

## UGANDA (KAMULI DISTRICT) MENTAL HEALTH CARE PLAN

### SUMMARY



Levels		Packages			
	Awareness and Knowledge Enhancement	Detection	Treatment	Recovery	Program Management
<b>1. Health Organisation</b>	1.1 Engagement / advocacy / mental health literacy				<b>2.1 Drug supply chain management</b> <hr/> <b>2.2 HMIS</b> <hr/> <b>2.3 Human resource support, motivation and supervision</b> <hr/> <b>2.4 Capacity-building</b> <hr/> <b>2.5 Routine monitoring and evaluation</b>
<b>2. PHC health facility</b>	1.1 Standardized In-Service training	2.2 Screening and assessment	3.1 Psychotropic medication 3.2 Basic psychosocial support	4.1 Continuing care	
<b>3. Community</b>	1.1 Community sensitisation / anti-stigma / mobilisation	2.1 Community detection		4.1 Outreach / adherence support	4.2 Community Based Rehabilitation (CBR)
	1.2 Training of Village Health Team (VHT) workers.				

## DETAILED PLAN (HEALTH ORGANISATION LEVEL)

HEALTH SYSTEM LEVEL	HEALTH ORGANIZATION LEVEL
<b>PACKAGE:</b> <b>1.0 AWARENESS AND KNOWLEDGE ENHANCEMENT</b> <b>Objectives</b>	<b>COMPONENT:</b> <b>1.1 Engagement / Advocacy / Mental Health Literacy of Stakeholders to Increase Awareness about MNS in the District</b> To increase the awareness of managers and important stakeholders on mental health issues including the impact of gender on mental health, in order to facilitate their involvement in mental health programmes (Buy in).
<b>Primary Provider (Roles and responsibilities)</b>	District Health Officer <ul style="list-style-type: none"> <li>• Identifying and establishing correspondence with the target stakeholders</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	District mental health focal person and the PRIME team <ul style="list-style-type: none"> <li>• Organizing and facilitating the awareness and sensitization workshops/activities.</li> </ul>
<b>Activities and style of delivery</b>	<ol style="list-style-type: none"> <li>a. Develop information packages for stakeholder engagement</li> <li>b. Conduct orientation workshops for the district managers</li> <li>c. Conduct advocacy and resource mobilization sessions</li> <li>d. Plan and coordinate inter-sectoral collaboration for mental health care plan</li> <li>e. Ensure gender sensitive and gender responsive information packages and participation in awareness raising fora</li> </ol>
<b>Tools</b>	<ul style="list-style-type: none"> <li>• Developed information packages</li> </ul>
<b>Indicators</b>	<b>Input indicators</b> <ol style="list-style-type: none"> <li>a. Cost of sensitization meetings</li> <li>b. Cost of human resource</li> </ol> <b>Process indicators</b> <ol style="list-style-type: none"> <li>a. Number of sensitization meeting carried out</li> <li>b. No. of stakeholders attending</li> </ol> <b>Output indicators</b> <ol style="list-style-type: none"> <li>a. Mental health in approved HSO worker plan</li> <li>b. Mental health in quarterly/annual reports of HSO</li> </ol> <b>Outcome indicators</b> <ol style="list-style-type: none"> <li>a. Better planning for MNS services</li> <li>b. MNS services integrated into routine support services</li> </ol>
<b>How to evaluate</b>	Case study

