

PROJECT PROPOSAL FOR TANZANIA MAINLAND

TITLE OF THE PROJECT:

National Mental Health Strategy: Strengthening Integration of mental health into primary health care

A. BACKGROUND INFORMATION

1. Background Country Information

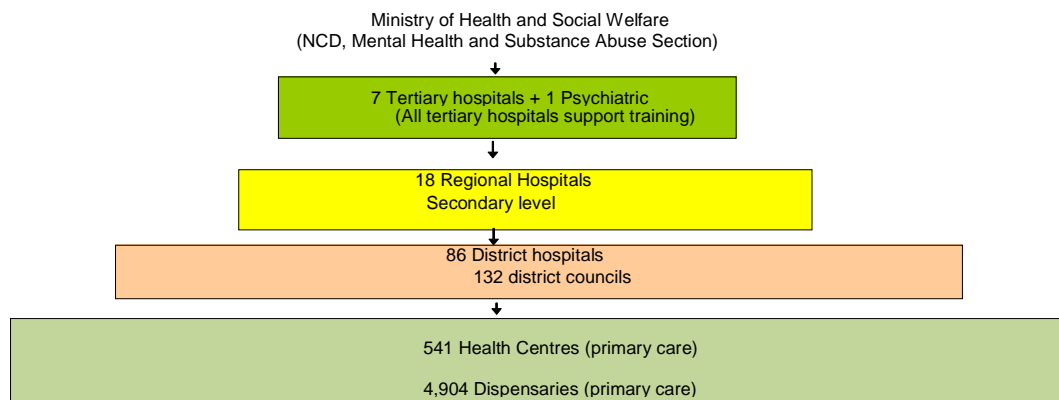
TABLE 1: BACKGROUND COUNTRY INFORMATION

Tanzania mainland has a geographic area of 945,000 sq. Km, and a population of 34.4 million (2002 census) estimated to be 38.9 million by end of 2008, with about 80% of living in rural areas. 36% of it people live under the United Nations poverty line. The population structure is 44.8% below 15years of age; 49.1% between 15-64 years old, while 3% is aged 65 years and above. Life expectancy at birth is 52 years for women and 50 for men. Tanzania has received around 700 to 800 thousand refugees from conflict-ridden Rwanda, Burundi and the Democratic Republic of Congo in recent years.

Kiswahili and English are the official languages. Roughly one third of the population is Muslims, another third Christians and the remainder is considered to hold animist beliefs with the exception of few Hindus, Buddhists and Bahais. Per capita public health spending was US\$ 10 by end of 2008. Around 3% of the health budget was for mental health services in the 2007/2008 financial year.

Teaching / referral hospitals are run by the Ministry of Health and Social Welfare through hospital boards. Regional Administration and Local Government run regional and district hospitals plus health centres and dispensaries. Regional and district hospitals have local council boards, while health centres and dispensaries are monitored by community leaders.

Around 1000 Mental Health Nurses, 6 Assistant Medical Officer in Psychiatry, 2 Clinical Psychologists and 15 Psychiatrists support mental health services in the country. 1772 primary health care workers have received one week training on how to identify and manage 13 neuropsychiatric conditions. These are epilepsy, dementia, delirium, alcohol misuse, other drugs misuse, acute psychosis, schizophrenia, bipolar, depression, unexplained somatic symptoms, anxiety disorders, mental retardation and childhood disorders.



There is NCD, Mental Health and Substance Abuse Section in the Ministry of Health.

2. Background to the current project proposal

TABLE 2: BACKGROUND TO THE CURRENT PROJECT PROPOSAL

Tanzania mainland has achieved detailed situation appraisal, epidemiological needs assessment, inclusion of mental health into the health sector reform plans, and into the National Package of Essential Health Interventions and the Medium Term Expenditure Framework (MTEF) mental health policy guidelines to accompany the general health policy, new mental health legislation (2008), Code of Practice, tobacco legislation, inclusion of mental health into Tanzanian Social Care and disability policy, adaptation of the WHO primary care guidelines, primary care training, construction of a quality system of roles and responsibilities, availability of medicines at primary care level, public education about mental health, and a research initiatives to inform future developments. The project aims to **strengthen integration of mental health into primary health care services** by improving coverage and quality. All the 18 regions and 121 district councils have mental health coordinators who supervise mental health services primary care facilities.

3. Analysis of the strengths and weaknesses of the mental health system.

Table 3: WHICH ARE THE THREE MAIN STRENGTHS OF THE COUNTRY MENTAL HEALTH SYSTEM?

