After securing the land for the elderly day care center, TWG will discuss with Municipal Commissioner to secure budget and to develop plan for establishment of Day Care Center									

Group: Poregedara / Padukka	**Members**	Elderly Committee, GN (WC members), ERPO, SSO, DO, PHI, PHNO, PHM (Both WC and TWG members), RDHS, RDSS, DS, ADS, MOH, DMO (TWG members)

Category	**Identified issues (% is extracted from the survey)**	**Countermeasures to be solved using lesson learned in Japan**	**Select priority issues to be implemented after the training sessions.**	**Point to be considered for implementation**
Living space	1. Existence of economic difficulties (Not receiving financial support 69%)	1. Referral for self-employment	1. High Priority → Developed the detailed activity plan	Involvement of elderly committee members
Life support	1. Adults who living alone have no way for meeting their needs (Living alone 10%) 2.No knowledge to use technical equipment (No one uses internet) 3. Lack of accessible and safe transportation (Going out on foot only 52.8%) 4.Absence of appropriate system for adults who are alone during the day time (Use of medical home visit 0%)	1. Establishing nursing homes 2.Educating the elderly about the use of technology tools 3.Identify voluntary service providers who can provide safe transportation for the elderly 4. Getting the support of private sector for adult day care centers	1, Recruitment to pension schemes (Low priority- This is handled by higher level of organizations) 2 . High priority → Develop the detailed plan. 3. Medium Discuss who can work to provide the transportation service in DS office at first	
Social participation	Minimizing contemporary socializing and leisure time activities (Rarely meet friends 72%)	Setting up a common place for elders to gather and hold programs	High → Setting up a common place for elders to gather and hold programs (Establish Library) → Develop the detailed plan	Provision of necessary equipment and facilities
Care prevention	1.Lack of daily exercise habits (Chance of going out decreased 76%) 2.Adults are at increased risk of disability due to falls (Physical disabilities 10.3%) 3. Adopting bad habits like chewing	1. and 2. Conducting exercise programs through village elderly communities 3. Conducting awareness	1.Conducting exercise programs through village elderly committees High → Modify the detailed plan developed in Japan 3. Conducting awareness programs	Identify leaders

Category	Identified issues (% is extracted from the survey)	Countermeasures to be solved using lesson learned in Japan	Select priority issues to be implemented after the training sessions.	Point to be considered for implementation
	beetles (Yes always and sometimes 31%)	programs on possible consequences	on possible consequences (We did not discuss the priority of this activity. If we include this activity in this year, please develop the detailed plan)	
Health/medical services	1.Lack of proper understanding and care (Not using any public elderly care services 96%) 2.Having financial difficulties in accessing healthcare services (Going out on foot only 52.8%) 3. Difficulty accessing public health services (Going out on foot only 52.8%) 4.Having financial difficulties for a balanced diet (Lost more than 3kg last 6 months 24.1%) 5. High depression level (Suspected depression 69%) 6. High probability of forgetting different things (Suspected cognitive issues 69%)	1. Educating about the importance of healthy living 2.Conducting health clinics to identify non- communicable diseases 3. Screening and referral to clinics to diagnose dementia 4. Promoting the gardening 5. Conducting programs for meditation and maintaining conscientiousness 6. xx (no countermeasure about this issue) Discuss it later.	1.Creating awareness about the importance of healthy living 2.Conducting health clinics to identify non communicable diseases 3. Screening and referral to clinics to diagnose dementia 4. Promoting the gardening High → Integrating from 1 to 4, Develop the detailed plan about the health camp 5.Conducting programs for meditation and maintaining conscientiousness High → Develop the detailed plan to improve their status of depression	Maximum participation of beneficiaries
Others	Lack of knowledge and power to resist abuse (Experienced abuse 1)	Creating awareness and attitudinal change	Creating awareness and attitudinal change High → Develop the detailed plan	Difficult to identifying short- term progress in attitude change Involvement of youth officer

Detailed activity plan: Poregedara/Padukka

[Working committee level]

Activity-1 Self-employment (SSO: Ms. Malika)

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			ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	පසුව /After ward
1.Informing the committee of elders about the importance of the project and the basic activities for starting it and making decisions about proposals and rules	Assistant Divisional Secretary Social Service Officer Grama Niladhari Development Officer	Elderly committee members							
2.Choosing a suitable place to start self-employment Providing training related to self-employment	Social Service Officer Grama Niladhari Development Officer ''Vidatha'' Officer	A suitable land, equipment needed for self-employment training							
3.Suitability of the selected location	Elderly committee members	Building Materials Chairs, tables							
4.Identifying suitable products to sell to participating adults, Identifying people to engage in marketing Awareness about keeping accounts	Social Service Officer Grama Niladhari Development Officer Elderly Committee Officers	Elderly committee members							
5.Self-employment program initiation and follow-up Providing training for self-employment improvement and diversification	Assistant Divisional Secretary Social Service Officer Grama Niladhari Development Officer Elderly Committee Officers	Elderly committee members							

Activity-2 A program to educate adults on the use of technology (GN: Ms. Sasanka)

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			ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	පසුව /After-ward
1.Conduct initial discussion with Elder Committee and identify requirements	Grama Niladhari Development officer	Elderly Committee members							
2. Awareness about the use of mobile phones	Grama Niladhari	Computer Elderly Committee members							
3.Providing basic computer knowledge	Grama Niladhari	Elderly Committee members							
4.Providing basic knowledge about ordering goods online	Grama Niladhari	Elderly Committee members							
5.Providing knowledge about financial management and financial discipline	Grama Niladhari	Elderly Committee members							

Activity-3 Establishment of a community library (ERPO: Ms. Shyamalie DO: Ms. Thanuja)

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			ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	පසුව /After-ward
1.Awareness of Elderly Associations	Development Officer Senior officer	Elderly committee members							
2. Identifying and preparing facilities for starting the library	DO, ERPO Elderly Committee Officers								
3. Collection of books	DO, Senior officer Elderly Committee Officers	Resource persons NSE							
4. Setting up a mechanism to maintain the library	Development Officer Elderly rights promotion officer Grama Niladhari Social Service Officer								
5. Initiation and maintenance of the library	Elderly committee members								

Activity-4 Implementation of an exercise program with the participation of elderly committee members (PHI: Mr. Uditha)

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			ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	පසුව /After-ward
1. Reservation for the venue	GN	♦ Clean the venue ♦ Chairs	03/05/10/ 17/19/24/ 26/31	07/09/14/ 16/21/ 23/28/30	05/07/12/ 14/19/21/ 28	02/04/09/ 11/16/ 18/23/25/ 30	01/06/08/ 13/15/20/ 22/27/29	05/07/12/ 14/19/21/ 26/28	
2. Registration and marking the daily participation	Community Leaders	♦ CR Book ♦ Pen							
3. Medical Examination and solving health problems of participants	MOH/PHI/PHNO/PHM								
4. Implementing the Programme	<u>MOH Office Staff</u> PHI/PHNO Community Leaders <u>DS Office Staff</u> Community Leaders/ Sport Officer/ SSO	♦ Multimedia ♦ Laptop ♦ Sound System ♦ PHI/Sport Officer ♦ Social Service Officer ♦ GS ♦ Community Leaders-2 ♦ PHNO/PHM	Every Tuesday, Thursday and Saturday						
5. Drinking Water for Banquet	Elder society Poregedara	Drinking Water							
6. Promotion Activities (Informal Promotive Activities)	All Field officers/Community Leaders/ Elderly								

[Technical Working Group level]

Activity-5 Creating a safe transportation system for the elderly (ADS: Ms. Madusha and GN: Ms. Sasanka)

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			ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	පසුව /After-ward
1. Awareness of Elderly Associations	Assistant Divisional Secretary Grama Niladhari	Elderly Committee members							
2. Identifying resource persons	Officers of Elder Society								
3. Awareness of resource contributors (three-wheeler drivers and public bus drivers) Awareness of safe transport	Assistant Divisional Secretary MOH DMO	Human Resources							
4. Providing details of resource persons to elders through a printed card	Officers of Elder Society Grama Niladhari development officer	Materials needed for printing							
5. Follow up	Assistant Divisional Secretary Grama Niladhari MOH								

Activity-6 Health Camp (Health checkup, health education etc.) (MOH: Dr. Jagath)

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			ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	පසුව /After-ward
1.Make arrangements to take part the relevant community	GN			14th (Second Tuesday of each other month)		8th		12th	
2. Direct notification	GN/PHM/PHI/SSO/ESO								
3. Conducting Health camp									
1) Registration to theclinic	PHM Community Leader Voluntary Worker	● CR Book – 1 ● Pen							

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			ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	පසුව /After-ward
2) Health PromotionProgrammes	MOH/HEO	• Handouts • Leaflets • Video Display/Health EducationTalk							
3) Blood testing • Sugar • Cholesterol (Reporting to the relevant Clinic)	PHNO/MOH	• Glucometer Stripes • Cholesterol stripes & Meters							
4) Height/Weight Measuring	PHI	• Scales • Health Worker							
5) Testing for vision & Screening for Cataracts (Reporting to the relevant Clinic)	MOH/AMOH	• Vision Charts • Slit Lamp - 1 • MO Eye - 1							
6) Testing for hearing	AMOH/	• Tuning Fork							
7) Blood PressureMeasuring	PHNS/MOH	• BP Apparatus – 2 • NO /Mo							
8) Screening for Breast Cancer	PHNS/PHM	• If Need							
9) Consultation	MOH/MO	• MO							
10) Stationery	RDHS	• Medical Examinations formats - 200(400 Pages)							

Activity-7 Promotion of home gardens to improve nutritional status (SSO: Ms. Malika and Agricultural officer)

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			ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	පසුව /After-ward
1. Identifying beneficiaries who wish to engage	Grama Niladhari officer Development officer Social Service officer								
2. Awareness about gardening 2-1. Program preparation 2-2. Arrangement of the activity 2-3. Awareness program	Agricultural Officer (DS office) Agriculture instructor (DS office) ARPO (Agriculture research and production office / GN division Poregedara) PHI Rathmalana Lanka Organic Agricultural Movement (LOAM)	Human resources		2-1 2-2	2-3				
3. Exchange of planting material	Agriculture Officer (DS office) Elderly Committee members LOAM	Seeds and planting material							
4. Plant nutrition management program (1 day)	Agriculture Officer Agricultural Adviser LOAM								
5. Pest control disease management	Agriculture Officer Agricultural Adviser LOAM								
6. Hold a gardening competition and follow up on the program	Grama Niladhari Development Officer Social Service Officer	Prizes							
7. Demonstration of safe and nutritious food	PHI PHI Rathmalana MOH Padukka LOAM								APR
8. Community Garden									

Activity-8 Educating to make good relationship between the elderly and the other personnel(ADS: Ms. Madusha and Youth officer)

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			ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	පසුව /After-ward
1. Learning session for the elderly to learn happy life and to prevent depression in Poregedara	Conciliation Officer Counseling Officer Elderly rights promotion officer	Human resources		7th					
2. Educating the youth community and members of families with elderly people Samurdi, womens club, youth club, 1) How to live happily with the elderly 2) Elderly care designated to be provided by PHNO	Youth Service Officer Conciliation Officer Counseling Officer PHNO	Human resources							
3. Education on Sunday school (Dhamma) in temple for school children to learn the attitude and behaviour towards the elderly	Buddhist Affairs Coordinating Officer Conciliation Officer Counseling Officer	Human resources		12th					

Group: Kandakepu Ulpotha / Kandaketiya	**Members**	Elderly Committee, GN (WC members), ERPO, SSO, DO, PHI, PHM (Both WC and TWG members), RDHS, RDSS, DS, ADS, MOH, DMO, Nursing staff (TWG members)

Category	**Identified issues (% is extracted from the survey)**	**Countermeasures to be solved using lesson learned in Japan**	**Select priority issues to be implemented after the training sessions.**	**Point to be considered for implementation**
Living space	Economic Difficulties (Difficult financial situation 87%)	Providing necessary training for self-employment	01	Divisional Secretary, Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Elderly Community
Life support	Looking after the elderly people who live alone (Living alone 13%)	Directing the monitoring of members of voluntary organizations active in the division	03	Grama Niladhari, Development officer, social service officer, Elderly rights promotion officer, Members of voluntary organizations
Social participation	Difficulties in moving (Physical disabilities 10.3%)	1. Providing mobility aids 2. Giving priority to the elderly in public transport	05	Divisional secretary, Grama Niladhari, Development officer, social service officer, Elderly rights promotion officer
Care prevention	1 Nutritional Matters (Received nutrition education 0%)	1 Conducting nutrition programs for the elderly community	02	Community health medical officer, public health inspector, Grama Niladhari, development officer, social service officer, elderly rights promotion officer, elderly members
	2 Lack of health education (Received nutrition education 0%) Healthy behavioral disorders	2 Providing health counselling		
Health/medical services	1 Eye diseases (Suffering eye disease 5.2%) 2 Difficulty accessing healthcare (Went to MOH office last year 1.2%)	Referral to a consultant for eye examinations It is expected to be referred to the clinic (only once) on a booked date	04	Divisional secretariat, community health medical officer, Public Health Officer, Grama Niladhari, Development officer, social service officer, Elderly rights promotion officer
	-There are three bedridden patients in Kivulegedara and two bedridden patients and one	Provide training from PT to patient's family on simple rehabilitation techniques.		

Category	Identified issues (% is extracted from the survey)	Countermeasures to be solved using lesson learned in Japan	Select priority issues to be implemented after the training sessions.	Point to be considered for implementation
	patient who need walker in Kandakepu Ulpotha. -There are six patients who need some equipment for mobility aid in Kandakepu Ulpotha and Kivulegedara. -There is no facility to provide rehabilitation service in Kandaketiya.			
Others	Difficulties accessing elderly services (Using public elderly care service 4%)	1. Acceleration of giving elderly allowances 2. Giving priority to the elderly community in providing services in public places	06	Divisional Secretary, Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer

Detailed activity plan
[WC level]

Activity-1-1 Providing necessary training for self-employment (Self-employment) WC

Responsible person: Ms. Jayamali (GN Kandakepu Ulpotha)

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			අගෝ /Aug	සැප් Sep	ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනව /Jan	පසුව /After-ward
01.Educating adults about self-employment to avoid financial difficulties	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Elderly Community	Community Centre, Multi-Media							
02.Getting suggestions on self-employment that adults want to do	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Elderly Community	Community Centre							
03. Discussion on self-employment training with field officers of the Divisional Secretariat	Regional Secretary, Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Field Officers	Divisional Secretariat							
04.Elderly community and field officers who need self-employment training discuss together and set dates for training	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Field Officers, Elderly Community	Community Centre							
05.Providing self-employment training	Divisional Secretary, Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Field Officers	Community Centre or proposed location							
06. Follow-upon self-employment	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Field Officers	In the respective fields							

Activity-1-2 Producing Incense Sticks and Coconut Leaf Related Products WC

Responsible Person: Ms. Jayamali (GN Kandakepu Ulpotha)

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			අගෝ /Aug	සැප් Sep	ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනව /Jan	පසුව /After-ward
01.Educating adults about self-employment to avoid financial difficulties	Grama Niladhari, Development Officer, Elderly Rights Promotion Officer, Elderly Community	Community Centre, Multi-Media							
02. Obtaining suggestions on self-employment desired by adults	Grama Niladhari, Development Officer	Community Centre							
03. Providing training on "making incense sticks" according to the suggestions received	Grama Niladhari, Development Officer, Vidatha Sampath Officer	Community Centre							
04. Starting the production of incense sticks products	Grama Niladhari, Development Officer	Respective Fields							
05. Awareness to identify the market for sale	Grama Niladhari, Development Officer, Small Business Development Officer	Community Centre							
06. Making the Opportunity to sell	Grama Niladhari, Development Officer, Small Industries Development Officer	Divisional Secretariat Premises							
07. Follow-up on incense sticks related products	Grama Niladhari, Development Officer	Respective Fields							Feb

Activity 2: Awareness of drivers for public transportation WC

Responsible Person: ERPO (Madushantha san) Other Members : SSO (Chanaka san)

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			නොවැ /Nov	දෙසැ /Dec	ජනව /Jan	පෙබරවාරි/ Feb	මාර්තු/ Mar
01.Identifying problems in public transport	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights	Multi-Media, Stationery					

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			නොවැ /Nov	දෙසැ /Dec	ජනව /Jan	පෙබරවාරි/ Feb	මාර්තු/ Mar
	Promotion Officer, Members of Elderly Societies, PHI						
02.Collecting information about organisations that carry out public transport activities in our division, and personal information	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Members of Elderly Societies, PHI	Multi-Media, Stationery					
03.Discussing the problems through letters with the transport service providers and individuals regarding the identified problems and formulating solutions	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Members of Elderly Societies, PHI	Multi-Media, Stationery					
04. Follow up to see if the issues have been resolved	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Members of Elderly Societies, PHI	Multi-Media, Stationery					

[TWG level]

Activity 3: Conducting nutrition programs for the elderly community (Nutrition Program) TWG

Responsible Person: PHI (Sameera san) Other Members : GN (Jayamali san)

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			අගෝ /Aug	සැප් Sep	ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනව /Jan	පසුව /After-ward
Step 01 (Already Completed) 01. Inform the resource persons and book the dates 02. Choosing a suitable place to implement the program	Ayurvedic Doctor (Resource Contribution- Kandaketiya Ayurvedic Hospital) Medical Officer of Health, Public Health Inspector	Kandakapu Ulpotha Community Centre, Needed Multimedia & sounds, Required other							

සවිස් තරාත්මක්රියාකාරකම් /Detailed activities	ක්‍රියාත්මක කිරීමට ඇති වගකීම /Responsible persons to implement	අවශ්‍ය සම්පත්/ සහයෝගීත්වය Necessary resources/ Collaboration	ක්‍රියාත්මක කිරීමට අදාළ කාලසටහන /Implementation schedule						
			අගෝ /Aug	සැප් Sep	ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනව /Jan	පසුව /After-ward
03. Collecting equipment (Multimedia) etc. required for the program 04. Educating the elderly population through promotional activities 05. Gathering of elderly people for a selected date and place 06. Implementation of a health education program for nutritional health incorporating Ayurveda methods 07. Hold cooking class to understand how to prepare nutritious food with the help by Ayuruvedic doctor at the elderly committee meeting 08. Elderly committee members will bring the cooked food and follow up.		equipment							
Step 02- Need to be implemented 01.Informing the resource persons and book the dates 02.Choosing a suitable place to implement the program 03.Collecting equipment (Multimedia) etc. required for the program 04.Educating the elderly population through promotional activities 05.Gathering of elderly people for a	Health Education Unit-Badulla, Regional Health Service Directorate Office Medical Officer of Health Public Health Inspector Public Health Nursing Officer and Family Public health Midwife, School Health Teachers Grama Niladhari	Kandakepu Ulpotha Society Hall, Multimedia, Sounds, Required equipment			1st-4th Oct	5th-6th Nov			

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			අගෝ /Aug	සැප් Sep	ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනව /Jan	පසුව /After-ward
selected date and place 06.Implementation of the health education program for nutrition									

Activity 4: Referral to a specialist doctor for the eye examination. Here referral to the clinic is expected on a scheduled date (one time only). (Referral to the hospital eye clinic) TWG

Responsible Person: SSO (Chanaka san) / DMO (Dr. Migara) Other Member : PHI (Sameera san), DRDHS, PDSS

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			නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	අප්‍රේල්/ Apr	පසුව /After -ward
01. GN will check willingness of further follow-up and make list (28 elderly people will be checked.)	GN								
02.Reserving a date for eye examinations by consulting eye specialists at Badulla or Mahiyangana Hospital on a separate day	Ophthalmologists (at Badulla or Mahiyangana Hospitals) Doctor in Kandaketiya Hospital, Medical Officer of Health, The Divisional Secretary, Public Health Inspector, Social Service Officer, Grama Niladhari	Bus provided by Social Services for Badulla General Hospital/Mahiyangana Hospital Eye Clinic, Necessary facilities							
03.Then book the bus through the social services office for that date									
04.Educating adults with eye problems about that day and inviting them to come on that day									

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			නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	අප්‍රේල්/ Apr	පසුව /After -ward
05.Referral the elderly to the relevant eye clinic and follow-ups									
06 collabrate social and health services to provide the glasses if necessary	PHI and ERPO/SSO								
07. Follow-up the patient	PHI and GN								

Activity 5: Providing mobility aids (Equipment of transfer) TWG

Responsible Person: ERPO (Madushantha san) Other Members: SSO (Chanaka san)

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			අගෝ /Aug	සැප් Sep	ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනව /Jan	පසුව /After-ward
01.Identification of persons with mobility difficulties 6 persons	Grama Niladhari, Development Officer, Social Service Officer, PHI, PHM, Elderly Rights Promotion Officer, Elderly Community	Relevant field officers							
02.Discussing with the people what they want Wheel chair, moving walker, walking sticks	Village Officer, Development Officer, Social Service Officer, PHI, PHM, Elderly Rights Promotion Officer, Elderly Community	Relevant field officers							
03.Referral to a suitable doctor for that group	Grama Niladhari, Development Officer, Social Service Officer, PHI, PHM, Elderly Rights Promotion Officer, Elderly Community	Relevant field officers							
04.Carrying out necessary activities based on medical recommendations	Grama Niladhari, Development Officer, Social Service Officer, PHI, PHM, Elderly Rights Promotion Officer, Elderly Community	Relevant field officers							

