



Situation Analysis Tool

Developed by the Programme for Improving Mental Health CarE



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***PR**ogramme for Improving **M**ental health **carE** (**PRIME**) is a Research Programme Consortium (RPC) led by the Centre for Public Mental Health at the University of Cape Town (South Africa), and funded by the UK government's Department for International Development (DFID). The project aim is to develop world-class research evidence on the implementation, and scaling up of treatment programmes for priority mental disorders in primary and maternal health care contexts in low resource settings. Partners and collaborators in the consortium include Addis Ababa University and Ministry of Health (Ethiopia), Sangath, Public Health Foundation of India and Madhya Pradesh State Ministry of Health (India), Health Net TPO and Ministry of Health (Nepal), University of Kwazulu-Natal, Human Sciences Research Council, Perinatal Mental Health Project and Department of Health (South Africa), Makerere University and Ministry of Health (Uganda), BasicNeeds, Centre for Global Mental Health (London School of Hygiene & Tropical Medicine and Kings Health Partners, UK) and the World Health Organisation (WHO). This material has been funded by UK aid from the UK Government, however the views expressed do not necessarily reflect the UK Government's official policies.*

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Data collection information

Name of country	
Name of district	
Date situational analysis started:	
Date situational analysis completed:	
Completed by:	
Main sources of data:	
Notes on data collection process:	

SECTION I: Relevant context

I	Relevant context	Baseline situation						Source of Evidence / Date for Data
1	SOCIO-DEMOGRAPHIC INDICATORS	National / State level ¹			District level			
1.1	Geography							
1.2	Administrative units							
1.3	Population characteristics							
1.4	Size	Female	Male	Total	Female	Male	Total	
1.5	Population density							
1.6	% population living in rural areas							
1.7	Ethnicity							
1.8	Language(s)							
1.9	Religion							

¹ Choose whichever is most appropriate for country setting

I	Relevant context	Baseline situation						Source of Evidence / Date for Data
2	ECONOMIC INDICATORS							
2.1	Literacy	Female	Male	Overall	Female	Male	Overall	
2.2	% of homes with sanitation (functioning latrine)	Rural	Urban	Overall	Rural	Urban	Overall	
2.3	% of homes with clean water supply							
2.4	% of homes with electricity supply							
2.5	Major economic activity in the district							
2.6	Other indicators of socioeconomic status of district (e.g. roads, housing quality, availability of TV / radio)							
3	HEALTH INDICATORS	National / State level			District level			
3.1	Life expectancy	Female	Male	Total	Female	Male	Total	

I	Relevant context	Baseline situation						Source of Evidence / Date for Data
3.2	Infant mortality rate	Rural	Urban	Overall	Rural	Urban	Overall	
3.3	Maternal mortality rate	Rural	Urban	Overall	Rural	Urban	Overall	
3.4	Top 10 health conditions for out-patient services							
3.5	Any other significant public health issues							
	Maternal health indicators	Rural	Urban	Overall	Rural	Urban	Overall	
3.6	Total fertility rate							
3.7	Average number of live births							
3.8	Average age at first pregnancy							
3.9	% of pregnant women estimated to be HIV positive							
3.10	% attending antenatal clinic at least once							
3.11	Average gestation at first ANC visit							
3.12	Average number of ANC visits							
3.13	% of women receiving adequate course of tetanus toxoid							

I	Relevant context	Baseline situation						Source of Evidence / Date for Data
		Rural	Urban	Overall	Rural	Urban	Overall	
3.14	Is HIV testing routinely offered in pregnancy? If so, what is the % of women who are tested?							
3.15	% of women attending for postnatal care?							
3.16	Where do women give birth? % with home birth % with no trained attendant % with trained attendant % delivering in health centre % delivering in hospital							
3.17	% of women breastfeeding exclusively for first 6 months							
3.18	Any child support benefits?							