1. Mental health is an integral component of primary health care.
2. Equitable provision of services is the cornerstone of the health policy.
3. Mental health policy guidelines and legislation in place plus presence of mental health coordinators at the Ministry of Health and Social Welfare, regions and districts.

Table 4: WHICH ARE THE THREE MAIN WEAKNESSES OF THE COUNTRY MENTAL HEALTH SYSTEM?

1. Shortage of health workers with mental health expertise at all levels of care
2. Limited financing to support the referral system, supervision and mental health refresher courses for primary care personnel.
3. Shortage of essential psychotropic medicines to meet growing demands in primary care settings.

B. DESCRIPTION OF THE PROJECT

Table 5: BRIEF DESCRIPTION OF THE PROJECT

The project is to provide training courses for frontline clinicians at dispensaries and health centres in 3 Tanzania mainland regions. The targeted trainees are Clinical Officers. These have secondary school education followed by 3 years training in the management of common medical, reproductive health and simple surgical problems. There are two strategies of implementing the training, namely in-services training of clinical officers in the selected regions and pre-service training of tutors from clinical officer training schools.

In-service training

Equitably selected clinical officers from dispensaries and health centres (PHC facilities) from selected regions are to be trained for 5 days followed by supervision four times a year. The specific actions are to improve existing training guides, prepare training plans, refresher workshop for trainers, structured 5 days training for a total of 150 per year, and 4 post-training supportive supervision within a year for all the trainees. Supervision includes on-job training by discussing patients posing management difficulties, monitoring key performance indicators and feedback. Supervisors will usually be mental health nurses. They will send a supervision plan and agree with supervisees on agreeable dates, the issues to be addressed during supervision and expected feedback.

Pre-service training

To conduct one year training of tutors from the clinical officers training schools to strengthen their capacity to produce trainees with mental health management competence. Although mental health is in the curriculum of the clinical officers training schools, almost all the schools do not have trained tutors for mental health. The project aims to train 10 tutors, providing them with a tailor-made course, focused on mental health skills relevant to the needs of clinical officers working in primary care settings.

Sensitization and advocacy

In addition the project has a sensitization and advocacy component for local government leaders and health management teams in the regions and districts. This is necessary to ensure local government funds for supervision visits by regional and district mental health coordinators or their representatives but also strengthen referral of patients upwards and downwards. The mental health coordinators from the implementing regions and districts will undergo an induction course before training of primary care workers begins. They will learn about supervision guidelines and also become part of the training team of primary care workers in their regions or districts.

Training tools

To standardize the primary care training, we have 4 guides which complement each other. They are the facilitators' guide, English primary care guide for trainers, a Kiswahili guide used by trainers and trainees and a sensitization guide for local council leaders; health management teams (HMTs) and traditional healers. The Kiswahili guide has 13 conditions. They are *epilepsy, delirium, dementia, alcohol misuse, other drug misuse, acute psychosis, schizophrenia, bipolar disorder, depression, unexplained somatic symptoms, anxiety disorders, mental sub-normality and childhood disorders*. The Ministry of Health conducts supervision in the regions. Regions will supervise districts and district mental health coordinators lead the supervision of primary health care settings. All regions and districts have mental health coordinators. The regions and districts also have a supervision transport matrix. It means the regional and district councils will provide transport for supervision, and hence improve sustainability of the services in primary care. The project will also develop tools provide indicators for measuring collaboration with traditional healing practises. Many mental patients seek help from traditional and faith healers.

Table 6: DESCRIPTION OF THE WEAKNESSES IN THE MENTAL HEALTH SYSTEM THAT THE PROJECT TACKLES

1.	Limited mental health and substance abuse diagnostic and management skills in primary care.
2.	Lack of acceptable levels of funding for strengthening mental health competence in primary health care settings.
3.	Limited awareness of the importance of mental health issues among regional and district health management teams, local government leaders and traditional healers.

Table 7: GENERAL OBJECTIVES OF THE PROJECT
1. To equitably increase numbers of frontline primary care clinicians with training in diagnosis and management of common psychiatric conditions.
2. To strengthen integration of mental health care in regional and district health management systems and improve referral of mental patients.
3. To improve mental health advocacy and sensitization for the general public, local and central government.