සවිස් තරාත්මක්රියාකාරකම්2 /Detailed activities	ක්‍රියාත්මක කිරීමට ඇති වගකීම /Responsible persons to implement	අවශ්‍ය සම්පත්/ සහයෝගීත්වය Necessary resources/ collaboration	ක්‍රියාත්මක කිරීමට අදාළ කාලසටහන /Implementation schedule						
			අගෝ /Aug	සැප් Sep	ඔක් /Oct	නොවැ /Nov	දෙසැ /Dec	ජනව /Jan	පසුව /After-ward
05. Purchase and distribute equipment to the elderly									
06. Regular follow-up about persons with mobility difficulties.	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, PHI	Relevant field officers							

Activity 6: Provision of rehabilitation service skill to family members of targeted patients TWG

Responsible person: Dr Migara (DH Kandaketiya)

සවිස් තරාත්මකක්රියාකාරකම් /Detailed activities	ක්‍රියාත්මකකිරීමටඇතිවගකීම/Responsible persons to implement	අවශ්‍යසම්පත්/ සහයෝගීත්වය Necessary resources/ collaboration	ක්‍රියාත්මකකිරීමටඅදාළකාලසටහන /Implementation schedule						
			නොවැ / Nov	දෙසැ / Dec	ජනව/ Jan	පෙබ /Feb	මාර්තු /Mar	අප්රල්/ Apr	පසු/ After-wards
1. Identify persons who require rehabilitation services	GN, ERPO								
2. Training of Health staff in regards to providing rehabilitation services (physiotherapy, etc)- To be done in coordination with RDHS	DH Kandaketiya, RDHS								
3. Carrying out of training sessions in DH Kandaketiya to educate patients family member/ caregivers in relation to be able to provide necessary rehabilitation for patient while at home	DH Kandaketiya, GN								

Group: Kivulegedara / Kandaketiya	**Members**	**Elderly Committee, GN (WC members), ERPO, SSO, DO, PHI, PHM (Both WC and TWG members), RDHS, RDSS, DS, ADS, MOH, DMO (TWG members)**

Category	**Identified issues (% is extracted from the survey)**	**Countermeasures to be solved using lesson learned in Japan**	**Select priority issues to be implemented after the training sessions.**	**Point to be considered for implementation**
Living space	01.Economic difficulties (Financial difficulty 85%)	Referral to self-employment	04	Getting the support of the Divisional Secretariat, Government officials
Life support	-	-	-	-
Social participation	-	-	-	-
Care prevention	01. Eat less meat and fish (Eating it less than once a week 19.6%) 02.Lack of Hospital health education discussions (Received health education last year 0%) 03.The elderly who live alone are at greater risk of falling (Living alone 15%) 04. The use of betel nut is high (Chewing betel always and sometimes 83%)	01.Implementation of several nutrition programs 02.Increasing health education programs for adults who come for treatment in hospitals (Kandaketiya Regional Hospital 03. Implementation of exercise programs 04. Implementation of health education programs on dental health and awareness programs on traditional methods	01 01 01 01	Health care workers (Hospital Doctors, MOH, PHI, PHM, School dental therapist..), Health teachers, Grama Niladhari, Resource persons Health care workers (Hospital Doctors, MOH, PHI, PHM, School dental therapist.), Health Teachers, Grama Niladhari, resource persons
Health/medical services	01.The use of dentures is less (6%) 02. Failure to diagnose dementia (Dementia 0%) 03. Presence of depression (Suspected depression 68%) 04.Cataracts and vision problems	01. Economic issues and changing attitudes 03.Implementation of dementia screening programs 04. Referral of depressed adults to medical clinics 05. Referral to medical clinics	03 03 03 03	Health care workers (Hospital Doctors, MOH, PHI, PHM, School dental therapist..), Support of provincial and basic hospitals, social service officers, Grama Niladhari

Category	Identified issues (% is extracted from the survey)	Countermeasures to be solved using lesson learned in Japan	Select priority issues to be implemented after the training sessions.	Point to be considered for implementation
	(Diagnosed cataract 41.5%) 05. There are three bedridden patients in Kivulegedara and two bedridden patients and one patient who need walker in Kandakepu Ulpotha. -There are six patients who need some equipment for mobility aid in Kandakepu Ulpotha and Kivulegedara. -There is no facility to provide rehabilitation service in Kandaketiya.	-Provide training from PT to patient's family on simple rehabilitation techniques.		
Elderly Care Services	01.Low welfare activities in the elderly society (Attended less than 2 activities last year 39%) 02.Less attention is given to elderly people living alone (Rarely meeting friends 19.5%)	01.Introduction of necessary aids, equipment and methods for the welfare of elderly societies 02. Referral for Socially Active Members	02 02	Grama Niladhari, Village Youth, Social Service Officers, Aid providers in the area (''Dhanapathin''), Village Leaders

Detailed activity plan

[WC level]

Activity-1 Implementation of health education programs on dental health and awareness programs on traditional methods WC

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			අගෝ /AUG	සැප් /SEP	ඔක්තෝ /OCT	නොවැ /NOV	දෙසැ /DEC	ජනවා /JAN	පසුව /After -ward
01.Informing the resource persons and booking the dates 02.Selecting a suitable place to run the program 03. Gathering the necessary equipment (Multimedia) for the program 04. Educating the elderly population through promotional activities 05. Gathering of elderly people for a selected date and place 06. Implementation of health education program for dental health.	Dentist - Kandaketiya Divisional .Hospital, School Dentist Medical Officer of Health Public Health Inspector Grama Niladhari=	Kivulagedara School Multimedia Sounds Necessary equipment	Organizing the program and conducting health education program on oral health during the month of August- 13/09/2023						
01. Inform the resource persons and reserve the dates 02. Selecting a suitable place to run the program 03. Collecting activities and equipment needed for the program 04. Educating the elderly population through promotional activities 05. Gathering of elderly people for a selected date and place 06.Bringing the mobile bus for dental health check-up and providing solutions to the problems of the teeth of the elderly	Dentist on the mobile bus - Uva Tissapura Hospital (Resource Person) Medical Officer of Health, Public Health Inspector, Grama Niladhari	Kivulagedara Temple Electricity Necessary equipment	Organize the necessary activities in the months of August and September and bring the mobile dental car on 18/09/2023 and provide solutions for the problems of the teeth of the elderly						

Activity 2 Referral for socially active members. (Elderly care service: Referral for socially active members) WC
Responsible Person: GN (Mr. Saliya) and DO (Mr. Priyal)

සවිස් තරාත්මකක්රියාකාරකම් /Detailed activities	ක්‍රියාත්මකකිරීමටඇතිවගකීම/Responsible persons to implement	අවශ්‍යසම්පත්/ සහයෝගීත්වය Necessary resources/ collaboration	ක්‍රියාත්මකකිරීමටඅදාළකාලසටහන /Implementation schedule						
			අගෝ /AUG	සැප් /SEP	ඔක්තෝ /OCT	නොවැ /NOV	දෙසැ /DEC	ජනවා /JAN	පසුව /After -ward
01. Identification of elderly persons who live alone	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, PHI, Public Health Midwife, Elderly Community	Relevant field officers							
02. Visiting the homes of the identified elderly and identifying the problems	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, PHI, Public Health Midwife, Elderly Community	Relevant field officers							
03.Preparing remedies for those identified problems of elderly	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, PHI, Public Health Midwife, Elderly Community.	Relevant field officers							
04.Follow-up on elderly people who live alone	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, PHI, Public Health Midwife, Elderly Community	Relevant field officers							

Activity 3: Self-employment
(In order to raise the economic status of the people in the division, directing the elderly to self-employment activities) WC
Responsible Person: GN (Mr. Saliya) and DO (Mr. Priyal)

සවිස් තරාත්මක්රියාකාරකම් /Detailed activities	ක්‍රියාත්මක කිරීමට ඇති වගකීම /Responsible persons to implement	අවශ්‍ය සම්පත්/ සහයෝගීත්වය Necessary resources/ collaboration	ක්‍රියාත්මක කිරීමට අදාළ කාලසටහන /Implementation schedule						
			අගෝ /AUG	සැප් /SEP	ඔක්තෝ /OCT	නොවැ /NOV	දෙසැ /DEC	ජනවා /JAN	පසුව /After -ward
01.Gather and discuss with the elders of the division	GN, DO								
02. Correctly knowing about the self-employment activities that is currently being carried out. Identifying self-employment that would like to pursue in the future									
03.Identifying the problems in									

සවිස්තරාත්මක්රියාකාරකම් /Detailed activities	ක්‍රියාත්මක කිරීමට ඇති වගකීම /Responsible persons to implement	අවශ්‍ය සම්පත්/ සහයෝගීත්වය Necessary resources/ collaboration	ක්‍රියාත්මක කිරීමට අදාළ කාලසටහන /Implementation schedule						
			අගෝ /AUG	සැප් /SEP	ඔක්තෝ /OCT	නොවැ /NOV	දෙසැ /DEC	ජනවා /JAN	පසුව /After -ward
currently conducting self-employment activities. Identifying the problematic situations expected to be faced by self-employed people in the future									
04.As a preliminary step, conducting advisory services and providing solutions for existing problematic situations according to the ability									
05.Directing the people who need financial assistance to the Divisional Secretariat and providing the necessary help									

[TWG level]

Activities-4 Implementation of several nutrition programs TWG

Responsible Person Mr. Sameera

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			අගෝ /AUG	සැප් /SEP	ඔක්තෝ /OCT	නොවැ /NOV	අගෝ /AUG	ජනවා /JAN	පසුව /After -ward
01. Inform the resource persons and reserve the dates	Medical Officer of Health Public Health Inspector Public Health Nursing Officer and Public Health Midwife, School Health Teachers Grama Niladhari Health Education Officer (RDHS)	Kivulagedara School Multimedia Sounds Necessary equipment							

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			අගෝ /AUG	සැප් /SEP	ඔක්තෝ /OCT	නොවැ /NOV	අගෝ /AUG	ජනවා /JAN	පසුව /After -ward
	Mr. Sameera								
02.Selecting a suitable place to run the program									
03.Gathering the necessary equipment (Multimedia) for the program									
04.Educating the elderly population through promotional activities									
05. Gathering the necessary equipment (Multimedia) for the program									
06. Gathering of elderly people for a selected date and place									
07. Implementation of health education program for nutrition									

Activity-5 Increasing health education programs for adults who come for treatment in hospitals (Kandaketiya Divisional Hospital) TWG

Responsible Person: Dr. Migara (DMO Kandaketiya Regional Hospital,), Dr. Hemantha and Medical Officer (RDHS, Badulla)

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			අගෝ /AUG	සැප් /SEP	ඔක්තෝ /OCT	නොවැ /NOV	දෙසැ /DEC	ජනවා /JAN	පසුව /After -ward
01.Informing the doctor of Kandaketiya Divisional Hospital about this and informing the resource persons and booking a date for it. Deciding the topic of the lecture related to the first day.	Doctor Kandaketiya Hospital and other teams of the hospital, Medical Officer of Health, Public Health Inspector, Public Health Nursing officer and Public Health Midwife, Grama Niladhari	Lecture Hall of Kandaketiya Divisional Hospital, Multimedia Sounds Necessary equipment Time tables							
02. Selection of a suitable location in Kandaketiya Divisional Hospital for implementation of the program									
03. Informing the elderly people who come to the hospital about these lectures, each of the dates on									

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			අගෝ /AUG	සැප් /SEP	ඔක්තෝ /OCT	නොවැ /NOV	දෙසැ /DEC	ජනවා /JAN	පසුව /After-ward
which they will be held, and other necessary information through promotional actvities									
04.Gathering the necessary equipment (Multimedia) for the program									
05.On a date used above, Gathering of the elderly people who visit the medical clinics of the hospital at a suitable place to conduct the health education programs									
06. Implementation of the first health education program/ health education discussion program in the hospital									
07. Continuously, Conducting hospital health education discussion programs using resource persons on the respective days that have been fixed									

Activity-6 Implementation of exercise programs TWG

Responsible Person: Mr. Sameera

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			අගෝ /AUG	සැප් /SEP	ඔක්තෝ /OCT	නොවැ /NOV	දෙසැ /DEC	ජනවා /JAN	පසුව /After-ward
01. Health checkup for the participants									
02.For training elders, Finding and determining a resource person with training in exercise (health teacher or PT teacher)	School Health Teachers and PT Teachers Medical Officer of Health, Public Health Inspector, Grama Niladhari	Kivulegedara School, Multimedia Sounds Videos related to exercise Other equipment required							
03.Informing the identified resource persons about the program and booking a date for it									

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			අගෝ /AUG	සැප් /SEP	ඔක්තෝ /OCT	නොවැ /NOV	දෙසැ /DEC	ජනවා /JAN	පසුව /After -ward
04.Selecting a suitable location to implement the elderly exercise program									
05. Gathering chairs, multimedia, sounds and other necessary equipment for the program									
06. Educating the elderly population through promotional activities									
07. Gathering of elderly people for a selected date and place									
08. Implementation of the exercise program									
09. Choose the elderly as trainer of exercise leader									Mar
10. Train the exercise leader									Mar
11. Conduct exercise activity in the community									MAr

Activity-7 Introduction of aids, equipment and methods for the welfare of elderly societies. (Elderly Care Service: Introducing Aids, Equipment and Methods for the Welfare of Elderly Committees.) **TWG**

(Allocation of a suitable place for the elderly people in the division to relax and play, and enjoy to reduce loneliness)

Responsible Person: DS Kandaketiya (Mr. Nuwan) and PDSS (Ms. Piumla), GN (Mr. Saliya) and DO (Mr. Priyal)

සවිස්තරාත්මක්‍රියාකාරකම් /Detailed activities	ක්‍රියාත්මක කිරීමට ඇති වගකීම /Responsible persons to implement	අවශ්‍ය සම්පත්/ සහයෝගීත්වය Necessary resources/ collaboration	ක්‍රියාත්මක කිරීමට අදාළ කාලසටහන /Implementation schedule						
			අගෝ /AUG	සැප් /SEP	ඔක්තෝ /OCT	නොවැ /NOV	දෙසැ /DEC	ජනවා /JAN	පසුව /After -ward
01.Negotiate with the elderly people and reserve a place	GN, DO	Relevant field officers							
02.Finding donors to get the necessary equipment for the elderly people to play sports and have fun									
03. Obtaining necessary equipment with the help of donors									

04. Arrange the appropriate place and give it to the elders									

Activity 8 Referral of patients with depression to medical clinics TWG

Responsible Person:

Identifying older adults with depression in the domain

සවිස්තරාත්මක ක්‍රියාකාරකම්/Detailed activities	ක්‍රියාත්මක කිරීමට ඇති වගකීම්/ Responsible persons to implement	අවශ්‍ය සම්පත් සහයෝගිත්වය/ Necessary resources/ collaboration	ක්‍රියාත්මක කිරීමට අදාල කාලසටහන/ Implementation schedule				
			නොවැම්බර් /Nov	දෙසැම්බර් /Dec	ජනවාරි /Jan	පෙබරවාරි /Feb	මාර්තු /Mar
01.Identification of elderly people with dementia in the domain (based on information from members of elderly societies)	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Members of Elderly Societies, PHI	Multi-Media, Stationary					
02. Individual data collection of depressed adults	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Members of Elderly Societies, PHI	Multi Media, Stationary					
03.Making arrangements to refer to a proper doctor according to that information	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Promotion Officer, Members of Elderly Societies, PHI	Multi-Media, Stationary					
04. Working on medical advice	Grama Niladhari, Development Officer, Social Service Officer, Elderly Rights Officer, Members of Elderly Societies, PHI	Multi-Media, Stationary					

Activity 9: Referral to a specialist doctor for the eye examination. Here referral to the clinic is expected on a scheduled date (one time only). (Referral to the hospital eye clinic) TWG

Responsible Person: SSO (Chanaka san) / DMO (Dr. Migara) Other Member : PHI (Sameera san), DRDHS, PDSS

සවිස් තරාත්මක්රියාකාරකම්2 /Detailed activities	ක්‍රියාත්මක කිරීමට ඇති වගකීම /Responsible persons to implement	අවශ්‍ය සම්පත්/ සහයෝගීත්වය Necessary resources/ collaboration	ක්‍රියාත්මක කිරීමට අදාළ කාලසටහන /Implementation schedule						
			නොවැ /Nov	දෙසැ /Dec	ජනවාරි /Jan	පෙබ /Feb	මාර්තු /Mar	අප්රේල්/ Apr	පසුව /After -ward
01. GN will check willingness of further follow-up and make list (28 elderly people will be checked.)	GN								
02.Reserving a date for eye examinations by consulting eye specialists at Badulla or Mahiyangana Hospital on a separate day	Ophthalmologists (at Badulla or Mahiyangana Hospitals) Doctor in Kandaketiya Hospital, Medical Officer of Health, The Divisional Secretary, Public Health Inspector, Social Service Officer, Grama Niladhari	Bus provided by Social Services for Badulla General Hospital/Mahiyangana Hospital Eye Clinic, Necessary facilities							
03.Then book the bus through the social services office for that date									
04.Educating adults with eye problems about that day and inviting them to come on that day									
05.Referral the elderly to the relevant eye clinic and follow-ups									
06 collabrate social and health services to provide the glasses if necessary	PHI and ERPO/SSO								
07. Follow-up the patient	PHI and GN								

Activity 10: Provision of rehabilitation service skill to family members of targeted patients TWG

Responsible person: Dr Migara (DH Kandaketiya)

සවිස්තරාත්මකක්‍රියාකාරකම් /Detailed activities	ක්‍රියාත්මකකිරීමටඇතිවගකීම/Responsible persons to implement	අවශ්‍යසම්පත්/ සහයෝගීත්වය Necessary resources/ collaboration	ක්‍රියාත්මකකිරීමටඅදාළකාලසටහන /Implementation schedule						
			නොවැ / Nov	දෙසැ / Dec	ජනව/ Jan	පෙබ /Feb	මාර්තු /Mar	අප්‍රල්/ Apr	පසුව/ After-wards
1. Identify persons who require rehabilitation services	GN, ERPO								
2. Training of Health staff in regards to providing rehabilitation services (physiotherapy, etc)- To be done in coordination with RDHS	DH Kandaketiya, RDHS								
3. Carrying out of training sessions in DH Kandaketiya to educate patients family member/ caregivers in relation to be able to provide necessary rehabilitation for patient while at home	DH Kandaketiya, GN								

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

-
-

3. Next meeting

Date:

Venue:

Annex 2-10

Sample Form of Developing 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.															
•		•													
•		•													
•		•													
3.															
•		•													
•		•													
•		•													
4.															
•		•													
•		•													
•		•													

Annex 2-11

January 24th, 2025

Result of the Questionnaire of National Dissemination Seminar

Place: Waters Edge Grand Ballroom

Date: January 22nd 2025

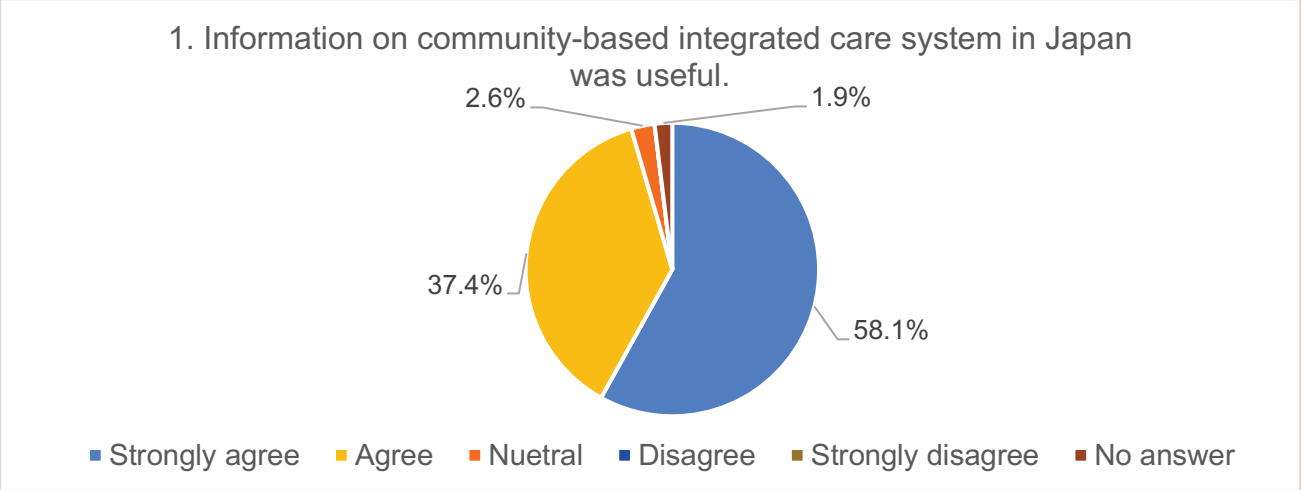
- Total number of participants: 189
- 87 organizations, departments and units out of 146 joined

