

Promotion of Physical Activities among Civil Society Organizations (CSO)

NCD Directorate MOH/NIROGILANKA SLMA/ ChildFund (Oct- Dec 2021)

Project report

1. Introduction

NIROGI Lanka project, Sri Lanka Medical Association (SLMA) collaborated to provide technical expertise to conduct capacity building for Civil Society Organization members on physical activity and exercise as per the agreement with ChildFund Sri Lanka on recommendation of Directorate of Non-communicable Diseases (NCD) Ministry of Health. This project was part of the Global Regulatory & Fiscal Capacity Building Programme (RECAP) by International Development Law Organization (IDLO) with World Health Organization (WHO) 2021.

NIROGI Lanka project operates an evidence-based holistic mechanism under the supervision of the Ministry of Health addressing lifestyle determinants related to food habits, physical inactivity, mental health & tobacco and alcohol use. Since 2009 NIROGI Lanka has been playing a major role based on the Health Promotion approach to address nationwide NCD determinants and supporting national action plan on NCD prevention.

A program was developed with a virtual series of exercise and health promotion programs to build capacities and train leaders on physical activity (PA) training/promotion and establish a community network. Following are the objectives developed by NIROGI Lanka , Directorate of Non-communicable Diseases (NCD) Ministry of Health and Child fund Sri Lanka. The Two month process was completed throughout October to December 2021.

2. Objectives

Objective 1: To develop a capacity building program on physical activity promotion targeting CSOs (Theme - Be Active; Be Healthy - Active Lanka)

- Review the existing guidelines and local experience in collaboration with an expert, NIROGI Lanka project/SLMA and Directorate of NCD, Ministry of Health.
- Identify the strategies to promote Physical activities among CSOs.
- Development of IEC material.
- Preparation of a Plan of Action.

Objective 2: Create awareness among Civil Society Organizations

- Identify and mapping/categorization of the CSO in collaboration with Scaling Up Nutrition People's Forum (SUN PF).
- Organizing orientation and introduction sessions for CSOs in collaboration with NIROGI Lanka project/SLMA and Directorate of NCD, Ministry of Health.

Objective 3: To conduct the capacity building programs using traditional and online technology to support knowledge, skills and behavior change on physical activity promotion of CSO leaders, families and members

- Organizing and conduct district level capacity building programs for the CSOs in collaboration with NIROGI Lanka project/SLMA and Directorate of NCD, Ministry of Health.
- Develop a plan of action in two folds; 1. Own personal plan and 2. Plan for the community level.
- Introduction of a mechanism to conduct the activities, monitor, evaluate and report back i.e. to HLCs/NIROGI Lanka Project.

Objective 4. To conduct, follow up and sustain online exercise programs engaging CSO leaders' families and members

- Development of online exercise programs.
- Screening, conduct and follow up of supervised activity.
- Identify unsupervised activities and link with HLCs/NIROGI Lanka Project.
- Incorporation of activities to individual CSO agenda.

Objective 5: To establish a sustainable mechanism linking CSO programs with the national Healthy Lifestyle Center (HLC) program

- Stakeholders' awareness on the developed module and the strategies identified.
- Identify the existing systems and structures e.g., Healthy Lifestyle Centers of Ministry of Health, Active Lanka project NIROGI SLMA, SUN CSOs.
- Linking the program with the relevant designated officers e.g., MONCD, MO HLC, PHNO, HPO.
- Appointing CSO coordinators, NIROGI HPOs, and CSO leaders.

3. Methodology/Process

Specific activities were conducted to achieve the objectives.

Objectives 1 and 2

NIROGI Lanka project operates an evidence-based holistic mechanism under the supervision of the Ministry of Health addressing lifestyle determinants related to food habits, physical inactivity, mental health & tobacco and alcohol use since 2009. Chairperson NIROGI Lanka provided expertise on global PA guideline development in 2020 by WHO. With local and global expertise a capacity building program with an action plan was developed with collaboration from ChildFund and Directorate of Non-communicable Diseases (NCD) MOH.

Coordination was mainly planned by the Childfund team and later engagement and follow up was planned by the NIROGI team including Health Promotion Officers (HPOs)/ Aerobics instructors.

