APPENDIX
## APPENDIX 1: CLASSIFICATION OF MORBIDITY (BASED ON ICD BY WHO)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>NON-COMMUNICABLE CONDITIONS (INCLUDING MENTAL AND NEUROLOGICAL, CHRONIC RESPIRATORY AND SENSORY CONDITIONS)</strong></td>
<td></td>
<td></td>
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<tr>
<td>Cancers (known or suspected by a physician) and occurrence of any growing painless lump in the body</td>
<td>Heart disease</td>
<td>Diseases of eye</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>Hypertension</td>
<td>Heart failure</td>
<td></td>
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<tr>
<td>Goiter and other diseases of the thyroid</td>
<td>Bronchial asthma</td>
<td>Cerebral Stroke</td>
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<tr>
<td>Others (including obesity), High Cholesterol</td>
<td>Disorders of joints and bones</td>
<td>Cough and Acute bronchitis</td>
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<tr>
<td>Mental disorders</td>
<td>Diseases of kidney/urinary system</td>
<td>Cancer</td>
<td></td>
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<tr>
<td>Seizures or known epilepsy</td>
<td>Prostatic disorders</td>
<td>Other tumors</td>
<td></td>
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<tr>
<td>Stroke/ hemiplegia/ sudden onset weakness or loss of speech in half of body</td>
<td>Neurological disorders</td>
<td>Goiter and thyroid disorders</td>
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<tr>
<td>Cataract</td>
<td>Psychiatric disorders</td>
<td>diabetes</td>
<td></td>
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<tr>
<td>Glaucoma</td>
<td>Glaucoma</td>
<td>mental and behavioral disorder</td>
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</tr>
<tr>
<td>Hypertension</td>
<td>Cataract</td>
<td>epilepsy</td>
<td></td>
</tr>
<tr>
<td>Heart disease: Chest pain, breathlessness, Cardio-vascular diseases</td>
<td>Goiter</td>
<td>cataract</td>
<td></td>
</tr>
<tr>
<td>Bronchial asthma/ recurrent episode of wheezing and breathlessness with or without cough over long periods or known asthma/ Chronic obstructive pulmonary disease</td>
<td>Diabetes mellitus</td>
<td>diseases of heart</td>
<td></td>
</tr>
<tr>
<td>Joint or bone disease/ pain or swelling in any of the joints, or swelling or pus from the bones</td>
<td>Cancer and other tumors</td>
<td>high/low blood pressure</td>
<td></td>
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<tr>
<td>Any difficulty or abnormality in urination such as Benign prostate hypertrophy in male and urinary incontinence in female</td>
<td></td>
<td></td>
<td>piles</td>
</tr>
<tr>
<td>Pelvic region/reproductive tract infection/ conditions/problems related to male genital area such as hernia, hydrocele,</td>
<td></td>
<td></td>
<td>diseases of kidney/urinary system</td>
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<td></td>
<td></td>
<td></td>
<td>prostrate disorder</td>
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<td></td>
<td></td>
<td></td>
<td>hydrocele</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>pains in joints</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>other disorder of bones and joints</td>
</tr>
<tr>
<td>COMMUNICABLE CONDITIONS</td>
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<td>--------------------------</td>
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<td></td>
</tr>
<tr>
<td>Fever with loss of consciousness or altered consciousness</td>
<td>Diarrhoea/dysentery</td>
<td>Diarrhoea/dysentery</td>
<td></td>
</tr>
<tr>
<td>Fever with rash/eruptive lesions</td>
<td>Worm infestation</td>
<td>Tetanus</td>
<td></td>
</tr>
<tr>
<td>Fever due to Diphtheria, Whooping cough</td>
<td>Amoebiosis</td>
<td>Tetanus</td>
<td></td>
</tr>
<tr>
<td>All other fevers (Includes malaria, typhoid and fevers of unknown origin, all specific fevers that do not have a confirmed diagnosis)</td>
<td>Hepatitis/Jaundice</td>
<td>Whooping Cough</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Respiratory including ear/nose/throat ailments</td>
<td>Meningitis and Viral Encephalitis</td>
<td></td>
</tr>
<tr>
<td>Filariasis</td>
<td>Tuberculosis</td>
<td>Fever of Short duration</td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td>Conjunctivitis</td>
<td>Measles/German Measles</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Diseases of skin</td>
<td>Mumps</td>
<td></td>
</tr>
<tr>
<td>Jaundice</td>
<td>Malaria</td>
<td>Acute diseases of ear</td>
<td></td>
</tr>
<tr>
<td>Diarrhoeas/dysentery/ increased frequency of stools with or without blood and mucus in stools</td>
<td>Eruptive</td>
<td>Acute respiratory infection (Including pneumonia)</td>
<td></td>
</tr>
<tr>
<td>Worms infestation</td>
<td>Mumps</td>
<td>Chronic Ameobiosis</td>
<td></td>
</tr>
<tr>
<td>Discomfort/pain in the eye with redness or swellings/boils</td>
<td>Diphtheria</td>
<td>Pulmonary Tuberculosis</td>
<td></td>
</tr>
<tr>
<td>Earache with discharge/bleeding from ear/infections</td>
<td>Whooping cough</td>
<td>Leprosy</td>
<td></td>
</tr>
<tr>
<td>Acute upper respiratory infections (cold, runny nose, sore throat with cough, allergic colds included)</td>
<td>Fever of unknown origin</td>
<td>Jaundice</td>
<td></td>
</tr>
<tr>
<td>Skin infection (boil, abscess, itching) and other skin disease</td>
<td>Tetanus</td>
<td>Guinea Worm</td>
<td></td>
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<tr>
<td></td>
<td>Filariaisis/Elephantiasis</td>
<td>Filaria (elephantiasis)</td>
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<td></td>
<td></td>
<td>other diseases of eye</td>
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<tr>
<td></td>
<td></td>
<td>other diseases of ear</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DISABILITY</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Mental retardation</td>
<td>Locomotor</td>
<td>visual disability (other than cataract)</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>Visual including blindness (excluding cataract)</td>
<td>hearing disability</td>
</tr>
<tr>
<td>Weakness in limb muscles and difficulty in movements</td>
<td>Speech</td>
<td>speech disability</td>
</tr>
<tr>
<td>Others including Impaired cognition, memory loss, confusion</td>
<td>Hearing</td>
<td>locomotor disability</td>
</tr>
<tr>
<td>Decreased vision (chronic) NOT including where decreased vision is corrected with glasses</td>
<td></td>
<td>other congenital deformities</td>
</tr>
<tr>
<td>Decreased hearing or loss of hearing</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>INJURY (INCLUDING FALLS)</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental injury, road traffic accidents and falls</td>
<td>Accidents/Injuries/Burns/Fractures/Poisoning</td>
<td>Injury due to accident and violence</td>
</tr>
<tr>
<td>Accidental drowning and submersion</td>
<td></td>
<td></td>
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<tr>
<td><strong>Burns and corrosions</strong></td>
<td></td>
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<tr>
<td><strong>Poisoning</strong></td>
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<td></td>
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<tr>
<td><strong>Intentional self-harm</strong></td>
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<td></td>
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<tr>
<td><strong>Assault</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Contact with venomous/harm-causing animals and plants</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHERS (INCLUDING INFECTIOUS AND NUTRITIONAL CONDITIONS)**

