

PROJECT PROPOSAL FOR THE PHILIPPINES

TITLE OF THE PROJECT: Establishment of a Comprehensive Community-based Mental Health Care

A. BACKGROUND INFORMATION

1. Background Country Information

TABLE 1: BACKGROUND COUNTRY INFORMATION

The Philippines is an archipelago consisting of 7,107 islands with a land area of 300,000 square kilometers and geographically located in the western Pacific Ocean. The Philippine coastline adds up to 17,500 km. Three prominent bodies of water surround the archipelago; the Pacific Ocean on the east, the South China Sea on the west and north, and the Celebes Sea on the south.

The population, as of 1 August 2007, was placed at 88 574 614, giving a population density of 295 per square kilometer. Among the 14 regions of the country, Calabarzon (Region IV-A) had the largest population, with 11.7 million, followed by National Capital Region (NCR), with 11.6 million and Central Luzon (Region III), with 9.7 million. These three regions comprised more than one-third (37.3%) of the Philippine population.

The two main languages used in the country are Filipino, the national language, and English. Both languages are widely used and are the medium of instruction in secondary and tertiary education. Historically, the Filipinos have embraced two of the great religions of the world, Islam and Christianity (of which 5/6 are Roman Catholic). The country has over a hundred ethnic groups and a mixture of foreign influences that have molded a unique Filipino culture.

Based on the 2000 census figure of 76.5 million, the average annual population growth rate of 2% for the period from 2000 to 2007 is the lowest recorded for the Philippines since the 1960s. The country's population is predominantly young, with the 0-14 year age group representing 33.8% and those aged 65 years and above comprising 4.4%. There is an almost equal number of males and females. The crude birth rate stands at 20.5 per 1000 population and the crude death rate at 4.8 per 1000 population. The life expectancy at birth is 65.1 years for males and 71.7 years for females (WHO, 2004). The healthy life expectancy at birth is 57 years for males and 62 years for females (WHO, 2004). The literacy rate is 92.5% for men and 92.7% for women. The country is a lower middle income group country (based on World Bank 2004 criteria).

The Philippine economy in 2007 was at its strongest, with the gross domestic product (GDP) real growth rate for the year averaging 7.3%, the highest in 31 years. The economy continued to keep pace with population growth in the fourth quarter of 2007, as per capita GDP grew from 3.4% to 5.3%. The proportion of health budget to GDP is 3.3%. The per capita total expenditure on health is 169 international \$, and the per capita government expenditure on health is 77 international \$ (WHO 2004). The challenge for the Government is to enable these economic gains to be felt by the poorer sectors of society.

The goal of the Department of Health is align with the WHO health system framework: better health outcome for the entire population, responsive health care system and equitable health care financing. The strategic thrusts to achieve the primary goals are anchored on the current program of health reforms focused on four general objectives: (1) health financing to ensure better and sustained investment for health to provide equity for the poor; (2) health regulation to assure access to quality and affordable health products and services; (3) health service delivery to improve access to essential health interventions; and (4) good governance to improve health system performance at national and local levels.

With the devolution of health services to LGUs under the local government Code of 1991, fragmentation of services became evident. Service provision is regarded as 'dual', consisting of both the public and private sector. The public sector has largely independent segments or sets providers: (1) national government providers, which include, among others, hospitals run by national government agencies (e.g., hospitals of the Department of Health and the Department of National Defense), central and regional offices of the Department of Health; (2) provincial government providers, which include provincial hospitals, provincial blood banks and the Provincial Health Office; and (3) local (municipal or city) government providers, including rural health units or RHUs, city health centres and *barangay* health stations or BHSs. Each BHSs is staffed by midwife, and each RHU by doctor, a nurse and midwives.

In the health domain, the government allocated five percent (about 484million+ pesos) of the budget of DOH towards mental health. Of all the expenditures on mental health, 95% are spent on the operation, maintenance and salary of personnel of mental health facilities. The Philippine Health Insurance Corporation recently covered mental illness but limited only to patients with severe mental disorders confined for short duration. Likewise, mental health and psychosocial services are included in the outpatient package of Philhealth for the Overseas Filipino Workers.

