Rapid Evaluation of the Mental Health Programme

SUBMITTED BY:

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PEPFAR
U.S. President's Emergency Plan for AIDS Relief

FPD

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Foreword by Dr. Gloria Maimela, Deputy CEO of the Foundation for Professional Development

As we present this Evaluation Report of FPD's Mental Health Programme, we do so during a time of profound global uncertainty and transition. The sharp decline in international donor funding has intensified pressure on development partners to demonstrate tangible impact and sustainability. Nowhere is this more urgent than in the domain of mental health—a long-neglected pillar of public health that now faces growing demand amidst diminishing resources.

At FPD, we recognise that evidence must drive investment decisions. This evaluation was commissioned to provide a clear, independent assessment of how our mental health programme is performing. It allows us to take stock of what has been achieved—policy wins, workforce expansion, service innovations, and unprecedented digital reach—but also forces us to confront the structural barriers that continue to limit access to care for millions.

This report offers not only an account of past progress but a roadmap for the future. It reminds us that expanding mental health access in South Africa is both a moral imperative and an economic necessity. We hope its findings will inform bold decisions from all stakeholders—government, funders, and civil society—to collectively close the treatment gap and ensure mental wellbeing becomes a right, not a privilege.

About the Evaluator

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Earnest is a seasoned Research Economist with over 15 years of cumulative experience across sustainable development, climate economics, public health, market regulation, competition policy, and inclusive growth. His PhD research on ESG performance in BRICS countries revealed the long-term economic benefits and short-term trade-offs of sustainability initiatives, underscoring the need for balanced, evidence-based policymaking. As Founder and Director of the South Africa–based Evaluation and Research Centre, he leads high-impact research and evaluation projects across sectors, advising on donor-funded programs and institutional effectiveness. He currently serves as Monitoring, Evaluation, and Reporting Manager at Ndlovu Care Group, where he designs and implements M&E systems that support strategic decision-making. Deeply committed to capacity building, Earnest co-supervises postgraduate students and actively fosters partnerships among communities, governments, and international organizations to advance inclusive and locally driven development.

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CHW	Community Health Worker
COP	Country Operational Plan
DAC	Development Assistance Committee
DHIS	District Health Information System
DMHP	District Mental Health Programme
DoH	Department of Health
DSP	District Support Partner
EC	Eastern Cape
EU	European Union
FGD	Focus Group Discussion
FPD	Foundation for Professional Development
GDoH	Gauteng Department of Health
HCP	Healthcare Professional
HIV	Human Immunodeficiency Virus
HPCSA	Health Professionals Council of South Africa
IMHSI	Improving Mental Health & HIV/TB Service Integration
IP	Implementing Partner
IPC	Interpersonal Counsellor
KIIs	Key Informant Interviews
KZN	KwaZulu-Natal
KZNDoH	KwaZulu-Natal Department of Health
LMIC	Low-and-Medium Income Countries
MD	Managing Director
M&E	Monitoring and Evaluation

MH	Mental Health
mhGAP	Mental Health Gap Action Programme
MHPSS	Mental Health and Psychosocial Support
MOU	Memorandum of Understanding
NCD	Non-Communicable Disease
NDOH	National Department of Health
NES	National Evaluation System
NMHP	National Mental Health Programme
NSP	National Strategic Plan
OECD	Organisation for Economic Co-operation and Development
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHC	Primary Healthcare
PLHIV	People Living with Human Immunodeficiency Virus
RAE	Rapid Assessment Evaluation
RAPS	Psychosocial Care Network
RC	Registered Counsellor
RE	Rapid Evaluation
SADAG	South African Depression and Anxiety Group
SAFMH	South African Federation for Mental Health
SAMHC	South Africa Mental Health Conference
SAG	South African Government
SAMA	South African Medical Association
SDG	Sustainable Development Goals
TAC	Treatment Action Campaign
TB	Tuberculosis
UFE	Utilisation-Focused Evaluation
UN	United Nations
US	United States
USAID	United States Agency for International Development

VARI	Vulnerable/at Risk Individuals
WHO	World Health Organisation

Executive Summary

The Foundation for Professional Development (FPD) has long recognized mental health as both a critical and under-addressed dimension of public health in South Africa. The rapid evaluation of FPD's Mental Health Programme—conducted over five weeks—offers a comprehensive assessment of the programme's outcomes, effectiveness, and sustainability, with a focus on workforce capacity building, research, policy influence, and systems integration.