I	Relevant context		Baseline situation						Source of Evidence / Date for Data
4	HIV INDICATORS		Male	Female	All	Male	Female	All	
4.1	HIV seroprevalence in general population (Overall)								
		Rural							
		Urban							
4.2	% of eligible PLWHA receiving ART? (Overall)								
		Rural							
		Urban							
5	SOCIAL								
5.1	Prevalence of intimate partner violence		Pregnant		Postnatal		Any women		
5.2	Crime at district level Frequency of violent and non-violent crime								
5.3	Alcohol availability in district Type / where found / costs / licensing / any other relevant information.								

SECTION II: Mental health politics, policies and plans

II	<i>Mental health politics, policies and plans</i>	<i>Baseline situation</i>		<i>Source of Evidence / Date for Data</i>
1	POLITICAL SUPPORT	National / state level	District level	
1.1	Political commitment for mental health services			
1.2	Is mental health specifically mentioned in general health policy?			
2	MENTAL HEALTH BUDGET	National / state level	District level	
2.1	Mental health budget as % of total health budget			
3	MENTAL HEALTH POLICY	National / state level	District level	
3.1	Existence of an officially approved mental health policy / strategy?			
	If present, what year was mental health policy / strategy last revised?			
	If present, describe how much of the policy / strategy has been implemented? And across how much of the country / state / district?			
3.2	Does the policy / strategy include:			
	Integration of mental health into PHC?			
	Decentralisation to districts?			

II	<i>Mental health politics, policies and plans</i>	<i>Baseline situation</i>		<i>Source of Evidence / Date for Data</i>
	Integration into general hospitals?			
	Maternal mental health?			
	HIV mental health?			
	Alcohol misuse?			
	Epilepsy?			
		National / state level	District level	
3.3	Does the policy / strategy explicitly address issues of equity? Describe in relation to the following:			
	Gender			
	Rural / urban residence			
	Low socio-economic status			
3.4	Is there any specific provision for reaching vulnerable populations (especially the poor and those with severe mental disorder)? Describe			

<i>II</i>	<i>Mental health politics, policies and plans</i>	<i>Baseline situation</i>		<i>Source of Evidence / Date for Data</i>
4	MENTAL HEALTH PLAN	National / State level	District level	
4.1	Existence of an officially approved mental health plan?			
	If present, what year was mental health plan last revised?			
	If present, describe how much of the plan has been implemented? And across how much of the country / state / district?			
		National / State level	District level	
4.2	Does the plan include:			
	Integration of mental health into PHC?			
	Maternal mental health?			
	HIV mental health?			
	Alcohol misuse?			
	Epilepsy?			
4.3	Does the plan explicitly address issues of equity? Describe in relation to the following:			
	Gender			
	Rural / urban residence			

<i>II</i>	<i>Mental health politics, policies and plans</i>	<i>Baseline situation</i>		<i>Source of Evidence / Date for Data</i>
	Low socio-economic status			
4.4	Does the plan have any specific provision for reaching vulnerable populations (especially the poor and those with severe mental disorder)? Describe.			
5	MENTAL HEALTH LEGISLATION	National / state level	District level	
5.1	Evidence of dedicated mental health legislation?			
	If present, year of last revision?			
	If present, describe how much of the legislation is implemented, and in which geographical areas? (guidance, availability of personnel, monitoring)			
	Any protocols for managing patients who require treatment against their will?			
6	BENEFITS	National / state level	District level	
6.1	Are they available? Which illnesses? Who is eligible? Any benefits / welfare payments for persons with mental illness?			