Objectives 3 and 4

The capacity building program was planned to run in **one main stream and 2 parallel strands** (figure 1).

1. Main sessions : 6 +1
2. Parallel strands
 - a. Online exercise programs (3 per week = 24)
 - b. Individual follow-up of CSO groups /leaders by an allocated health promotion officer

1. Main sessions

This included 6 interactive webinars and then one final showcasing webinar to review and feedback. The participants included community service origination (CSO) leaders in nearly 25 districts identified by ChildFund team and the health care staff (MOH staff, RDHS staff including MONCDs, and PHNOs) directed by the Directorate of Non-communicable Diseases (NCD).

1.1. Session/webinar 1

The session was on the impact of physical inactivity to health, importance of physical activity (PA) promotion in individuals and communities. The group was orientated for the future program and a Google form was circulated for baseline assessment of existing knowledge, practices & attitude on NCDs and PA.

Resource : Dr. Vindya Kumarapeli (Director NCD unit MOH)
Dr. Chathuranga Ranasinghe (Chairperson Nirogi lanka/ specialist sports and exercise medicine)
Dr. Chitramali Rodrigo (Consultant Community physician)

Date : 17/10/2021

Number of participants : 115

1.2. Session/webinar 2 – Screening for eligibility for PA and Readiness Assessment

This session included knowledge and skills needed by a community member on screening before engaging in PA, baseline measure of fitness and anthropometry, identifying health resources around/HLC to get technical help and how to start exercise. It also included the use of PARQ (Physical Activity Readiness Questionnaire) tool which is internationally developed and standardized.

After this session the 2 parallel stands with online aerobic programs and follow up of each participant by a HPOs was started.

Resource : Dr. Chathuranga Ranasinghe

Date : 24/11/2021

Number of participants : 120

1.3. Sessions /webinars 3,4,5,6 – Determinants of PA and relationship of PA to other lifestyle behaviors and how to modify

These four interactive sessions included practical experience and examples from the grassroots communities on determinants of PA and how other behavioral risk factors (food, alcohol/tobacco, mental health) influence PA. This addressed overall knowledge and practical involvement of the participant to the PA promotion. The sessions were conducted one session per week every weekend. During this time the participants were motivated via individual call follow ups to make changes to their lives individually and to their CSO s.

- **Webinar 3 : Determinants cause lack of Physical activity**

Resource : Dr. Chathuranga Ranasinghe
Mr. Pradeep Tharanga (HPO)
Mr. Ushan Dandudeniya (HPO)
Date : 28/11/2021
Number of participants : 15

- **Webinar 4 : Physical activity and food habits**

Resource : Dr. Chathuranga Ranasinghe
Mr. Ravindra Athurupana (HPO)
Date : 21/11/2021
Number of participants : 17

- **Webinar 5 : Physical activity and prevention of tobacco & alcohol consumption**

Resource : Dr. Chathuranga Ranasinghe
Mr. Sanjeewa Kumara(HPO)
Date : 05/12/2021
Number of participants : 28

- **Webinar 6 : Physical activity and mental well being**

Resource : Dr Chathuranga Ranasinghe
Mr. Chandana Thennakoon (HPO)
Date : 12/12/2021
Number of participants : 27

2. Online live Exercise/ PA sessions

Live exercise sessions were started in the second week of the program, conducted as three sessions per week (20 sessions conducted and continued post project). Participants who assessed their PA readiness and cleared joined the sessions. The schedule was arranged according to the participants' needs and fitness levels. The exercise session was initiated from low intensity PA to moderate intensity progressively. Some innovative sessions were introduced to improve PA among children. Night time sessions were also incorporated on request for busy people who can enjoy the program flexible with their lifestyle.

Resource : Mr.Ushan Dandudeniya (HPO/Aerobics Instructor)

Separate whatsapp group “NIROGI Active Lifestyle” with nearly 100 members was initiated to easy communications and exchange of ideas. Sessions were shared in social media for wider participation.