Context and Rationale

South Africa faces a formidable mental health burden, with over a third of adults experiencing mental health challenges during their lifetime, and an estimated 73-90% of those in need unable to access services depending on their geographic location and if they have private insurance.

FPD's system strengthening work, building on a legacy of system strengthening in HIV, TB & GBV, responds to this public health priority by focussing on expanding access, reducing stigma, and strengthening capacity in a resource-constrained environment. The programme is aligned with international best practices and various national strategies, including the Mental Health Care Act (2002) and National Mental Health Strategy and Policy Framework.

Programme Design and Approach

The FPD Mental Health Programme operates through four core workstreams: technical assistance, training and capacity building, technology and innovation, and fostering cross-sector collaboration. It embraces an "above-site" model rather than a direct service delivery model and focusses on leveraging partnerships, developing capacity if existing staff and integrating care into existing PHC and community health structures. Priority is given to prioritizing community and workforce engagement.

Scope of the Rapid Evaluation and Objectives

The main purpose of this RE according to the terms of reference was to provide an objective assessment of the outcomes, effectiveness, and sustainability of FPD's mental health system strengthening activities. Given the ambitious scope of work undertaken with limited resources, this evaluation will focus on identifying key achievements, challenges, and opportunities for scaling up.

The specific objectives are to:

- Assess the effectiveness and reach of FPD's mental health education and training initiatives in expanding workforce capacity, reducing stigma, and promoting mental health resilience.
- Evaluate the outcomes of FPD's research and technical assistance in shaping policy, improving access, and testing service delivery models.
- Analyse the contribution of FPD's mental health conferences and knowledge-sharing platforms in fostering collaboration, influencing policy, and generating new evidence.
- Review the role of FPD's system-strengthening efforts in transitioning MH service delivery from being hospital-based to PHC, and community based.
- Identify key barriers, enablers, and recommendations for enhancing outcomes, sustainability, and scalability of these initiatives.

Methodology and Approach to the valuation

This evaluation used the rapid assessment evaluation (RAE) methodology since it enables us to obtain reasonably accurate and useful information within a short period of time. The evaluation employed a mixed methods approach (quantitative and qualitative), which also involves both secondary and primary data collection.

For this RE we used key informant interviews and focus group discussions for the qualitative part of the study. Quantitative data exploited existing programme data in the programme documents and reports provided by FPD.

This RE used non-probability sampling known as purposive sampling because it was cost-effective and time efficient. In the context of this RE only programme beneficiaries and key informants such as programme staff, programme implementing partners, community partners and trainees (community champions) were selected to provide better insights and more precise research results.

Evaluation Findings

Relevance

The evaluation found that the mental health programme was developed through strong collaboration, active stakeholder engagement, and significant government involvement from inception. All relevant stakeholders were identified and consulted, contributing to the programme's alignment across its four key workstreams: mental health integration, capacity building, policy review, and stakeholder engagement. Despite challenges in follow-up and formalizing partnerships, the programme demonstrated adaptability, evolving in response to emerging needs and feedback. The programme demonstrated ongoing refinement of its approach, integrating lessons learned to strengthen its overall impact.

Effectiveness

FPD's ongoing implementation science research in South Africa has driven the country's first large-scale integration of mental health into HIV/TB services through the "Improving Mental Health and HIV/TB Service Integration" initiative. This collaborative effort has significantly strengthened

community-level capacity for mental health screening, diagnosis, and counselling, while establishing robust referral pathways between public and civil society sectors.

The programme's demonstrated effectiveness has led to concrete policy changes, including the integration of mental health into the updated National Strategic Plan for HIV, TB and STIs and the National Mental Health Policy Framework and Strategic Plan 2023–2030, signalling a strategic shift from hospital-centric to community-based care. Strategic awareness campaigns like Masiviwe, alongside training initiatives and provincial-level engagement by District Support and Implementing Partners, have driven high participation—20 695 individuals trained since COP21 with a 4.5/5 satisfaction rating.

FPD and its partners have also contributed over 10 peer-reviewed publications and numerous national presentations advancing the intersection of mental health and HIV/AIDS. Notably, the first South African Mental Health Conference, co-hosted with the National Department of Health in 2023, convened 673 delegates and high-level policymakers, further elevating mental health on the national agenda. Meanwhile, FPD's digital outreach via Masiviwe has reached over 34 million people, mainly through X, Facebook and TikTok, underscoring the initiative's widespread impact on public awareness and policy transformation.