II	Mental health politics, policies and plans	Baseline situation			Source of Evidence / Date for Data
7	HUMAN RESOURCES				
7.1	Mental health professionals in the country, working in PUBLIC sector	MH worker ²	Capital / urban settings	Regions / rural settings	
		Psychiatrist			
		Psychiatric nurses			
		Psychiatric social workers			
		Clinical psychologists			
		Other psychologists (working in clinical settings but no clinical training)			
		Occupational therapists			
		Other e.g. support workers			

² Insert relevant categories for country

II	<i>Mental health politics, policies and plans</i>	<i>Baseline situation</i>			<i>Source of Evidence / Date for Data</i>
7.2	Mental health professionals in the country, working ONLY IN PRIVATE sector	MH worker3	Capital / urban settings	Regions / rural settings	
		Psychiatrist			
		Psychiatric nurses			
		Psychiatric social workers			
		Clinical psychologists			
		Other psychologists (working in clinical settings but no clinical training)			
		Occupational therapists			
		Other e.g. support workers			

SECTION III: Mental health treatment coverage

III	Mental health treatment coverage		Baseline situation						Source of Evidence /Date for Data
			National / State level			District level			
1.	PREVALENCE OF PRIORITY MENTAL DISORDERS ⁴		Female	Male	Overall	Female	Male	Overall	
1.1	Schizophrenia	Rural							
		Urban							
		Overall							
1.2	Bipolar Disorder	Rural							
		Urban							
		Overall							
1.3	Major Depressive Disorder	Rural							
		Urban							
		Overall							

⁴ Amend diagnoses to fit diagnostic system of country i.e. ICD-10 or DSM, and focus on priority mental disorders for the country

III	Mental health treatment coverage		Baseline situation						Source of Evidence /Date for Data
			National / State level			District level			
			Female	Male	Overall	Female	Male	Overall	
1.4	Epilepsy								
		Rural							
		Urban							
		Overall							
1.5	Alcohol abuse	Rural							
		Urban							
		Overall							
1.6	Alcohol dependence	Rural							
		Urban							
		Overall							

III	Mental health treatment coverage		Baseline situation						Source of Evidence /Date for Data
			National / State level			District level			
2	NUMBER OF PEOPLE WITH THE DISORDER IN THE CONTACT WITH SERVICES IN THE LAST YEAR		Female	Male	Overall	Female	Male	Overall	
2.1	Schizophrenia	Rural							
		Urban							
		Overall							
2.2	Bipolar Disorder	Rural							
		Urban							
		Overall							
2.3	Major Depressive Disorder	Rural							
		Urban							
		Overall							
2.4	Epilepsy	Rural							
		Urban							
		Overall							

III	Mental health treatment coverage		Baseline situation						Source of Evidence /Date for Data
			National / State level			District level			
			Female	Male	Overall	Female	Male	Overall	
2.5	Alcohol abuse	Rural							
		Urban							
		Overall							
2.6	Alcohol dependence	Rural							
		Urban							
		Overall							
3	TREATMENT COVERAGE		Female	Male	Overall	Female	Male	Overall	
	Number of people with disorder in contact with services / estimated prevalence								
3.1	Schizophrenia	Rural							
		Urban							
		Overall							
3.2	Bipolar Disorder	Rural							
		Urban							
		Overall							

III	Mental health treatment coverage		Baseline situation						Source of Evidence /Date for Data
			National / State level			District level			
			Female	Male	Overall	Female	Male	Overall	
3.3	Major Depressive Disorder	Rural							
		Urban							
		Overall							
3.4	Epilepsy	Rural							
		Urban							
		Overall							
3.5	Alcohol abuse	Rural							
		Urban							
		Overall							
3.6	Alcohol dependence	Rural							
		Urban							
		Overall							

SECTION IV: DISTRICT LEVEL HEALTH SERVICES

IV	District Level Health Service	Baseline situation				Source of Evidence / Date for Data
1	ADMINISTRATIVE STRUCTURES FOR HEALTH SERVICE					
1.1	Describe the administrative structures in the district – who is responsible for what? how much autonomy at this level? What kinds of decisions made?					
1.2	How much involvement of service users in service running / development?					
2	AVAILABLE HUMAN RESOURCES		Public sector		Private	NGO
2.1	General health workers		Unfilled posts	Filled posts		
		General doctor				
		Health officer				
		Midwives				
		Degree nurses				
		Diploma nurses				
		Pharmacists				