<table>
<thead>
<tr>
<th>Anaemia (any cause)</th>
<th>Gastritis/gastric or peptic ulcer</th>
<th>Diseases of mouth, teeth and gum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleeding disorders</td>
<td>Under-nutrition</td>
<td>other diagnosed ailment (of less than 30 days)</td>
</tr>
<tr>
<td>Under-nutrition</td>
<td>Anaemia</td>
<td>Undiagnosed ailment (of less than 30 days)</td>
</tr>
<tr>
<td>Headache</td>
<td>Diseases of Mouth/Teeth/Gum</td>
<td>(General debility) Anemia</td>
</tr>
<tr>
<td>Others (including disorders of eye movements – strabismus, nystagmus, ptosis and adnexa)</td>
<td>Other diagnosed ailments</td>
<td>Beri Beri</td>
</tr>
<tr>
<td>Cough with sputum with or without fever and NOT diagnosed as TB</td>
<td>Other undiagnosed ailments</td>
<td>ricket</td>
</tr>
<tr>
<td>Diseases of mouth/teeth/gums</td>
<td></td>
<td>other malnutrition diseases</td>
</tr>
<tr>
<td>Pain in abdomen: Gastric and peptic ulcers/ acid reflux/ acute abdomen</td>
<td></td>
<td>diseases of mouth, teeth and gum</td>
</tr>
<tr>
<td>Lump or fluid in abdomen or scrotum</td>
<td></td>
<td>gastritis/hyper-acidity gastric/peptic/duodenal ulcer</td>
</tr>
<tr>
<td>Gastrointestinal bleeding</td>
<td></td>
<td>other diagnosed ailment (of more than 30 days)</td>
</tr>
<tr>
<td>Back or body aches</td>
<td></td>
<td>Undiagnosed ailments (of more than 30 days)</td>
</tr>
<tr>
<td>Symptom not fitting into any of above categories</td>
<td></td>
<td></td>
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<tr>
<td>Could not even state the main symptom</td>
<td></td>
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</tbody>
</table>
APPENDIX 2: INFORMATION SHEET