HEALTH SYSTEM LEVEL	HEALTH ORGANIZATION LEVEL
<b>PACKAGE:</b> <b>2.0 PROGRAM MANAGEMENT</b>	<b>COMPONENT:</b> <b>2.1 Drug Supply Chain Management</b>
<b>Objectives</b>	To ensure adequate drug supply for MNS disorders in the district
<b>Primary Provider (Roles and responsibilities)</b>	District Health Officer (DHO) <ul style="list-style-type: none"> <li>• Secure MNS drugs</li> <li>• Monitor stocks</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	District mental health coordinator <ul style="list-style-type: none"> <li>• Advocates for procurement of MNS drugs</li> <li>• Monitors availability of MNS drugs in health facilities</li> <li>• Reports drug situation to DHO</li> </ul>
<b>Activities and style of delivery</b>	<ol style="list-style-type: none"> <li>a. Ordering MNS drugs</li> <li>b. Procuring MNS drugs</li> <li>c. Monitoring stock outs</li> </ol>
<b>Tools</b>	<ol style="list-style-type: none"> <li>a. Drug requisition forms</li> <li>b. Stock cards</li> </ol>
<b>Indicators</b>	<b>Input indicators</b>
	<ol style="list-style-type: none"> <li>a. Cost of purchasing MNS drugs for the district per month</li> <li>b. Actual drugs that are supplied eg chlorpromazine, phenobarbitone, imipramine, etc.</li> <li>c. Volume of each drug supplied to the district per month</li> </ol>
	<b>Process indicators</b>
	<ol style="list-style-type: none"> <li>a. MNS drug deliveries made</li> </ol>
	<b>Output indicators/ Outcome indicators</b>
	<ol style="list-style-type: none"> <li>a. Stock out days for chlorpromazine, phenobarbitone, imipramine</li> <li>b. Number of scripts issued (and dosage) for each drug type</li> </ol>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>• Quarterly stock taking in district medicine stores (as part of the case study)</li> </ul>

HEALTH SYSTEM LEVEL	HEALTH ORGANIZATION LEVEL
<b>PACKAGE:</b>	<b>COMPONENT:</b>
<b>2.0 PROGRAM MANAGEMENT</b>	<b>2.2 Health Management Information System</b>
<b>Objectives</b>	<b>To ensure a functional gender disaggregated HMIS for MNS disorders</b>
<b>Primary Provider (Roles and responsibilities)</b>	HMIS records officer <ul style="list-style-type: none"> <li>• To compile, summarize and report data on MNS disorders</li> <li>• To offer support supervision</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	District mental health coordinator <ul style="list-style-type: none"> <li>• To monitor and supervise compilation of MNS data from facilities;</li> <li>• To ensure that MNS data is captured and submitted</li> </ul>
<b>Activities and style of delivery</b>	<ol style="list-style-type: none"> <li>a. Ensure availability of HMIS data collection tools</li> <li>b. Compiling, summarizing, and reporting data on MNS disorders</li> <li>c. Supervising records officers</li> </ol>
<b>Tools</b>	<ul style="list-style-type: none"> <li>• HMIS tools</li> </ul>
<b>Indicators</b>	<b>Input indicators</b> <ol style="list-style-type: none"> <li>a. Cost of stationary and personnel</li> </ol> <b>Process indicators</b> <ol style="list-style-type: none"> <li>a. No of supervision visits</li> </ol> <b>Output indicators</b> <ol style="list-style-type: none"> <li>a. Change in attendance/ number of cases with of MNS disorders recorded monthly</li> </ol> <b>Outcome indicators</b> <ol style="list-style-type: none"> <li>a. Mental health data reported in district quarterly and annual health sector performance reports.</li> </ol>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>• Case study</li> </ul>

HEALTH SYSTEM LEVEL	HEALTH ORGANIZATION LEVEL
<b>PACKAGE:</b> <b>2.0 PROGRAM MANAGEMENT</b>	<b>COMPONENT:</b> <b>2.3 Human Resource Support, Motivation And Supervision</b>
<b>Objectives</b>	Plan and coordinate human resource for management of MNS disorders
<b>Primary Provider (Roles and responsibilities)</b>	Chief Administrative officer (CAO) <ul style="list-style-type: none"> <li>• Recruit and deploy Health workers for management of MNS disorders (to be sensitive to gender balance)</li> <li>• Plan for Human Resource for MNS disorders</li> <li>• Supervise health workers</li> <li>• Plan for capacity building for health workers</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	DHO and MH coordinator <ul style="list-style-type: none"> <li>• Both to monitor deployment and attrition of human resource for MNS disorders</li> <li>• Both to report human resource needs to the CAO</li> </ul>
<b>Activities and style of delivery</b>	a. Recruiting/deploying staff b. Supervising of staff c. Planning for capacity building
<b>Tools</b>	<ul style="list-style-type: none"> <li>• Human resource records (e.g. number of posts, number of filled posts) for each category of profession.</li> <li>• Annual performance reviews for staff.</li> </ul>
<b>Indicators</b>	<b>Input indicators</b> <ol style="list-style-type: none"> <li>a. Cost for recruitment/deployment</li> <li>b. Cost for support supervision</li> <li>c. Cost for capacity building</li> <li>d. Number of staff in post (for each category (e.g. nurses, clinical officers, etc)</li> <li>e. No. of staff recruited/deployed for the management of MNS disorders</li> </ol> <b>Process indicators</b> <ol style="list-style-type: none"> <li>a. No of supervision visits</li> </ol> <b>Output indicators</b> <b>Outcome indicators</b> <ol style="list-style-type: none"> <li>a. Mental health coordinator in place</li> <li>b. Health workers recruited/deployed where needed.</li> <li>c. Increase in number of health workers engaged in MNS disorder care</li> </ol>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>• Case study</li> </ul>