There are varied types of mental health facilities in the Philippines and some need to be strengthened and developed. The Department of Health maintains and operates ten psychiatric in-patient facilities, located in general hospitals throughout the country. Of the above 10 regional mental health facilities, four were previous regional mental hospitals that account for 1,400 of the 2,250 hospital beds, and were therefore former specialist mental health service facilities. At present, there are no district psychiatric in-patient facilities. The only Department of Health (DOH) psychiatric facility in the National Capital Region is the National Centre for Mental Health with capacity of 4,200 beds. Other government hospitals in Metro Manila, with mental health unit include the Philippine General Hospital, Veterans Memorial Medical Centre and Armed Forces of the Philippines Medical Centre. The only local government hospital with mental health facility is the Cavite Centre for Mental Health in Trece Martirez, Cavite. All of these non-DOH facilities comprise a total of 575 beds. They provide acute to long-term in-patient care, crisis stabilization care, and specialized wards for the treatment of specific conditions, specialist units for children and adolescents and the elderly. Like any other mental hospital elsewhere, it provides *institutionalized* care to many of its patients.

There are informal links between the mental health sector and other sectors, and many of the critical links are weak and need to be developed (i.e., links with the welfare, housing,

judicial, work provision, education sectors). The mental health information system does not cover all relevant information in all facilities. There are few community mental health services in the country. They are mostly provided by NGOs, religious organization and some pharmaceutical companies through advocacy services. Family members are a significant influence to help-seeking behaviour and mental health service utilization.

Against this backdrop, one can surmise that mental health system in the Philippines remains to be institution based despite the passage of the National Mental Policy. Furthermore, access to mental health facilities is uneven across the country, favoring those living in or near the major cities. Although, some aspects of life in the hospitals have improved, the number of patients has grown steadily. Unfortunately, low priority on mental health is a significant barrier to develop the treatment of patients in the community.

2. Background to the current project proposal

TABLE 2: BACKGROUND TO THE CURRENT PROJECT PROPOSAL

The Department of Health institutionalizes the National Mental Health Program through the National Mental Health Policy signed in 2001 and its implementing guidelines Administrative Order 2007- 009, otherwise known as the “Operational framework for Sustainable Establishment of a Mental Health Program”. The said AOs specified strategies for national reforms *‘from an institutionally based mental health system to one that is consumer focused with an emphasis on supporting the individual in their community’*. Thus, in order to implement the set goal, it prescribed the creation of functional management structures that groups mental health stakeholders into different committees, aimed at mainstreaming the programs & services to the community through establishment of the national, regional & local mental health team.

The said AO envisions that if the mental health team in the community is to be functional, access to mental health services & promotional activities must be available in the community. The present response of the local government, non government organizations, private and academic institutions involve in mental health, indicate that there is need to intensify public awareness of mental health as an integral component of the primary health care.

In relation to these, the program initiates pilot activities to selected communities in Bicol Region to accelerate the process of reforms. In partnership with CBM, the national mental health program decided to conduct consultative meetings with local stakeholders as initial steps in establishing local mental health team.

Equipped with a better understanding of Bicol region’s mental health needs and resources, the DOH and CBM Community Mental Health Program have jointly developed a five-year project that will strive to help communities in Bicol region better meet the mental health needs of its people. Members of Bicol regional mental health team have signed pledge of commitment; crafted their vision, mission and goals, as well as plans of activities and now in the process of developing training manual for local health workers. The Bicol regional team is gradually achieving the objectives they have set a year ago.

The project is the initial step to build a model to implement the national mental health plan. It

indicates very positive response from the community and provides enlightening results. Henceforth, it is now proposed that a similar project be conducted on a much larger scale so that policy makers would have a more solid foundation to develop a comprehensive program on mental health, as envisioned by the National Mental Health Policy, which is proactive and relevant to current situation of the country.