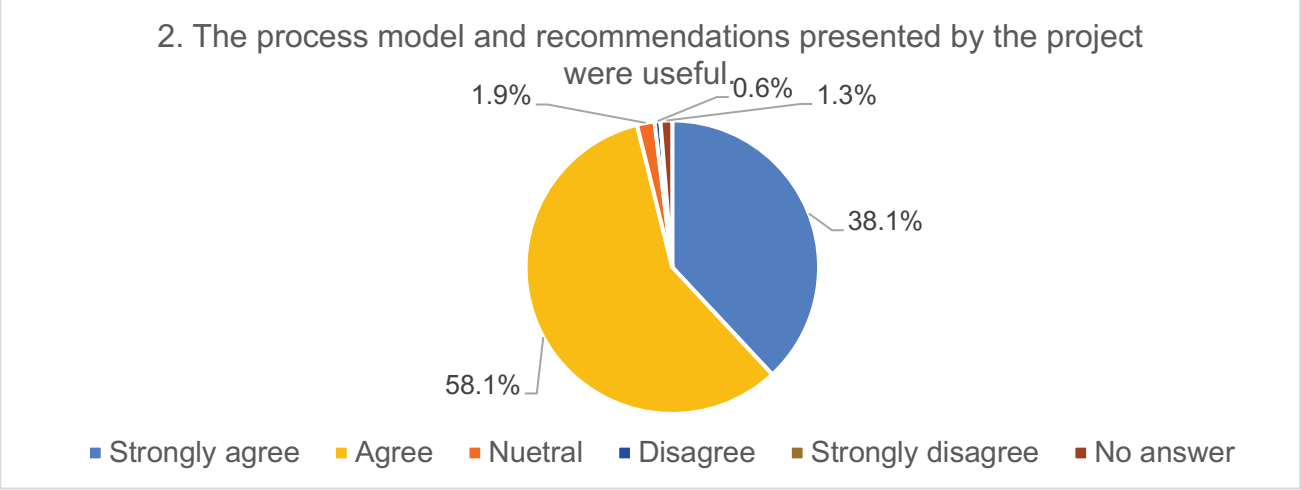
  In addition, 7 authorities joined the seminar.
  - ✓ Seethawaka Divisional Secretariat Office
  - ✓ 2 Chief Secretary -Provincial Council (Northern, Southern),
  - ✓ 4 Health Secretary -Provincial Council (Central, Northern, North-Western, Sabaragamuwa))

  The report of proposed model will be sent to organizations, departments and units that were absent, JICA volunteers and their counterparts by post. Thus, the models are shared with more than 146 relevant organizations, departments and units. (*Indicators of Project Purpose and Output 5)

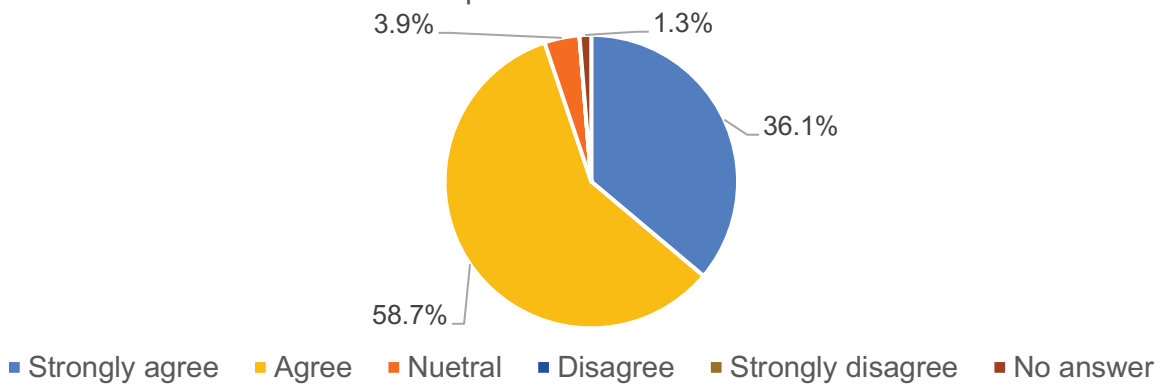
- Total respondents of questionnaire: 155

  [Result of questionnaire]

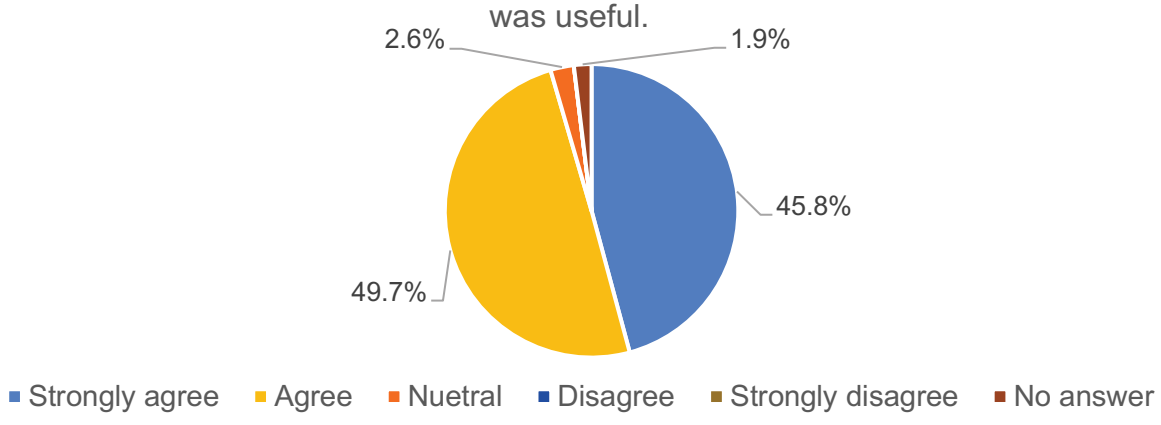




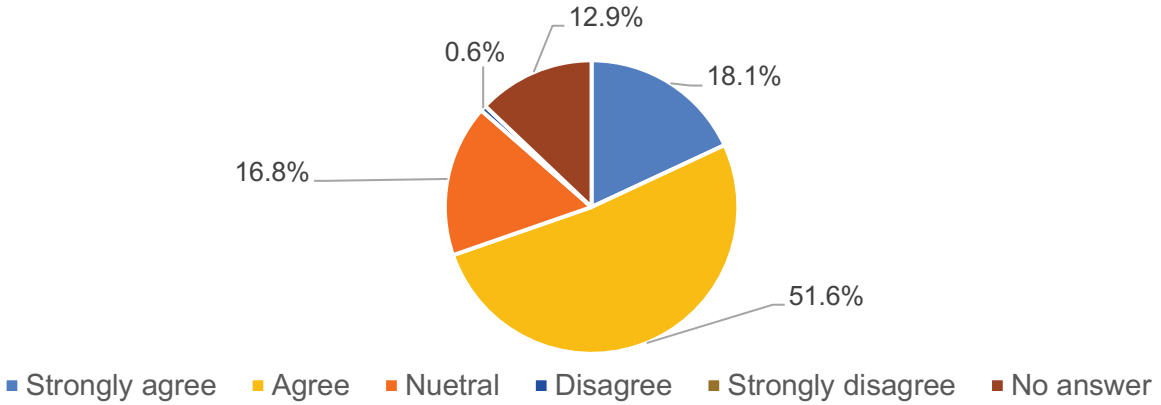
3. Information on activities including case studies of elderly people in each pilot site was useful.



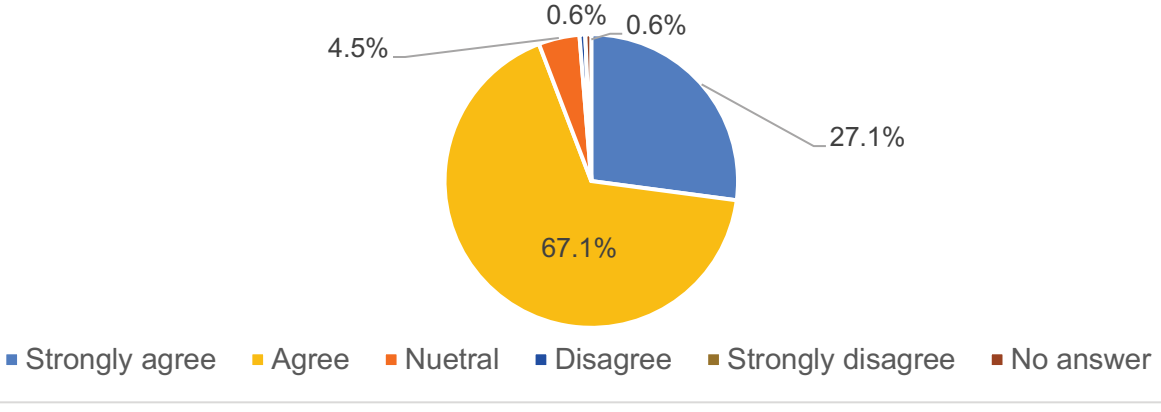
4. Care/Frailty prevention exercise demonstrated by the elderly people was useful.

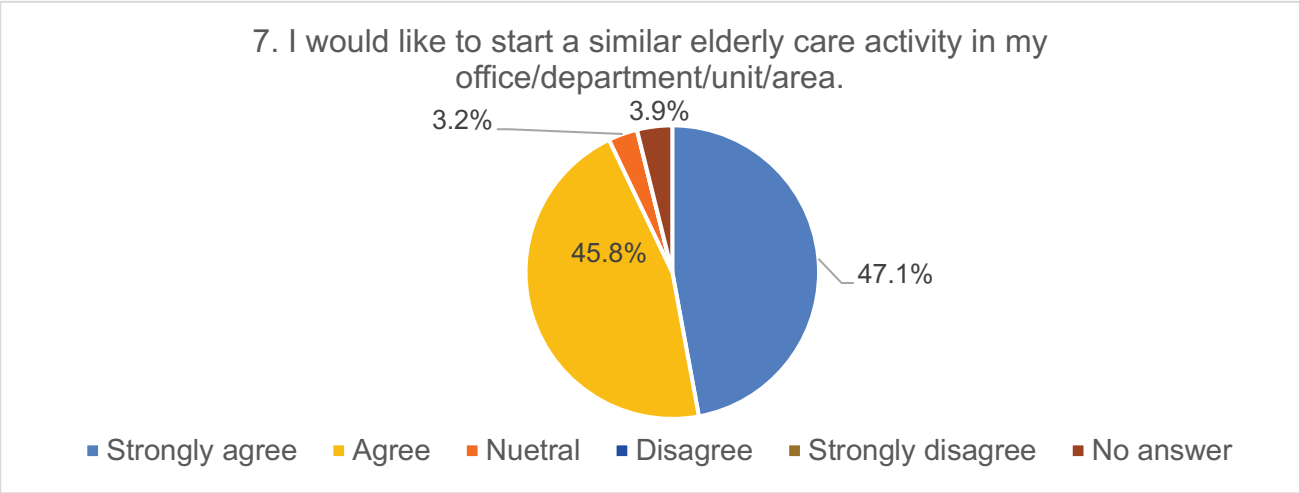


5. Q&A session and Discussion was useful.



6. The provided report on Verification Survey and the attached documents were useful.





	Q1	Q2	Q3	Q4	Q5	Q6	Q7
No of Strongly agree & Agree	148	149	147	148	108	146	144
% of Strongly agree & Agree	95.5%	96.1%	94.8%	95.5%	69.7%	94.2%	92.9%

- Except for the Q&As of Q5, the percentage of high evaluations (Strongly Agree & Agree) achieved more than 90%. Thus, the indicator of project purpose "more than 80% of the attendants of the seminar for sharing the models answer that developed models are useful" is achieved.
- For Q&A of Q5, "Neutral" was rated 16.8%, "Disagree" 0.6%, and "No Answer" 12.9%. Although a clear reason on the Q&A could not be confirmed in the comments, it may be that the late start time of the seminar and the time taken to present the pilot sites did not allow sufficient time for the Q&A session.
- Regarding the report distributed in Q6, the percentage of high evaluation also achieved 94.2% of the respondents, but one respondent (0.6%) answered "Disagree" for this item (Of all the responses, only one "Disagree" response was received for this item.). This respondent gave mostly high ratings to the other questions, and the comments confirmed that "Depending on the pilot project, if it is implemented on a national level would result in that the elderly community will ??? the program like routine process. Thank you JICA for supporting our country". There were no specific comments on the report distributed, and the reason for the low rating is unclear.

8. Any comments (70 respondents) *"???" means unreadable due to hand writing.

Notable comments:

1. Comments related to Suggestion

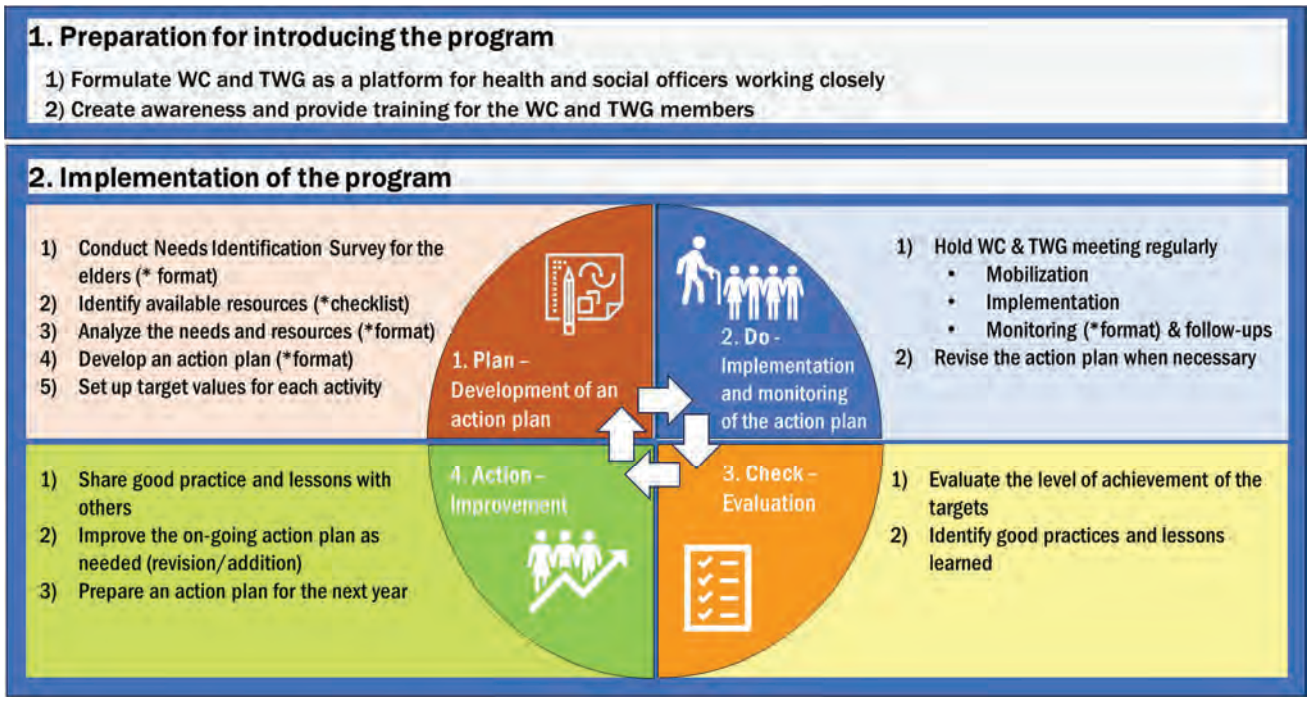
- Leave no one behind... community survey form should be in all in language sinhala, tamil and english. Sri Lankan ??? geriatric medicine... not included in its ??? when its geriatric ??? of elderly care.
- Need to incorporate private sector more. There are lot of elderly care; Human resources in private sector. Need a strategy to include them in these kind of activities.

- This is a very good program. We need to give elderly population more responsibility of activities. May be can utilize retired lecturer, nurses, social service officer to take the participating lead. More active elders can do more contribution to these peers
- There are lot of elderly homes which control by the provincial councils. It is very usefull to implement this program in this eldery homes.
- Have to include geriatric care team. (geriatric medicine)
- I suggest to implement family education program as well because most of the elders live with their families. They may have difficult responsibilities like looking after grandchildren and household work. They may have undiagnosed depression. So family education is very important.

2. Comments related to Request

- Hope to visit Kaduwela & Padukka areas to share knowledge and field level. It will be helpful to disseminate the program all over the country.
- It's very useful and effective if you can give orientation and initiative support to introduce this program in new setting.
- Please share the video which shown elders exercise.
- This is an excellent model and it is inspiring to see well it has been adapted to suit the Sri Lankan concept. I hope this model will be formerly set in place by the health & social authorities.
- Good initiative. Has to be disseminated throughout the country. Initiative should be taken by respective ministries.

The Process Model Recommended for Providing Community-Based Health and Social Service Programs for Elderly People



Project Implementation Committee meeting -Results of the Needs Identification Survey-

June 1st, 2023

1

Today's discussion

- Results of the needs assessment survey
- Discussion results from the pilot sites (TWG and WC)
- Good practice after the training session in Japan last year
- Discussion among the members
- Way forward

2

Purpose of the survey

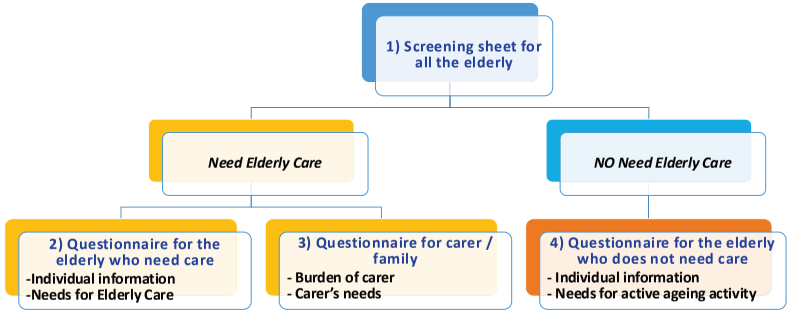
- Understand the situation, living condition and issues of the elders living in the 4 pilot GNs (Colombo and Kandaketiya)
- Identify areas to be improved/worked in each pilot GN based on the results and current resources they have.

(The issues which they can solve by themselves)

- Make plan of the each GN (Working Committee), Regional/DS level (Technical Working Group) and Provincial/National level (Project Implementation Committee) based on their issues and concerns

3

Needs Assessment Survey (1) Target
All the population living in the pilot GNs



4

Outreach activities

- In order to reduce burden of the field workers, we recommended to conduct outreach activities for the interview session
- Interview session was conducted with medical check as outreach activities by significant collaboration with CSTH.
- CSTH has developed instruction of the outreach activities for pilot sites

5

Questions of screening cognitive function

No. අංක	ප්‍රශ්නය	Question
1	ඔයාගේ වයස කීය ද?	How old are you?
2	දැන් වෙලාව 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 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	ඔයාගේ උපන් දිනය කවදා ද?	When is your birthday?
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)

Screening: 7 or more are correctly answered = screened as no cognitive issues

6

Questions for screening physical function

- 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?

7

Contents of the survey

	Target
Survey 2	Elders who need support
Survey 3	Persons accompany with the elders joining the survey 2
Survey 4	Healthy elders who do not need supports

8

Contents of the survey (by April 17th, 2023)

	GN-A (Colombo)	GN-P (Colombo)	GN-KU (Kandaketiya)	GN-K (Kandaketiya)	Total
Survey 2	42	29	39	41	151
Survey 4	331	179	77	120	707
Total	373	208	116	161	858
Target	570	225	126	218	1139
Percentage	65.4%	92.4%	92.1%	73.9%	75.3%
Survey 3	26	11	12	9	58

* GN-KU has achieved 100% (by end of May)

9

Issues on data identified

- Difficult to check relation of the information of Survey 1 and Survey 2+4
→Will ask WC to check the correlation of the data

- It is missing information of the hard-to-reach elders
→ Will ask WC to continuously follow the elders who are not surveyed yet.