HEALTH SYSTEM LEVEL	HEALTH ORGANIZATION LEVEL
<b>PACKAGE:</b> <b>2.0 PROGRAM MANAGEMENT</b>	<b>COMPONENT:</b> <b>2.4 Capacity Building</b>
<b>Objectives</b>	To equip district trainers with skills to instruct and supervise health workers in the use of mhGAP intervention guide
<b>Primary Provider (Roles and responsibilities)</b>	National and Regional mental health trainers <ul style="list-style-type: none"> <li>• Train and supervise district trainers</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	MH coordinator and PRIME Team <ul style="list-style-type: none"> <li>• Train and supervise trainees as they train other health workers</li> </ul>
<b>Activities and style of delivery</b>	<ul style="list-style-type: none"> <li>a. Organise TOT training sessions</li> <li>b. Conduct TOT</li> <li>d. Evaluate trainers</li> </ul>
<b>Tools</b>	<ul style="list-style-type: none"> <li>• mhGaP intervention Guide</li> <li>• mhGaP facilitators' guide</li> <li>• mhGaP participant Guide</li> <li>• Supervision guide</li> </ul>
<b>Indicators</b>	<b>Input indicators</b> <ul style="list-style-type: none"> <li>a. Cost of training workshops</li> <li>b. Cost of personnel</li> <li>c. Cost of training materials</li> <li>d. Number of Trainers who will deliver TOT workshops</li> <li>e. Training materials</li> </ul> <b>Process indicators</b> <ul style="list-style-type: none"> <li>a. No. of TOT workshops conducted</li> <li>b. No of Trainees trained</li> <li>c. No of supervision visits</li> </ul> <b>Output indicators</b> <ul style="list-style-type: none"> <li>a. Change in knowledge of HCW before/after training</li> <li>b. Change in attitude towards persons with mental illness</li> <li>d. Development of skills to deliver care for MNS disorders</li> </ul>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>• Case study</li> </ul>

HEALTH SYSTEM LEVEL	HEALTH ORGANIZATION LEVEL
<b>PACKAGE:</b>	<b>COMPONENT:</b>
<b>2.0 PROGRAM MANAGEMENT</b>	<b>2.5 Routine Monitoring and Evaluation</b>
<b>Objectives</b>	To Conduct ongoing management monitoring, evaluation and quality control
<b>Primary Provider (Roles and responsibilities)</b>	District Health Management Team and PRIME team <ul style="list-style-type: none"> <li>• Manage, monitor, evaluate and ensure quality of mental health services</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	Community Advisory Boards (CAB) <ul style="list-style-type: none"> <li>• Monitor provision of services</li> </ul>
<b>Activities and style of delivery</b>	<ul style="list-style-type: none"> <li>a. Hold meetings</li> <li>b. Carryout supervision and monitoring visits</li> <li>c. Interpret available data for planning and quality improvement</li> <li>e. Prepare reports</li> </ul>
<b>Tools</b>	<ul style="list-style-type: none"> <li>• Summarised HMIS data</li> </ul>
<b>Indicators</b>	<p><b>Input indicators</b></p> <ul style="list-style-type: none"> <li>a. Cost of meeting</li> <li>b. Cost of monitoring visits</li> <li>c. Summarised HMIS data</li> </ul> <p><b>Process indicators</b></p> <ul style="list-style-type: none"> <li>a. Frequency of review meetings held</li> <li>b. No of monitoring visits</li> </ul> <p><b>Output indicators/Outcome</b></p> <ul style="list-style-type: none"> <li>a. M&amp; E system for MHCP is in place and used to improve care</li> <li>e. Compliance to processes</li> </ul>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>• Case study</li> </ul>