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. The National Mental Health Policy and its implementing guidelines which address the main issues of mental health in the country.
2. Academic institutions and training centers that have developed good programs to educate and develop mental health human resources, specifically psychiatrists, psychologists, social workers, nurses and allied mental health professionals.
3. A local government instituted rural health units throughout the country, managed by physicians and/or public health nurses, midwives, sanitary inspectors and village health volunteers.

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

1. The majority of mental health facilities are still located in the National Capital Region. Hence, access to mental health facilities is uneven across the country, favoring those living near the main cities.
2. Majority of the community-based physicians trained on identification and management mental health problems are no longer in their place of duty, and the current primary health care staff seem to have inadequate training in mental health
3. The distribution of human resources for mental health is quite uneven favoring that of the main cities.

B. DESCRIPTION OF THE PROJECT

Table 5: BRIEF DESCRIPTION OF THE PROJECT

The project is being proposed to establish a comprehensive and sustainable community based mental health care. Community based care means that the large majority of patients requiring mental health care should have the opportunity to be treated at the community level. It has two components namely the community mental health and the psychosocial rehabilitation programs for chronically mentally ill. Community mental health component aims to promote mental health, prevent mental disorders, early diagnosis and treatment while the psychosocial rehabilitation component aspires to increase the family participation regarding care of the patient and assists in social integration of people with chronic mental disorders.

It also aims to create partnership with non government organizations, other relevant government agencies, civil organizations, religious groups that advocate the rights of mentally ill and empowerment of their families. The services may include a wide array of strategies and settings at different levels of care, provided by mental health professionals and Para-professionals, working in multidisciplinary teams. It will also promote efficient referral

Health Systems Statistics – Field Health Service Information System (Annual Report 2007)

Estimated Population	1,121,974
Number of Districts	2
Number of Municipalities	17
Number of City	1
Number of Barangay	544
Number of Households	200,051
Number of Government Hospitals	11
Number of Private Hospitals	19
Number of Barangay Health Stations	314
Number of Health Personnel	
Doctors	32
Dentists	11
Nurses	39
Midwives	296
Nutritionist	3
Sanitary Inspectors	22
Medical Technician	12
Village Health Volunteers	2,268
Traditional Birth Attendants	1,530

HEALTH FACILITIES

Name	Address	Chief Of Hospital / Medical Director	Service capability
Government Hospitals			
1. ALAMADA PROVINCIAL COMMUNITY HOSPITAL	Alamada, Cotabato	DR. MARY JOY P. POSADA	Level 1
2 ALEOSAN DISTRICT HOSP	Aleosan, Cotabato	DR. MARIE JANE G. APUSAGA	Level 2
3. ARAKAN VALLEY DISTRICT HOSPITAL	Antipas, Cotabato	DR. ALEX S. CABRERA	Level 1
4 COTABATO PROV'L. HOSP.	Amas, Kidapawan	DR. JOEL NELTON SUNGCAD	Level 3
5. DR. AMADO B. DIAZ PROV'L. FOUNDATION HOSPITAL	Pob. 4, Midsayap, Cotabato	DR. ROSARIO ISABEL P. PADER	Level 1
6. FR. TULLIO FAVALI MUNICIPAL HOSPITAL	Pob. Tulunan, Cot.	DR. CHEDITA T. BRIONES	Level 1
7. MLANG DISTRICT HOSPITAL	Mlang, Cotabato	DR. LILIAN A. ROLDAN	Level 2
8. PRES. ROXAS PROVINCIAL COMMUNITY HOSPITAL	New Cebu, Pres. Roxas, Cotabato	DR. SABINO I. MARASIGAN	Level 1
9. USM HOSPITAL	Kabacan, Cotabato	DR. BETTY G. QUIAPO	Level 2
10. COTABATO REGIONAL AND MEDICAL CENTER	Sinsuat Avenue	DR. ARIADNE G. SILONGAN	Level 4
11. COTABATO SANITARIUM HOSPITAL	Brgy. Ungap, Sultan Kudarat, Maguindanao	DR. MELANIA UNTAO	Level 1