- Some surveyors did not follow the screening rule
→ Will see data as reference
Will improve the questionnaire

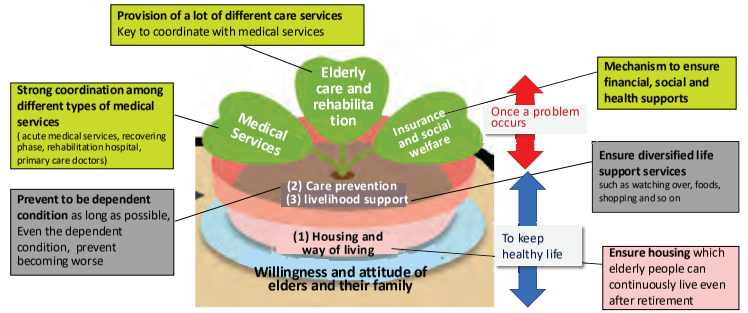
10

Outline of the interviewees

Name of GN division		Sample size		Age			
		Number	%	Average±STD	Median	Minimum value	Maximum value
GN-Athurugiriya (GN-A)	ගැහැණු/Female	271	67.4%	70.2+6.8	69	60	91
	පිරිමි/Male	131	32.6%	71.6±6.6	72	60	90
	Total	402		70.6±6.7	70	60	91
GN-Poureghedara (GN-P)	ගැහැණු/Female	122	63.9%	70.2±6.7	70	58	90
	පිරිමි/Male	69	36.1%	69.1±5.8	70	60	83
	Total	191		69.8±6.4	70	58	90
GN-Kandakepu Ulpota (GN-KU)	ගැහැණු/Female	67	54.0%	67.7±5.8	67	60	85
	පිරිමි/Male	57	46.0%	69.0±6.6	70	60	85
	Total	124		68.3±6.2	67	60	85
GN-Kiuleghedara (GN-K)	ගැහැණු/Female	90	55.9%	68.9±7.0	67.5	60	90
	පිරිමි/Male	71	44.1%	68.1±6.1	68	60	85
	Total	161		68.5±6.6	68	60	90
Overall	ගැහැණු/Female	550	62.6%	69.7±6.7	69	58	91
	පිරිමි/Male	328	37.4%	69.9±6.5	70	60	90
	Total	878		69.8±6.6	69	58	91

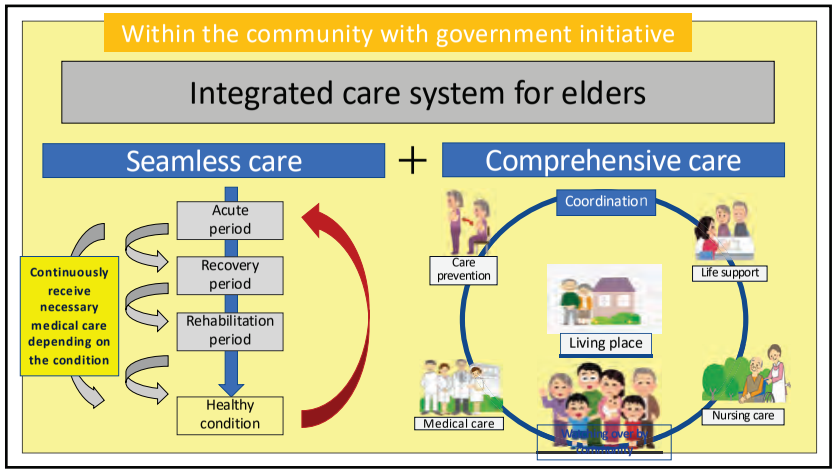
11

Key factors of the integrated care system in Japan
-- Plants for elderly care --



Cited from Ministry of Health and labors in Japan

12



13

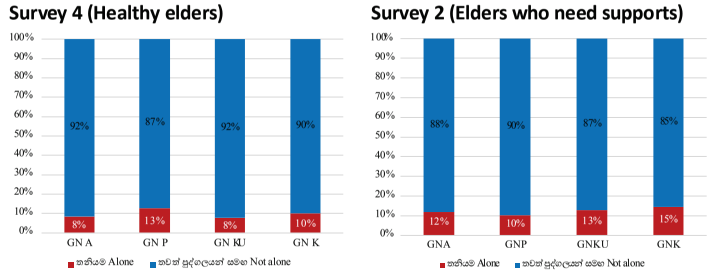
Survey Results

14

Situation of the household and living place

15

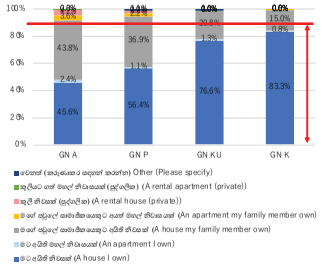
Q1-1 ඔබ ජීවත් වන්නේ තනිවමද? කවුරුන් හෝ සමඟද?
Are you living alone or with someone? (Percentage)



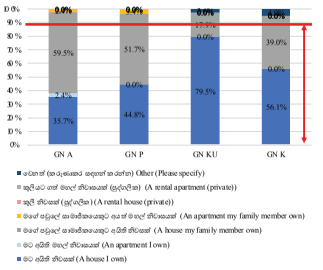
16

ඔබ දැන් ජීවත් වන්නේ කුමන ආකාරයේ නිවාසවලද?
(What type of housing do you live in now?) (Percentage)

Survey 4 (Healthy elders)



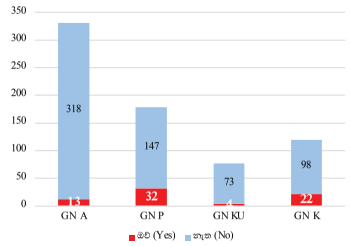
Survey 2 (Elders who need supports)



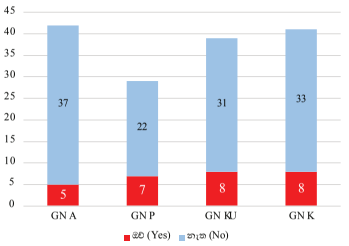
17

Q14-2 ඔබේ නිවාසවල ජීවත් වීමට දුෂ්කර හෝ අපහසු ප්‍රදේශ තිබේද?
Are there any areas of your housing that are difficult or inconvenient to live in? (Actual data)

Survey 4 (Healthy elders)



Survey 2 (Elders who need supports)



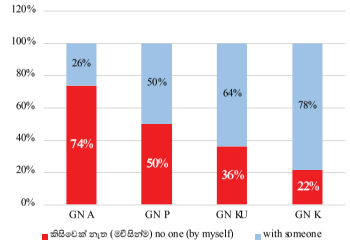
18

සමාජ සහභාගීත්වය / ක්‍රියාකාරකම් / හුදකලා වීමේ ප්‍රශ්නය
Social participation/activities/Issue of isolation

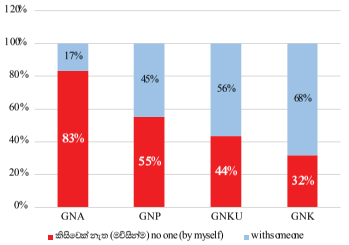
19

Q5-4 ඔබ යමෙකු සමඟ ආහාර ගන්නවාද?
Do you eat meals with someone? (Percentage)

Survey 4 (Healthy elders)



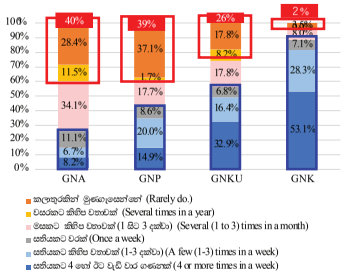
Survey 2 (Elders who need supports)



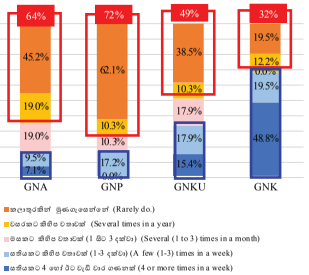
20

Q7-8 ඔබට ඔබේ මිතුරන් කොපමණ වාරයක් මුණගැසෙනවාද?
(How often do you meet your friends?) (Percentage)

Survey 4 (Healthy elders)



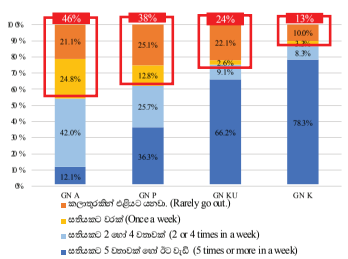
Survey 2 (Elders who need supports)



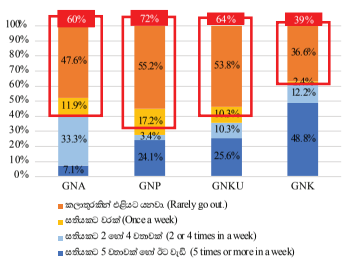
22

Q7-1 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.) (Percentage)

Survey 4 (Healthy elders)



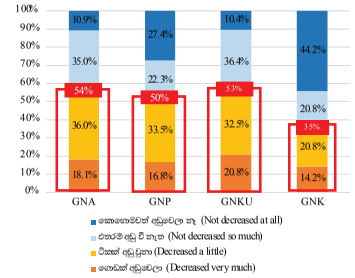
Survey 2 (Elders who need supports)



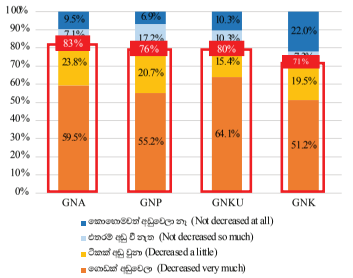
23

Q7-2 පසුගිය වසරේ සිට ඔබ පිටතට යන වාර ගණන අඩු වී තිබේද?
Has the frequency of your going out decreased since last year? (Percentage)

Survey 4 (Healthy elders)



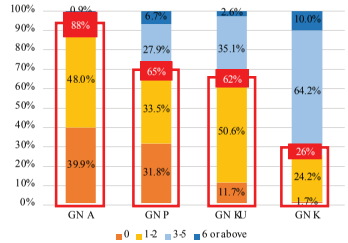
Survey 2 (Elders who need supports)



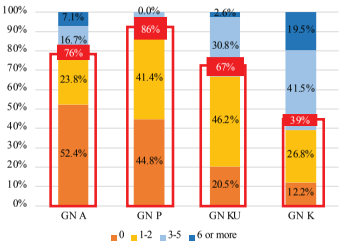
24

Number of group activities attended per year (Percentage)

Survey 4 (Healthy elders)

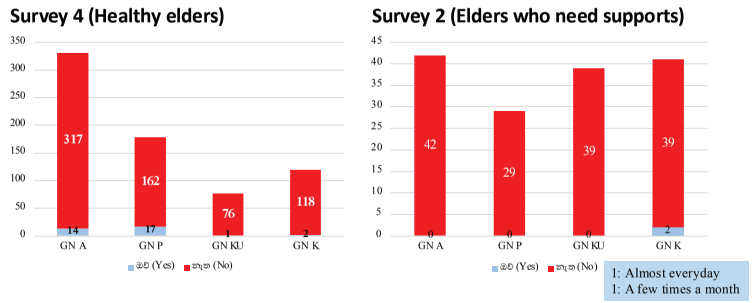


Survey 2 (Elders who need supports)



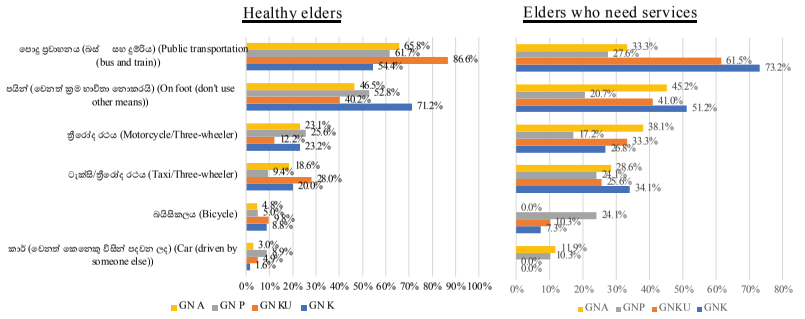
25

Q16-1 ඔබ පසුගිය වසරේ අන්තර්ජාලය හෝ විද්‍යුත් තැපෑල භාවිතා කර තිබේද?
(Have you used the Internet or e-mail in the past year?) (Actual data)



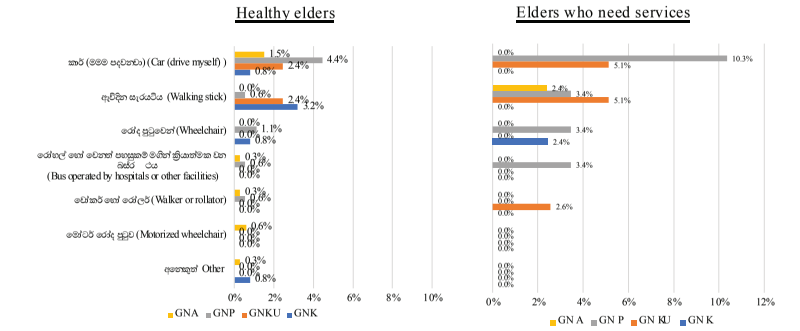
30

Q15-1 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)



31

Q15-1 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)



32

Care prevention

33

භෞතික ක්‍රියාකාරිත්වය සහ සැලකිල්ල
Physical function and concern

34

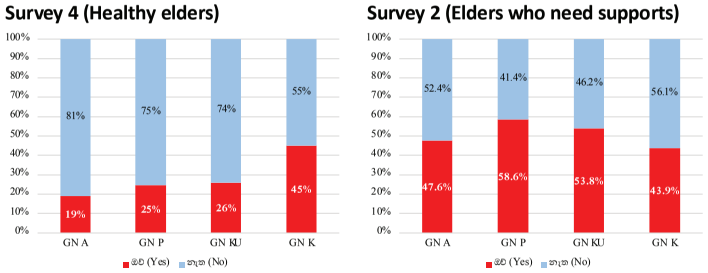
ශාරීරික ගැටලු පිළිබඳව තක්සේරුව
Evaluation of Physical problem

වැඩිමහල්ලන් ප්‍රශ්න 5ක් අතරින් සැක සහිත පිළිතුරු 3කටවත් පිළිතුරු දෙන්නේ නම්, ඔවුන් ඇද වැටීමේ අවදානම් ඇත.
If elders answer at least 3 suspected answers among 5 questions, they might have risk of fall down.

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?) →Yes
බිම වැටීම ගැන ඔබට විශාල සැලකිල්ලක් තිබේද?
(Do you have big concern about falling down?) →Yes
අත් වැට හෝ බිත්තිය අල්ලා නොගෙන ඔබට උඩුමහලට යා හැකිද?
(Can you go upstairs without holding onto handrail or wall?) → No
ඔබට කිසිවක් අල්ලා නොගෙන පුටු වලින් නැගී සිටිය හැකිද?
(Can you stand up from chairs without holding anything?) → No
විනාඩි 15ක් විතර නවත්තන්නෙ නැතුව ඇවිදින්න පුලුවන්ද?
(Can you walk without stopping for about 15 minutes?) →No

35

වැටීමට ඇති අවධානම (ප්‍රතිශතය)
Risk of falling down (Percentage)



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මුඛ දුර්වල / රැකවරණය
Oral frail / care

37

මුඛයේ දුර්වලතා තක්සේරු කිරීම
Evaluation of oral frail

මෙම ප්‍රශ්න දෙකට වැඩිහිටියන්ගේ පිළිතුර “ඔව්” නම්, මුඛයේ දුර්වලතාවයක් අති බවට සැක සහිතය

If elders answer “Yes” about two of these questions, it is suspected to have oral frail.

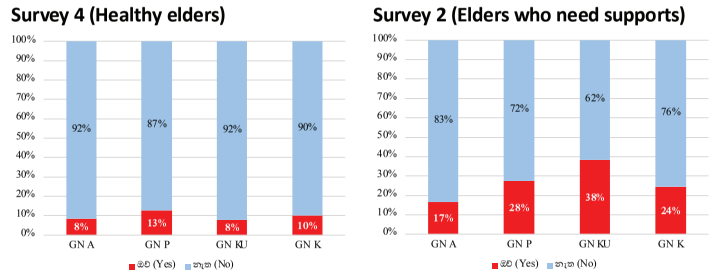
- වසර භාගයකට පෙර හා සසඳන විට ආහාර හපන්න අපහසු බව ඔබට හැඟෙනවාද ?
Do you feel that it becomes more difficult to chew food compared with half a year ago?

- ඔබ සමහර විට තේ හෝ සුප් බොනවිට හිර වෙනවාද?
Do you sometimes get choked on tea or soup?

- පිපාසය දැනීම පිළිබඳ ඔබ කරදර වෙනවාද?
Are you bothered by a feeling of thirst?

38

මුඛ දුර්වල / රැකවරණය
Persons having risk of oral frail (Percentage)



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සංජානන කාර්යය ගැන සැලකිලිමත් වීම
Concern about cognitive function

40

උපතින්ම ඇති ගැටලු හඳුනා ගැනීම
Evaluation of the cognitive issues

- If the elders answer “yes” in both questions, they are categorized in the suspected to have cognitive issues.

මේ දවස්ව ල ගොඩක් දේවල් අමතක වෙනවා කියලා හිතනවද?
(Do you think you forget many things these days?)

ඔබ නිතරම එකම දේ අසන බව හෝ ඔබට බොහෝ දේ අමතක වන බව ඔබ අවට සිටින අය පවසනවාද?
(Do people around you say that you always ask the same things or you often forget many things?)

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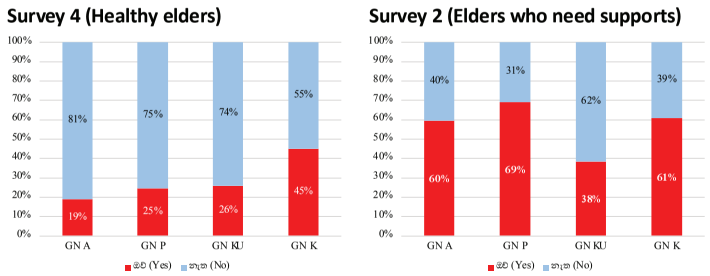
උපතින්ම ඇති ගැටලු වල පැවැත්ම (ප්‍රතිශතය)
Suspected of cognitive issues (Percentage)



42

දෛනික ජීවිතයේ උපකරණමය ක්‍රියාකාරකම්
IADL
(Instrumental Activities of Daily Living)

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දෛනික ජීවිතයේ උපකරණමය ක්‍රියාකාරකම් යනු මොනවාද?
What is IADL (Instrumental Activities of Daily Living)?

දෛනික ජීවිතයේ උපකරණ ක්‍රියාකාරකම් යනු එදිනෙදා ස්වා ධීන ජීවන රටාවකට අවශ්‍ය කුසලතා සහ හකියාවන් වේ. මෙම ක්‍රියාකාරකම් අත්‍යාවශ්‍ය මූලික ක්‍රියාකාරකම් සඳහා අවශ්‍ය යැයි නොසැලකේ, නමුත් එදිනෙදා ජීවන තත්ත්වය සහ සාපේක්ෂ ස්ව ාධීනත්වය තහවුරු කිරීම සඳහා වැදගත් ලෙස සැළකේ. බාහිර ආධාර නොමැතිව පුද්ගලයෙකුට තම නිවසේ ආරක්ෂිතව වාසය කළ හැකිද යන්න තක්ෂේ කිරීම සඳහා දෛනික ජීවිතයේ උපකරණ ක්‍රියාකාරකම් කළමනාකරණය කිරීමට පුද්ගලයෙකුට ඇති හැකියාව පිළිබඳ ඇගයීම බොහෝ විට භාවිතා කරනු ලැබේ.

දෛනික ජීවිතයේ උපකරණ ක්‍රියාකාරකම් සඳහා අවධානය යොමු කළ යුතු ක්ෂේත්‍ර 8 ක් ඇත.

Instrumental activities of daily living are the skills and abilities needed to perform certain day-to-day tasks associated with an independent lifestyle. These activities are not considered to be essential for basic functioning, but are regarded as important for assessing day-to-day quality of life and relative independence. An evaluation of a person's ability to manage instrumental activities of daily living is often used as one of several factors to assess whether an individual can safely continue to reside in their own home without outside assistance

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There are typically 8 areas of focus for instrumental activities of daily living, including:

- දුරකථනයක් භාවිතා කිරීමේ හැකියාව / Ability to use telephone
- රෙදි සේ දීම සහ ඇඳුම් ඇඳීම / Laundry and dressing
- සාප්පු (කඩේ) යාම සහ දිවීමේ කටයුතු / Shopping and running errands
- ප්‍රවාහනය Transportation
- ආහාර පිළියෙළ කිරීම Meal preparation
- ඖෂධ කළමනාකරණය Medication management
- ගෘහ පාලන කටයුතු Housekeeping activities
- මූල්‍ය කළමනාකරණ හැකියාව Ability to manage finances

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Evaluation of IADL
IADL ඇගයීම

මෙම ප්‍රශ්න න වලින් කුමකට හෝ පිළිතුර “නැත” නම්, දෛනික ජීවිතයේ උපකරණමය ක්‍රියාකාරකම් අඩු බවට පෙනේ.

If elders answer “No” to any of these questions, it is suspected to have any of IDAL issue.

Question (Sinhala)	Question (English)
ඔබට දුම්රියෙන් හෝ බසයෙන් තනිවම පිටතට යා හැකිද?	Can you go out alone by train or bus?
ඔබට සාප්පුවකට ගොස් ආහාර සහ දෛනික අවශ්‍යතා මිලදී ගත හැකිද?	Can you go shopping and buy food and daily necessities?
ඔබට ඔබේ බිල්පත් ඔබම ගෙවා ගත හැකිද?	Can you pay your bills by yourself?
ඔබට ඔබ විසින්ම ඔබගේ බැංකු / තැපැල් ඉතුරුම් ගිණුමෙන් මුදල් තැන්පත් කිරීමට හෝ ලබා ගැනීමට හැකිද?	Can you deposit or withdraw money from your bank / postal savings account(s) by yourself?
ඔබට ඔබේ විශ්‍රාම වැටුප් ලේඛන කටයුතු හෝ රජයේ කාර්යාලයේ හෝ රෝහල්වල වෙනත් කටයුතු ඔබ විසින්ම කළ හැකිද?	Can you handle paperwork of your pension or other matters for the government office or hospitals, etc. by yourself?
ඔබට තනිවම ඖෂධ පෙති ගත හැකිද?	Can you take pills by yourself?)