## DETAILED PLAN (HEALTH FACILITY LEVEL)

HEALTH SYSTEM LEVEL	HEALTH FACILITY LEVEL
<b>PACKAGE:</b> <i>1.0 AWARENESS AND KNOWLEDGE ENHANCEMENT</i>	<b>COMPONENT:</b> <i>1.1 Standardized In-Service Training for Primary Health care Workers</i>
<b>Objectives</b>	To Conduct ongoing management monitoring, evaluation and quality control
<b>Primary Provider (Roles and responsibilities)</b>	District Health Management Team and PRIME team <ul style="list-style-type: none"> <li>• Manage, monitor, evaluate and ensure quality of mental health services</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	Community Advisory Boards (CAB) <ul style="list-style-type: none"> <li>• Monitor provision of services</li> </ul>
<b>Activities and style of delivery</b>	<ul style="list-style-type: none"> <li>d. Hold meetings</li> <li>e. Carryout supervision and monitoring visits</li> <li>f. Interpret available data for planning and quality improvement</li> <li>f. Prepare reports</li> </ul>
<b>Tools</b>	<ul style="list-style-type: none"> <li>• Summarised HMIS data</li> </ul>
<b>Indicators</b>	<b>Input indicators</b> <ul style="list-style-type: none"> <li>d. Cost of meeting</li> <li>e. Cost of monitoring visits</li> <li>f. Summarised HMIS data</li> </ul> <b>Process indicators</b> <ul style="list-style-type: none"> <li>c. Frequency of review meetings held</li> <li>d. No of monitoring visits</li> </ul> <b>Output indicators/Outcome</b> <ul style="list-style-type: none"> <li>b. M&amp; E system for MHCP is in place and used to improve care</li> <li>f. Compliance to processes</li> </ul>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>• Case study</li> </ul>



HEALTH SYSTEM LEVEL	HEALTH FACILITY LEVEL
<b>PACKAGE:</b> <b>2.0 DETECTION</b>	<b>COMPONENT:</b> <b>2.1 Screening and Assessment</b>
<b>Objectives</b>	<p>1. To improve knowledge and skills of PHC workers (including midwives) in detection and treatment of MNS disorders</p> <p>To improve attitudes and reduce stigma of PHC workers towards people with MNS disorders.</p>
<b>Primary Provider (Roles and responsibilities)</b>	<p>Mental health staff from within the district and the Regional Referral Hospital</p> <ul style="list-style-type: none"> <li>• Train and supervise the general health workers and midwives in mental health care</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	<p>District health office and PRIME team</p> <ul style="list-style-type: none"> <li>• Organize for training of the PHC workers</li> </ul>
<b>Activities and style of delivery</b>	<p>a. Equipping the PHC workers with the knowledge to detect and manage patients with mental disorders, through training, using the adapted mhGAP intervention guide.</p> <p>b. Equipping the non-prescribers with the knowledge to enable them recognize/detect mental disorders, through training using the adapted mhGAP intervention guide.</p> <p>a. Regular refresher training for PHC workers</p>
<b>Tools</b>	<ul style="list-style-type: none"> <li>• Adapted mhGAP-IG</li> <li>• mhGAP Facilitators' trainers guide</li> <li>• mhGAP participants' guide</li> <li>• Other relevant IEC materials</li> </ul>
<b>Indicators</b>	<p><b>Input indicators</b></p> <p>a. Availability of training materials</p> <p>b. Payment/facilitation for trainers and the trainees</p> <p>c. Availability of time</p> <p>d. Availability of funds</p> <p>e. Facilities to conduct training</p> <p><b>Process indicators</b></p> <p>a. Number of training sessions carried out</p> <p>b. Number of PHC workers trained in each training session</p> <p><b>Output indicators</b></p> <p>a. Increase in number of PHC workers trained</p> <p>b. Change in knowledge of CHW before/after training</p> <p>c. Change in attitude towards persons with mental illness</p> <p>d. Clinical competence – detection / initiation of management plan</p> <p><b>Outcome indicators</b></p> <p>a. Health workers are able to appropriately detect, and treat MNS disorders</p>