Efficiency

FPD implemented the mental health project using an "above-site" approach, strategically leveraging existing systems rather than creating new structures. Through its role as an amalgamator under the Masiviwe initiative, FPD built upon existing efforts by District Support Partners (DSPs) and other organizations, ensuring continuity and integration. The programme was delivered through a collaborative model, with FPD as the primary grantee, Columbia University and Heartlines as sub-grantees, and Vula Mobile providing technical support for referral systems.

The evaluation found that partners' current field knowledge and strong communication practices were key drivers of programme efficiency and cohesion. Originally, the CDC's Notice of Funding Opportunity (NOFO) indicated a Year 1 budget of US$8 million. This was reduced to US$3 million before the submission deadline and ultimately dropped to US$650,000 at the start of the second quarter, due to shifting priorities toward COVID-19 vaccination efforts. Despite this substantial budget cut and an expanded scope to include at-risk and vulnerable populations, FPD sustained its outputs by adopting the amalgamator role and securing complementary funding.

Impact and Visible Outcomes

The evaluation confirmed that the programme achieved a major milestone by successfully integrating mental health into national health policies. This marks a significant advancement in prioritizing mental health within South Africa's broader health framework.

Over 28 460 healthcare workers were trained in critical areas, significantly strengthening the health system's capacity. These trainings enhanced the workforce's ability to respond to both routine healthcare needs and crises, contributing to a more resilient system.

The programme's screening efforts demonstrated the value of collaboration in reaching underserved communities. By improving access to mental health services in high-need areas, these efforts helped close critical service gaps at the community level.

A key success was the integration of mental health services for young people, addressing a long-standing gap in youth support. This initiative improved service access while fostering awareness and dialogue, laying the groundwork for future, youth-focused mental health interventions.

Additionally, the programme's mental health focus contributed to better HIV treatment adherence among People Living with HIV (PLHIV). This holistic approach improved both physical and mental well-being, leading to enhanced treatment outcomes and quality of life.

Unintended Outcomes

The programme effectively generated strong demand for mental health services yet struggled to meet this demand due to limited capacity, particularly the shortage of mental health professionals and support staff. The evaluation also identified a critical challenge in the lack of commitment from the National and Provincial Departments of Health, which threatens the long-term sustainability of the initiative. Without clear leadership and prioritization from these departments, there is a risk that the gains made—especially the skills and motivation of newly trained personnel—may be lost.

Sustainability

Securing sufficient financial resources for mental health initiatives remains a significant challenge, undermining the long-term sustainability of such programmes. Despite growing recognition of the issue, countries typically allocate less than 2% of their healthcare budgets to mental health, with minimal international development assistance directed toward this area.

Additionally, the shortage of qualified mental health professionals, particularly psychiatrists and clinical psychologists, poses a serious threat to programme viability. While there has been progress in policy development, translating these frameworks into actionable, localized plans continues to be a major obstacle for the sustainable integration of mental health services.

The evaluation highlighted the effectiveness of decentralized partnerships between provincial health departments and universities as a promising strategy for scaling up mental health services. These partnerships have been shown to enhance service delivery and accessibility, especially in rural and underserved regions. The successful collaboration between the KwaZulu-Natal Department of Health (KZNDoH) and the University of KwaZulu-Natal (UKZN) serves as a model for other provinces, offering a replicable approach for fostering similar partnerships with local tertiary institutions.

A Summary of Key Achievements

- **Policy and System Strengthening:** FPD's advocacy and technical input contributed to the designation of PLHIV as priority populations and massively increasing the attention to mental health in the new South Africa's National Strategic Plan for HIV, TB, and STIs, Technical assistance around the drafting of the new National Mental Health Strategy and Policy Framework brought Registered Counsellors a mid-level menta health provider onto the public sector staff establishment and initiated a process to reschedule antidepressants to allow dispensing and prescription by registered Nurses in PHC settings.
- **Workforce Development:** Over 28 000 healthcare workers were trained in mental health, with significant gains in stigma reduction, clinical communication, and resilience.
- **Community engagement:** Through using social and traditional media conduits such as radio, serious games, and social media (www.Masiviwe.org.za)—extended the programme's reach to over 34 million people.
- **Integration and Service Innovation:** The programme successfully piloted mental health integration within primary healthcare and HIV/TB treatment and prevention programmes, with demonstrable outcomes in high-burden districts. Technology-driven initiatives like the StepWell Saga serious game and telemedicine training signal scalable solutions for youth and rural communities.
- **Research and Knowledge Generation:** The FPD team published over 10 peer-reviewed articles and presented at major conferences, shaping the evidence base for mental health integration and capacity-building approaches.