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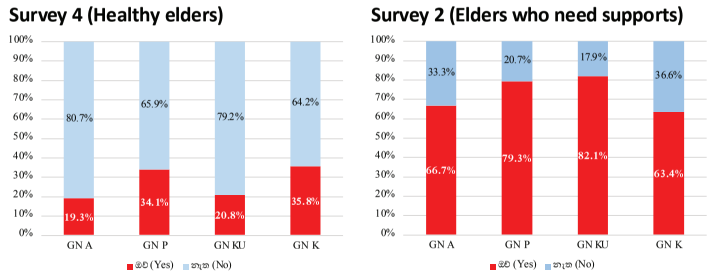
Existence of any issues on IADL (Percentage)



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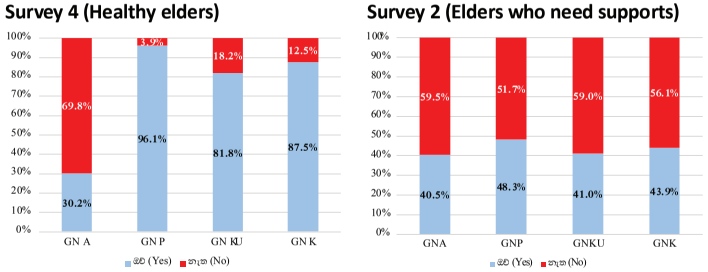
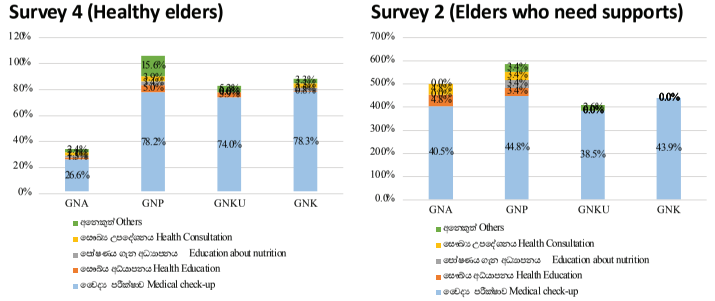
Q4-6 පසුගිය වසර තුළ, ඔබ පහත සඳහන් රෝග වැළැක්වීමට අදාළ සේවා වන් කිසිවක් භාවිතා කර තිබේද?
In the past year, have you used any of the following prevention-related services?



48

Q4-6 පසුගිය වසර තුළ, ඔබ පහත සඳහන් රෝග වැළැක්වීමට අදාළ සේවා වන් කිසිවක් භාවිතා කර තිබේද? (ඔබට පිළිතුරු කිහිපයක් තෝරාගත හැක) In the past year, have you used any of the following prevention-related services? (Percentage)



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වැඩිහිටි සත්කාර සේවා
Elderly care services

Q2. ඔබගේ වත්මන් සේවා භාවි තය හෝ අනාගතයේ දී භාවිතා කිරීමට කැමති ඕනෑ පිලිබඳ ඔබෙන් විමසීමට අපි කැමැත්තෙමු.

We would like to ask you about your current service utilization or future service utilization preferences

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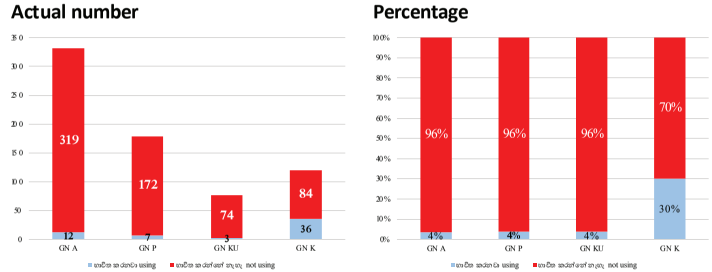
Q2-1 (Healthy elders: survey 4)
ඔබට (වැඩිහිටි පුද්ගලයාට) දැනට කිසියම් පොදු වැඩිහිටි සත්කාර සේව ාවක් ලැබෙන්(ේ)එකක් තෝරගන්න)
Do you (the elder person) currently use any public elderly care services? (Select one)



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Q2-2 ඔබ මහජන සත්කාර සේවා භාවි තා නොකිරීමට ඎහ මොනවාද? (ඔබට පිළිතුරු කිහිපයක් තෝරාගත හැක)
What are the reasons why you do not use public care services?

	GN A	GN P	GN KU	GN K	Total
මම හොඳ තත්ත්වයේ සිටින අතර සේව ා අවශ්‍ය නැත (I'm in good condition and don't need services)	237	110	43	50	443
පවුලේ සාමාජිකයන් රැකවරණය සපයන නිසා මට සේවා වන් අවශ්‍ය නොවේ (I do not need services because family members provide care)	109	24	4	3	147
මහජන වැඩිහිටි සත්කාර සේව ාව ගැන මම නොදනිමි (I do not know about public elderly care service)	50	20	15	20	106
මට භාවිතා කිරීමට අවශ්‍ය සේවා වන් මෙහි නොමැත (Services that I want to use are not available or not around here)	6	21	10	6	45
මට සේව ාවන් භාවිතා කිරීමට අවශ්‍ය නමුත් ඒවා සඳහා අයදුම් කරන්නේ කෙස්ද යි මම නොදනිමි (I want to use services but do not know how to apply for them)	13	9	3	5	31
මම සේ වාවන් භාවිතා කිරීමට කැමති නැත (I do not wish to use services)	6	4	1	3	15
අනෙකුත් (කරුණාකර සඳහන් කරන්න) (Other (Please specify))	3	4	0	1	9
මා කලින් භාවිතා කළ සේවා වන් ගැන මම සෑහීමකට පත් නොවෙමි (I was not satisfied with the services that I used before)	0	1	0	0	1
	319	172	74	84	649

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Q2 දෛනික ශාරීරික ක්‍රියාකාරකම්වල වත්මන් හැකියාව, සේවා භාවිතය සහ අවශ්‍යතාවය හඳුනාගැනීම
Identification of current capability of daily physical activities, utilization and necessity of services (Elders who need supports)

		මට තනිවම කළ හැකිය I can do by myself	යමෙකුගේ පසහාය ලැබේ Receiving support Family and relatives	රාජ්‍ය හෝ පෞද්ගලික සේවා Public or private services
1	කඩේ ගොසින් බඩු රැගෙන ඒම (shopping)	44	102	0
2	පිටතට යාම සඳහා උපකාර කිරීම (accompanying on outings)	50	101	0
3	වෛද්‍ය රැකවරණය Medical care (tube feeding, stoma care, etc.)	53	78	5
4	මූල්‍ය කළමනාකරණය (Financial management)	53	91	0
5	අමුතු හැසිරීම්, අමතක වීම වැනි සංජානීය රෝග ලක්ෂණ සමඟ කටයුතු කිරීම (Dealing with cognitive symptoms, such as strange behaviour, forgetfulness etc.)	54	95	0
6	ආහාර පිළියෙල කිරීම (Meal preparation)	67	82	1
7	කසළ බැහැර කිරීම (rubbish disposal)	70	85	0
8	ඖෂධ ලබාගැනීමට (Take medicines)	74	79	0

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Q2 දෛනික ශාරීරික ක්‍රියාකාරකම්වල වත්මන් හැකියාව, සේවා භාවිතය සහ අවශ්‍යතාවය හඳුනාගැනීම
Identification of current capability of daily physical activities, utilization and necessity of services

		මට තනිවම කළ හැකිය I can do by myself	යමෙකුගේ පසහාය ලැබේ Receiving support Family and relatives	රාජ්‍ය හෝ පෞද්ගලික සේවා Public or private services
9	පිරිසිදු කිරීම සහ රෙදි සේදීම (cleaning and laundry)	75	80	0
10	සෞදිසියෙන් සිටීම / බලා ගැනීම සහ කතා කිරීම / කතාබස් කි ීම (if you have someone watching over / looking after and talking/chatting)	79	73	0
11	ශරීරයේ ඉරියව්ව වෙනස් කිරීමට. (body posture change)	116	36	0
12	නෑමට (Bathing)	117	38	0
13	ඔබේ නිවස තුළ ගමන් කිරීමට (moving in your house)	117	37	0
14	ඇඳුම් ඇඳීම සහ ඇඳුම් ගැලවීම (Dressing and undressing)	123	29	0
15	වැසිකිළි භාවිතයට (toilet care)	124	26	0
16	ශාරීරික පෙනුම පිළිබඳ (Tidy up personal appearance)	133	20	0
17	ආහාර ගන්නා විට (Eating meals)	134	19	0

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Ranking of the activities which can not do by elders

	GN-A	GN-P	GN-KU	GN-K
කඩේ ගොසින් බඩු රැගෙන ඒම (shopping)	1	3	3	3
පිටතට යාම සඳහා උපකාර කිරීම (accompanying on outings)	2	1	4	5
මූල්‍ය කළමනාකරණය (Financial management)	5	4	1	6
අමුතු හැසිරීම්, අමතක වීම වැනි සංජානීය රෝග ලක්ෂණ සමඟ කටයුතු කිරීම (Dealing with cognitive symptoms, such as strange behaviour, forgetfulness etc.)	8	5	2	4
වෛද්‍ය රැකවරණය Medical care (tube feeding, stoma care, etc.)	6	6	6	1
ආහාර පිළියෙල කිරීම (Meal preparation)	9	10	5	2
ඖෂධ ලබාගැනීමට (Take medicines)	10	2	7	7
කසළ බැහැර කිරීම (rubbish disposal)	4	7	10	8
සෞදිසියෙන් සිටීම / බලා ගැනීම සහ කතා කිරීම / කතාබස් කිරීම (if you have someone watching over / looking after and talking/chatting)	3	8	9	10
පිරිසිදු කිරීම සහ රෙදි සේදීම (cleaning and laundry)	7	11	8	9
නෑමට (Bathing)	12	9	12	11
ඔබේ නිවස තුළ ගමන් කිරීමට (moving in your house)	11	13	15	12
ශරීරයේ ඉරියව්ව වෙනස් කිරීමට. (body posture change)	13	14	11	16
ඇඳුම් ඇඳීම සහ ඇඳුම් ගැලවීම (Dressing and undressing)	14	12	14	14
වැසිකිළි භාවිතයට (toilet care)	16	16	13	13
ශාරීරික පෙනුම පිළිබඳ (Tidy up personal appearance)	17	15	16	15
ආහාර ගන්නා විට (Eating meals)	15	17	17	17

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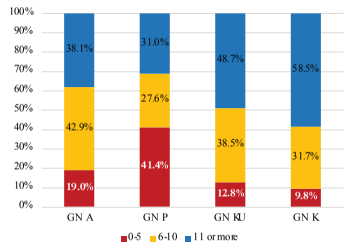
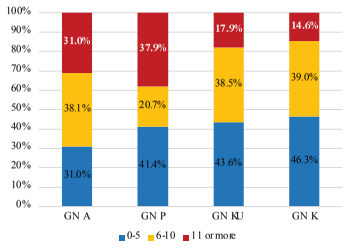
Q2 දෛනික ශාරීරික ක්‍රියාකාරකම්වල වත්මන් හැකියාව, සේවා භාවිතය සහ අවශ්‍යතාවය හඳුනාගැනීම
Identification of current capability of daily physical activities, utilization and necessity of services

වැඩිහිටියන්ට තමන් විසින්ම කළ හැකි දෛනික ශාරීරික ක්‍රියාකාරකම් සංඛ්‍යාව
Numbers of daily physical activities the elders can do by themselves



පවුලේ අයගෙන් සහ ඥාතීන්ගෙන් උපකාර ලැබේ
Receiving support from family and relatives



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(3) ඔබ දෛනික කටයුතු සඳහා අන් අයගේ සහාය ලබා ගැනීමට කැමතිද?
Would you like to have supports from others? (43 persons answered)

		Total	GN A	GN P	GN KU	GN K
1	වෛද්‍ය රැකවරණය (නල පෝෂණය, ස්ම ාර්මා රැකවරණය, ආදිය) (Medical care (tube feeding, stoma care, etc.))	19	0	7	8	4
2	පිරිසිදු කිරීම සහ රෙදි සේදීම (cleaning and laundry)	18	0	9	6	3
3	මූල්‍ය කළමනාකරණය (Financial management)	18	2	7	8	1
4	කඩේ ගොසින් බඩු රැගෙන ඒම (ගෙදරට බෙදා හැරීමේ සේවා ව නොවේ) (shopping (not home delivery))	17	2	8	4	3
5	ආහාර පිළියෙල කිරීම (උදා: පිසීම හෝ ගෙන්වා ගැනීම) (Meal preparation (e.g. cooking or delivery)	16	2	8	2	4
6	පිටතට යාම සඳහා උපකාර කිරීම (රෝහලට යන්න, කඩේ ගොසින් බඩු රැගෙන ඒමට, ආදිය) (accompanying on outings (hospital visits, shopping, etc.))	16	1	8	6	1
7	අමුතු හැසිරීම්, අමතක වීම වැනි සංජානීය රෝග ලක්ෂණ සමඟ කටයුතු කිරීම (Dealing with cognitive symptoms, such as strange behaviour, forgetfulness etc.)	15	2	7	4	2

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(3) ඔබ දෛනික කටයුතු සඳහා අන් අයගේ සහාය ලබා ගැනීමට කැමතිද?
Would you like to have supports from others? (43 persons answered)

		Total	GN A	GN P	GN KU	GN K
8	කසළ බැහැර කිරීම (rubbish disposal)	14	1	8	3	2
9	ශරීරයේ ඉරියව්ව වෙනස් කිරීමට. (body posture change)	14	1	6	5	2
10	මෙහෙදියෙන් සිටීම / බලා ගැනීම සහ කතා කිරීම / කතාබස් කි රීම (if you have someone watching over / looking after and talking/chatting)	14	2	7	2	3
11	නෑමට (Bathing)	11	0	7	3	1
12	ඔබේ නිවස තුළ ගමන් කිරීමට (moving in your house)	10	1	5	0	4
13	ඖෂධ ලබාගැනීමට (Take medicines)	8	1	4	2	1
14	ඇඳුම් ඇඳීම සහ ඇඳුම් ගැලවීම (Dressing and undressing)	7	1	4	2	0
15	වැසිකිළි භාවිතයට (toilet care)	6	2	3	0	1
16	ශාරීරික පෙනුම පිළිබඳ Tidy up personal appearance	6	1	3	2	0
17	ආහාර ගන්නා විට (Eating meals)	5	0	4	1	0

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සෞඛ්‍ය/වෛද්‍ය සේ වාවන්
Health/Medical services

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ශාරීරික තත්ත්වය
Physical condition

Q3. අපි ඔබේ භෞතික තත්ත්වය විමසීමට කැමැත්තෙමු
We would like to ask your physical status.

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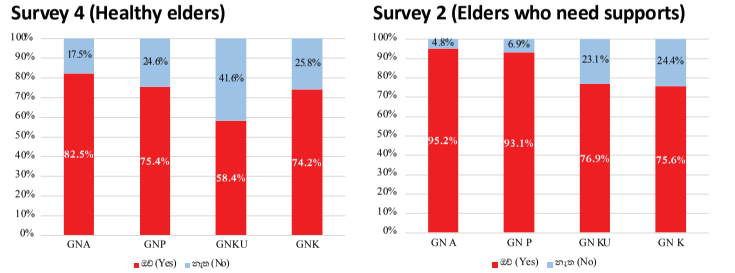
Q3-2 ඔබ දැනට රෝගයකින් පෙළෙමින් සහ/හෝ දැනට ප්‍රතිකාර ලබමින් හෝ මීට පෙර ප්‍රතිකාර ලබාගෙන තිබේද? (තනි තේරීමක්)
Are you currently suffering and/or receiving treatment or received treatment before? (Single choice)



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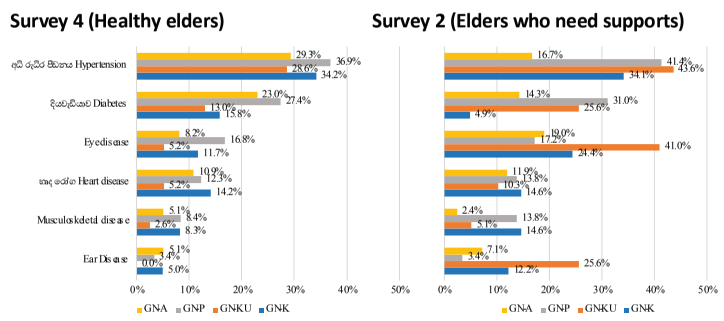
Q3-3-(1) මේ දක්වා පසුගිය මාසය තුළ ඔබ පීඩා විඳි සහ/හෝ ප්‍රතිකාර ලබන තුවාල සහ රෝග මොනවාද? (ඔබට පිළිතුරු කිහිපයක් තෝරාගත හැක)
What are the injuries and illnesses which have you been suffering from and/or being treated for the past month to date? (Multiple choices)



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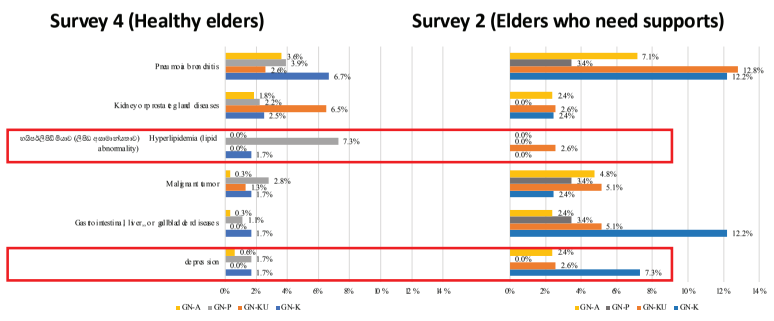
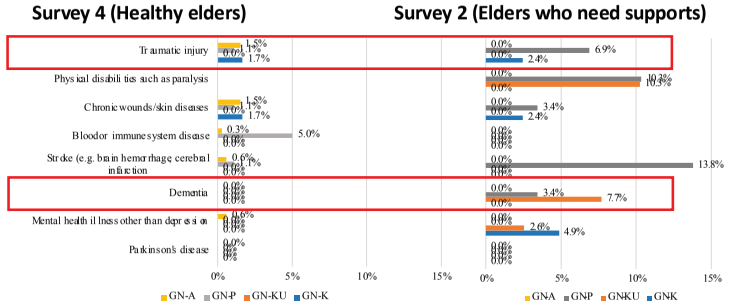
Q3-3-(1) මේ දක්වා පසුගිය මාසය තුළ ඔබ පීඩා විඳි සහ/හෝ ප්‍රතිකාර ලබන තුවාල සහ රෝග මොනවාද? (ඔබට පිළිතුරු කිහිපයක් තෝරාගත හැක)
What are the injuries and illnesses which have you been suffering from and/or being treated for the past month to date? (Multiple choices) (Healthy elders)



64

Q3-3-(1) මේ දක්වා පසුගිය මාසය තුළ ඔබ පීඩා විඳි සහ/හෝ ප්‍රතිකාර ලබන තුවාල සහ රෝග මොනවාද? (ඔබට පිළිතුරු කිහිපයක් තෝරාගත හැක)
What are the injuries and illnesses which have you been suffering from and/or being treated for the past month to date? (Multiple choices) (Healthy elders)



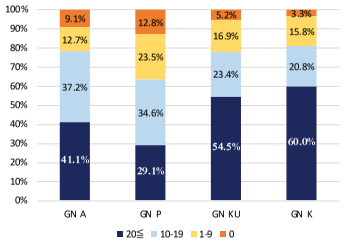
65

Dental condition

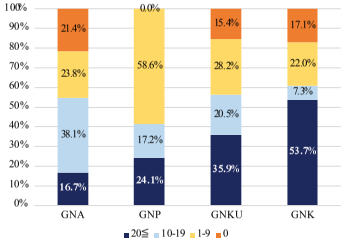
66

Q3-4 මුඛ සෞඛ්‍යය ඔබට ස්ව භාවික දත් කීයක් තිබෙද? "ඥාන දන්ත" ප්‍රතිකාර ලැබූ ඒවාද ඇතුළුව, හානියට පත් දත් මතට තබා ඇති ආවරණ, ආදිය ඇතුළත් වේ. (ප්‍රඥා දත් ඇතුළුව, ස්ථි ර දත් 32 ක් ඇත.) (Oral health) How many natural teeth do you have? "Natural teeth" includes the ones had treatment, crown, etc. (Including wisdom teeth, there are a total of 32 permanent teeth.) **(Percentage)**

Survey 4 (Healthy elders)



Survey 2 (Elders who need supports)



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දන්ත තත්ත්වය
Dental condition

			GN A		GN P		GN KU		GN K	
එකතුව/ Total			375		208		116		161	
දත් 20 ට වඩා අඩු/ Less than 20 teeth			230	61.3%	149	71.6%	60	51.7%	67	41.6%
දත් 10 ට වඩා අඩු/ Less than 10 teeth			91	24.3%	82	39.4%	34	29.3%	39	24.2%
කෘතිම දත් භාවිතා කිරීම/ Using Denture	එකතුව/ Total		96	41.7%	43	28.9%	0	0.0%	4	6.0%
	ඔව්, අපහසුවකින් තොරව Yes, without difficulty		93	96.9%	39	90.7%	0	--	4	100%
	ඔව්, අමාරුවෙන් Yes, with difficulty		3	3.1%	3	7.0%	0	--	0	0.0%
	දිනපතා කෘතිම දත් පිරිසිදු කිරීම / Clean denture every day	ඔව් (Yes)	90	93.8%	41	95.3%	0		2	50.0%
		නැත (No)	3	3.1%	1	2.3%	0		2	50.0%
		පිළිතුරක් නැත/ No answer	3	3.1%	1	2.3%	0		0	

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ඇස් / ඉ පනීම
Eye/seeing

70

ඇස් වල තත්ත්වය
Eye situation

		Total		GN A		GN P		GN KU		GN K	
එකතුව/ Total		858		373		208		116		161	
ඔබේ එදිනෙදා ජීවිතයේදී ඔබට දෘෂ්ටි අපහසුතා තිබේ ද? Do you have any difficulty of seeing in your daily life?		632	73.7%	262	70.2%	159	76.4%	93	80.2%	118	73.3%
ඔබ සාමාන්‍යයෙන් කණ්නාඩි භාවිතා කරනවාද? Do you usually use glasses?	අපහසුවකින් තොරව (without difficulty)	384	60.8%	238	90.8%	91	57.2%	26	28.0%	29	24.6%
	අමාරුවෙන් (with difficulty)	67	10.6%	12	4.6%	34	21.4%	10	10.8%	11	9.3%
	අවශ්‍යයි නමුත් මට නැහැ. (I need but I do not have.)	178	28.2%	34	13.0%	35	22.0%	43	46.2%	66	55.9%
පෙනීමේ අපහසුව නිසා ඔබ කවදා හෝ සෞඛ්‍ය මධ්‍යස්ථා නයකට ගොස තිබේද? Have you ever been to health facility due to difficulty of seeing?		487	77.1%	211	80.5%	117	73.6%	65	69.9%	94	79.7%
ඔබට ඇස් සුදු ඇති බව හඳුනාගෙන තිබේද? Were you diagnosed with cataract?		208	42.7%	101	47.9%	42	35.9%	26	40.0%	39	41.5%
ඔබ ඇස් සුදු ඉවත් කිරීමේ සැත්කමක් කළාද? Did you receive cataract surgery?		136	65.4%	74	73.3%	28	66.7%	15	57.7%	19	48.7%

71

Q3-14 ඇසේ සුදු ඉවත් කිරීමේ සැත්කමක් නොකළේයි?
Why did not receive cataract surgery?