	<ul style="list-style-type: none"> <li>b. PHC workers have reduced stigmatizing attitudes towards people with MNS disorders.</li> </ul>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>a. Increase in number of people with priority disorder detected / assessed in PHC             <ul style="list-style-type: none"> <li>• Facility detection study</li> <li>• Cohort study</li> </ul> </li> </ul>

HEALTH SYSTEM LEVEL	HEALTH FACILITY LEVEL
<b>PACKAGE:</b> <b>3.0 TREATMENT</b>	<b>COMPONENT:</b> <b>3.1 Psychotropic Medication</b>
<b>Objectives</b>	To prescribe appropriate psychotropic medication for persons with MNS disorders
<b>Primary Provider (Roles and responsibilities)</b>	PHC nurses, midwives and clinicians <ul style="list-style-type: none"> <li>• Prescribing psychotropic drugs</li> <li>• Monitoring the effects of the drugs</li> <li>• Referring appropriately</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	<ol style="list-style-type: none"> <li>1. District health managers             <ul style="list-style-type: none"> <li>• Ensuring constant supply of psychotropic medications</li> </ul> </li> <li>2. Mental health staff from district and regional</li> <li>3. PRIME Team             <ul style="list-style-type: none"> <li>• Regular supervision of primary Health workers</li> <li>• Monitoring availability of medications</li> </ul> </li> </ol>
<b>Activities and style of delivery</b>	<ol style="list-style-type: none"> <li>a. Ordering for the medicines</li> <li>b. Prescribing</li> <li>c. Keeping record of the medications given out</li> <li>d. Follow-up and monitoring the medicines' side effects</li> <li>e. Referring patients to specialist/community support, medical teams</li> <li>f. Supervising</li> <li>g. Mentoring of health worker in best prescribing practices</li> <li>h. Monitoring the availability of drugs</li> </ol>
<b>Tools</b>	<ul style="list-style-type: none"> <li>• Essential Drug List</li> <li>• Adapted mhGAP-IG</li> <li>• Supervision guide</li> <li>• Medicines order books</li> </ul>

**Indicators**

- Registers

**Input indicators**

- Availability of mhGaP IG
- Availability of register
- Availability of funds
- Availability of supervision guide
- Psychotropic medicines
- Personnel
- Cost of supervision visits
- Prescribing guide lines

**Process indicators**

- Number of prescription of psychotropic drugs in a month (per type of drug)
- Medication orders made to ensure adequate stock
- Days of medication stock out
- Number of supervision visits

**Output indicators/**

- Appropriate and evidence based prescribing of drugs for patients with MNS disorders.
- Proportion of patients who require psychotropic medication who actually receive it

**Outcome indicators**

- Improve clinical outcomes

**How to evaluate**

- Facility detection survey
- Cohort study

HEALTH SYSTEM LEVEL	HEALTH FACILITY LEVEL
<b>PACKAGE:</b> <b>3.0 TREATMENT</b>	<b>COMPONENT:</b> <b>3.2 Basic Psychosocial Support</b>
<b>Objectives</b>	To provide basic psychosocial support to persons with MNS disorders
<b>Primary Provider (Roles and responsibilities)</b>	PHC nurse, midwife, clinical officer <ul style="list-style-type: none"> <li>• To provide psychosocial support to patients with MNS disorders including perinatal women.</li> <li>• Follow-up clients</li> <li>• Monitoring the effects of the drugs</li> <li>• Referring appropriately</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	1. Mental health staff from district and regional 2. PRIME Team <ul style="list-style-type: none"> <li>• Regular supervision and monitor provision of care of primary Health workers</li> <li>• Monitoring PHC workers</li> </ul>
<b>Activities and style of delivery</b>	a. Carry out psycho-education b. Carryout brief supportive counseling c. Referring patients to specialist/community support, medical teams d. Conduct Supervision visits g. Mentoring of health worker on supportive counselling
<b>Tools</b>	<ul style="list-style-type: none"> <li>• Adapted mhGAP-IG</li> <li>• Basic supportive counseling guide</li> </ul>
<b>Indicators</b>	<b>Input indicators</b> <ol style="list-style-type: none"> <li>a. Availability of mhGaP-IG</li> <li>b. Availability of register</li> <li>c. Availability of funds</li> <li>d. Availability of supervision guide</li> <li>e. Availability of time</li> <li>f. Cost of supervision visits</li> <li>g. Counselling guide lines</li> </ol> <b>Process indicators</b> <ol style="list-style-type: none"> <li>a. PHC workers delivering basic psychosocial care to patients with MNS disorders Number of supervision visits</li> </ol> <b>Output indicators/</b> <ol style="list-style-type: none"> <li>a. Number of patients offered psychosocial care per month</li> </ol> <b>Outcome indicators</b> <ol style="list-style-type: none"> <li>g. Improve clinical outcomes</li> </ol>
<b>How to evaluate</b>	<ol style="list-style-type: none"> <li>1. Facility detection survey</li> </ol> <ul style="list-style-type: none"> <li>• Cohort study</li> </ul>