Figure: 2: Flyer distributed for online exercise sessions

Objective 5- To establish sustainable mechanisms

3. Follow up sessions

The CSO leaders were divided among the HPOS according to the districts to follow up during the programs. Individual follow-up was conducted by HPOs through mobile phone calls and individual whatsapp messages. Zoom meetings were arranged as needed. During calls underlining determinates for PA and health with barriers and facilitators for change were discussed. The follow-up enabled the CSO members to engage in PA at their settings when possible rather than just participating in online webinars. Development of new programs for PA was promoted.

During the process the networks and connections were made with CSO members and healthcare staff (HLC/MOH/NIROGI) which were initiated to do more activity in the future for development of health /PA clubs in each district.

4. Final showcasing and feedback session

Final showcasing session was conducted with the CSO members, health care staff presenting their experiences. The outcome of the total program was presented by the chairperson of the NIROGI Lanka project. The NIROGI project team, Director and consultants form NCD unit MOH and Child Fund team provided feedback and way forward for the future.

- Date : 09/01/2022
- Number of participants : 36
- Resource : Dr. Vindya Kumarapeli (Director NCD unit MOH)
 Dr. Chathuranga Ranasinghe (Chairperson Niropi lanka/SLMA)
 Dr. Sherine Balasingham (consultant community physician)
 Mr. Roshan Dalebandara (ChildFund)
 Dr. Fathima Thasneem (MO NCD Directorate MOH)
 Mr. Pradeep Tharanga (HPO)
 Mr. Ushan Dandudeniya (HPO)
 Mr. Ravindhra Athurupana (HPO)
 Mr. Sanjeewa Kumara (HPO)
 Mr. Chandana Thennakoon (HPO)

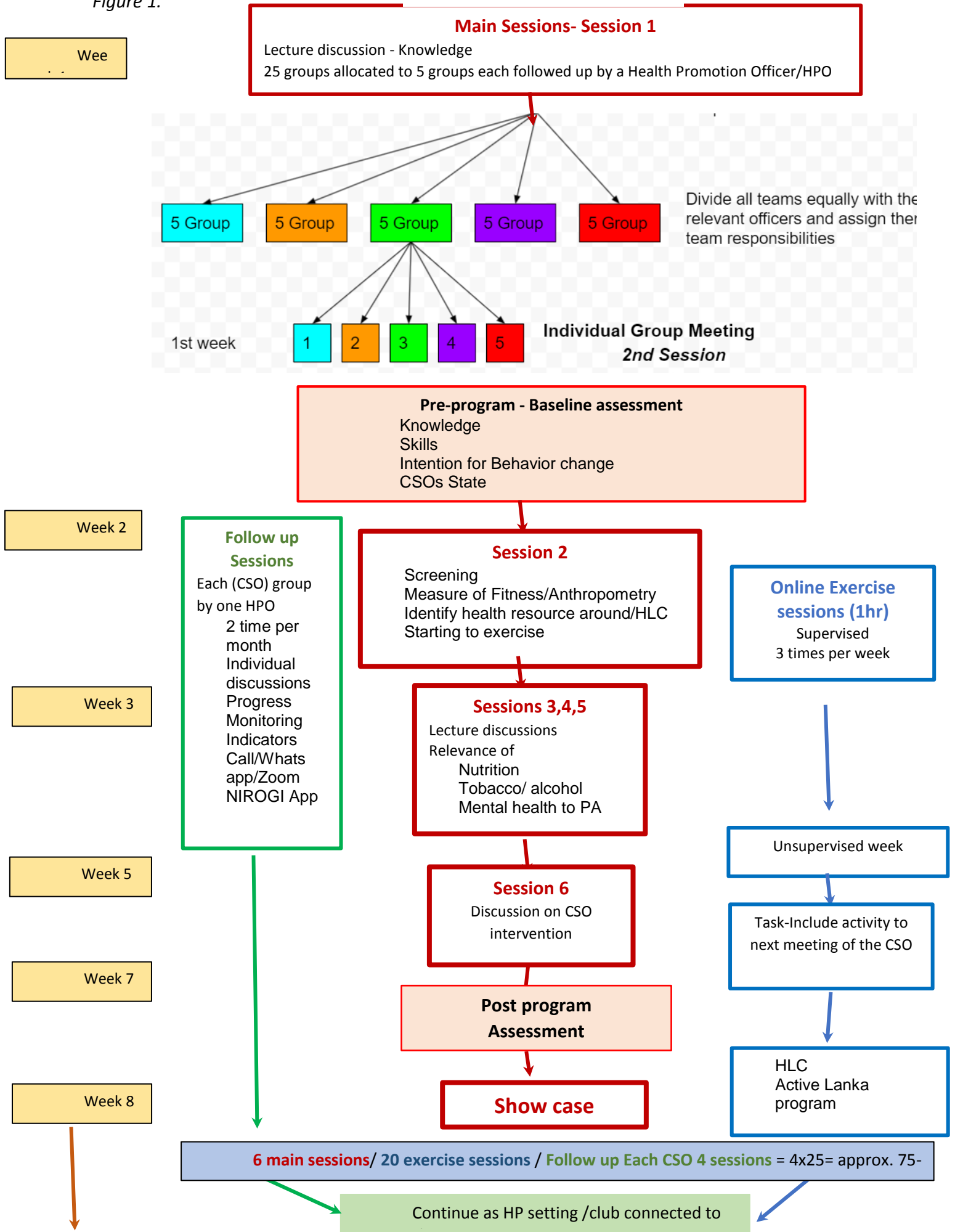
Community Leaders and healthcare staff who made presentations:

The image displays four presentation slides from a showcasing session. Each slide includes a speaker's profile and key messages in Sinhala. The slides are numbered 1, 2, 3, and 4.

- Slide 1:** Speaker: H.M.G. ඩබ්ලිව්. Title: Health Officer. Key messages: Importance of community health workers, role of health workers in NCD prevention, and the need for community-based interventions.
- Slide 2:** Speaker: H. M. V. K. H. ඩබ්ලිව්. Title: Public Health Inspector. Key messages: Role of public health inspectors in NCD prevention, importance of community health workers, and the need for community-based interventions.
- Slide 3:** Speaker: A.L. පුරුණිමා ජයවර්ධන. Title: Primary medical care unit - Ganeoda, Eheliyagoda. Key messages: Role of primary medical care units in NCD prevention, importance of community health workers, and the need for community-based interventions.
- Slide 4:** Speaker: සන්දක සියලියාසිරිසිංහ. Title: Health Officer (supra). Key messages: Role of health officers in NCD prevention, importance of community health workers, and the need for community-based interventions.

Figure 1.

PROGRAM OUTLINE



4. Results - Developed Indicators of the program and Results

Type	Indicator	Status	No achieved	Remarks
Process indicators	1. Number of CSO coordinators, NIROGI HPOs, and CSO leaders appointed per district	Done	<ul style="list-style-type: none"> • 05 HPOs attached to 6-9 districts. • 28 CSO leader contacts were provided. • 9 CSO leaders attended and continued till end. 	1 HPO attached to each selected district/s. HPO is coordinating activities with the relevant CSO leader. The contacts were provided by the Childfund team.
	2. Number of district level capacity building programs conducted.	Done	03 <ul style="list-style-type: none"> • Kalmune 1 (online) Participation 24 • Kurunegala 2 (onsite) Participation 90 	This was done during the period of the project initiated by HPOs on request of CSOs. Some activities are continued after the project (Kurunegala total 04 programs continued to date)
	3. Number of online exercise programs conducted	Done	20	3 sessions per week. During the two month period. Still continued.
	4. Number of CSO leaders and members of each CSO attending the specified sessions	Done	<ul style="list-style-type: none"> • Total 46 members (CSO + Health) participated in at least one webinar session. • 55 participants exercise sessions • 2 review meetings were conducted in the middle of the program 	<ul style="list-style-type: none"> • Average 15- 20 CSO members (9 CSO leaders) participated in each common session. Approximately 50 health care workers participated in session 1 and 2. • Challengers of the program -Internet, timing, pandemic.