Private Hospitals			
1. ANTIPAS MEDICAL SPECIALIST HOSPITAL, INC.	F. Cajelo St., Antipas	DR. SERGIO P. CATOTAL	Level 1
2. NAQUITQUITAN MEDICAL CLINIC AND HOSPITAL	Carmen	DR. ANATHY NAQUITQUITAN	Level 1
3. ST. MICHAEL MED. CLINIC AND HOSPITAL	Kabacan	DR. ARTURO N. ANULAO	Level 1
4. KABACAN MEDICAL SPECIALIST HOSPITAL	Kabacan	DR. JENNIFER DELA CRUZ	Level 2
5. KABACAN POLYMEDIC COOPERATIVE HOSPITAL	Osias, Kabacan	DR. KADIL SINOLINDING, JR.	Level 2
6. MOUNT OF BLESSINGS HOSPITAL	Libungan	DR. WETZEL RUSS DELA CRUZ	Level 1
7. MIDWAY HOSPITAL	M'lang	DR. FRANKLIN SINGANON	Level 1
8. ROLDAN MEDICAL CLINIC	M.H. del Pilar St., M'lang	DR. CECILIA R. ROLDAN	Level 1
9. M'LANG DOCTORS HOSPITAL	M.H. del Pilar St., M'lang	DR. ELDERLINA ESCUDERO	Level 2
10. SOUTH M'LANG MEDICAL CLINIC AND HOSPITAL	M'lang	DR. JOEFRE ESPAÑOLA	Level 2
11. MAKILALA MEDICAL SPECIALIST HOSPITAL	Makilala	DR. GIFFORD ABEJO	Level 1
12. BABOL GENERAL HOSPITAL	252 Magsaysay St., Pob. Matalam	DR. JEFF SAMUEL BABOL	Level 1
13. MIDSAYAP COMMUNITY DOCTOR'S HOSPITAL	Midsayap	DR. EDWARD SORIANO	Level 1
14. MIDSAYAP DIAGNOSTIC CENTER AND HOSPITAL	Midsayap	DR. VIVENCIO DEOMAMPO, JR.	Level 2
15. SARA MEDICAL CLINIC AND HOSPITAL	Jaycee Ave. Midsayap	DR. RENATO C. SARA	Level 1
16. CADULONG MEDICAL CLINIC	57 M.L. Quezon St., Roxas	DR. NELSON B. VILLAGONZALO	Level 1
17. CRUZADO MEDICAL CLINIC HOSPITAL AND PHARMACY	Pikit	DR. ISABELITA CRUZADO	Level 1
18. BIRHEN SA REGLA MEDICAL CLINIC	Nat'l. Highway, Bual, Tulunan	DR. AGUSTINA ALMIRANTE	Level 1
19. SORILLA MEDICAL AND MATERNITY CLINIC AND HOSPITAL	National Highway, Tulunan	DR. GHADI NATHAN SORILLA	Level 2

Table 6: DESCRIPTION OF THE WEAKNESSES IN THE MENTAL HEALTH SYSTEM THAT THE PROJECT TACKLES
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| 1. The current primary health care staff has inadequate training in mental health and interaction with mental health facilities is uncommon. |
| 2. More than fifty percent of psychiatrists are based near the main cities and most of them work in for-profit mental health facilities and private practice. |
| 3. Family associations are present in the country but are not involved in implementing policies and plans, and few interact with mental health facilities. |

Table 7: GENERAL OBJECTIVES OF THE PROJECT

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| 1. To improve access to quality mental health services at all levels of health care facilities. |
| 2. To advance de-stigmatization of mental disorders through intensified advocacy campaign and health promotion activities |
| 3. To increase participation of families in decision making regarding care of the patient and promote self-reliance through family education and livelihood programs |