HEALTH SYSTEM LEVEL	HEALTH FACILITY LEVEL
<b>PACKAGE:</b>	<b>COMPONENT:</b>
<b>4.0 RECOVERY</b>	<b>4.1 Continuing Care</b>
<b>Objectives</b>	To provide follow-up and continuity of care to people with MNS disorders in Primary Health Care.
<b>Primary Provider (Roles and responsibilities)</b>	PHC nurse, midwife and clinical officers <ul style="list-style-type: none"> <li>• Follow-up care of patients</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	Mental health workers at the district and regional level PRIME Team <ul style="list-style-type: none"> <li>• Regular supervision and monitor provision of care of primary Health workers</li> <li>• Monitoring PHC workers</li> </ul>
<b>Activities and style of delivery</b>	<ol style="list-style-type: none"> <li>a. Provision of repeat medication and basic psycho-education/counselling</li> <li>b. Identify and document defaulters</li> <li>c. Liaise with VHTs for tracing</li> <li>d. Referral to specialist/community supports/medical teams</li> <li>e. Conduct Supervision visits</li> <li>f. Mentoring of health worker</li> </ol> <ul style="list-style-type: none"> <li>• Register books for defaulters</li> </ul>
<b>Tools</b>	
<b>Indicators</b>	<p><b>Input indicators</b></p> <ol style="list-style-type: none"> <li>a. Availability of register</li> <li>b. Availability of supervision guide</li> <li>c. Availability of time</li> <li>d. Cost of supervision visits</li> </ol> <p><b>Process indicators</b></p> <ol style="list-style-type: none"> <li>a. Number of re-attendances in months</li> <li>b. visits</li> <li>c. Defaults</li> </ol> <p><b>Output indicators</b></p> <ol style="list-style-type: none"> <li>a. Percent of patients making at least three follow-up visits in six months</li> <li>b. percent of defaulters who are followed up and re-engaged</li> </ol> <p><b>Outcome indicators</b></p> <ol style="list-style-type: none"> <li>a. Improvement in adherence rates</li> <li>b. Reduction in relapse rates.</li> <li>c. Improved clinical outcomes</li> </ol>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>• Facility detection survey</li> <li>• Cohort study</li> </ul>

## DETAILED PLAN (COMMUNITY LEVEL)

HEALTH SYSTEM LEVEL	COMMUNITY LEVEL
<b>PACKAGE:</b> <b>1. 0 AWARENESS AND KNOWLEDGE ENHANCEMENT</b>	<b>COMPONENT</b> <b>1.1: Community Sensitization and Anti-Stigma Mobilization</b>
<b>Objectives</b>	<p>1. To raise the community awareness on mental health and psychosocial problems to reduce stigma towards people with mental health problems in the community.</p> <p>To increase support and demand for mental health services including Perinatal mental health services</p>
<b>Primary Provider (Roles and responsibilities)</b>	<p>Village Health Teams (VHTs)</p> <ul style="list-style-type: none"> <li>• Sensitize the community on mental health issues</li> </ul> <p>Mental health coordinator</p> <ul style="list-style-type: none"> <li>• Supervision of VHTs</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	<p>Primary Health workers , midwives, District health visitors</p> <ul style="list-style-type: none"> <li>• Sensitize the community on mental health issues</li> </ul>
<b>Activities and style of delivery</b>	<p>a. Organize and conduct community sensitization meetings for both men and women</p> <p>b. Distribute IEC materials</p> <p>a. Conduct Media campaigns and radio talk shows</p> <ul style="list-style-type: none"> <li>• IEC materials from Ministry of health</li> </ul>
<b>Tools</b>	
<b>Indicators</b>	<p><b>Input indicators</b></p> <p>a. Cost of awareness raising activities</p> <p>b. Number of staff of various categories (e.g. VHTs, mental health coordinator) who will deliver this packages)</p> <p><b>Process indicators</b></p> <p>a. Number of awareness raising activities</p> <p>b. Number of people sensitized</p> <p><b>Output indicators/Outcome indicators</b></p> <p>a. Increased community awareness</p> <p>b. Increased referral from community to PHC facility</p> <p>c. Increased demand for mental health services.</p> <p>a. Reduced stigmatizing attitudes</p>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>• Repeated community survey</li> <li>• Facility detection survey</li> </ul>