For: The Elderly

Title of the study: Addressing the gaps between needs and provisioning of geriatric care

Greetings from the Tata Institute of Social Sciences (TISS)!

My name is …………. I am currently studying at the Tata Institute of Social Sciences, Mumbai
pursuing an Integrated M.Phil-PhD and this research study is undertaken in fulfillment of
this degree.
The title of my research study is “Addressing the gaps between needs and provisioning of
geriatric care”. The study aims to understand the gaps between elderly needs and access to
services of elderly care using both secondary and primary data.

At the moment, I am doing a research project on the provisioning of community based
geriatric care for the elderly through St. Stephen Community Health Centre. The purpose of
this research is to explore and describe this geriatric care programme in terms of staff &
organizational structure, & determine how these factors could influence the appropriateness
of elder care. Also to understand what services people are available, what they are utilizing
and what else they want or need. And to understand the experience of providing and utilizing
health care by those involved. In addition, quality assessment can help to identify program
effects, so that staff and others are enabled to find out whether their programs have impacted
on participants' knowledge or attitudes
I would like to know about your condition in general and how your condition has affected
your care. I would also like to know your experiences. I therefore request your participation
in this research study by allowing me to interview you.

Participation in the study will mean spending about 30 – 45 min to give an interview. If you
give me the permission, then I would like to audio record the interview so that I do not miss
out on any information. The audio record will not be shared with anybody and will be used
only to capture all the information that you have provided efficiently. You may choose the
time and location convenient to you for the interview.

Participation in the study will not bring any direct benefits to you but will contribute to
highlighting gaps and challenges in the existing provisioning of elderly care services and
what best can be made available as per the needs. I cannot provide you any remuneration for
your participation.

Participation is voluntary and you have the right to withdraw from the interview at any
time. Confidentiality will be respected and your name will not be mentioned anywhere in
the completed document.

If you have any clarifications or doubts, I'm happy to clarify it.
For further information on the study or for any clarification, you may contact me :
Soniya Mishra
OR
Prof. T. Sundararaman of Tata Institute of Social Sciences, Deonar, Mumbai- 400 088.

If you agree to take part in this study, kindly sign this consent form or put your thumb impression to indicate so.

(OR- I will sign this form to indicate your verbal consent to participate- in case you do not wish to sign this consent form). Thank you!