	Total		GN A		GN P		GN KU		GN K	
එය මිල අධිකයි (Expensive)	16	23.9%	7	33.3%	5	35.7%	2	16.7%	2	10.0%
මගේ ස්ථාන යය අවට ශල්‍යකර්ම සිදු කළ හැකි පහසුකම් නොමැත (No available facility that can conduct the surgery around my location)	14	20.9%	1	4.8%	0	0.0%	3	25.0%	10	50.0%
සැත්කමක් කරන්න බයයි (Scared to receive surgery)	6	9.0%	4	19.1%	1	7.1%	0	0.0%	1	5.0%
ඉස්පිරිතාලෙට කැටුව යෑමට කෙනෙක් නැහැ (No one to accompany to go to hospital)	5	7.5%	3	14.3%	1	7.1%	0	0.0%	1	5.0%
අනෙකුත් (කරුණාකර ලියන්න) Others	31	46.3%	11	52.4%	7	50.0%	7	58.3%	6	30.0%
Total	67		21		14		12		20	

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ඇසීම Hearing

73

ඇසීම Hearing

		Total		GN A		GN P		GN KU		GN K	
Total		858		373		208		116		161	
ඔබේ එදිනෙදා ජීවිතයේදී ඔබට ඇසීමේ අපහසුතාවයක් තිබෙද? Do you have any difficulty of hearing in your daily life?		245	28.6%	101	27.1%	56	26.9%	35	30.2%	53	32.9%
වණගබාධ නිසා ඔබ කවදා හෝ සෞඛ්‍ය මධ්‍යස්ථාන යකට ගොස තිබෙද? Have you ever been to a health facility due to difficulty of hearing?		52	21.2%	31	30.7%	9	16.1%	7	20.0%	5	9.4%
ඔබ සාමාන්‍යයෙන් ශ්‍රවණාධාර උපකරණයක් භාවිතා කරනවාද? Do you usually use a hearing aid device?	අපහසුවකින් තොරව (without difficulty)	52	21.2%	36	35.6%	5	8.9%	2	5.7%	9	17.0%
	අමාරුවෙන් (with difficulty)	5	2.0%	5	5.0%	0	0.0%	0	0.0%	0	0.0%
	අවශ්‍යයි නමුත් මට නැහැ. (I need but I do not have.)	89	36.3%	38	37.6%	18	32.1%	17	48.6%	16	30.2%

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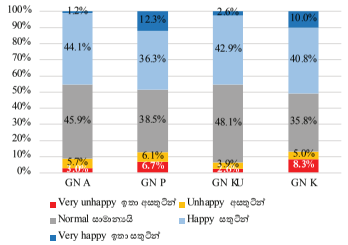
මානසික පීඩනය / තෘප්තිය
Depression/Satisfaction

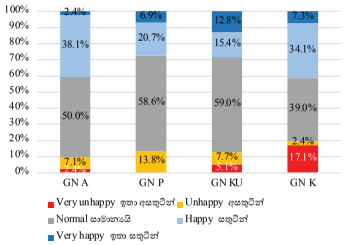
75

Q 10-16 ඔබ දැනට සතුටින් සිටින බව ඔබට හැඟෙන්නේ කුමන මට්ටමකටද?
To what degree, do you feel you are currently happy?

Survey 4 (Healthy elders)



Survey 2 (Elders who need supports)



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වයෝවෘද්ධ අවපාත පරිමාණය 15
Geriatric depression scale 15 (GDS15)

- මානසික අවපීඩන මට්ටම මැනීමට අදාළ ප්‍රශ්න 15 ක් ඇත. (වයෝවෘද්ධ අවපාත පරිමාණය 15;GDS15)
  There are 15 questions related to measure depression level. (Geriatric depression scale 15 ; GDS15)

- පහත දැක්වෙන පරිදි විශ්ලේෂණය කරන්න;
  Analyze as shown below;
  - සෘණාත්මක පිළිතුරු 9 කට වඩා: මානසික අවපීඩනය ලෙස සැලකේ
    10 or more negative answers: considered as presence of depression
  - 5-9 සෘණාත්මක පිළිතුරු: මානසික අවපීඩනයේ ඇඟවීමක් ලෙස සැලකේ
    5-9 negative answers: considered as indicative of depression

77

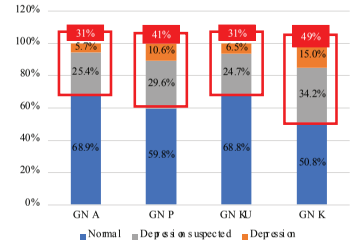
GDS-15

	ප්‍රශ්න ය	Questions
Q1	ඔබගේ වර්තමාන දෛනික ජීවිතය ගැන ඔබ තෘප්තිමත්ද?	Are you satisfied with your current daily life?
Q2	නවත් ජීවත් වීමෙන් පලුක් නැතැයි ඔබට විටෙක දැනෙනවාද?	Do you sometimes feel there is no point in living anymore?
Q3	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?
Q4	ඔබේ දෛනික ජීවිතය හිස් බව ඔබට දැනෙනවාද?	Do you feel your daily life is empty?
Q5	ඔබට බොහෝ විට කම්මැලිකමක් දැනෙනවාද?	Do you often feel bored?
Q6	ඔබ බොහෝ වෙලාවට සිටින්නේ සතුටින්ද?	Are you usually in a good mood?
Q7	නරක දෙයක් සිදුවනු ඇතැයි ඔබට හැඟෙනවාද?	Do you feel something bad is going to happen?
Q8	ඔබ වාසනාවන්ත යැයි ඔබ සිතනවාද?	Do you think you are fortunate?
Q9	ඔබට බොහෝ විට අසරණභාවයක් හෝ බලාපොරොත්තු සුන්වීමක් දැනෙනවාද?	Do you often feel helpless or hopeless?
Q10	ඔබ පිටතට යාමට වඩා නිවසේ රැඳී සිටීමට කැමතිද?	Do you prefer staying at home rather than going out?
Q11	ඔබට අන් අයට වඩා අමතක වන බව ඔබ සිතනවාද?	Do you think you are more forgetful than others?
Q12	ජීවිතේ හරි අපූරුයි කියලා ඔබට හිතෙනවද?	Do you think life is wonderful?
Q13	ඔබ ශක්තියෙන් පිරී සිටිනවාද?	Do you feel full of energy?
Q14	ඔබේ එදිනෙදා ජීවිතයේදී බලාපොරොත්තුවක් නැතැයි ඔබ සිතනවාද?	Do you think there is no hope in your daily life?
Q15	ඔබට වඩා අන් අය හොඳ/ධනවත් යැයි ඔබ සිතනවාද?	Do you think others are better/wealthier than you are?

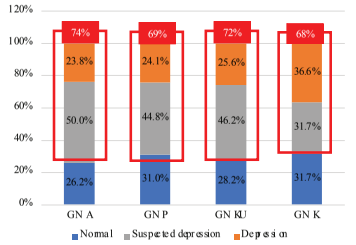
78

Q 10 මානසික අවපීඩන මට්ටම (ප්‍රතිශතය) Depression level (Percentage)

Survey 4 (Healthy elders)



Survey 2 (Elders who need supports)

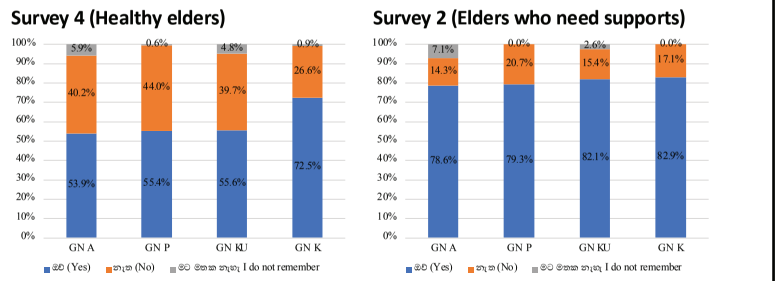


79

වෛද්‍ය සේවා භාවිතය
Usage of health and medical services

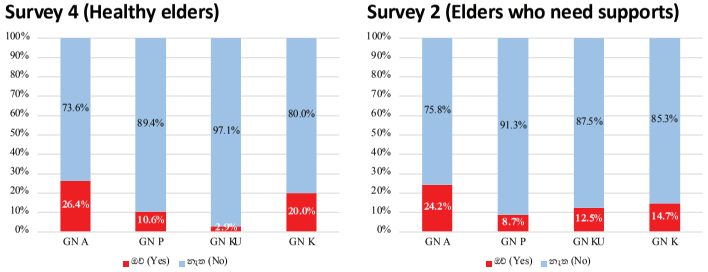
80

Q4-1 පසුගිය මාස 12 තුළ ඔබ අසනීප/රෝගී වී තිබේද?
Have you been ill/sick in the past 12 months? (Percentage)



81

Q4-4 පසුගිය මාස 12 තුළ ඔබ අසනීප/රෝගී වුවද සෞඛ්‍ය පහසුකම් වෙත යාමට ඔබ පසුබට වූයේද?
Did you hesitate to visit health facilities even you are ill/sick in the past 12 months?



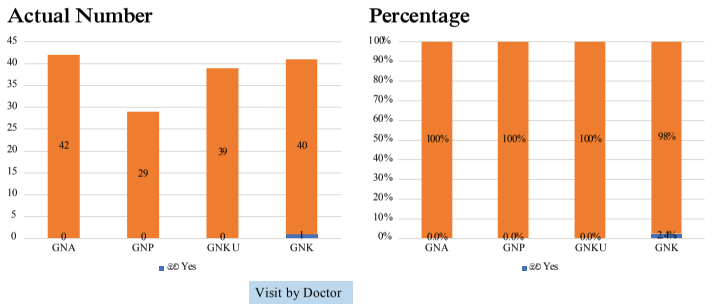
82

Q4-5 කරුණාකර ඔබ සෞඛ්‍ය මධ්‍යස්ථාන යකට පැමිණීමට පසුබට වීමට හේතුව (හේතු) සඳහන් කරන්න. අදාළ සියල්ල රවුම් කරන්න.
Please specify the reason(s) why you hesitated to visit a health facility. (Multiple choices)

	Total		GN A		GN P		GN KU		GN K	
වෛද්‍යවරයකු හෝ හෙදියක් හමුවීම මිල අධික විය (It was too expensive for me to consult a doctor or nurse)	34	37.0%	12	38.7%	6	30.0%	3	42.9%	13	38.2%
සිට ප්‍රවාහන ගාස්තුව මට ගෙවීමට නොහැකි තරම් ඉහළ විය (The transportation cost to/from the health facility was too high for me to pay)	26	28.3%	10	32.3%	3	15.0%	2	28.6%	11	32.4%
මට වෛද්‍ය ප්‍රතිකාර අවශ්‍ය යැයි මට මට සිතුණේ නැත (I didn't think I need medical care)	11	12.0%	2	6.5%	2	10.0%	1	14.3%	6	17.6%
සෞඛ්‍ය පහසුකම් තිබුණේ මගේ ගෙදරට ගොඩක් දුරින් (Health facilities were too far from my home)	6	6.5%	2	6.5%	3	15.0%	0	0.0%	1	2.9%
මට රෝහලේ නැවතී සිටීමට අවශ්‍ය නොවීය (I didn't want to go/stay at hospital)	4	4.3%	2	6.5%	2	10.0%	0	0.0%	0	0.0%
මට සෞඛ්‍ය රක්ෂණයක් තිබුණේ නැත (I didn't have health insurance)	3	3.3%	2	6.5%	1	5.0%	0	0.0%	0	0.0%
මට අවශ්‍ය වෛද්‍ය ප්‍රතිකාර සඳහා කුමන දෙපාර්තමේන්තුවට යා යුතුද යන්න මම දැන සිටියේ නැත (I didn't know which department to visit for the medical care I need	2	2.2%	0	0.0%	1	5.0%	0	0.0%	1	2.9%
මට වෛද්‍යවරයකු හමුවීමට වෙලාවක් තිබුණේ නැත (I didn't have time to see a doctor)	1	1.1%	0	0.0%	1	5.0%	0	0.0%	0	0.0%
අනෙකුත් Other	5	5.4%	1	3.2%	1	5.0%	1	14.3%	2	5.9%
	92		31		20		7		34	

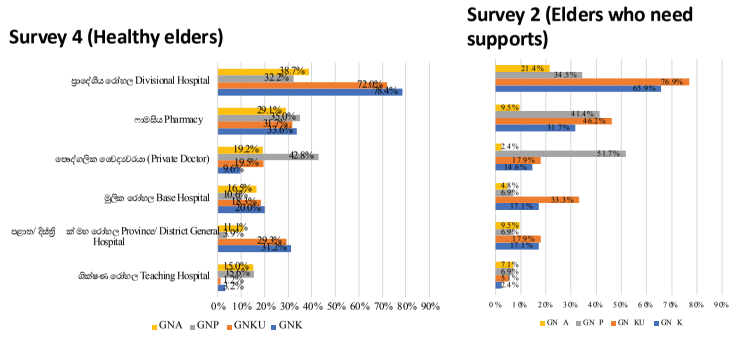
83

ඔබ දැනට ‘නිවසට පැමිණෙ සපයන වෛද්‍ය සේවය’ භාවිතා කරන්නේද?
(එකක් තෝරගන්න) (Survey 2)
Do you currently use medical home visits? (Select one) (Q6-6)



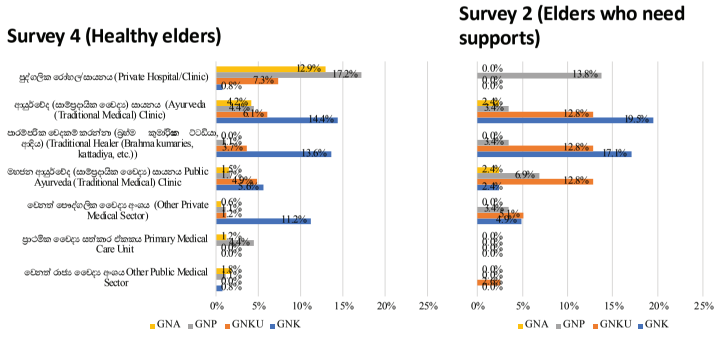
84

(Healthy elders)
පසුගිය මාස 12 තුළ ඔබ භාවිතා කළ සෞඛ්‍ය පහසුකම් මොනවාද?
(Which health facilities did you use in the past 12 months?)



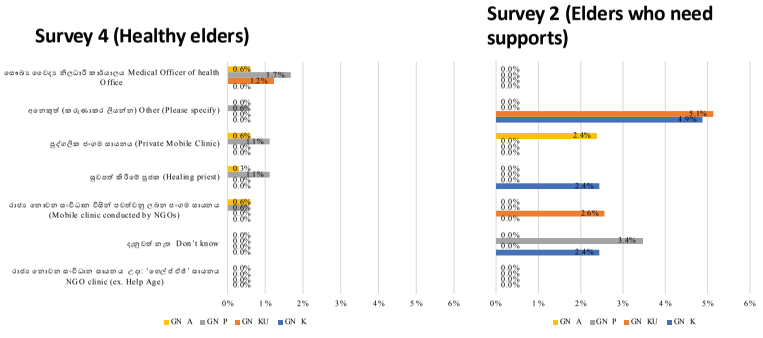
85

(Healthy elders)
පසුගිය මාස 12 තුළ ඔබ භාවිතා කළ සෞඛ්‍ය පහසුකම් මොනවාද?
(Which health facilities did you use in the past 12 months?)



86

(Healthy elders)
පසුගිය මාස 12 තුළ ඔබ භාවිතා කළ සෞඛ්‍ය පහසුකම් මොනවාද?
(Which health facilities did you use in the past 12 months?)



87

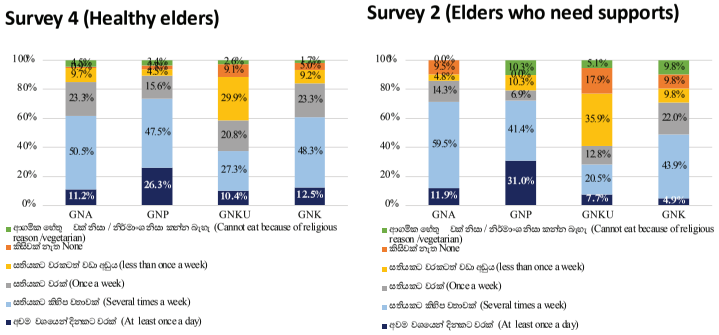
සෞඛ්‍ය සම්පන්න පුරුදු
Healthy habits

88

පෝෂණ තත්ත්වය
Nutritional status

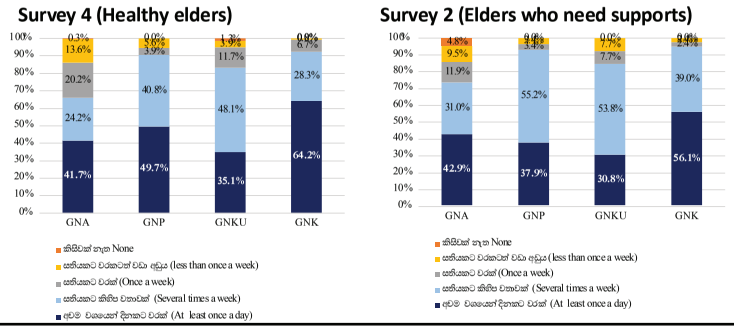
89

Q5-5 පසුගිය මාසය තුළ ඔබ කරවල ඇතුළු මස් හෝ මාළු කොපමණ වාරයක් අනුභව කළාද?
How often did you eat meat or fish, including dried fish over the past month?



90

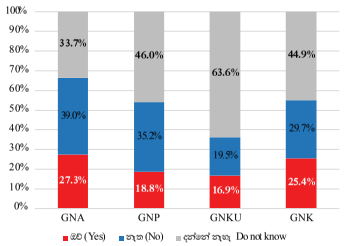
Q5-6 පසුගිය මාසය තුළ ඔබ කොපමණ වාරයක් පලතුරු සහ එළවළු අනුභව කළාද?
How often did you eat fruits and vegetables over the past month?



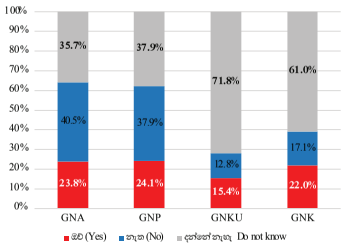
91

Q3-18 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?

Survey 4 (Healthy elders)



Survey 2 (Elders who need supports)



92

බීම සහ දුම්පානය තත්ත්වය
Drinking and smoking status

Q6. අපි ඔබේ මත්පැන් සහ දුම්පානය පිළිබඳ විමසීමට කැමැත්තෙමු.
We would like to ask your drinking and smoking status.