HEALTH SYSTEM LEVEL	COMMUNITY LEVEL
<b>PACKAGE:</b> <b>1. 0 AWARENESS AND KNOWLEDGE ENHANCEMENT</b>	<b>COMPONENT:</b> <b>1.2: Training of Village Health Team Workers</b>
<b>Objectives</b>	To train VHTs to identify and to offer basic psychosocial support to people with MNS disorders in the community
<b>Primary Provider (Roles and responsibilities)</b>	Psychiatric clinical officers and Mental health Nurses in the district <ul style="list-style-type: none"> <li>• Organise VHT training workshops</li> <li>• Facilitate workshops</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	National Trainers and PRIME Team <ul style="list-style-type: none"> <li>• Supervise the trainers</li> </ul>
<b>Activities and style of delivery</b>	a. Organising and facilitate training of both male and female VHTs in mental health b. Supervising the trainers
<b>Tools</b>	<ul style="list-style-type: none"> <li>• Non-prescribers manual by MoH</li> <li>• Supervisors'</li> </ul>
<b>Indicators</b>	<b>Input indicators</b> <ol style="list-style-type: none"> <li>a. Cost of training workshops</li> <li>b. Training materials</li> <li>c. Time</li> <li>d. Training facilities</li> </ol> <b>Process indicators</b> <ol style="list-style-type: none"> <li>a. Number of VHTs trained</li> <li>b. Number of workshops conducted</li> </ol> <b>Output indicators</b> <ol style="list-style-type: none"> <li>a. Increased VHTs' knowledge and awareness of common signs and symptoms of mental health problems</li> <li>b. Improved competence to detect mental health problems in the community</li> </ol> <b>Outcome indicators</b> <ol style="list-style-type: none"> <li>b. Improvement in clinical and functioning outcomes among patients receiving psychosocial support in the community</li> </ol>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>• Pre-post test during training</li> <li>• Cohort study</li> </ul>

HEALTH SYSTEM LEVEL	COMMUNITY LEVEL
<b>PACKAGE:</b> <b>2.0 DETECTION</b>	<b>COMPONENT:</b> <b>2.1 Community Detection</b>
<b>Objectives</b>	To increase the detection and referral of persons with mental health problems within the community
<b>Primary Provider (Roles and responsibilities)</b>	VHTs <ul style="list-style-type: none"> <li>• Identify and support people with mental health problems in the community</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	Family, and community leaders <ul style="list-style-type: none"> <li>• Identify and refer to VHTs/Health facility</li> </ul>
<b>Activities and style of delivery</b>	<ul style="list-style-type: none"> <li>c. Identify with mental health problems in the community</li> <li>d. Refer PWMI to the health facility</li> <li>e. Document referrals</li> </ul>
<b>Tools</b>	<ul style="list-style-type: none"> <li>• Referral register books</li> </ul>
<b>Indicators</b>	<p><b>Input indicators</b></p> <ul style="list-style-type: none"> <li>a. Registers</li> <li>b. Cost of engaging VHT</li> <li>c. Time</li> <li>d. Number of VHTs</li> </ul> <p><b>Process indicators</b></p> <ul style="list-style-type: none"> <li>a. Number of assessments conducted by VHTs</li> <li>b. Number of PWMI identified and referred to PHC facility</li> </ul> <p><b>Output indicators</b></p> <ul style="list-style-type: none"> <li>a. Number of PWMI identified and referred to PHC facility</li> </ul> <p><b>Outcome indicators</b></p> <ul style="list-style-type: none"> <li>c. Number of PWMI correctly detected and referred from the community</li> </ul>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>• Community survey</li> <li>• Facility survey</li> </ul>