Signature/ Thumb impression of participant ............................
Signature of the witness (for participant who provide thumb impression) ...............................
(Consent to audio record: YES / NO )

Signature of interviewer ............................. Date.............
APPENDIX 3: LETTER OF REQUEST

For Key Informant (Service Provider)
Title of the study: Addressing the gaps between needs and provisioning of geriatric care

Greetings from the Tata Institute of Social Sciences (TISS)!

My name is …………. I am currently studying at the Tata Institute of Social Sciences, Mumbai pursuing an Integrated M.Phil-PhD and this research study is undertaken in fulfillment of this degree.
The title of my research study is “Addressing the gaps between needs and provisioning of geriatric care”. The study aims to understand the gaps between elderly needs and access to services of elderly care using both secondary and primary data.

At the moment, I am doing a research project on the provisioning of community based geriatric care for the elderly through St. Stephen Community Health Centre. The purpose of this research is to explore and describe this geriatric care programme in terms of staff & organizational structure, & determine how these factors could influence the appropriateness of elder care. Also to understand what services people are available, what they are utilizing and what else they want or need. And to understand the experience of providing and utilizing health care by those involved. In addition, quality assessment can help to identify program effects, so that staff and others are enabled to find out whether their programs have impacted on participants' knowledge or attitudes. Apart from this, I will be exploring the elderly perspective also on the provisioning of geriatric care and try to understand their current health status health seeking behavior and what else they seek or desire as part of geriatric care.

I therefore request your participation in this research study by permitting me to interview you. Participation in the study will mean spending about 30 – 45min to give an interview. If you give me the permission, then I would like to audio record the interview so that I do not miss out on any information. The audio record will not be shared with anybody and will be used only to capture all the information that you have provided efficiently. You may choose the time and location convenient to you for the interview.

Participation in the study will not bring any direct benefits to you but will contribute to highlighting providers side challenges and gaps in the provisioning of elderly care services and this urban healthcare model for the elderly care through your institutions and I cannot provide you any remuneration for your participation.

Participation is voluntary and you have the right to withdraw from the interview at any time. The collected information will be anonymized and used for the research purpose and will be kept confidential. Your cooperation will be highly appreciated and duly acknowledged.
If you have any clarifications or doubts, I'm happy to clarify it. For further information on the study or for any clarification, you may contact:
Ms Soniya Mishra
OR
Prof. T. Sundararaman of Tata Institute of Social Sciences, Deonar, Mumbai - 400 088.

If you agree to take part in this study, kindly sign this consent form or put your thumb impression to indicate so.
(OR- I will sign this form to indicate your verbal consent to participate- in case you do not wish to sign this consent form). Thank you!

Signature/ Thumb impression of participant ………………………………………
Signature of the witness (for participant who provide thumb impression) …………………………………
(Consent to audio record: YES / NO )

Signature of interviewer ……………………………………… Date…………..
Sub: Permission for Case study of geriatric care at SSCHS

Dear Madam,

Ms. Soniya Mishra, is research fellow doing her M. Phil under my guidance at School of Health Systems Studies, TISS Mumbai. The title of her study is “Addressing the gaps between the needs and provisioning of Geriatric care”.

The study aims to understand the gaps between needs and access to services of the elderly care using secondary and primary data. For secondary data we using the NSSO data set. For primary data we request permission for interviewing elderly people within the same catchment area of your centre (SSCHS) using unstructured in-depth interviews to understand and study their perspective on the elderly needs and care provisioning. The scope of the study is to explore how and to what extent the organization into geriatric care is setting priority to deliver the various dimensions of geriatric care and what understanding and perspective do the care providers have about the geriatric care and needs. In addition we seek to develop geriatric care in SSCHS as a case study. This would include a description of:

• Vision and Mission of the organization
• About infrastructure and various ranges of services available particularly for the Geriatric population both inclusive and supportive.
• Priority setting for the geriatric care, perspective, and understanding
• Current provisioning of geriatric care, barriers, and challenges encountered while arranging thus care
• Insights from the elderly people on the need and geriatric care

The data collection is scheduled for August – September 2017. It may take 10 to 20 days in all. We will disturb your staff only for introductions to the community and a few individuals within and some key informant interviews and secondary data as required for the case study.