Steps towards implementation of the project: specific activities and details of the planned project

	SPECIFIC OBJECTIVE	ACTIONS	ACTORS	TIME	RESULTS	INDICATORS
Step 1	To equitably increase numbers of frontline primary care clinicians (Clinical Officers) with acceptable quality mental health skills, sensitization of regional and district health management teams, local government leaders and traditional/faith healers.	<ul style="list-style-type: none"> -Improve training modules - Develop implementation plans - Training facilitators meeting - Training of clinical officers for primary care. (5 days training for 150 clinicians per year - + primary care supervision) - One day sensitization meeting for RHMT + DHMT -One day sensitization meeting with council leaders 	<ul style="list-style-type: none"> -Better Mental Health for Tanzania Project – -Mental Health Association of Tanzania (MEHATA) -Ministry of Health and Social Welfare --- -Regional Health Management Teams - Primary care mental health training facilitators 	2009-2010	<ul style="list-style-type: none"> - Training modules in place - Implementation plans - Training facilitators in place -Clinical officers trained -Sensitization meetings with RHMTs, DHMTs Regional / District Council Leaders and traditional healers 	<ul style="list-style-type: none"> - Availability of improved training modules compared to existing modules -Number of trained Clinical Officers -Increased funding for mental health activities in the districts -Number of supportive supervision visits - Number of referrals - Number of interactions with traditional healers
Step 2	Tutors training building mental health capacity at clinical officer training colleges.	<ul style="list-style-type: none"> -Select trainees - Process admission and other formalities to training college in South Africa 	<ul style="list-style-type: none"> -Human Resources Directorate MOHSW -NCD, Mental Health and Substance Abuse Section MOHSW -Better Mental Health Project -MEHATA 	2009- 2010	10 Clinical Officer tutors	Number of qualified mental health trainers for the clinical officer training programme
Step 3	Mid-term evaluation of implementing regions	<ul style="list-style-type: none"> -Establish evaluation teams and work out costs -Develop ToR -Facilitate evaluation 	<ul style="list-style-type: none"> -Tanzania Public Health Association -Better Mental Health Project for Tanzania -Regional Mental 	2010	<ul style="list-style-type: none"> Mid-term evaluation completed Evaluation report 	

		-Share evaluation results + adaptation proposals	Health staff.		Adaptation of the project based on evaluation results	
Step 4		<ul style="list-style-type: none"> - Planning meeting - Training facilitators meeting - Training of clinical officers for primary care. (5 days training for 200 clinicians per year - + primary care supervision) - One day sensitization meeting for RHMT + DHMT -One day sensitization meeting with council leaders 	<ul style="list-style-type: none"> -Better Manta Health for Tanzania Project – -Mental Health Association of Tanzania (MEHATA) -Mirembe Hospital -Regional Health Management Teams Primary care mental health training facilitators 	2010-2011	<ul style="list-style-type: none"> - Implementation plans - Meeting training facilitators -Clinical officers trained -Sensitization meetings with RHMTs and DHMTs - Sensitization meetings with Regional and District Council Leaders 	Number of clinical officers trained
Step 5	Final evaluation	External evaluation team	National Institute of Medical Research or Mzumbe University	2011	Final project report Dissemination report	Evaluation report

EXPECTED DIFFICULTIES	POSSIBLE SOLUTIONS TOWARDS THE EXPECTED DIFFICULTIES
Limited funding from central government and local government	Apply for additional funding from bilateral partners
Weak support for mental health from local government	Develop effective communication strategies during the sensitization meetings to improve local government financing of mental health services
Inadequate supply of essential psychotropic medicines for primary care.	Advocacy and sensitization of RHMTs, DHMTs and local government leaders to take responsibility in funding psychotropic medicines.

C. IMPACT OF THE PROJECT

1. Improve management of mental disorders in primary care settings
2. Improved access to mental health care in the intervention regions
3. Improved financing of mental health services by local government through district health basket
4. Improved supervision of mental health services and referral to higher levels

D. RESOURCES

Small (<50,000 USD) (e.g., development of a mental health plan)	
Medium (50.000-500,000 USD) (e.g. organizing a series of trainings for primary health care professionals)	
Large (>500,000) (e.g. implementing a network of outpatient facilities in the country)	x

	DESCRIPTION	AMOUNT IN \$
MENTAL HEALTH STAFF		72,000
BUILDINGS		-
EQUIPMENT	Transport computers, administrative costs and development of training tools	120,000
TRAINING	Trainers, travels, training materials	440,000
MEDICINES	Expected increase in consumption of psychotropic drugs	60,000
OTHERS (specify)	Training Tutors in South Africa	140,000
Total		832,000

TABLE 13: POSSIBLE SOURCES OF FUNDING (these sources are presumed and not necessarily already found now).

FUNDER	
Government - Ministry of Health and Social Welfare	40,000
NGOs	32,000
Professional Associations	
Others (specify) Development Partners (GTZ, DANIDA, WHO BASICNEEDS UK? CORDAID)	760,000
Total	832,000