Steps towards implementation of the project

- Please describe the specific activities that are planned for the project. Divide the project into steps and for each step of the project provide details on:
 - o **WHAT SPECIFIC OBJECTIVES WOULD YOU LIKE TO ACHIEVE THROUGH THIS PROJECT?** (E.g. what specific goals do you want to achieve). Please include plans for a mid-term and final evaluation.
 - o **ACTIONS** (what is going to be done?)
 - o **ACTORS** (who will be responsible for implementation of the activity?)
 - o **TIME** (how much time will it take to accomplish each step?)
 - o **RESULTS** (list the specific results expected at the end of each step. Make sure the results are written in measurable terms. For example, 100 nurses will be trained on mental health; a training manual on the identification of mental disorders will be developed, etc).
 - o **INDICATORS** (include the specific indicators (WHO-AIMS and others) that will be used to measure the success of each of the specific results expected. For example, an indicator on the number of nurses graduated from the training programme will be used; A post training test to assess the knowledge gained through the training programme will be developed).

Table 8						
	SPECIFIC OBJECTIVE	ACTIONS	ACTORS	TIME	RESULTS	INDICATORS
Phase 1	1. To establish an integrated and committed North Cotabato Provincial Mental Health Team that will be responsible in the planning and implementation of a community based mental health care	Orientation and organizational workshop of provincial health team	Department of Health Focal Person on MH; Regional MH coordinators; Regional Hospital; Cotabato Provincial Health Officer; Municipal Health Officers and staff of the Cotabato; other government agencies; NGOs and Peoples' organization;	3 rd quarter of 2009	a. Roles and responsibilities of the different stakeholders with regards to mental health and psychosocial issues are clarified; b. Areas of collaborations identified	Provincial health team organized and made functional.

	program		Academe and religious leaders.			
	2. To assess current mental health resources and services available in the province and formulate local strategic and operational plan	<ul style="list-style-type: none"> a. Conduct rapid assessment of existing resources and services b. Conduct consultative workshop to formulate strategic and operational plans 	<p>Provincial Mental Health Team</p> <p>Government agencies, non-government organizations, academe, the private sector and people' organization</p>	3 rd -4 th Quarter of 2009	<p>Identify the ff:</p> <ul style="list-style-type: none"> a. Perceive needs & issues of Cotabato Province in relation to mental health b. Available mental health services c. Treatment gaps 	a. Provincial Plan of Action developed
	3. To build the capacity of service providers and facilities to provide services and intervention	<ul style="list-style-type: none"> a. Update training modules for doctors, nurses and midwives b. Develop training module for the VHV c. Conduct Training of community based health care workers, (physicians, nurses, midwives and village health volunteers) on 	<p>DOH technical team and Program Management Development Team</p> <p>DOH pool of trainers</p>	4 th Quarter of 2009 – 1 st quarter of 2010	To train 30 doctors, 30 nurses, 40 midwives and 150 VHVs.	a. Number of health workers trained to correctly managed patients with mental disorder

		mental health in PHC using locally developed training modules.				
	4. To ensure availability of psychotropic drugs	a. Procurement of psychotropic drugs	Provincial government or Regional hospitals	2 nd quarter of 2010 and as needs arise	All types of psychotropic drugs available at all levels	Number of patients given appropriate treatment medication
	5. To establish functional referral system	a. Identify and organize service delivery networks (both public and private) b. Apply existing referral protocol	Mental Health Team	1 st quarter of 2010	Patient referred to appropriate facility	Functional two-way referral system established (Annex 1)
Phase 2	1. To increase awareness and understanding of mental health issues among general public and families of persons with mental disorders	a. Develop local communication plan and materials b. Conduct mental health promotion and education activities c. Conduct pre and post evaluation on the level of awareness and understanding	Regional and Provincial Health Promotion Officers, Mental Health Team	2 nd quarter of 2010 Starting 2 nd quarter of 2010	a. It will create greater public awareness and understanding of mental health and thereby encourage active support and networking	Increase in the level of awareness and understanding on mental health among general public and families of persons with mental disorder