The collected information will be anonymized and used for the research purpose and will be kept confidential. Your cooperation will be highly appreciated and duly acknowledged.

Yours Sincerely,

Prof. T. Sundararaman
Dean, School of Health Systems Studies
E-mail: t.sundararaman@tiss.edu
APPENDIX 4: Interview Guide For Data Collection
For Elderly Participants

Greet, Thanks and briefly explain the purpose again!

1. Basic Details:
   a. Age
   b. Gender: Male: ------ Female: -------
   c. Class
   d. Marital Status:
   e. Education…….. Houshold Size……………
   f. Level of Physical Mobility………
   g. Economic Dependency…………
   h. Living Arrangement:

2. Social Condition:
   • With whom elderly reside in this area?
   आप किसे साथ रहते हैं यहा
   • If alone how many years and why? Who are the main care-givers? Who visits you-
     regularly, frequently? Occasionally? Can you tell me about your food arrangements?
   Who makes the food? Who gives the medicines (अगर अकेले रहते हैं तो कबसे अकेले रह रहे हैं और क्यों।
   मुख्य रूप से आपकी कौन सेविंग करता है। कौन आपके रोजी जीने मिलने आता हैं और कौन कभी कभी। आप मुझे खान पान के बारे
   में बताए। कौन आपके लिए खाना बनाता है।)
   • If with family- who are main caregivers? Who else are in house? Whom are you most
     happy to be with? With whom do you have difficulty in adjustment? Can you tell me
     about your food arrangements? Who makes the food? Who gives the medicines (यकद
     पररवार िे साथ रह रहे हैं तो मुख्य रूप से आपकी कौन सेविंग करता है। कौन कौन हैं पररवार में। आप सबसे जादा किसके साथ रहकर
     खुशी भरसूत करते हैं। किसके साथ आपको आजजकन रेम में कलटनिही होती हैं।।।।।। आप मुझे खान पान के बारे िे बताए। कौन आपके लिए,
     खाना बनाता है।। कौन आपको रवाइया देता है।)

3. Economic Condition: (Probe: What elderly do? Do they own land, house or other
   properties in the household? How do elderly cope with their expenses? whether
   contribute to household expenses? What fraction- less than 10%? 20%? 50% over
   70%? Is the house you are staying in on your name? Whose name is the house on?
   ( आप अभी कौन करते हैं। क्या आपकी कोई जमीन पर या कोई अन्य संपत्ति है। आप अपन नाम खानाहैं केसमेनेजकरते हैं। क्या आप
   अपने घर में कुछ योगदान देते हैं यलेमुख घरें में। लगभग किनारा प्रतिबत। क्या जिस घर में आप रहते हा वह आपके नाम पर हैं। किसके
   नाम पर है।)

4. Housing Arrangement of the elderly: (Probe: room space/ sharing, toilet facility,

5. Health Perception, Health problem
   • Health Perception (probe: health status: very good, good, fair, poor and very poor)
   • Ask to give an account of their perceived health issues, how they perceive their health,
what are the perceived needs of health and related needs, how their health affects their life situation or vice-versa, impacts of their health on relationships with others while rating their own health status. (Probe: what all thing(s) comes to the mind while rating your health as…….)

- Have you any illness for which you are asked to take regular drugs? (chronic illness)
  क्या आप कोई ऐसी रोग या समस्या है जिसके लिए आपको रोजाना दवा लेने का जरूरत हो,(दीर्घकालीन समस्या)
  - Hypertension?
  - Diabetes?
  - Respiratory disease?
  - Mental illness
  - Depression
  - Arthritis
  - Heart disease
  - Urinary problem?
  - Kidney disease
  - Cancers
  - Vision, hearing and oral related (specify)
  - Injury/falls
  - Any others