Challenges and Lessons

The programme's success in generating demand for services has outpaced available human and financial resources—especially mental health professionals—revealing a "strategic imbalance" between supply and demand. Sustainability is further challenged by inconsistent policy implementation, fragmented provincial support, and ongoing funding constraints—exacerbated by global aid reductions and the slow pace of translating national policies at provincial level into provincial workplans with allocated budgets. Task shifting to frontline HCWs who already suffer from high levels of stress, burnout, depression and anxiety has proven to not be a feasible solution. In essence meeting the increasing demand for services requires an urgent human resource for health national policy level intervention to address increased production of mental health professionals and the urgent expansion of a cadre of lay interpersonal counselling (IPC) counsellors and evidence-based approach adopted in 33 countries to meet the basic needs for mental health care at community level.

Opportunities and Strategic Recommendations:

- Accelerate integration of mental health into primary care nationwide, leveraging provincial and district planning mechanisms and digital innovations while CDC grant is still active.
- Prioritize investments in workforce development, including task-shifting to dedicated lay and mid-level workers, with ongoing support.

- Strengthen monitoring and evaluation systems to better track service delivery and outcomes and inform investment decisions.
- Expand sustainable funding streams and secure stronger policy mandates from all levels of government to ensure long-term impact.

Conclusion

The FPD Mental Health Programme stands as a pioneering, evidence-driven model for system strengthening and innovation in African mental health. Its achievements are substantial, but sustained commitment, funding and strategic investment by government will be critical to closing the mental health treatment gap and ensuring resilient, community-based care for all South Africans.

1. Introduction and Background

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1.1. Introduction

The Foundation for Professional Development ("FPD") was established in 1997 as part of the South African Medical Association and became a separate legal entity in 2000. Registered as a private institution of higher education, FPD aims to catalyse social change through people development, system strengthening, and innovative solutions. This is a draft of the final report for the rapid evaluation ("RE") of the mental health programme implemented by FPD. The rapid evaluation was conducted over a period of 5 weeks (see Annexure 1). The report details how the consultant conducted the external evaluation within the required timeframe with the available resources.

1.2. Background of the Mental Health Programme

FPD began focusing on the mental health aspects of HIV in 2011, advocating for the integration of mental health into HIV and TB programmes. Although funding was limited at the time, FPD raised awareness by establishing the Association for the Social Sciences and Humanities in HIV and organizing international conferences in Durban (2011) and Paris (2013). The Life-Esidimeni tragedy in 2017 strengthened FPD's commitment to improving mental health care, and the organization has since focused on expanding access to quality mental health services, improving mental health literacy, and addressing stress and burnout among healthcare workers.

In 2023, 15.1% of South Africans experienced mental health challenges, with over one in three individuals expected to face mental health issues at some point in their lives (SADAG, 2023). Mental health disorders now account for 13.8% of the disease burden in South Africa, surpassing even HIV in terms of impact on public health (Herman et al., 2022). Despite the enactment of the Mental Health Care Act of 2002, access to mental health services remains severely limited. Around 90% of individuals who need mental health support are unable to access the care they require due to various barriers, including a shortage of skilled professionals and insufficient employment opportunities for mid-level workers within the public sector (SAMA, 2021). These systemic limitations contribute not only to significant human suffering but also impose a substantial economic burden on the country. Untreated mental health conditions, particularly anxiety and depression, cost the South African economy an estimated R170 to R210 billion annually due to lost productivity and healthcare costs (KPMG, 2022). In response to this pressing issue, FPD is dedicated to addressing the barriers to mental health care and promoting a society that prioritizes mental well-being and resilience for all.

To achieve its mandate in prioritising mental health initiatives the FPD uses a four targeted workstreams and innovative approaches to drive its work. The work was initially implemented in South Africa, the success of which is envisaged to catapult FPD's footprint across Africa. The four workstreams are as follows:

WS – 1: Technical Assistance.

WS – 2: Training and Capacity Building.

WS – 3: Technology and Innovation.

WS – 4: Creating structures to foster cross collaboration.

1.3. Scope of the Rapid Evaluation and Objectives

The main purpose of this RE according to the terms of reference was to provide an objective assessment of the outcomes, effectiveness, and sustainability of FPD's mental health system strengthening activities. Given the ambitious scope of work undertaken with limited resources, this evaluation will focus on identifying key achievements, challenges, and opportunities for scaling up.