Phase3	1. To provide community-based rehabilitation programs and psycho-education and support to people with mental disorders living in the community	<p style="text-align: center;">of mental health</p> <p>a. School integration of adolescents with Psychosocial problems and disabilities.</p> <p>b. Vocational training for people with chronic mental illness and other psychological problems</p> <p>c. Livelihood activities for family of people with chronic mental illness</p>	<p>Regional Department of Education</p> <p>Regional TESDA (Technology Education Skills Development Agency)</p> <p>Local Government Units, local cooperatives, local financing agencies</p>	2 nd – 4 th Quarter of 2010	Families and persons with mental disorders are empowered and patients mainstreamed into the society	<p>Children and adolescents with psychosocial problems attending schools</p> <p>Persons with mental and psychosocial disorders given vocational and skills training</p> <p>Families of persons with mental disorders given livelihood opportunities</p>
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Phase4	Mid-term evaluation of project in the identified province on establishment of community based mental health care	<p>a. Create team to take over the responsibility for designing and implementing an evaluation of progress using appropriate indicators.</p> <p>b. Hold meetings /workshop/project visitation to discuss results and suggest modification for further implementation</p>	Evaluation Team composed of Department of Health , Director of National Centre for Mental Health, WHO , NGO representative	4 th quarter of 2010	Mid-term evaluation completed and lessons learned analyzed for dissemination to LGUs and stakeholders	<p>a. Mid-term evaluation team established</p> <p>b. Assessment tools with objective indicators administered</p> <p>c. Number of meeting and workshop for validation and analysis.</p>
Phase5	Evaluation of project	<p>a. Evaluate progress of the project using identified and appropriate indicators.</p> <p>b. Conduct workshop to discuss results</p>	Department of Health (Regional director and DOH representatives); Provincial health officer; Director of National Centre for Mental Health, WHO representative	2011	<p>a. Evaluation completed and dissemination of results conducted.</p> <p>b. Results used for policy enhancement and funding support.</p>	Evaluation report submitted

Table 9: DIFFICULTIES AND SOLUTIONS	
EXPECTED DIFFICULTIES	POSSIBLE SOLUTIONS TOWARDS THE EXPECTED DIFFICULTIES
Resistance from the Local Government units, who are autonomous from the National government, to allocate fund or share in the funding of the community mental health program	<ol style="list-style-type: none"> 1. Orient local chief executives on the merits of the program and promote inter-agency linkages among stakeholders on mental health and psychosocial issues. 2. Mobilize resources from other funding agencies. 3. Advocate that health, not only mental health program, is a shared responsibility.
Limited coordination between and among government and non-governmental agencies providing prevention, treatment, rehabilitation, disability support and social services	Institutionalize a functional management structure that would bridge the gap and coordinate among agencies involve in the implementation, monitoring and evaluation of community mental health program.
Non-compliance to the principles of human rights of people with mental disorders and disability, such that forced confinement may still be commonly practiced.	Advocate programs to protect the right of individual with chronic illness such as right to confidentiality, right for education and right for speech and right of clients for employment,

C. IMPACT OF THE PROJECT

Table 10: WHAT WILL BE THE IMPACT OF THE PROJECT (e.g. in terms of accessibility of mental health facilities, availability of medicines or interventions, improved follow up, more respect for human rights, implementation of new interventions, etc)
1. Increase access to treatment and care in the primary health care network, supported by dedicated mental health providers and stakeholders.
2. Decongestion of patients in mental hospitals
3. Change in health seeking behavior of families.
4. Increase the role of consumers and family caregivers as participants in policy-making and service management

D. SUSTAINABILITY MECHANISM:

1. Human Resources:

Availability of health human resources in the primary, secondary and tertiary levels of care will be addressed by the on-going deployment of health care professionals through the DOH's "Health Professionals to the Barrios" program, medical specialist deployment program to hospitals, and scholarship program for doctors and midwives. Monetary and non-monetary incentives are being provided to those who are deployed to primary care facilities

2. Training

The University of the Philippines - Open University has developed courses for community mental health wherein the primary care health providers can be enrolled. This is part of the institution –based training programs for public health.