6. Healthcare Seeking Behavior

- What services did you avail of last week? What else? (ask with prompts also) and how often?
  अच्छा, मुझे बताए कि आपने रिच्चने समाप्त कीन सी सेवाएँ (दोनोँSSCHC व प्रेम छाया )
  - Visit SSCHC care center and day care center? If yes for what issues or problem? If no, what is the reason
  - Whether you receive regular health checks-up for each of the above that you have? If no, reasons for it? Preferred place of health treatment? Reasons for it? Any other alternatives to be followed? any general health check-up in last one year?
  क्या आप इन समस्या के लिए हैल्थ जांच लेते है । अगर आपने हैल्थ परेशानी के लिए कोई जांच नहीं लेते तो क्यू नहीं लेते
  अगर आप जांच करवाना चाहते हैं तो किस जगह करवाना चाहेंगे और उसकी बजाय क्या हैं कोई और इलाज या औषधि जो लेते हो
  रिच्चने एक सालों में क्या आपने कोई आम स्वस्थ जांच करवाई है। उसके बारे में बताएन।
  For each of the above condition what is the gap between the care needed and जो स्वस्थ संबंधी खाने के बारे में बताए।
  जो सेवाएँ आप चाहते हैं और जो सेवाएँ आपको उपलब्ध है उसमें क्या कमी हैं।
  - Whether received any free or concessional medical treatment? Management of treatment expenses?
  बताए की क्या कोई मुफ्त या फिर कम रामो में कोई इलाज लिया या मिला। स्वस्थ दीवारी खाने के बारे में बताए।
  बताए कीन देरौन हैं यो खर्च।
  - Other than the above did you get any illness in last 30 days – if so what- use NSSO
codes? What was treatment given? Diagnostics done? Costs? where did you seek care for this? Who accompanied

Were you referred to see any doctor from SSCHC? Other than in SSCHC? If yes-narrate the referral experience? Are there any documents for that?

Have you been hospitalized in last one year? If so the experience of hospitalization? – if so what was the level of care- use NSSO codes? What was treatment given? Diagnostics done? Costs? where did you seek care for this? Who accompanied?

Is there any disability? Is it visual/ hearing/mobility/mental? Grade the disability? How did it come about and when? Are you availing any care for that disability? What is care that it needs currently? How do you obtain this care? The experience and the costs?

What barriers do you face with each of the above care?

What is most important in your life as it is right now? Why?

Subjective wellbeing, quality of life and Mental Health

Open ended questions: “What is most important in your life as it is right now? Why?” (probe: What things made them feel happy and satisfied and what makes them sad and unhappy about? How they feel about themselves, about their life, their condition, how they feel and why)
Day to Day Discrimination: (at center or at family others)

What do you think were the reasons why these experiences happened to you?

III - Treatment

- Have you felt that you were ill-treated in the past year?

- How often did you feel that way? Who are the persons, ill-treated you during the last one year? What kind of ill-treatment did you face during the last one year?

Loneliness: Ask to describe whether respondent feels alone, if yes how often, ask them to elaborate the reasons for feeling lonely

Depression (Now some questions will be asked to you, for which you can answer with in the given option of yea and No and if you want you can express in details also)
Experiences of the elderly availing care at the St. Stephen community health centre and geriatric day care centre-

1. Do you visit prem chaya? How long have you been coming here? How did you come here? What is the main reason you are coming to this centre?

क्या आप जाते हैं या िवस्थापन कैसे है। कैसे आते है। इस केंद्र में जो आपिी देखभाल करते हैं उनका रूप या स्वभाव कैसे है आपका साथ। आपका रूप या स्वभाव कौनसा करते हैं। क्या आप धीमे दिनें की परिवार का मूल्य आपके देखरेख के संदर्भ में। आप अपने रेख रख के लिए कौन चाहते हैं- परिवार या स्टाफ।

2. How is it like staying in this day care home? What is lacking here which you would like to have in this centre.

आपकी सबसे ज्यादा चाहती क्या पर्याप्त है। यहाँ के बारे में। किन चीजों की कमी लगती है। यहाँ जो आप चाहते हैं यहाँ पर हो।

3. How can you describe the attitude of the care givers at the daycare centre? How can you describe your attitude toward the care givers? Can you describe family as a care giver? Which one you prefer: family member or the staff as care giver?