IV	District Level Health Service	Baseline situation					Source of Evidence / Date for Data
		Pharmacy technicians					
		Community health agents					
		Health extension workers (paid community health workers)					
		Family planning support workers					
		Case managers (ART)					
		Environmental health					
		Lay health workers					
		Traditional birth attendants (TBAs) (trained)					
		TBAs (untrained)					
		Other					

IV	District Level Health Service	Baseline situation					Source of Evidence / Date for Data
2.2	Specialist mental health / neurology / substance misuse workers ⁵		Public sector		Private	NGO	
			Unfilled posts	Filled posts			
		Neurologist					
		Psychiatrist					
		Psychiatric practitioners					
		Psychiatric nurse					
		Psychologist					
		Mental health social workers					
		Occupational therapists					
		Counsellors					
		Support workers					
		Other					

⁵ Adapt according to categories of personnel in country / district

IV	District Level Health Service	Baseline situation				Source of Evidence / Date for Data
3	AVAILABLE IN-PATIENT CARE	Public	Private	NGO		
3.1	For general health care					
	If none, where is nearest general in-patient facility?					
	Is alcohol detoxification offered?					
3.2	For mental health care					
	If none, where is nearest mental health in-patient facility?					
	Where is the nearest specialist in-patient facility for alcohol abuse?					
4	PRIMARY HEALTH CARE					
4.1	Number and type of PHC facility	Type of facility	Public	Private	NGO	
		District health bureau				
		Pharmacy				
		Health Centre				
		Type of facility	Public	Private	NGO	

IV	District Level Health Service	Baseline situation				Source of Evidence / Date for Data
		Health Posts				
4.2	Typically, how far do people have to travel to access PHC facility?	Health centre				
		Health post				
4.3	Function, staffing and population covered by PHC facilities	Type of facility	Staffing	Population covered	Function	
		District health bureau				
		Public health centre				
		Private health centre				
		Health Posts				

IV	District Level Health Service	Baseline situation			Source of Evidence / Date for Data
5	COMMUNITY HEALTH CARE	Public	Private	NGO	
5.1	Are there any paid community health workers?				
	How many families do they serve?				
	What is their role?				
	What do they do?				
	What level of training do they have?				
5.2	Are there any unpaid community health workers?				
	How many families do they serve?				
	What is their role?				
	What do they do?				
	What level of training do they have?				
5.4	Outreach services Any scope for community outreach to get patients with SMI back into care if they get lost to follow up?				
5.5	Any homeless mentally ill persons?				

IV	District Level Health Service	Baseline situation			Source of Evidence / Date for Data
6	SPECIALIST MENTAL HEALTH / NEUROLOGICAL OUT-PATIENT CARE	Public	Private	NGO	
6.1	How far away is the nearest facility? How accessible (time taken, opening hours)				
6.2	Who staffs the nearest facility?				
6.3	Describe services available in nearest facility? In-patient, out-patient, psychological therapies, rehabilitation, outreach.				
6.4	Are the mental health professionals working exclusively in mental health (or seconded to other duties)?				
6.5	How far away is nearest facility staffed by psychiatrist?				
6.6	How far away is nearest specialist out-patient alcohol service				

IV	District Level Health Service	Baseline situation			Source of Evidence / Date for Data
7	MATERNAL HEALTH CARE	Public	Private	NGO	
	Describe nature of maternal health services				
7.1	Level of integration with general health services for antenatal and postnatal care?				
7.2	Delivery services, distances and staffing				
7.3	Any home-based care? Who provides this? For all women?				
7.4	Describe postnatal care Location / protocols followed				
7.5	What is financing system for maternal health care?				
7.6	Any other relevant factors in relation to delivery of maternal health care?				

