

GCC Global Mental Health Portfolio Core Metric Reporting

Overview

The purpose of the revised core metrics reporting form is to streamline data collection by combining the portfolio level Theory of Change and core metrics, with Grand Challenges Canada (GCC)'s Results-Based Management Accountability Framework (RMAF). The aim of collecting data on project indicators is twofold: 1) to track and support achievement of individual project outcomes and 2) to understand the challenges and lessons learned through project implementation, further contributing to the overall body of knowledge needed to scale up services.

Your detailed input will be a key component to the evaluation that GCC, in collaboration with the Mental Health Innovation Network (MHIN), will be undertaking to understand not only the collective global impact of the GCC Global Mental Health portfolio, but also the regional impact your project is contributing to. We see this as a critical part of building communities of practice, regionally and globally.

Completing your revised core metrics reporting | Instructions and example

Below, you will find detailed instructions and an example which highlight how to appropriately complete the revised core metrics reporting form. Please refer to this instructions pdf when completing the core metrics that are relevant to your project. It is recommended that this pdf is printed and used to fill out the form.

As you will see towards the bottom of the core metrics reporting form, there are specific "milestone" and "reference" tabs. There is a "milestone" tab for each of the following: "2) 2. Intended Outcomes (targets)", "3) 6 Months", "4) 12 Months", "5) 18 Months", "6) 24 Months", "7) 30 Months" and "8) 36 Months". Tab 1 "General Information" requires basic descriptions on your project. **Please fill out Tab 1, 2 and the tab relevant to your reporting deadline** (for example, if you are reporting your progress at 30 months, please fill out **Tab 7**). Further instructions for completing these tabs can be seen below.

Other tabs include the "Project Framework" and "Reference Portfolio ToC" tabs. **Please update the Project Framework tab in addition to the tabs listed above.** The "Reference Portfolio ToC" is included as a reference and you are not expected to do anything with this.

Key points to remember:

- The first four columns in each "milestone" tab (A "Outcome description", B "Core Metric Number", C "Core Metric Description" and D "Completion Instructions") provide details and instructions on the information we are asking for in each core metric. Please do not change these columns. Additional, more specific, comments for completion of each core metric are written in red in each box.
- You are only required to fill out the rows that relate to the core metrics that you are collecting within your project. Please leave the boxes blank, or write 'n/a', if you are not collecting information on that metric.
- The expected results should fall within the timeframe of your grant only.
- Please use the core metrics reporting form in the Excel format. Please do not convert it to a Word format.
- **Please note you do not need to submit an RMAF table in addition to the core metric reporting form.**

Tab 2. Intended Outcomes (targets)

- In this tab, we are asking you to indicate what the intended outcomes were **at your project start**. We are therefore asking that you think retrospectively about what your target indicators and expected outcomes were for each core metric at the beginning of your project.
- We ask you to fill in 3 columns: E 'Metric included in your study'; F 'Project Result Expected'; and G 'Tool/method used' (headings can be seen in orange). Column H 'Comments' is optional, and can be filled in if you have any further descriptions or definitions that you would like to include
 - Column E asks whether or not this metric will be assessed in your project. Please answer as a simple 'Yes' or 'No'.
 - Column F asks for the expected indicator used to measure that core metric. Please complete this with specific and detail information, as asked for by the comments in red in each box.
 - Column G asks for the methods or/and tools that will be used to assess the indicators. Please also complete this with specific and detail information, as asked for by the comments in red in each box.

Your reporting milestone

- In this tab, we are asking you to report your project's achievements at this reporting milestone. Please report against your target (expected) indicators.
- You will notice that columns A – G are copied from tab 2 'Intended Outcomes (targets)', please do not make any changes to these columns. If you wish to change any text within the 'Intended Outcomes (Targets) at Project Start' columns, please do so in Tab 2 (this will then be automatically changed in the milestone reporting tab).
- We ask you to fill in 3 columns:
 - Column H asks you to report your results achieved at this reporting deadline - please report against your target (expected) indicators. If these indicators have not yet been achieved, or are in the process of being analysed, please indicate this with either 'n/a' or 'analysis in process' or equivalent.
 - Column I asks you to indicate any tools/methods that were used to achieve your result, which were different from methods indicated in the expected outcomes section.
 - Column J is optional, and can be used to further describe any of your results, or why expected results were not achieved.