HEALTH SYSTEM LEVEL	COMMUNITY LEVEL
<b>PACKAGE:</b> <b>3.0 RECOVERY</b>	<b>COMPONENT:</b> <b>3.1 Outreach and Adherence Support</b>
<b>Objectives</b>	To ensure adherence to mental health treatments and provide continuing psychosocial support to PWMI
<b>Primary Provider (Roles and responsibilities)</b>	PHC nurses, midwives, VHTs <ul style="list-style-type: none"> <li>• Conduct outreach and support patients in the community</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	Mental Health coordinators <ul style="list-style-type: none"> <li>• Supervision and monitoring</li> </ul>
<b>Activities and style of delivery</b>	<ol style="list-style-type: none"> <li>Carry out supportive counselling</li> <li>Conduct psycho education</li> <li>Document and report non-adherence to treatment</li> </ol>
<b>Tools</b>	<ul style="list-style-type: none"> <li>• Treatment registers</li> <li>• mhGAP IG</li> <li>• Supervision guide</li> </ul>
<b>Indicators</b>	<p><b>Input indicators</b></p> <ol style="list-style-type: none"> <li>Cost of conducting outreaches</li> <li>Supervision guide materials</li> <li>Registers</li> <li>Time Number of staff in each category (VHTs, PHC nurses, etc) who are delivering this package</li> </ol> <p><b>Process indicators</b></p> <ol style="list-style-type: none"> <li>Number of outreach visits done</li> <li>Number of PWMI followed up</li> </ol> <p><b>Output indicators</b></p> <ol style="list-style-type: none"> <li>Number of people who receive these services (visits, counselling etc)</li> </ol> <p><b>Outcome indicators</b></p> <ol style="list-style-type: none"> <li>Improvements in clinical and functioning outcomes for patients who receive these intervention</li> </ol>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>• Case study</li> <li>• Cohort study</li> </ul>

HEALTH SYSTEM LEVEL	COMMUNITY LEVEL
<b>PACKAGE:</b> <b>3.0 RECOVERY</b>	<b>COMPONENT:</b> <b>3.2 Community Based Rehabilitation (CBR)</b>
<b>Objectives</b>	To provide community based rehabilitation to people with MNS disorders
<b>Primary Provider (Roles and responsibilities)</b>	Basic Needs- Uganda and VHTs <ul style="list-style-type: none"> <li>• Provide peer and livelihood support to people undergoing treatment for mental health problems</li> <li>•</li> </ul>
<b>Other Providers (Roles and Responsibilities)</b>	Community Development Officers (CDOs), Extension Workers <ul style="list-style-type: none"> <li>• To link PWMI to available community based livelihood programs</li> </ul>
<b>Activities and style of delivery</b>	<ol style="list-style-type: none"> <li>a. Organise and facilitate gender sensitive peer support groups</li> <li>b. Advocate and mobilize resources for income generating activities</li> <li>c. Train service users in advocacy, self-management and entrepreneurship skills</li> <li>d. Supervise and monitor livelihood activities</li> </ol>
<b>Tools</b>	<ul style="list-style-type: none"> <li>• CBR manual to be developed by MOH</li> </ul>
<b>Indicators</b>	<p><b>Input indicators</b></p> <ol style="list-style-type: none"> <li>a. Cost of peer support meeting</li> <li>b. Cost of training</li> <li>c. Cost of supervision</li> <li>d. Time</li> <li>e. Number of staff of various categories (CDOs, Extension workers, etc) who will provide the intervention</li> </ol> <p><b>Process indicators</b></p> <ol style="list-style-type: none"> <li>a. Peer support groups and income generating activities conducted</li> <li>b. Training events conducted in advocacy, self-management and entrepreneurship</li> </ol> <p><b>Output indicators</b></p> <ol style="list-style-type: none"> <li>a. Number of service users actively engaged in livelihood activities</li> <li>b. Number of support groups formed and functioning</li> </ol> <p><b>Outcome indicators</b></p> <ol style="list-style-type: none"> <li>b. Improved socio-economic functioning of people with MNS disorders</li> </ol>
<b>How to evaluate</b>	<ul style="list-style-type: none"> <li>• Cohort study and case study</li> </ul>