93

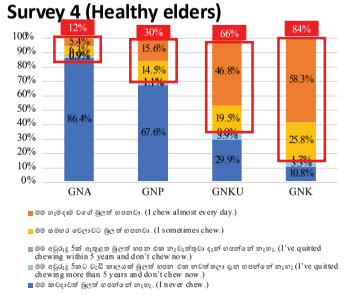
Q6-3 ඔබ දිනකට සිගරට් කීයක් බොනවද?
How many cigarettes do you smoke per day? **(Healthy elders)**

	@7				
	GN-A	GN-P	GN-KU	GN-K	Total
1	2	1	1	3	7
2	6	1	0	0	7
3	4	2	0	0	6
4	1	0	0	0	1
5	1	0	0	2	3
15	0	1	0	0	1
	14	5	1	5	25

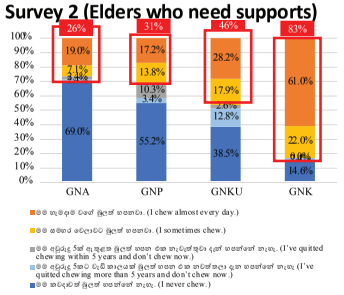
96

Q6-4 ඔබ බුලත් කනවද? Do you chew betel? (Percentage)

Survey 4 (Healthy elders)



Survey 2 (Elders who need supports)

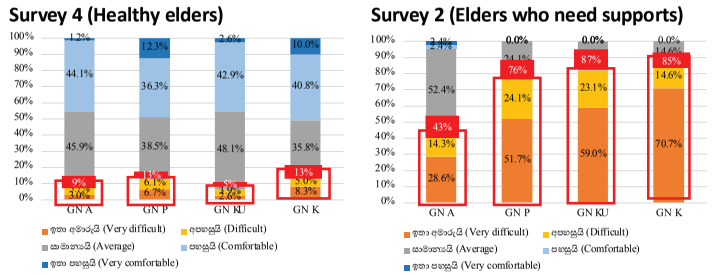


97

Q12. ආර්ථික තත්ත්වය
Economic situation (Social supports)

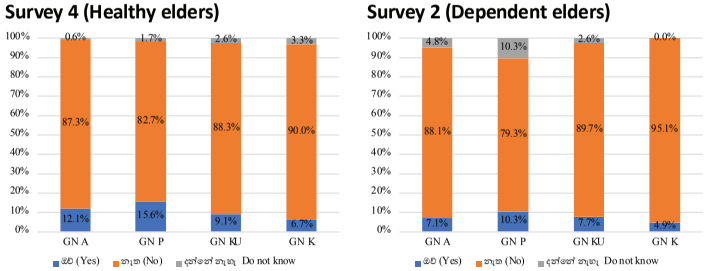
98

Q12-1 ඔබේ වත්මන් මූල්‍ය තත්ත්වය ඔබ විස්ත ර කරන්නේ කෙෂ්ඝී (How do you describe your current financial situation?) (Percentage)



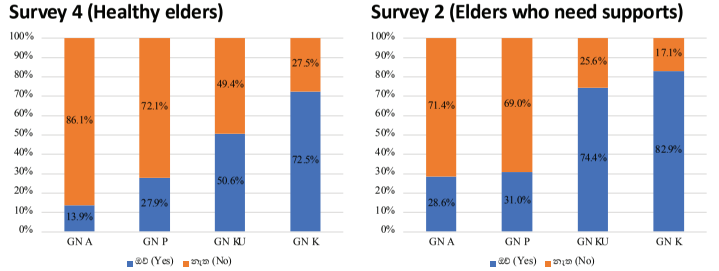
99

Q12-3 ඔබට විශ්‍රාම වැටුපක් තිබේද? (Do you have pension?) (Percentage)



100

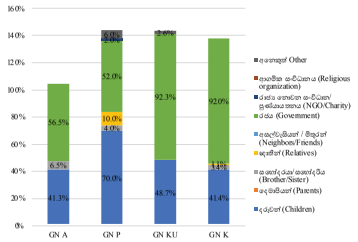
Q12-6 ඔබට කිසියම් මූල්‍ය ආධාරයක් තිබේද? (Do you have any financial supports?) (Percentage)



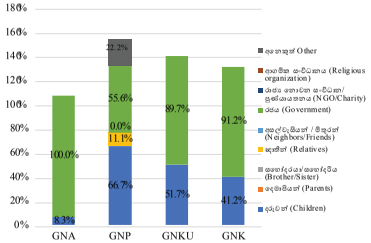
101

(Q13-7) ඔබට මූල්‍යමය වශයෙන් සහයෝගය දක්වන්නේ කවුද? (Who financially support you?) (Percentage)

Survey 4 (Healthy elders)



Survey 2 (Elders who need supports)



102

Q12-8 ඔබට මසකට ආසන්න වශයෙන් කොපමණ මූල්‍ය ආධාර ලැබේද? (Approximately how much do you receive financial support per month?)

		30,000 ට වැඩි (more than 30,000)	10,000 සිට 30,000 දක්වා (10,000 to 30,000)	2,000 සිට 10,000 දක්වා (bet 2,000 and 10,000)	2,000 ට අඩු (less than 2,000)	Total
GN A	Healthy elders	3	3	13	27	46
	Elders need care	0	0	4	8	12
	Total	3	3	17	35	58
GN-P	Healthy elders	1	2	24	23	50
	Elders need care	0	0	5	4	9
	Total	1	2	29	27	59
GN-KU	Healthy elders	0	0	22	17	39
	Elders need care	0	0	10	19	29
	Total	0	0	32	36	68
GN-K	Healthy elders	0	0	45	42	87
	Elders need care	0	0	15	19	34
	Total	0	0	60	61	121
Overall total		4 (1.3%)	5 (1.6%)	138 (45.1%)	159 (52%)	306

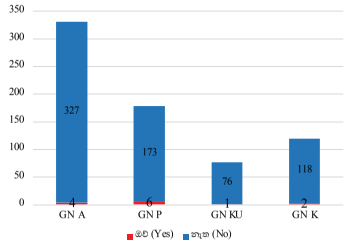
104

Q18. අපයෝජනය (Abuse)

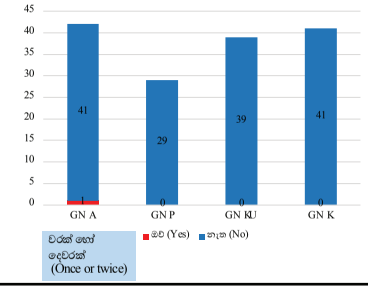
105

Q18-1 පසුගිය වසරේ, ඔබට පහර දීම, පයින් ගැසීම, වස්තූන් ඔබට විසි කිරීම හෝ කාමරයක් තුළ වසා දැමීම වැනි ශාරීරික හිංසනයන් ඔබේ පවුලෙන් කවදා හෝ අත්විඳ නිබෙද? In the past year, did you ever experience physical violence from your family, such as being hit, kicked, having objects thrown at you, or being shut in a room? (Healthy elders)

Survey 4: Healthy elders



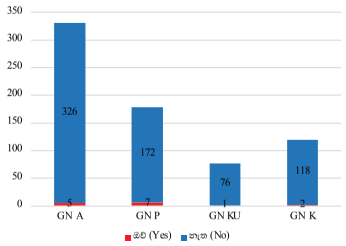
Survey 2: Elders who need supports



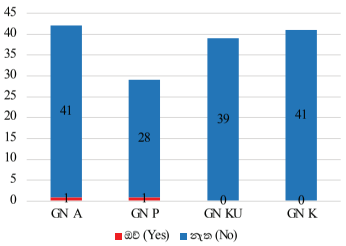
106

Q18-3 පසුගිය වසර තුළ, වාචික අපයෝජනය, කැපුම් ජර කාශ කිීම හෝ දිගු කාලයක් නොසලකා හැරීම වැනි ඔබේ ආත්ම අභිමානයට හානි කිරීමේ ක්‍රිි යාවක් ඔබේ පවුලෙන් ඔබ කවදා හෝ අත්දැක තිබේද?
In the past year, did you ever experience an act to harm your self-esteem from your family, such as verbal abuse, cutting remarks, or being ignored for long periods? (Healthy elders)

Survey 4: Healthy elders



Survey 2: Elders who need supports



108

සංඛ්‍යා විශ්ලේෂණ ඤානසික අවපීඩනය ඇත සම්බන්ධය /Statistical analysis (chi-square test)– relation to depression
ජීවන තත්ත්වය සහ රැකවරණය වැළැක්වීම /Living condition and care prevention

Category	Classification	Depression				Total	P value
		No		Yes			
		N	%	N	%		
Living condition/ජීවන තත්ත්වය	Alone	46	52.3%	42	47.7%	88	0.307
	with family	448	58.2%	322	41.8%	770	
Oral frail/මුඛ දුර්වල	No	431	63.0%	253	37.0%	684	<0.000
	Yes	63	36.2%	111	63.8%	174	
Cognitive risk/සංජානන අවධානම	No	408	68.9%	184	31.1%	592	<0.000
	Yes	86	32.3%	180	67.7%	266	
Risk of falling down/බිම වැටීමේ අවධානම	No	444	68.5%	204	31.5%	648	<0.000
	Yes	50	23.8%	160	76.2%	210	
IADL	No	391	69.2%	174	30.8%	565	<0.000
	Yes	103	35.2%	190	64.8%	293	
		494		364		858	

111

සංඛ්‍යා විශ්ලේෂණ ඤානසික අවපීඩනය ඇත සම්බන්ධය /Statistical analysis (chi-square test) – relation to depression සමාජ සහභාගීත්වය /Social participation

Category	Classification	Depression				Total	P value
		No		Yes			
		N	%	N	%		
Participation of group activities	Less than once a month	185	52.6%	167	47.4%	352	0.014
	At least one month	309	61.2%	196	38.8%	505	
Eating alone or with someone/ තනිවම හෝ යමෙකු සමඟ ආහාර ගැනීම	Alone	208	53.6%	180	46.4%	388	0.031
	Someone	286	61.0%	183	39.0%	469	
Number of friends met past month	less than 2	175	54.5%	146	45.5%	321	0.175
	3 or more	319	59.4%	218	40.6%	537	
Frequency of going out per month එළියට පිටවීමේ වාර ගණන	1 or less	166	48.5%	176	51.5%	342	0.01
	2 or more	328	63.6%	188	36.4%	516	
Has the frequency of your going out decreased since last year?/පසුගිය වසරට වඩා ඔබ පිටතට යන වාර ගණන අඩු වී තිබේද?	Yes	219	46.7%	250	53.3%	469	0.000
	no	275	70.7%	114	29.3%	389	
Total		494		364		858	

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සංඛ්‍යා විශ්ලේෂණ ඤානසික අවපීඩනය ඇත සම්බන්ධය /Statistical analysis – relation to depression සමාජ සහභාගීත්වය /Social participation

Category	Classification	Depression				Total	P value
		No		Yes			
		N	%	N	%		
Do you have any hobby?/ඔබට විනෝදාංශයක් තිබේද?	No	200	48.7%	211	51.3%	411	0.000
	Yes	294	65.8%	153	34.2%	447	
Do you usually read newspapers?/ඔබ සාමාන්‍යයෙන් පුවත්පත් කියවනවාද?	No	148	46.5%	170	53.5%	318	0.000
	Yes	346	64.1%	194	35.9%	540	
Do you usually listen to radio?/ඔබ සාමාන්‍යයෙන් ගුවන් විදුලියට සවන් දෙනවාද?	No	71	45.8%	84	54.2%	155	0.001
	Yes	423	60.2%	280	39.8%	703	
Do you usually watch TV?/ඔබ සාමාන්‍යයෙන් රූපවාහිනිය නරඹනවාද?	No	43	38.4%	69	61.6%	112	0.000
	Yes	451	60.5%	295	39.5%	746	
Total		494		364		858	

113

සංඛ්‍යා විශ්ලේෂණ -මානසික අවපීඩනය ඇත සම්බන්ධය /Statistical analysis – relation to depression
Physical condition

Category	Classification	Depression					P value
		No		Yes		Total	
		N	%	N	%		
How many diseases the elders have	0	232	66.9%	115	33.1%	347	0.000
	1-2	218	55.6%	174	44.4%	392	
	3-4	39	39.8%	59	60.2%	98	
	More than 5	5	25%	15	75%	20	
Total		494		364		858	

114

සංඛ්‍යා විශ්ලේෂණ -මානසික අවපීඩනය ඇත සම්බන්ධය /Statistical analysis – relation to depression
Financial situation (Social protection)

Category	Classification	Depression					P value
		No		Yes		Total	
		N	%	N	%		
How do you describe your current financial situation?/ඔබෙ වත්මන් මූල්‍ය තත්ත්වය විස්තර කරන්නේ කෙසේද?	Difficult/අපහසුයි	215	46.8%	244	53.2%	459	0.000
	Normal or comfortable/ සාමාන්‍ය හෝ පහසුයි	279	69.9%	120	30.1%	399	
Do you have any financial supports?/ඔබට කිසියම් මූල්‍ය ආධාරයක් තිබෙද?	Yes	135	44.1%	171	55.9%	306	0.000
	No	359	65.0%	193	35.0%	552	
		494	494	364	364	858	

115

Discussion results in the pilot site

1

Discussion in Kaduwela TWG/Athurugiriya GN

1. The following points could be considered, 1. Prevention, 2. Protein, 3. Oral care, 4. Usage of social service activities? , 5. Depression rate, 6. Day care center services.
2. Housing and living style
   - When the elderly people have issues with children/carers, they do not come out to say that.
   - Living alone is not significant issue right now but the issue is growing up.
3. Healthy behaviours/care prevention
   - Health and nutrition could be the key issue.
4. Social participation
   - Elder societies in villages are there but only limited number of people participate in those activities. Those who do not come out are difficult to reach out.
5. Social protection/income generation
   - Financial problems remain there.

2

Discussion in Kaduwela TWG/Athurugiriya GN

Summary of discussion

- As a result, 1. care prevention, 2. promotion of nutrition, 3. promotion of social participation, 4. promotion of importance of mental health including its diagnosis as well will be prioritized.
- If both health and social service sectors can collaborate, information can be disseminated to the elders well.

3

Discussion in Kaduwela TWG/Athurugiriya GN

Summary of discussion

- Referral and back referral can be strengthened in the regional level.
- PSSP project has been implemented by World Bank. In the project, a hospital where there is only one doctor is connected to bigger hospital like Athurugiriya hospital. The same framework can be applied between Athurugiriya hospital and CSTH. The project is ending this year, but it could be extended. It is the largest project in health sector. Dr. Deepa gets some money from the project and give it to hospitals so that they can improve for elderly friendly setting.
- In terms of rehabilitation, PHN can do that as they go to houses, check the elders, do rehab, change catheter, etc. Number of such cases is not high enough, but the concept is there.

4

Discussion in Kaduwela TWG/Athurugiriya GN

Further activities

- For those who were not surveyed this time, we can work out for the plan later.
- Compared with MCH services, no geriatric services currently reach to communities. We need doctors and nurses to be allocated in geriatric public health and have them go directly to communities.
- (When the Japanese experts suggested to develop guidance book for elders and service providers,) Guidance book should be simple and short. Otherwise, no one will read it.

5

Discussion in Padukka TWG/Poregedara GN

Area	Identified Issues
Situation of the household and life support	There is no way to provide subsidies for living and for providing adults caregiving services for the 10% of adults who live alone.
Elderly Care Services	No proper mechanism has not still established for a common adult caregiving service. No awareness about available caregiving services.
Health/ Medical Services	Not paying a proper attention and a consideration on the health.
Nutritional Status	It has been observed that there is a reciprocity between the survey data and the reports on the consumption of fruits and vegetables. Fulfilling the demand for Proteins has become a not economically viable one.

6

Discussion in Padukka TWG/Poregedara GN

Area	Identified Issues
Healthy Habits	Practicing bad habits like chewing Battles. Daily exercising practices are low.
Physical function and concern	25% of the healthy adults and 58% of adults who needs assistance have a high dangerous to falling down. This has become a severe problem. Disabilities can be occurred due to these falling downs in the adulthood and problems are created because of that.
IADL (Instrumental Activities of Daily Living)	No enough knowledge about usage of technical instruments.

7

Discussion in Padukka TWG/Poregedara GN

Area	Identified Issues
Social participation/ activities/ issue of isolation	Low availability of contemporary companionships and leisure activities has become a problem.
Concern about cognitive function	High probability in forgetting things.
Depression/ Satisfaction	The depression occurred due to social and economic problems is high.
Phone/ smartphone and SNS usage	Usage of Information Technology is low. Usage of modern telecommunication is also low.

8

Discussion in Padukka TWG/Poregedara GN

Area	Identified Issues
Economic Situation	51% of adults who need assistance and 12% of healthy adults need economic assistance. No proper social security system or pension scheme.
Housing	There are issues in the ownership of households for living alone.
Transportation	Not availability of a transportation service with entrance facilities and safety.
Abuse	No impotent to against to abuse and no knowledge about it.

9

Discussion in Kandaketiya TWG/ GN Kandakepu Ulpotha · Kivulegedara

Issues in Kivulegedara GN

1. Health issues

- කෘතිම දත් රඳවන භාවිතා කිරීම අඩුයි (සමාජ ඇසුර වැඩි පුද්ගලයි හට භාවිතා කිරීම අපහසුයි) Less use of dentures (difficult to use for more social people)
- ඇස්ව ල තත්ත්වය Eye condition
- අඩු ආදායම් ලාභීන් සඳහා සමාජ සේව ා මගින් කණ්නාඩි ලබා දී Social services provided eye glasses for low-income earners
- දියවැඩියාව, අධිරුධිර පීඩනය, කොලොස්ට රෝල් පරීක්ෂා කර නැත. Diabetes, high blood pressure, cholesterol, hearing problems are not checked
- කොලොස්ට රෝල් පරීක්ෂා කිරීමට බදුල්ල හෝ මහියංගනයට යාමට සිදුවේ Have to go to Badulla or Mahiyagana to get cholesterol checked.
- මානසික අවපීඩනය තිබිය හැක. May have depression
- සෞඛ්‍ය අධ්‍යාපන සාකච්ඡා (රෝහල් සායන) Health Education Discussion

10

Discussion in Kandaketiya TWG/ GN Kandakepu Ulpotha · Kivulegedara

Issues in Kivulegedara GN

- **Healthy behaviors**
- බුලත් විට භාවිතා කිරීම Bite Bulathwita (Traditional bad habit)
- කරවල, මස්, මාලු ආහාරයට ගනීම අඩුයි. Eat less fish, meats
- **Care Prevention**
- වැටීමට ඇති අවධානම. Risk of falling
- **Elderly supports**
- තනිව ජීවත්වන වැඩිහිටියන් සඳහා අවධානය ලබා දීම. Providing attention elderly living alone
- වැඩිහිටි සමිතියේ සාමාජිකත්වය වැඩිහිටි සත්කාරක සේවා වක් ලෙස සැලකීම (සමීක්ෂණයේ) Membership of Elderly society is treated as elderly care services

11

Discussion in Kandaketiya TWG/ GN Kandakepu Ulpotha · Kivulegedara

Issues in Kivulegedara GN

- **Healthy behaviors**
- බුලත් විට භාවිතා කිරීම Bite Bulathwita (Traditional bad habit)
- කරවල, මස්, මාලු ආහාරයට ගනීම අඩුයි. Eat less fish, meats
- **Care Prevention**
- වැටීමට ඇති අවධානම. Risk of falling
- **Elderly supports**
- තනිව ජීවත්වන වැඩිහිටියන් සඳහා අවධානය ලබා දීම. Providing attention elderly living alone
- වැඩිහිටි සමිතියේ සාමාජිකත්වය වැඩිහිටි සත්කාරක සේවා වක් ලෙස සැලකීම (සමීක්ෂණයේ) Membership of Elderly society is treated as elderly care services

12

Discussion in Kandaketiya TWG/ GN Kandakepu Ulpotha · Kivulegedara

Issues identified in Kandakepu Ulpotha GN

- **Financial issues**
- ආර්ථික හා මූල්‍ය ගැටලු. Economic and financial problem
- රැකියා අවස්ථා නිර්මාණය. Creating job opportunities
- **Transportation/movement, accessibility**
- ගමනාගමන පහසුකම්. Transport facilities

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Discussion in Kandaketiya TWG/ GN Kandakepu Ulpotha · Kivulegedara

Issues identified in Kandakepu Ulpotha GN

- **Elderly services**
- තනි තනිව ජීවත්වන වැඩිහිටියන් රැකබලා ගැනීම. Take care of elderly living alone
- **Health services**
- සෞඛ්‍ය අධ්‍යාපනය. Health education
- **Healthy behaviors**
- පෝෂණ අවශ්‍යතා. Nutritional needs

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Discussion in Kandaketiya TWG/ GN Kandakepu Ulpotha · Kivulegedara

- Usage of dentures:
  - Usage of dentures are very low. It might be reasons that 1) they have no access to make denture, 2) they do not know they need denture, 3) they do not want to use denture.
- Eye issues
  - Availability of glasses are low in both GNs. Mr. Chanaka (SSO) said that elders can get spectaculars from social services. But they have to check their eyes and have to get a report first. Dr. Gawarammana said that elders shoul be prioritized.
  - The public health facilities can provide cataract surgeries, but the major issue is transportation to reach the health facilities. The Divisional Secretary Office has a bus, so based on the collaboration and coordination between the health sector and social service sector, the cataract surgery can be arranged for the elders who need it.

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Discussion in Kandaketiya TWG/ GN Kandakepu Ulpotha · Kivulegedara

- Low prevalence of hyperlipidemia
  - Many elders were not checked cholesterol. The reason for that is lack of facilities. They have to go to Mahiyangana or Badulla for it. Also, Dr Migara said that the elders come to health facilities when they have symptom. The health workers suggest to continue the treatments, but they do not continue once the symptom is gone
- Depression and dementia

- According to the survey, although many elders answer they are happy, they may have depressive condition. It is suspected that depression as a hidden problem in the elderly population. One of the considerable reasons is lack of counselling by social health services or from the society. PHMs do not prove services for elders. In Kandaketiya, there is no PHNO, which means no health service providers for palliative care and home based care services

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Discussion in Kandaketiya TWG/ GN Kandakepu Ulpotha・Kivulegedara

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- Health education

- Only small percentage of elders answered they have received health or nutritional education although some of the educational sessions were conducted. This is probably elders did not recognize health education session. On the other hands, some components are not included in the health education session, so it is better to cooperate with the medical and public health service providers to provide health education session.