Draft and final submission timeline

Approximately one month before your reporting deadline submission, you will be expected to:

- Complete a draft version of the form (filling out the intended outcomes, 6 months, and Project Framework tabs) & submit to MHIN team member Georgia Lockwood Estrin (Georgia.lockwood-estrin@lshtm.ac.uk)
- MHIN team will provide feedback within 10 days
- Incorporate any feedback given by the MHIN team member to produce a revised version
- Submit the final version to [Patrick Coburn](#), GCC GMH Program Coordinator, by your reporting deadline, using the following in the subject line of your message: "Global Mental Health Core Metrics Form – *Grant ID Number*"

If you have any questions, please contact the MHIN team via email at Georgia.lockwood-estrin@lshtm.ac.uk.

Example core metric reporting form for a two year grant

			EXAMPLE										
			Intended Outcomes (Targets) at Project Start			6 Month Outcome		12 Month Outcomes		18 Month Outcome		24 Month Outcomes	
Outcome description	Core metric #	Core metric description & Completion instructions	Metric included in your study (Y/N)	Project Result Expected	Tool/method used (e.g. pre-post KAP survey, #providers trained, PHQ-9 etc)	Project Result Achieved	Tool/method used (e.g. pre-post KAP survey, #providers trained, PHQ-9 etc)	Project Result Achieved	Tool/method used (e.g. pre-post KAP survey, #providers trained, PHQ-9 etc)	Project Result Achieved	Tool/method used (e.g. pre-post KAP survey, #providers trained, PHQ-9 etc)	Project Result Achieved	Tool/method used AND/OR Project Result Achieved
Development													
Formative research undertaken	1	<p>Availability of situation analysis and report (including knowledge or innovation gap, plus barriers to implementation)</p> <p>Has your team undertaken any formative research or situational analysis to identify the need for the innovation, and/or barriers to implementation (establishment of need) which has resulted in reports and/or publications (e.g. report of key informant interviews, situational analysis report/publication)?</p> <p>If yes, please list all available items.</p>	Yes	<p>Intended outputs -</p> <p>1) SWOT Analysis</p> <p>2) Published paper on a needs assessment of key stakeholders in the district where the innovation will be implemented</p>	n/a			<p>2) Fieldwork completed and paper on needs assessment in preparation</p>	n/a			<p>Yes</p> <p>2) Needs assessment paper published (citation)</p>	n/a
Need identified													
Integrated innovation developed: Social, Technological, Business	2	<p>Availability of innovation product/protocol/manual</p> <p>Are there any innovation products, protocols, or manuals (e.g. training materials, technical platforms, strategies) available that have been developed as a result of an integrated innovation project design?</p> <p>If yes, please list all available items.</p>	Yes	<p>1) Implementation protocol</p> <p>2) Communication strategy</p>	n/a	<p>1) Implementation protocol finalised</p> <p>2) Communication strategy finalised</p> <p>3) "Training Guide for Community Health Workers"</p> <p>4) Website platform</p>	n/a	<p>1) Implementation protocol finalised</p> <p>2) Communication strategy finalised</p> <p>3) "Training Guide for Community Health Workers"</p> <p>4) Website platform</p>	n/a	<p>1) Implementation protocol</p> <p>2) Communication strategy</p> <p>3) "Training Guide for Community Health Workers"</p> <p>4) Website platform</p>	n/a	<p>1) Implementation protocol</p> <p>2) Communication strategy</p> <p>3) "Training Guide for Community Health Workers"</p> <p>4) Website platform</p>	n/a
Project buy in by key stakeholders	3	<p>MOU or project agreement document signed with partners/s</p> <p>Have all necessary MOU or agreements (e.g. letters of support, commitment summary documents or signed memoranda) that highlight project buy-in by partners (both government and non-governmental) been signed/agreed? If no, please list reasons why they have not been and if applicable, potential alternative course of actions undertaken (or to be undertaken) to alleviate the delay.</p>	Yes	<p>MoU's to be signed with MoH and implementation partner (Mental Health Foundation)</p>				<p>MoU's signed with both</p>				<p>MoU's signed with both</p>	