IV	District Level Health Service	Baseline situation									Source of Evidence / Date for Data
	Mental health in maternal health care										
7.7	What mental health care is provided in the district for perinatal women?										
7.8	If none, where is the nearest place that a woman can obtain mental health care during perinatal period?										
7.9	What barriers do women face in pregnancy / the postnatal period to accessing mental health care?										
8	HIV HEALTH CARE										
		Rural			Urban			OVERALL			
	General HIV care	F	M	Overall	F	M	Overall	F	M	Overall	
8.1	Number of people using HIV services per month										
		Public		Private				NGO			
	Describe nature of HIV services (location, staffing, type of facility, service offered at each level)										

IV	District Level Health Service	Baseline situation					Source of Evidence / Date for Data
8.2	Mental health care in HIV services	Public	Private		NGO		
	What mental health care is provided in the district for PLWHA?						
	If none, where is the nearest place that a PLWHA can obtain mental health care?						
	What barriers do PLWHA face in accessing mental health care?						
9	MENTAL HEALTH CARE IN PHC – CURRENT SERVICE / UPTAKE						
9.1	Does the core package of PHC services at district level include mental health?						
	If so, what is the prescribed model or approach for mental health care in the district?						
9.2	What mental health / substance misuse conditions / epilepsy care is being PROVIDED by non-specialist (general) health workers in the district?	Health worker	Mental health activities	Alcohol services	Epilepsy service	Number of staff	

IV	District Level Health Service	Baseline situation					Source of Evidence / Date for Data
		Doctors					
		Health Officers					
		Nurses					
		Midwives					
		CHAs					
		TBAs					
		Case managers					
		Other					
9.3	What types of mental health services are provided within the district e.g. in-patient, out-patient, community outreach, psychological/counselling services, day care centres.						
9.4	Current uptake of services in district: Number of patients with mental health problems attending each health facility / month	Rural		Urban			
		Female	Male	Female	Male		

IV	District Level Health Service	Baseline situation				Source of Evidence / Date for Data
	Schizophrenia					
	Bipolar Disorder					
	Major Depressive Disorder					
	Epilepsy					
	Alcohol abuse					
	Alcohol dependence					
		Rural		Urban		
		Female	Male	Female	Male	
9.5	Number of people treated in the district for schizophrenia per year / estimated annual prevalence					
10	MENTAL HEALTH TRAINING IN PHC	National / state		District		
10.1	Pre-service training					
	What pre-service training is provided in mental health for PHC					

IV	District Level Health Service	Baseline situation		Source of Evidence / Date for Data
	workers? (specify grade of worker, duration, separating theoretical and practical training)?			
	Focus of existing mental health training of PHC workers			
	Evaluation methods of training PHC workers / established competency measures?			
10.2	In-service training			
	What % of <u>PHC doctors</u> received at least 2 days of refresher training in mental health in last 1 years?			
		National / state	District	
	What % of <u>PHC health officers</u> received at least 2 days of refresher training in mental health in last 1 years?			

IV	District Level Health Service	Baseline situation						Source of Evidence / Date for Data
	What % of <u>PHC nurses</u> received at least 2 days of refresher training in mental health in last 1 years?							
	Describe nature of any training, duration, who conducted the training, focus of training							
11	MENTAL HEALTH TREATMENTS IN PHC	National / state			District			
11.1	Essential drug list	Meds	% cover	% free cover	Meds	% cover	% free cover	
	Antipsychotics (po)							
	Antipsychotic depot							
	Antidepressants							
	Anxiolytics							
	Mood-stabilisers							
	Antiepileptics							

IV	District Level Health Service	Baseline situation				Source of Evidence / Date for Data
11.2	Psychotropic medication availability in nearest specialised mental health facility	Medications available	Regularity of supply	Continuity of supply	% of HF	
	Antipsychotics (po)					
	Antipsychotic depot					
	Antidepressants					
	Anxiolytics					
	Mood-stabilisers					
	Antiepileptics					