Type	Indicator	Status	No achieved	Remarks
Process indicators	5. Number of awareness-raising activities conducted by CSOs	Done	<p>Awareness Programs total: 177</p> <ul style="list-style-type: none"> • By CSOs : 19 • By Health Care Workers : 158 <p>Conducted in following districts</p> <ul style="list-style-type: none"> • Colombo 6 • Kurunegala 5 • Badulla 3 • Kandy 2 • Monaragala 3 	<p>CSOs independently conducted these sessions in their communities.</p> <p>Active Number Of CSOs : 5 out of 9.</p> <p>Active Number of Health Care Workers :19 out of 37.</p>
	6. Number of IEC material developed	Done	<ul style="list-style-type: none"> • 6 online education programs • 2 tools • 1 video clip <p>Exercise video clips shared via social media ZOOM recordings</p>	3 tools developed to measure community level determinants and activity level.
	7. Number of participants with BMI > 25 kg/m ² at baseline and at 3 months follow up	NOT done		<p>There was a delay in communicating CSO leader contacts to the NIROGI team and sending the baseline assessment forms due to challenges of online communication.</p> <p>Indicator need to be reviewed as follow up as not included in the initial program</p>

Outcome Indicators	1. Change in Knowledge , skills and behavior of individuals regarding PA	Could not be completed	Pre intervention 27 responses out of 33 participants have knowledge on NCDs’ (82%). (Majority were health staff) Out of the initial participants most have dropped and a new group joined in the middle of the program. Post intervention 13 have filled the form. Only 5 participants have filled both the pre and post intervention assessment.	Challenges encountered: <ul style="list-style-type: none"> ● Difficulties and delay in initial contact numbers provided to the resource team ● Lack of response from the CSOs may be due to challenges in online communications. ● The initial participant group was changed during the middle of the project. ● More new members were involved in the middle of the program which made difficult to analyze pre and post data
	2. Availability of a National action plan physical activity promotion for CSOs	Pending		Advice from Directorate NCD MOH
	3. Existence of national coordinating mechanism (an organization, committee or other body) to oversee, develop and implement the action plan	No done		For future discussion form the outcome of the project
	4. Number of CSOs engaged in physical activity promotion in each district	Done	9 Kandy 1 Badulle 2 Matale 1 Monaragala 2 Hambantota 1 Kurunegala 1 Colombo 1	Only non-health sector participants were counted as CSO leaders

	5. Number of CSOs represented in the national coordination mechanism	Not done		For future discussions and not adequate time need considering the indicator
	6. Number of networks and action groups formed by CSOs to promote physical activity	Done	Number of CSO networks : 53 Health Care Worker networks : 92 Total :145	All the groups and networks mentioned by CSOs and Ground level Health staff (All 145 groups do not engage in physical activities)
	7. Number of HLC supporting CSO	Done	15	The contacts made through this project,(9 CSOs leaders) identified their relevant health workers and interacted with them individually.
Impact Indicators	Physical inactivity reduced (HLC return)	N/A	Time frame not adequate as discussed initially	Should monitor for the long term . not followed up and monitored the HLC progress expecting to long term follow up and link all the initiatives with HLCs

HPO: Health promotion officer

CSO: Community service Origination

5. Achievements & outcomes

1. As planned initially the online capacity building program was developed focusing development of knowledge and skills of CSO leaders on PA and PA promotion. The monitoring of the program was completed as planned. The online delivery of a PA program which was a challenge during the pandemic and reaching a wide range of community was completed.
2. Main objective was to increase awareness regarding physical activity as a behavioral risk factor for NCDs and promotion of PA among grassroots level civil society leaders, ground level health care workers and community representatives. This was achieved.
3. A package of online resource material for promotion of PA at community level (individually, family and organization level) was developed as an outcome of the project. This included not only PA promotion but also a holistic approach of managing all behavioral risk factors for NCDs.
4. Building and strengthening the networks of primary health care service providers (HLCs, MOH, NIROGI etc...) and active CSOs was a main outcome. The project was able to make awareness among local NGOs (SUNPF/ChildFund) & funding agencies, regarding timely required NCD prevention mechanisms and physical activity promotion.

District wise number of CSO leaders and individuals engaged directly and indirectly were as follows.