Resources available:													
1. Financial		<p>Enumeration of (non-GCC) financial, human and other resources allocated by key stakeholders to innovation development and implementation</p> <p>List all additional (non-GCC) financial support received (the funder and the amount), for this project. This should include examples of funding promised or transferred to support the project.</p>	Yes	<p><i>Promised - Tata Education Trust, \$10,000 CAD</i></p> <p><i>Wellcome Trust, \$30,000 CAD</i></p> <p><i>Transferred - Individual donors (3), approx. \$5,000 CAD each</i></p>		<p><i>Promised - Tata Education Trust, \$10,000 CAD</i></p> <p><i>Transferred - Wellcome Trust, \$30,000 CAD</i></p> <p><i>Individual donors (3), approx. \$5,000 CAD each</i></p>		<i>All funds transferred</i>		<i>All funds transferred</i>		<i>All funds transferred</i>	
2. Human	4	<p>Enter the number of research and non-research jobs (number and roles) created and filled in Canada as a result of the project.</p>		<p><i>Planned Research Team - 1 Co-Project Coordinator</i></p>		<p><i>Research team in place - 1 Co-Project Coordinator</i></p>		<i>All Research team in place</i>		<i>All research team in place</i>		<p><i>Total - 1 (1 Co-Project Coordinator)</i></p>	
		<p>Enter the number of research and non-research jobs (number and roles) created and filled in LMIC as a result of the project.</p>		<p><i>7 jobs to be created.</i></p> <p><i>Planned Research Team (5): 1 Research Supervisor, 1 Senior Research Officer, 3 Research Officers.</i></p> <p><i>Planned non-research job (2): 1 Co-Project Coordinator; 1 Data Manager.</i></p>		<p><i>6 jobs created.</i></p> <p><i>Research team in place (5): 1 Research Supervisor, 1 Senior Research Officer, 3 Research Officers</i></p> <p><i>Non-research team in place (1): 1 Co-Project Coordinator.</i></p>		<i>Additional team in place - 1 Data Manager</i>		<i>All research team in place</i>		<p><i>11 jobs created.</i></p> <p><i>Research team (9): 2 Research Supervisors, 1 Senior Research Officer, 6 Research Officers.</i></p> <p><i>Non-research team (2): 1 Co-Project Coordinator, 1 Data Manager.</i></p>	

3. Material		List all material resources (e.g. vehicles, facilities, equipment) provided by non-GCC partners.	Yes	Promised by MoH in addition to GCC resources - 2 vehicles 15 tablets 2 rooms in government facility		Promised - 15 tablets and 1 room Secured - 2 vehicles and 1 room secured		All necessary resources secured		All necessary resources secured		All necessary resources secured
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Delivery