IV	District Level Health Service	Baseline situation				Source of Evidence / Date for Data
11.3	Psychotropic medication availability in nearest health centre	Medications available	Regularity of supply	Continuity of supply	% of HF	
	Antipsychotics (po)					
	Antipsychotic depot					
	Antidepressants					
	Anxiolytics					
	Mood-stabilisers					
	Antiepileptics					
	Other					

IV	District Level Health Service	Baseline situation				Source of Evidence / Date for Data
11.4	Psychotropic medication availability in nearest health post	Medications available	Regularity of supply	Continuity of supply	% of HF	
	Antipsychotics (po)					
	Antipsychotic depot					
	Antidepressants					
	Anxiolytics					
	Mood-stabilisers					
	Antiepileptics					
	Other					

IV	District Level Health Service	Baseline situation		Source of Evidence / Date for Data
		National / state level	District level	
11.5	Mechanisms for psychotropic medication financing (e.g. out-of-pocket, insurance, waiver schemes, reimbursement)			
11.6	Free medication Overall, what % of population with access to free psychotropic medication (at least 80% of costs covered)?			
11.7	Prescribing			
11.7a	<u>PHC doctors</u> (allowed, not allowed, restricted e.g. can continue but not initiate prescribing / only in emergencies / only certain medications)			
11.7b	<u>PHC health officers</u> (allowed, not allowed, restricted e.g. can continue but not initiate prescribing / only in emergencies / only certain medications)			
11.7c	<u>PHC nurses</u> (allowed, not allowed, restricted e.g. can continue but not initiate prescribing / only in emergencies / only certain			

IV	District Level Health Service	Baseline situation		Source of Evidence / Date for Data
	medications)			
11.7d	Community staff (CHOs)? (allowed, not allowed, restricted e.g. can continue but not initiate prescribing / only in emergencies / only certain medications)			

IV	District Level Health Service	Baseline situation								Source of Evidence / Date for Data
11.8	Psychosocial therapies	National / state level				District level				
	Which of the following psychosocial interventions are available?	Public		Private / NGO		Public		Private / NGO		
		% cover	% free cover	% cover	% free cover	% cover	% free cover	% cover	% free cover	
	Problem-solving therapy									
	Behavioural activation therapy									
	Supportive counselling									
	Cognitive behavioural therapy									
	Interpersonal psychotherapy									
	Brief interventions for alcohol									
	Motivation enhancement therapy									
	Other psychosocial therapy (specify) Positive psychotherapy									

IV	District Level Health Service	Baseline situation		Source of Evidence / Date for Data
12.	PHC / MENTAL HEALTH SERVICE INTERFACE	National / state level	District level	
12.1	Number of patients referred for specialist mental health services (per PHC worker / month)			
12.2	Contact between PHC workers and mental health professionals in last year (frequency)			
12.3	Referral mechanisms for mental health			
	Official referral procedures (PHC → secondary / tertiary care)			
	Official referral procedures (secondary / tertiary care → PHC)			
12.4	Comments on referral systems (in theory / in practice). Obstacles.			

IV	District Level Health Service	Baseline situation		Source of Evidence / Date for Data
13	PHC / COMMUNITY INTERFACE	National / state level	District level	
13.1	Community linkages with PHC Volunteers / faith-based organisations / traditional healers / family groups, etc. How do PHC services link with them?			
13.2	What % of PHC clinics (physician-based) interact with traditional / religious healers at least once per year?			
13.3	What % of PHC clinics (non-physician-based) interact with traditional / religious healers at least once per year?			
14	SYSTEMS TO SUPPORT MENTAL HEALTH CARE IN PHC			
14.1	Mental health co-ordination at the district level?			
14.2	Supervision system (exists? Who? Where? Frequency?)			

IV	District Level Health Service	Baseline situation		Source of Evidence / Date for Data
		National / state level	District level	
14.3	Official policy / law enabling <u>PHC health officers / nurses</u> to diagnose and treat mental disorders within PHC?			
14.4	Mental health detection/ screening tools?			
14.4a	Any guidelines / assessment and treatment protocols for mental health care?			
14.4b	Officially approved training manuals on mental disorders available in what % of PHC settings?			
14.5	Any way of detecting patients who drop out of care? Case registers? Appointment systems?			
14.6	Any criteria for determining who can be discharged from mental health care delivered in PHC?			