आप अपने देखरेख के संदर्भ में। क्या आपिे देखरेख के संदर्भ में। क्या आपिी परिवार की वडिला उपयोग करते हैं। अगर आपकी देखरेख के संदर्भ में। क्या आपिी परिवार या स्टाफ आपके देखरेख के संदर्भ में। काफी इस दिन की अपनी परिवार की वडिला उपयोग करते हैं। अगर आपकी वडिला उपयोग करते हैं।

4. Are you satisfied with the care you receive? Are you able to meet all the needed care (met and unmet needs)? What aspect of the care are you satisfied with? What aspect of it you are dissatisfied with?

क्या आप संतुष्ट हैं। क्या care आपकी वडिला उपयोग करते हैं। क्या आपकी परिवार की वडिला उपयोग करते हैं। क्या आपकी परिवार की वडिला उपयोग करते हैं। क्या आपकी परिवार की वडिला उपयोग करते हैं। क्या आपकी परिवार की वडिला उपयोग करते हैं। क्या आपकी परिवार की वडिला उपयोग करते हैं। क्या आपकी परिवार की वडिला उपयोग करते हैं।

Subjective Element:

1. What changes would you like to see implemented here? If you could change one thing about how older adults are treated or served in this community, what would it be? क्या बदलाव आप देखना चाहेंगे जो होनी चाहिए। अगर आप बदलाव कितना चाहें बिस्तर या स्वभाव के साथ या बिस्तर या स्वभाव के साथ आपका देखरेख के संदर्भ में। अगर आपका देखरेख के संदर्भ में।

2. Is there anything we have not yet talked about that you think we should know about the needs and experiences of elderly population?

क्या कुछ ऐसा है जो हम के बारे में हमने अभी तक नहीं चाहिए।

Thanks the Respondent!
For Key Informant

Structure of Sundar Nagari Community Based Healthcare Provision for Elderly: SSCHC AND PREM CHAYA DAY CARE

BACKGROUND INFORMATION OF THE ORGANIZATION

- (Organizational structure; philosophy of elder care; policies; Mission; Visions & Objectives; Demographic profiles: characteristics of organization, target population, catchment area, service and care provisions for elderly, and staffs)

About SSCHS- Geriatric Care (Only once)

- Year of establishment, and evolution over the years-
- What are the services that are provided- at the geriatric day-care center, by center staff or SSCHS staff at the home, and at the SSCHS? How can you describe these services? (Is rehabilitation or recreational a part of the services)?
- What is the admission/ enrollment requirement or criteria for beneficiary’s/service users? What is the total capacity of this center?

Infrastructure/Building facilities:

- Overall infrastructure for the center- and daycare centre for geriatric care?
- What are infrastructural amenities- water, electricity, maintenance, cleanliness, beds, etc.

Human Resources involved in GC provisioning

- What is the total number of staffs in this daycare center: """
- How many staffs are: employed: """" volunteers: """
- What is the staff composition? How many staffs are:
  - Nurses, """", Physicians: """, Psychologists or psychiatrists: """
  - Social workers: """, Geriatrician"""" Occupational therapists: """
  - Other: specify: """
- What is the staff-patient ratio: """
- Is there an in-service training programme for staff on elderly care? Yes ----, No: -
  - If yes, please describe-""

Financial Resources:

- How is the program financially sustained (Who are the donors)? Sources of funding: Contribution from user fees? Donations? Cross-subsidy from St Stephen’s hospital, other donors? Government if any
- Funding- quantum of funding, are there conditions attached? Are receipts on a monthly basis?
- Is there any role in fund allocation or prioritization? How is that done?
• Is the money enough for the smooth operation of this home? What happens if the money is not enough? Do you sometimes fund raise? How successful is fund raising activities?
• How does the programme reach to more vulnerable elderly? -
  • those without support of an earning member or a family member,
  • those with handicaps or mobility restrictions?
  • those who have no savings and are in financial stress?
  • those with chronic illness- which have stigma- and without stigma
  • those who are facing abuse/violence