Outcome description	Core metric #	Core metric description & Completion instructions	Intended outcomes (0 Months)			6 Month Outcome		12 Month outcomes		18 Month outcome		24 Month outcomes	
Adequate ongoing management, supervision and quality improvement procedures in place	5	<p>Continuous quality improvement mechanism in place (e.g. regular supervision, repeat training, CQI methods)</p> <p>Does your project have a mechanism in place to continuously manage, supervise, and improve your project? If yes, please describe, specifically including:</p> <ol style="list-style-type: none"> Who provides supervision/quality improvement Frequency of supervision Methods employed for supervision 	Yes	Fortnightly supervision of CHWs and PHC workers by psychiatric nurse.	CQI in place and operating, including face to face supervision meetings by psychiatric nurses, and random supervision check by the research coordinator			Supervision structure in place and operating	CQI in place and operating including face to face supervision meetings with psychiatric nurses, and random supervision checks			Supervision structure in place and operating.	CQI in place and operating including face to face supervision meetings with psychiatric nurses, and random supervision checks
Service providers (intermediaries) able to deliver innovations	6	<p>Number of service providers (intermediaries) trained</p> <p>Intended Outcomes (0 Months): Enter the target number of service providers (intermediaries) to be trained, and methods by which they will be trained 6/12/18/24 months: Enter total number of service providers (intermediaries) trained for each different cadre (CHWs, PHC workers, traditional healers, teachers etc.)</p>	Yes	50 CHWs and 12 PHC staff to be trained	#providers trained by psychiatrists during 2-3 days group training sessions (each groups consisting of approx. 10 people)	Total till date: 6 PHC staff trained	#providers trained by psychiatrists during 2-3 days group training sessions	Total till date: 56 CHWs and 6 PHC staff trained	#providers trained by psychiatrists during 2-3 days group training sessions	Total till date: 56 CHWs and 11 PHC staff trained	#providers trained by psychiatrists during 2-3 days group training sessions	Final #: 56 CHWs and 11 PHC staff trained	#providers trained by psychiatrists during 2-3 days group training sessions
Service providers (intermediaries) able to identify/diagnose mental health conditions		<p>Knowledge, attitudes and practices of service providers (intermediaries) (pre- and post-training score)</p> <p>List all tools/scales that your project uses to measure improved knowledge, attitudes, and practices in service providers (intermediaries). Please also indicate:</p>	Yes	20% improvement of KAP scores expected	Regionally validated KAP Survey pre- and post-training	KAP completed on 20 of the 56 CHWs. Mean post-test >80%	Regionally validated KAP Survey pre- and post-training	KAP completed on 40 of the 56 CHWs. Mean post-test >80%	KAP Survey pre- and post-training	n/a	n/a	KAP completed on all CHWs. Mean post-test >80%	Regionally validated KAP Survey pre- and post-training

		1) the change in average pre- and post-innovation scores and/or effect size you expect to see as a result of your innovation 2) the percentage improvement in score											
Target population (beneficiaries) with mental health conditions identified	7	Proportion of people in target population (beneficiaries) screened / identified Intended Outcomes (0 Months): Enter the target number of people to be screened/identified, and what proportion of the total population of your region this represents. Please indicate where and by whom this screening is taking place. 6/12/18 months: Enter the number of people screened/identified till date. 24 months: Enter the total number of people screened/identified across the whole project.	Yes	Estimated identification of 50 per facility. Total identified in 10 health facilities (target): 500 out of total regional population of 300000	# of health facilities (hospitals) screened # of people with mental health disorders identified	n/a	n/a	Screening implemented in 3 of the 5 facilities. Total screened :652 Total identified:172	# of facilities screened # of people screened # of people with mental health disorders identified	Screening implemented in 4 facilities. Total screened :1232 Total identified:350	# of facilities screened # of people screened # of people with mental health disorders identified	Total screened: 1770 Total identified: 524	# of facilities screened # of people screened # of people with mental health disorders identified
Pharmacological, psycho-social, livelihood or technological innovations are available, accessible, acceptable, affordable, of high quality	8	Expected time and cost for beneficiaries to access innovation (travel time, transport cost and any fees paid out of pocket) Intended Outcomes (0 Months): Enter the expected travel time, transport cost and/or fees paid out of pocket by beneficiaries when accessing the innovation. 12/24 months: Enter the average travel time, transport cost and/or fees paid out of pocket by beneficiaries when accessing the innovation.	Yes	Target population within 5 km of a participating facility in the target district. Expected mode of transport to facility walking/motorbike. No fees for service use. Survey will monitor travel mode to estimate time/cost.	Survey/Patient registration form			Average time to access facility: 30 minutes	Survey			Average cost per patient (travel): \$1.45 (fuel costs)	Survey
Mental health promotion innovations are accessible	9	Expected proportion of target population with access to innovation medium (e.g. TV, radio, internet) Intended Outcomes (0 Months): Include the expected proportion of target population that will have access to the innovation medium (e.g. radio, technology, internet). 12/24 months: Enter proportion of target population that has access to the innovation medium.	Yes	57% of households have access to mobile phones (30600 out of total households of 60000). 80% of households have access to radio in target district (48000 out of total households of 60000).	Household survey			Results not analysed	Household survey			35% of households receiving text message info on availability of services (21000 out of total households of 60000). 67% of households have heard one or more radio adverts (40200 out of total households of 60000).	Household survey
Target population (beneficiaries) receive integrated innovation as intended	10	Number of people in target population (beneficiaries) receiving innovation (disaggregated by diagnosis, level of care, year of project etc.) Intended Outcomes (0 Months): Enter the target number of people who will receive the integrated innovation as intended.	Yes	Target 350 people (~65% of those identified)	Health facility patient records or similar	30 receiving innovation		120 receiving innovation		250 receiving innovation		350 receiving innovation (65% of those identified)	