3. Supervision, Mentoring and Coaching

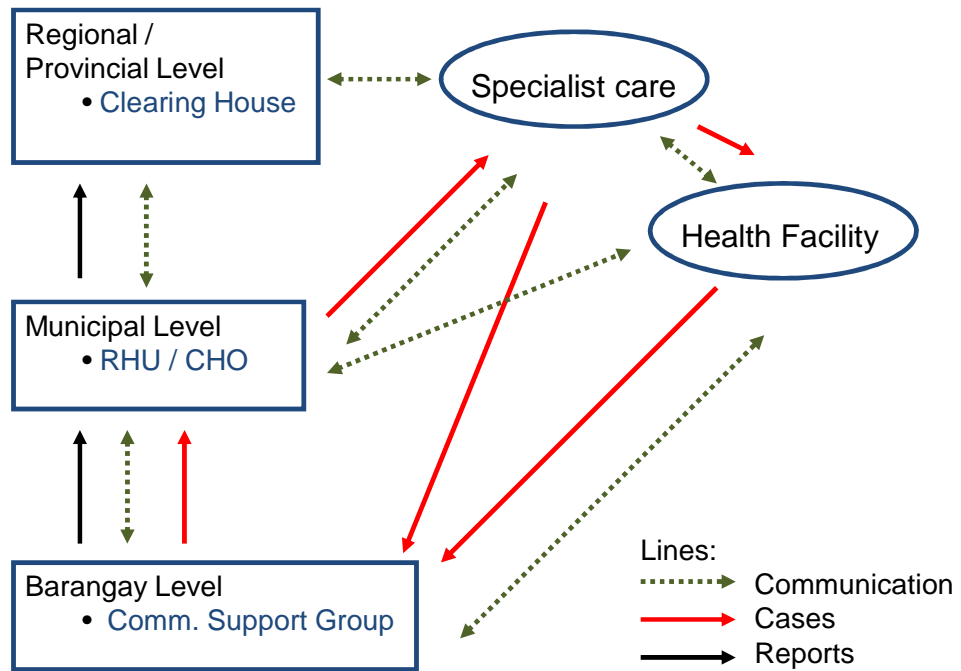
Two lines of supervisions exist in health system: administrative supervision and technical supervision. Technical supervision will be done by the technical program managers as well as specialist deployed in the area. On line consultation can be conducted by the doctors in the Rural Health units to the psychiatrist assigned in the service delivery network. Feed backing shall be part of the consultation process.

4. Financing

The province of North Cotabato is part of the Health Sector Reform priority area and therefore initial investment for local health system strengthening is being provided. It already developed its Provincial Investment Plan for Health for with regular funding for mental health program shall be incorporated. It also has regular budget for enrolment of its indigent constituents to Social Health Insurance. This project will serve as catalyst to influence the Local Chief Executives to prioritize enrolment of poor families of persons with mental disorders.

Annex 1

**FLOW OF REFERRAL FOR
MANAGEMENT OF CASES**



D. RESOURCES

Table 11: NEEDED RESOURCES FOR THE WHOLE PROJECT (sign to which class the project belongs)	
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)	XXXXXXXX
Large (>500,000) (e.g. implementing a network of outpatient facilities in the country)	

Table 12: DESCRIPTION OF THE NEEDED RESOURCES		
	DESCRIPTION	AMOUNT IN \$
Mental Health Staff		
Meetings, workshops	Regular meetings and consultative workshops	12,266
Monitoring , supervision	Regular monitoring, supervision, mentoring of trained personnel	43,377
Training	Trainers, Module development, training materials, venue and accommodation , travels, honoraria	66,932
Medicines	Expected increase in consumption of psychotropic drugs (17municipalities & 1 city for 2 years)	80,000
Others (specify)	a. Fund assistance for rehabilitation, vocational training and livelihood projects	36,000
	b. Advocacy &health promotion	200,000
	c. Mid-term and final evaluation	14,766
Total		453,341

TABLE 13: POSSIBLE SOURCES OF FUNDING (these sources are presumed and not necessarily already found now).	
FUNDER	
Government - Department of Health	56,668
Local Government Units (Provincial and Municipal)	56,668
NGOs/Funding Agencies	340,005
Professional Associations	
Others (specify)	
Total	453,341