CSO	Number Of SCO Leaders	Number of networks	Approximate number of participants
Matale	1	1	15
Kandy	1	1	20
Kurunegala	1	24	500
Monaragala	2	3	50
Badulla	2	10	195
Hambantota	1	12	500
Colombo	1	2	15
Total	9	53	1295

5. Development of an online aerobic program with >3 weekly sessions which is counting up to now. This included aerobic, strengthening and balance training exercises. This is conducted for all age groups including children.
6. Development of a Whatapp group > 75 participants for future collaboration which is still active to date.

6. Challenges and limitations

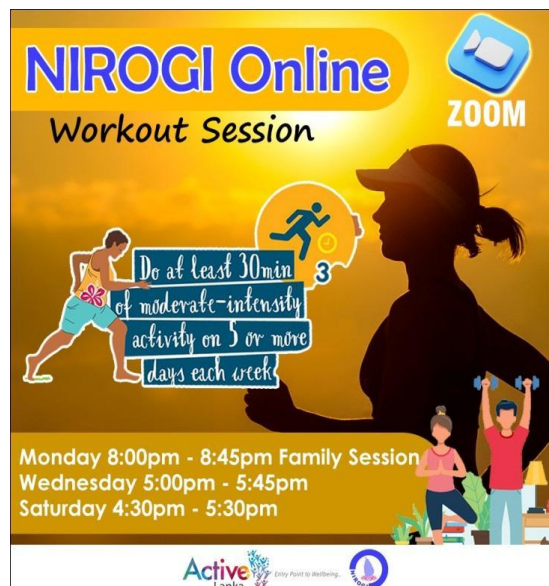
1. Communication difficulties were identified between stakeholders, program team and also with the communities. This can be mainly due to lack of facilities (infrastructure, internet), pandemic and the participants are new to online programs. Also lack of relevant information about the participants arouses difficulties to preparatory activities when running a program within the limited time frame. Adequate time of engagement is needed for future such programs.
2. The target participant group changed in the middle of the program. There was a drop out and in the middle and new group of participants were enrolled. Due to this pre and post evaluation could not be completed.
3. Some of the outcome expected may not be realistic and feasible in a short program which can be improved in the future programs. .

7. Lessons learned & Recommendations

1. This project was timely as in the middle of the pandemic where face to face interactions are limited for PA promotion. The challenges and limitations of conducting a virtual program were identified in the process.
2. It was identified that active CSO leaders and groups are good ground resources to the NCD prevention and PA promotion activities. This network should be further strengthened with more stakeholder discussions and adequate engagement time before next such projects.
3. When conducting programs on a virtual platform it is important to understand the target group clearly and specifically for the delivery of the message. We felt that depending on the priorities and expectations of the community group, deviations and drop outs can occur. A face to face interactions before a virtual program or adequate time for virtual engagement is recommended between the resource and the participants.
4. Special emphasis need to be directed regarding the infrastructure, time, internet facilities, and internet literacy of participants regarding virtual programs.

8. Way forward & sustainable mechanisms

1. The package and all ICE materials developed can be shared for the future activities.
2. Created Social media groups will be followed up by the NIROGI Lanka SLMA team with the consensus of ChildFund and NCD unit MOH. New participants will have the opportunity to engage. Onsite visits to the settings need to be arranged with the supervision of relevant HLCs for sustainability. In district of Kurunegala such programs are conducted.
3. Online exercise sessions three times per week via ZOOM platform is continued which is open for all freely. All engaged members would be supported by NIROGI Lanka team and district level HPOs to develop, initiate, and facilitate their own community development activities in future.
4. This should be an initiation of a long term program for PA promotion, which this created CSO leaders can be linked to the ACTIVE LANKA campaign 2022 NIROGI SLMA, NCD Directorate MOH.



Exercise video clips :

https://m.facebook.com/story.php?story_fbid=1733907033486042&id=291662467710513

<https://www.facebook.com/nirogilanka.org>

Resource Team

NIROGI Lanka Project Sri Lanka Medical Association

Dr. Chathuranga Ranasinghe (Chairperson and Specialist in Sports and Exercise Medicine)

Mr. Pradeep Tharanga (HPO)

Mr. Ushan Dandudeniya (HPO)

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04.02.2022