	<p>6/12/18 months: Enter the number of people who have received the integrated innovation till date.</p> <p>24 months: Enter the total number of people who have received the integrated innovation.</p>											
	<p>Satisfaction ratings of persons receiving innovation</p> <p>Intended Outcomes (0 Months): List the method/tool(s) and target rating that will be used to assess satisfaction with the innovation within the target population.</p> <p>12/24 months: Enter the actual mean rating compared to the initial rating.</p>	Yes	<p>Sample target: 5% of people receiving treatment at 12 months. Target 60% satisfied or higher.</p>	<p>In depth patient interviews</p> <p>Patient satisfaction survey (PSQ) at 15 months.</p>			n/a					<p>In-depth interviews analysed and published. PSQ over 70% patients report 'satisfied' or higher</p>

Evaluation

Outcome description	Core metric #	Core metric description & Completion instructions	Intended outcomes (0 Months)	6 Month Outcome		12 Month outcomes		18 Month outcome		24 Month outcomes			
Improved outcomes for people living with mental health conditions and their families/carers (beneficiaries)	11	<p>Symptom severity score/ effect size (e.g. PHQ-9; SRQ)</p> <p>Intended Outcomes (0 Months): List the tools that will be used to assess improved symptom severity (e.g. PHQ-9, SRQ) for people living with mental health conditions and/or families and carers (beneficiaries). Tools can be those that are widely accepted or those created by the project or region and are culturally validated and/or adapted for the project. In addition, please include the target score, % improvement, proportion of patients improved, and the anticipated effect size.</p> <p>6/12/18/24 months: Enter the mean score compared to the initial target score and/or effect size. Be sure to include number of people with improved outcomes.</p>	Yes	<p>Anticipated recovery rate 65% in intervention group (patient enrolment score > 15 at baseline screening/identification. Follow up score <9 on PHQ-9 at 1 month follow up)</p>	PHQ-9	n/a	n/a	n/a	n/a	<p>Data analysis underway. Results anticipated soon.</p>	PHQ-9	<p>Recovery rate at follow up 68% in intervention arm. This translates to improved clinical outcomes in 463 people.</p>	PHQ-9
		<p>Functioning score/ effect size (e.g. WHODAS, WHOQOL)</p> <p>Intended Outcomes (0 Months): List the tools that will be used to assess improved functioning (e.g. WHODAS) for people living with mental health conditions and/or families and carers (beneficiaries) Tools can be those that are widely accepted or those created by the project or region and are culturally validated and/or adapted for the project. In addition, please include the target score, % improvement, proportion of patients improved, and the anticipated effect size.</p> <p>6/12/18/24 months: Enter the mean score/effect size achieved. Be sure to include number of people with improved outcomes.</p>	Yes	<p>Expected effect size 0.65</p>	<p>12 item WHODAS at baseline and 1 month follow up.</p>	n/a	n/a	n/a	n/a	<p>Data analysis underway. Results anticipated soon.</p>	<p>12 item WHODAS at baseline and 1 month follow up.</p>	<p>Effect size 0.62</p>	WHODAS