IV	District Level Health Service	Baseline situation		Source of Evidence / Date for Data
15	RELEVANT BACKGROUND TO SCALING UP MH INTO PHC	National / state level	District level	
15.1	Which PHC professionals might deliver mhGAP-IG?			
15.2	Any existing data / publications / reports on experience of implementing mental health into PHC			
15.3	Staff attitudes Anything known about staff attitudes towards delivering mental health care in PHC?			
16	OVERALL ORGANISATION OF DISTRICT MENTAL HEALTH SERVICES			
16.1	Provide a narrative summary of the organisation of mental health care in the district including linkages between activities at different levels of the health system.			
16.2				

SECTION V. COMMUNITY

V	Community	Baseline situation	Source of Evidence / Date for Data	Source of Q
1	SOCIOCULTURAL FACTORS			
1.1	Evidence on help-seeking for mental disorders - general - specific to the district			
1.2	Prominent holy sites / traditional healers in the area			
1.3	What mental health conditions do traditional / religious healers treat? (and how?)			
1.4	Extent of use of traditional healers for mental disorders Estimated % of persons with SMI / CMD / epilepsy / alcohol problems who might consult traditional / religious healer			

V	Community	Baseline situation	Source of Evidence / Date for Data	Source of Q
1.5	Any estimates of how many persons with mental health problems are seen by traditional healers / religious healers in the district? e.g. in one month			
1.6	Culture What is known about community explanatory models of mental disorders?			
1.7	Stigma / discrimination What is known about stigma or discrimination against mentally disordered persons within the community			
1.8	Abuse What is known of abusive practices e.g. chaining, restraining etc.?			

V	Community	Baseline situation	Source of Evidence / Date for Data	Source of Q
1.9	Family burden What is known of the burden / supports for families caring for a person with mental disorder?			
2	NON-HEALTH SECTOR ACTIVITIES RELEVANT TO MENTAL HEALTH			
2.1	NGOs active in the district			
2.2	Any livelihood / poverty alleviation / empowerment programmes running in the district? (public / private sectors / NGOs)			
2.3	Community groups Self-help / support / family groups?			

V	Community	Baseline situation	Source of Evidence / Date for Data	Source of Q
2.4	Supported housing? Or half-way houses for persons with severe and enduring mental illness?			
2.5	Rehabilitation / recovery / social inclusion? Any community activities to support the recovery and reintegration of persons who have experienced mental illness?			

V	Community	Baseline situation	Source of Evidence / Date for Data	Source of Q
3	PROMOTION / PREVENTION / AWARENESS-RAISING			
3.1	Any community awareness-raising / anti-stigma activities? Who, where, how often?			
3.2	Any mental health promotion / mental disorder prevention activities within the district? Who, where, how often?			

SECTION VI: Monitoring and Evaluation

VI	Monitoring and Evaluation	Baseline situation				Source of Evidence / Date for Data	Source of Q
1	HEALTH INFORMATION SYSTEMS						
1.1	General health information systems Describe in brief what is in existence. Kinds of indicators (people with illness, preventive activities, etc), who records, who reports, how often, consequences.						
1.2	Existing mental health surveillance information Describe set-up in brief, with specific indicators below	1.					
1.3	Provide details on specific mental health indicators collected as part of health information system	Description of indicator	Frequency of reporting	From whom / to whom	Purpose for indicator		

VI	Monitoring and Evaluation	Baseline situation	Source of Evidence / Date for Data	Source of Q
2	MONITORING AND EVALUATION			
2.1	Monitoring and evaluation systems for quality of mental health in PHC?			

SECTION VII. Key Stakeholders

KEY STAKEHOLDERS WITHIN THE DISTRICT			
Name	Position	Contact details	Comments