Management of the programme-
• who is in charge of different functions- viz how is work organized between different persons?
• what is the HR policy- the numbers, the qualifications/skills, the recruitment= local, advertised etc, the terms of employment-salaries, terms of employment (also the section below)?
• what is the financial arrangements- (also the section below)?
• who is in charge of the knowledge aspects-
• what are linkages with other organizations
• how is the work culture at different levels- passion for work, dedication, team work, ability to go beyond the baseline expectations etc.?
• what is the Supervision and monitoring of the services?

Organizational understanding on geriatric care:
• How has organization defined and understood geriatric care? (Probe: What were the reasons why they undertook this dimension of care- includes objective reasons like funding, sponsors etc. and subjective ones like their own perceptions of their mission)? What were the reasons why they chose these set of services? How was it decided upon?
• What is the understanding of the goal and the objectives and expected outcomes in elderly care that the project set itself? To what extent were these various goals, objectives outcomes achieved- and what were barriers or difficulties in attainment? What were facilitatory factors?
• What is the governance of the programme (geriatric care or SSCHC?)- who decides goals, objectives, financial allocation etc.? Who appoints senior executives of the programme? Who makes and approves the rules?
• What is the legal framework of the organization? (Prompt: Is the organization registered; does the organization run according to any the rules and regulations laid down any Act related to older people? (Prompt: Do you have written policies, manuals, handbooks, protocols or guidelines on the care of the elderly?
• What are the quality indicators considering for the institution in general and with special emphasis on geriatric care?
Process assessment

- Who is the eligible population that the programme addresses?
- What proportion of this population actually utilizes the services- and at what level- do they have robust ways of knowing coverage?
- Are there records maintained of the functioning of the centers? Have a look at these?
- What are the opening and closing times at this facility? Are the geriatric services offered at this facility? If yes, what geriatric services are offered in this facility? If do not offer some services, what are the reasons for not offering the services, if offer some services, what are reason for offering it

Referral Process

- Any organized referral process for elderly population
- Institutions/Organization mostly involved for referral unit
- Referral in last six months: by type of service (upward and downward) by type of ailment
- Any special provision for referral: transportation, coordination with the referral unit, accompanying the elderly etc.
- Issues involved with referral process
- (look for a few sample references- is there a formal letter of referral, is there a separate channel or attention given, is there a feed-back and instructions to primary provider – in writing?)

Outcome Assessment of the Programme

- Please describe the success of this elderly programme: What are the elderly perspectives on the care provided? Probe: What do they usually say to you? Do they verbalize that they are happy/pleased with the care they receive?
- What are the staff's/caregivers' perspectives of their care giving interactions?
- What are the problem areas most frequently found among the elderly population? Probe: How have you dealt with these problems?
- What type of problems are you usually successful in solving? What type of problem are you usually unsuccessful in solving?
- Have you experienced any case of elder abuse in the past? How did you handle it?
- How do you usually handle cases of elder abuse? Please explain:-----------
- Are the Board members pleased with the quality of work been done? Please explain.
- Please describe the type of programme evaluation.
- What are the main challenges you have had in this facility in providing geriatric services? (Probe human resources, financial resources, community level, other) What would be the priority needs related to geriatric services in this community?
Subjective Elements:

- What do providers think that they provide well, that they ought to provide but are partial or unable to do so? What are the met needs and the unmet needs?
- What does management think they do well, or ought to do but do partially or not at all? Met needs and unmet needs
- What do relative/family care givers of the elderly think are the met needs and unmet needs? Can they pay for some of these services? Are they spending on some services which the facility could help them reduce?
- How do you describe the role of family in the care of the elderly?