Mental health of target population (beneficiaries) is promoted	12	<p>Mental health & well-being score / effect size (e.g. "WHO-5" index) Intended Outcomes (0 Months): List the tools used to assess mental health promotion (e.g. WHO-5) in the target population (beneficiaries). In addition, please include the target score, % improvement, proportion of patients improved, and the anticipated effect size. 6/12/18/24 months: Enter the mean score/effect size achieved. Be sure to include number of people with improved outcomes.</p>	Yes	Mean follow up scores (1 month post-treatment) between 3 and 8 points higher than mean baseline	Locally validated Warwick-Edinburgh Mental Well-being Scale (WEMBWS)	n/a	n/a	n/a	n/a	Data analysis underway. Results anticipated soon.	Locally validated Warwick-Edinburgh Mental Well-being Scale (WEMBWS)	Mean scores 6 points higher	Locally validated Warwick-Edinburgh Mental Well-being Scale (WEMBWS)
Locally implemented innovations or services shown to be cost-effective, affordable equitable and scalable	13	<p>Cost-effectiveness (cost per unit improvement in symptom severity / function) Intended Outcomes (0 Months): List the analysis tool used to evaluate cost-effectiveness (cost per unit of improvement in symptom severity and/or function) of the innovation. 6/12/18/24 months: Enter the cost per unit of improvement in symptom severity and or function, ideally in cost per healthy life year.</p>	Yes	US \$0.3 per healthy life year will be gained.	Adapted Service Utilization combined with clinical effectiveness measured	n/a	n/a	n/a	n/a	Data analysis underway. Results anticipated soon.	Adapted Service Utilization combined with clinical effectiveness measured	US \$0.5 per healthy life year gained.	Adapted Service Utilization combined with clinical effectiveness measured

Context

Outcome description	Core metric #	Core metric description & Completion instructions	Intended outcomes (0 Months)	6 Month Outcome	12 Month outcomes	18 Month outcome	24 Month outcomes					
Community is aware of mental health conditions and willing to seek treatment; stigma and discrimination is reduced; demand for services is generated	14	<p>Change in public perceptions, knowledge and attitudes about MNS disorders (KAP score or discrimination / stigma measure e.g. DISC-10 or barriers to accessing care e.g. BACE) Intended Outcomes (0 Months): List tools used to measure increase in knowledge & understanding of mental health conditions, willingness to seek treatment, & reduction in stigma and discrimination, resulting in demand for services in the community. Examples of tools include KAP score, DISC-10, BACE, & other culturally validated tools. Please also enter target indicators for each item you are measuring. 6/12/18/24 months: Please enter mean score/percentage achieved</p>	<p>15% of target population administered with Household survey (baseline/endline) including stigma instrument (adapted Internalised Stigma of Mental Health - ISMI - scale) and barriers to access to care instrument (adapted BACE)</p>	Target reduction in stigma 20% and barriers to access to care at project end.	n/a	n/a	Baseline complete	Internalised Stigma of Mental Health - ISMI scale)	n/a	n/a	Endline results 12% reduction in stigma	Endline household survey including stigma instrument (adapted ISMI scale) and barriers to access to care instrument (adapted BACE)
		<p>Change in service providers' (intermediaries) perceptions, knowledge and attitudes about MNS disorders (KAP score or discrimination / stigma measure e.g. DISC-10 or barriers to accessing care e.g. BACE) Intended Outcomes (0 Months): List tools used to measure increase in knowledge & understanding of mental health conditions & reduction in stigma and discrimination, resulting in demand for services in the community. Examples of tools include KAP score, DISC-10, BACE, & other culturally validated tools. Please also enter target indicators for each item you are measuring.</p>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