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Discussion in Kandaketiya TWG/ GN Kandakepu Ulpotha・Kivulegedara

- Nutrition issues

It is identified that elders tend not to eat protein such as fish and meat and fruits and vegetables from the survey results. There is an opinion that it is not reasonable since many of them are farmers and making vegetables. Meanwhile, considerable reasons are raised such as 1) the elders might prioritize more to sell vegetables than to eat (Dr. Migara), 2) the elders might prioritize to give vegetables to their children, 3) the elders misunderstood the questions since the question said "How often do you eat fruits and vegetables", meaning they are asked to eat both fruits and vegetables every day. It was agreed that the questionnaire should be changed next time to avoid misunderstanding.

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Discussion in Kandaketiya TWG/ GN Kandakepu Ulpotha・Kivulegedara

- Issue of the survey form

- Mr. Chanaka (SSO) mentioned some healthy elders should be categorized as elderly in need of care because of the low literacy. Kanako explained that these questions are measuring cognitive functions, which can not be detected by appearance, we had discussions that all the questions can be answered all the Sri Lankan citizens. Besides, we set cut-off as 7, thus even the elders can not answer the questions which they need academic background, we assumed they can answer all. If you think the questions are inappropriate, we need to improve the contents. or we can improve the cut off points.

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Discussion in Kandaketiya TWG/ GN Kandakepu Ulpotha・Kivulegedara

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Discussion in Kandaketiya TWG/ GN Kandakepu Ulpotha · Kivulegedara

Conclusion/way forward

- Providing medical examination and continuous treatment by collaboration with health services and social services
- Providing health educational session and care prevention session by collaboration with health (public health and medical) services and social services
- Organizing cataract surgery for elders considering their conditions by collaboration with health services and social services
- Consider providing home visit health care services who can not move by collaboration with health and social service sectors.
- Consider providing transportation for elders to reach health facilities

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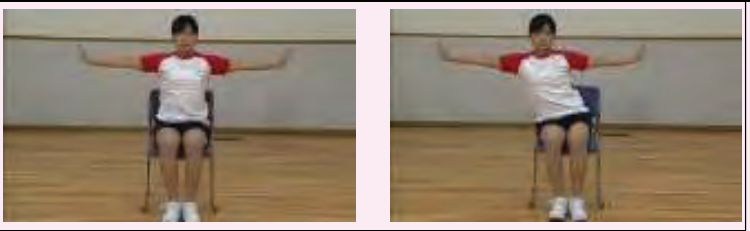
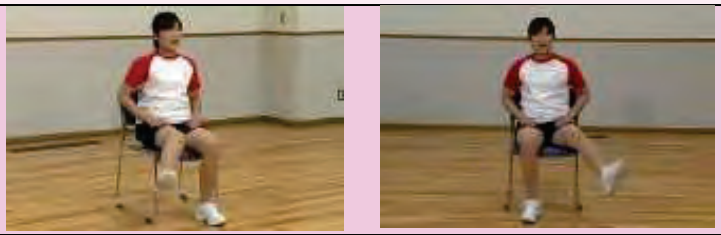
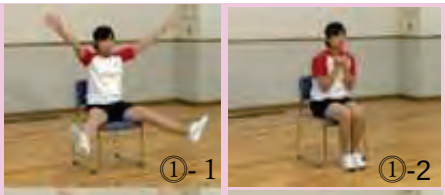
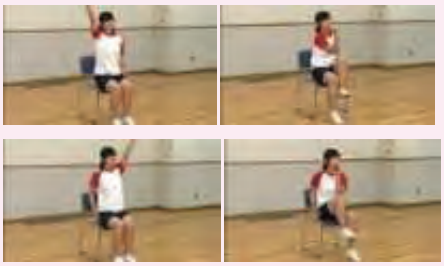
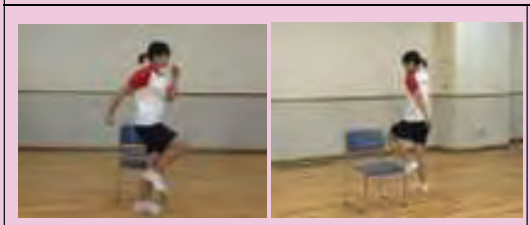
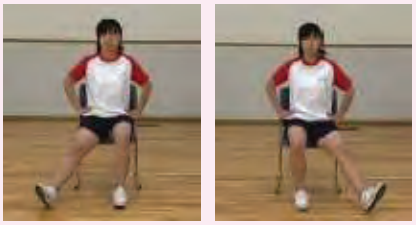
Arakawa Koroban Calisthenics

Name & purpose	Contents ・ Frequency	Point
1.Trunk flexion ・Upper body flexibility Enhance	 Bend and stretch the trunk while rotating the arms widely [4times]	With feet firmly planted on the ground, slowly bend forward while exhaling.
2.Lateral flexion of trunk Increase lateral flexibility of the upper body	 Lateral flexion of trunk [2 times each side]	Exhale lightly and slowly roll over to the side. At this time, stretch your armpits tightly
3.Lateral center of gravity shift of trunk Enhance the function of the abdominal muscles, back muscles, and muscles that connect the pelvis to the upper body	 Open both arms and move the center of gravity to the left and right [Twice on each side]	Keep arms horizontal at shoulder height and wrists erect. Extend arms out to the side, keeping the hips on the ground.
4. Ankle dorsiflexion exercise Strengthen the tibialis anterior muscle Achilles Tendon Stretch	 Dorsiflexion of ankle joint [16 times alternating left and right]	Keeping your heels on the floor, lift your toes as high as possible in rhythm with your fingers.
5. standstill Strengthen the iliopsoas muscles. Strengthen abdominal muscles.	 Foot stomping [16 times, alternating left and right]	Lift straight up so that the knees do not open sideways and do not turn the upper body back. Wave arms naturally.

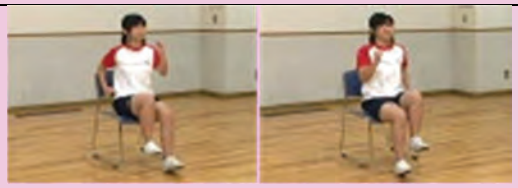
Name and Purpose	Contents ・ Frequency	Point
6.Knee Extension Strengthen quadriceps muscles	 Knee extension [slow: 4 beats x 2 times, fast: 2 beats x 4 times]	Put strength in the thighs. Ankles should be slid forward, and when lowering the foot, do so slowly
7.deep breath Reduce elevated blood pressure and heart rate	 Deep breath [2times]	Inhale through the nose and exhale through the mouth.
8. seated. logogram Increase flexibility and coordination of lower extremity muscles	 Write the character for "A-R-A-K-A-WA" one by one with your foot toward the air in front of you [twice on each side].	Sing loudly and write letters as large as possible.
9. hip joints. Adduction Increase hip flexibility Strengthen quadriceps muscles	 Extend both knees, strike the foot twice and return [4 times]	Open and close the knees tightly and horizontally wide, ankles deflected toward you. Maintain balance so that the upper body does not deflect.
10.Combinati on exercise of hands and feet Enhances motor nerve function through whole-body exercise	 ①- 1 ①-2 ① Open and close both arms and legs at the same time.[2times]  ②- 1 ②-2 ② Open and close both arms and legs alternately [2times]  ⑤ ⑥ ⑦ ⑧ ③Left wrist right foot ④Right wrist left foot ⑤Left wrist left foot ⑥Right wrist right foot [Repeat steps 3 to 6 twice]	Open and close arms and legs as widely as possible. Relax to music.
11. deep breath	Deep breath [2times]	Inhale through the nose and exhale through the mouth.

Name and Purpose	Contents ・ Frequency Koroban Calisthenics	Contents ・ Frequency chairban Calisthenics
12. Standing up and sitting down Strengthens quadriceps and gluteus maximus muscles and improves balance	Stand up and sit down slowly without recoil, and those with back pain should take it easy.	With feet firmly planted on the ground, exhale and slowly bend forward.
		
	Stand up and sit down [4 times], bowing out of the chair, and finally standing up.	Raise your arms wide from bottom to top, chest out [4 times].
13. Backbending of the trunk Stretch the upper body and create good posture	Inhale when you deflect and exhale when you bring it back. Slowly, without recoil. Don't force your neck to deflect, but keep your chest up.	
		
	Backbending of trunk [2 times〕	
14. Torsion of the trunk Stretches the muscles from the waist to the chest and improves flexibility of the body	Twist your body to look at the tips of your hands. If you have back pain, do not overdo it.	
		
	Twist the entire body [2 times each side]	
15. Standing on tiptoes Strengthens the triceps lower leg muscles and improves front to back balance ability	Stand on tiptoe as high as possible while maintaining balance. If you have ankle pain, take it easy.	
		
	Step out with one foot and stand on tiptoe [8 times on each side].	Lift and lower the heel with one foot in front of the other and the opposite foot slightly pulled back
16. high knee Strengthens iliopsoas and quadriceps muscles and improves balance ability	Straighten the body and lift the thighs as high as possible.	
		
	high knee [alternating left and right, 4 times each]	

Name and Purpose	Contents ・ Frequency Koroban Calisthenics	Contents ・ Frequency chairban Calisthenics
17. Diagonal abdominal exercise Strengthens abdominal muscles and improves body stability	The body should be straight when bringing the diagonal knees and elbows close together.	
		
	Alternate diagonal knee and elbow strikes [4 times, alternating left and right].	
18. Hamstrings& Achilles tendon stretching Increase flexibility of hip and ankle joints	Bend forward to stretch the back of the thigh in front of you, then move the center of gravity forward to stretch the calf of the back leg.	Extend one leg diagonally and tilt the body in the same direction. Next, deflect the ankle and stretch the back of the knee.
		
	Stretch hamstrings and Achilles tendon [2 times, alternating left and right]	
19. deep breaths	Deep breathing [2 times] Inhale through the nose and exhale through the mouth.	
20. march Walking with a change of direction according to the environment	Raise feet and knees high and in rhythm, being careful not to bump into the chair.	
		
	Move behind the chair while marching	Stamp your feet on the spot to the music
21.ARAKAWA(front) Improve lower extremity coordination and balance	Sing loudly, support yourself firmly on one leg and write large letters. If there is pain or anxiety, hold the backrest. If there is pain, take it easy	
		
	Write with your feet toward the ground [once on each side].	Write forward with your hand [once on each side].

Name and Purpose	Contents ・ Frequency Koroban Calisthenics	Contents ・ Frequency chairban Calisthenics
22. Front, side, back Increases balance capacity. Improve motor reaction time.	Move your feet in a fun, big way while riding the rhythm.	
		
	Feet forward, sideways, backward, clap hands [4 times each side].	
23. Cossacks Strengthens quadriceps muscles and builds a strong lower body	Lift your toes and move your feet rhythmically while keeping your body upright.	
		
	Cossacks 8 beats [1 time each side] → 4 beats [2 times each side] → 2 beats [4 times each side	
24.deep breath	Deep breathing [2 times]. Inhale through nose, exhale through mouth	
25. Hip Extension Increase gluteus maximus muscle strength . Hip Stretch	Do not lean your body. Lift your legs high back with your hips.	
		
	Hip extension with hands on backrest Slowly ［4 beats x 2 times on each side] Quickly [2 beats × 4 times on each side]	Extension of the knees and the diagonal arm directly above the knee [4 beats × 2 times] , Knee extension only 【2 beats × 4 times on each side
26.ARAKAWA(back) Increase hip and knee joint strength. Improve lower body coordination.	Sing loudly. Support yourself with one foot and write as large a letter as possible.	
		
	Extend the hip joint and write with the foot [Once for each side]	Write with hands and feet at the same time [Once for each side]

Name and Purpose	Contents ・ Frequency Koroban Calisthenics	Contents ・ Frequency chairban Calisthenics
27. One leg Balance Strengthens mid and upper body muscles and increases hip flexibility	Feet as far to the side as possible, arms horizontal, wrists erect.	
		
	Hip joints are abducted with both hands open [4 times on each side]	Arms open, legs diagonally forward. [4 times on each side]
28. Center of gravity shift to the side Increases hip flexibility and strengthens lower body muscles	Avoid leaning back, step your feet out to the side as far as possible and place your weight on them.	
		 
	Put your hands on your hips and shift your center of gravity to the side. [4 times on each side]	Move the center of gravity of the upper body only to the side
29.deep breath	Deep breathing. Inhale through the nose and exhale through the mouth.	
30. Diagonal movement of the back Strengthens back muscles and unifies body movements	Keep your chest out and be aware of your back muscles.	
		
	Raise one hand and opposite leg behind you and deflect your torso [4 times on each side]	Extend both upper extremities diagonally
31. walking Make the gait pattern dynamic.	Look straight ahead and straighten your back. Be careful not to bump into the chair.	Raise arms and legs wide and high.
		
	Walking in rhythm.4beats [2 times each, back to back]	Stamping your feet on the spot in rhythm

Name and Purpose	Contents ・ Frequency Koroban Calisthenics	Contents ・ Frequency chairban Calisthenics
32. heel-walking Strengthens the tibialis anterior muscle and increases the ability to balance backward.	Look straight ahead and straighten your back. Rhythm to the music.	
		
	Walk back and forth, keeping your toes up and balancing as much as possible.	Step on the spot with the heel
33. tiptoe walk Strengthens the triceps lower leg muscles and increases forward balancing ability	Look straight ahead and straighten your back. Rhythm to the music.	
		
	Walk back and forth, keeping your heels up and balancing as much as possible.	Raise heel high and move back and forth finely.
34. tandem walking Balance practice	Look straight ahead and straighten your back.	
		
	Alternate feet with the toe and the heel of the opposite foot. Walk as if you were walking in a straight line.	
35. walking with hands and feet together Enhance balance ability	Look straight ahead and straighten your back. Lift your arms and legs high and in rhythm.	
		
	Walk with arms and legs raised together and alternately.	On-the-spot footsteps with the limbs on the same side.
36.deep breath	Deep breathing. Inhale through the nose and exhale through the mouth.	

To make calisthenics effective

- **Exercises are effective when performed at least two days a week, twice a day.**
- **Before performing the calisthenics, do some light preparatory exercises such as stretching.**
- **For each pose, move your body while being aware of the muscles to be strengthened.**

Separate Volume 3:

Mental Problems in old age have a profound effect on well-being

- The quality of life can decrease
- Living alone
- Discrimination
- Disappointment and Frustration
- Dying at a young age

Dementia is one of the main diseases of old age.

What is Dementia?

A disease occurs changes in higher human characteristic such as memory, behavior, decision making, intelligence and personality as a result of the gradual death of the nerve cells in the brain. It is more common in the elderly (Above 60). It is important to understand that this is not the result of normal aging.

Symptoms and Problems

1. Frequent forgetfulness of day-to-day things
   - Losing own belongings
   - Accusations that they were stolen by others
   - Forgetting to use the home appliances
   - Forgetting the way of use money after going to the shop
   - Unable to recognize their spouse and children at the peak
2. Decreasing the ability to adapt into new environment
3. Changes in the daily routine
4. Being quarrelsome
   - Screaming
   - Walking around without a purpose
   - Abnormalities in sexual behavior
   - Insomnia
   - Isolation
   - Crying/ Wails
5. Lack of bowel and bladder control
6. Decreasing impulse and emotion control
7. Misconceptions
   - Telling that the person still goes to work
   - Telling that spouse / parents are alive (Even if they are not)

Risk Situations

- Going for a walk away from home
- Being get lost
- Facing accidents on the road
- Use of electrical equipment
- Falls and injuries
- Fires (Due to not switching off gas stoves)

These patients need help from others

- Washing and bathing
- Wearing clothes
- Using lavatories

When treating these patients, if they have pains, need to treat those firstly

- Constipation
- Vision problems/ difficulties in hearing
- Delirium caused by infection

Treatment for these things is essential.

Non -pharmacological treatments

- Place the patient in an uncomplicated, usual environment
- Stimulating the senses
- Appreciating good behaviors

Drug Therapies

Controlling the behavioral problems and develop the memory
(Antipsychotics, memory enhances)

Points to note in particular

1. Since decisions regarding property cannot be made, authority may be delegated to someone else
2. The mental state of the caregiver must be ascertained. (Caring for such a patient can be quite a difficult task.)

How to look after the patients

- The caretaker should be kind
- Everything should be reminded again because forgetting is the main point
- Not changing the patient's usual environment
- Remembering past things and events frequently
- Taking care of food
- Concerning the safety of the patient
- Concerning about the cleanliness of the patient
- Practicing to do the bowl movements properly
- Referral to a doctor if other symptoms are occurred
- Administer the prescribed medication at the right time every day

- Remove any hazardous material from the patient (fragile items)
- Reduce giving liquids in the morning and in the evening can reduce sleep urination
- Writing down everything clearly in colorful handwriting

Advice for you as dementia caregiver

- Share responsibilities with other relatives.
- Delegate responsibility and take a break when you feel tired or stressed.
- If the patient is restless or not sleeping, inform the doctor and get appropriate medicine. Then the caregiver can rest for the night also the patient is also less likely to get into an accident.
- Take the patient to the toilet frequently. Then the number of clothes that have to be washed due to contamination can be reduced.
- Talk to a doctor or someone who can understand the problem you are facing.
- Get legal advice on property owned by the person with dementia.

If you need more information about this, you can visit the hospitals in the area

Visit the mental health unit

It is your responsibility and duty to take care of the parents who took care of you when you were a child

Mental Health and Aging elderly

Mental Health Unit
Divisional Hospital
Athurugiriya

Separate Volume 4:

Participants of the Group Discussions and Key Informant Interviews in the Verification Survey

(1) June 18, 2024

Name	Organization	Title
Ms. P.J.D.Fernando	Ministry of Women, Child Affairs and Social Empowerment	Senior Assistant Secretary (Administration)
Mr. Raveendra Gunathissa	National Secretariat for Elders	Elders Right Promotion Officer
Mr. A.M.Asri	National Secretariat for Elders	Elders Right Promotion Officer

(2) June 18, 2024

Dr. Lakmini Magodaratne	Ministry of Health	Director, Youth, Elderly and Disabled

(3) July 15, 2024

Dr. Dumitha	Athurugiriya Divisional Hospital	DMO
Ms. Kanchana	Athurugiriya Divisional Hospital	PHNO

(4) July 16, 2024

Malika Madhuwanthi	DS office, Padukka	SSO
Ms. S.A. Priyanthi	Divisional Hospital, Padukka	PHNO
Mr. R.A. Uditha Nalin Ranasinghe	MOH, Padukka	PHI
Ms.K.A Sasanka Madhavie	DS office, Padukka	GN
Ms. Susila Jayanthie Vithanage	Elder committee Poregedara	Treasury
Mrs. Ariyawauthie Bogoda	Elder committee Poregedara	President
Mrs. A.Aathukorala	Elder committee Poregedara	Secretary

(5) July 19, 2024

Dr. Dumithra Kahangamage	Divisional Hospital, Athurugiriya	DMO
Dr. Nirupa Hettige	Divisional Hospital, Athurugiriya	Medical Officer in Mental Health
Mr. Sugath Indipolage	MoH office, Kaduwela	PHI
Ms. Kanchana Magammana	Divisional Hospital, Athurugiriya	PHNO
Ms. Niloshani Jayasinghe	Divisional Secretariat, Kaduwela	GN Athurugiriya
Ms. Dilini Wathsala	Divisional Secretariat, Kaduwela	Development officer

(6) July 29, 2024

Dr. Niroshan Silva	MOH office, Kaduwela	Medical Officer of Health, Kaduwela

(7) July 31, 2024

Mr. Sampath Idamgodge	DS office, Kaduwela	Divisional Secretary Kaduwela

(8) July 31, 2024

Dr. Jagath Kumar	MOH office, Padukka	Medical Officer of Health, Padukka

(9) July 31, 2024

Ms. Anoja Priyanthi	Public Health Nursing Officer	Medical Officer of Health, Padukka

(10) August 1, 2024

Ms. W. Madusha R. Weerakkodi	DS office, Padukka	Assistant Divisional Secretary
Ms. A. D. M. Madhuwanthi	DS office, Padukka	SSO

(11) August 15, 2024

Dr. J.C.M. Tennekoon	Provincial Director of Health Services	Provincial Director of Health Services

(12) August 15, 2024

Ms. N.L.S. Piumla	Provincial Director of Social Services	Provincial Director of Social Services

(13) August 16, 2024

Dr. Kaminda	MOH office, Kandaketiya	MOH, Kandaketiya
Dr. Dinushi	MOH office, Kandaketiya	AMOH, Kandaketiya

(14) August 16, 2024

Mr. Nuwan	DS Office, Kandaketiya	DS, Kandaketiya

(15) August 16, 2024

Dr. Migara	Kandaketiya Divisional Hospital	MO in-charge

(16) August 16, 2024

Dr. K. B. Egodawela	MOH, Kandaketiya	Medical Officer of Health
Mr. D. M. S. L. Dissanayake	MOH, Kandaketiya	Public Health Inspector
Mrs. B. M. U. Priyadarshini	MOH, Kandaketiya	Public Health Midwife, Kandakepu Ulpotha
Mrs. R. M. J. S. K. Ariyachandra	DS office, Kandaketiya	Grama Niladari, Kandakepu Ulpotha
Mrs. R. M. S. Irangani	DS office, Kandaketiya	Grama Niladari, Kivulegedara