		<p>6/12/18/24 months: Please enter mean score/percentage achieved</p>											
		<p>Change in beneficiary perceptions, knowledge and attitudes about MNS disorders (KAP score or discrimination / stigma measure e.g. DISC-10 or barriers to accessing care e.g. BACE) Intended Outcomes (0 Months): List tools used to measure increase in knowledge & understanding of mental health conditions, willingness to seek treatment, & reduction in stigma and discrimination, resulting in demand for services in the community. Examples of tools include KAP score, DISC-10, BACE, & other culturally validated tools. Please also enter target indicators for each item you are measuring. 6/12/18/24 months: Please enter mean score/percentage achieved</p>	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Key stakeholders engaged for project duration	15	<p>Frequency of contacts with key stakeholders (e.g. meetings, conference calls) Are key stakeholders (e.g. policy makers, service providers, service beneficiaries, community leaders, etc) engaged during the project? If yes, please list frequency and method of contact (e.g. face to face meetings, conference calls) with each key stakeholder.</p>	Yes	Meetings with MoH scheduled monthly. Meetings with co-funder (Tata) scheduled every 6 months	Face to face meetings			Meetings take place as planned (12 MoH, 1 Tata)	Face to face meetings			Meetings take place as planned with co-funder (3 Tata), however due to elections in month 13, monthly meeting scheduled with MoH changed to bi-monthly (34 MoH)	Face to face meetings
		<p>Changes in policy, legislation and/or regulation, # of policies developed and/or adopted through the project Intended Outcomes (0 Months): List any changes in policy, legislation, and/or regulation that will occur during your project 6/12/18 months: Detail any progress made on your target 24 months: List any changes in policy, legislation, and/or regulation achieved</p>	Yes	Policy on increase in the prescription period of AEDs from 4 days to 1 month	Face to face meetings with MoH officials			Policy drafted for MoH review	Face to face meetings with MoH officials			Policy on increase in the prescription period of AEDs from 4 days to 1 month adapted	Face to face meetings with MoH officials
Innovation sustainability enhanced by identifying strategies to overcome health system barriers to implementation	16	<p>List of identified strategies for overcoming barriers to innovation implementation (based on situational analysis and/or mental health system profile) Intended Outcomes (0 Months): List anticipated system barriers (these may have been identified by a situational analysis or mental health system profile) and strategies your project will implement to overcome them. 24 months: List system barriers that your project faced and the strategies your project used to overcome them.</p>	Yes	1) High CHW turnover - recruitment criteria is created with relevant stakeholders and eligibility ranking is used. Compensation may be provided 2) Elections to take place during implementation - research team ensures at least 1 meeting is held with relevant potential MoH candidates before election to ensure	1) Recruitment Criteria, eligibility ranking, compensation 2) Face to face meeting with potential MoH candidates			Large number of CHWs unable to use technology appropriately	Additional one-hour training provided			1) Elections took place during implementation - meetings held with potential MoH candidates pre-election, ensuring buy-in post election. 2) Large number of CHWs unable to use technology appropriately - additional one-hour training provided	1) Face to face meeting with potential MoH candidates 2) Additional one-hour training provided

				<i>continued buy-in post election</i>								
Innovation is appropriate to local political, cultural and economic context in which it is delivered	17	Findings from formative research/needs assessment related to local context Has the formative research, that established need for your project, been shown to be politically, culturally and economically appropriate to the context? If yes, please list the ways this has been shown (e.g. focus group discussions with relevant stakeholders).	Yes	<i>Results from focus group discussions with CHWs and policymakers</i>	<i>Focus group discussions</i>		<i>n/a</i>	<i>n/a</i>			<i>n/a</i>	<i>n/a</i>