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1.4. Key Deliverables

The key deliverables of this project were agreed as:

- An inception report (this report) that includes
    - a proposed detailed methodology for carrying out the evaluation,
    - a sampling framework, and
    - detailed work plans for the evaluation complete with timelines for various activities that are envisaged i.e. fieldwork, document analysis, report writing etc.
- A draft report and oral presentation of initial highlights, key findings, conclusions and recommendations within 2 working days of the conclusion of the fieldwork.
- Final report submitted electronically within 1 working day of receipt of client's comments on the final draft report.

1.5. Report Structure

The study is organised into five chapters, each of which presents the evaluation of the FPD's mental healthcare programme in a different way. The programme is introduced in Chapter 1, which also gives background information and outlines the evaluation's goals and scope. The second chapter examines pertinent research on mental health, providing ideas and methods that guide the curriculum. The evaluation concept and methodology are covered in full in Chapter 3, which also explains the research strategy, data gathering procedures, and analytical tools used to gauge the programme's efficacy. The evaluation's conclusions and analysis are provided in Chapter 4, emphasising important results, patterns, and areas in need of development. The report is finally concluded in Chapter 5, which also offers suggestions for improving the programme's efficacy and guaranteeing that its goals are consistently met.

2. Document and Literature Review

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2.1. Introduction

This chapter presents a comprehensive document and literature review that establishes the evaluation's analytical foundation. It begins by contextualizing the mental health landscape and then progresses to a critical examination of relevant policy frameworks. The empirical literature review synthesizes evidence-based interventions, identifying best practices in community-based mental health delivery across comparable socioeconomic contexts in low and middle-income countries. Finally, the chapter concludes with a synthesized summary of evidence-based best practices in advancing mental healthcare services that can inform programme optimisation and policy development within the South African context.

2.2. Context of the Mental Health Landscape

Mental health is a critical aspect of overall well-being, yet it remains one of the most neglected health concerns globally, especially in low- and middle-income countries (LMICs). Mental and substance use disorders are a leading cause of disability worldwide, disproportionately affecting populations in these regions where resources are scarce and mental health infrastructure is underdeveloped. In LMICs, over 75% of individuals with mental illnesses do not receive treatment, largely due to barriers such as stigma, lack of trained professionals, and limited access to care (Demyttenaere et al., 2004; Thornicroft et al., 2017). This gap is particularly stark in places like India, where the treatment gap can be as high as 95% (Rathod et al., 2019). Addressing this issue requires an integrated approach that includes mental health services within primary healthcare systems, ensuring that mental health care is accessible and not confined to specialized settings. It is crucial to understand local cultural, social, and structural determinants of mental health to design contextually appropriate interventions that align with national realities (Patel et al., 2018; WHO, 2010).

The burden of mental health disorders is increasing, with conditions like depression, schizophrenia, and bipolar disorder becoming major contributors to disability in LMICs (Vos et al., 2017). The impact of social factors such as poverty, urbanization, and migration, alongside the added pressure of disasters or humanitarian crises, further exacerbates the mental health landscape (Eaton, 2019). The global mental health crisis is compounded by significant cultural differences in attitudes toward mental health, often resulting in delayed care or non-treatment. In some cultures, mental health issues may be attributed to supernatural causes, leading individuals to seek help from faith healers or religious leaders instead of professional mental health services (Giebel et al., 2024). Considering these challenges, strengthening mental health systems in LMICs requires not only investment in infrastructure and resources but also the creation of community relevant interventions that encourage help-seeking behaviours and reduce stigma. Global initiatives, such as those proposed by the WHO and the Lancet Commission, emphasize the importance of community involvement and local expertise in shaping effective mental health care systems that meet the needs of diverse populations (Collins et al., 2011; van Ginneken et al., 2013).

2.3. Policy Framework on Mental Health

South African and worldwide perspectives on mental healthcare policy frameworks are examined in the part that follows. The global viewpoint focusses on the Sustainable Development Goals (SDGs) and World Health Organisation (WHO) standards, recognising that acceptance and execution of these standards varied among nations and regions. On the other hand, the South African viewpoint emphasises how the nation's national mental health policies, frameworks, and regulatory guidelines meet the specific demands of the South African populace while also being in line with worldwide norms.

2.3.1. International Framework Underpinning Mental Health Interventions

The global mental health policy framework, underpinned by the United Nations' Resolution on Mental Health and Human Rights and the WHO's Comprehensive Mental Health Action Plan (2013–2030), is vital for strengthening mental health systems worldwide. The WHO's action plan provides a structured approach to enhancing mental health through effective leadership, comprehensive community-based care, prevention strategies, and robust research systems (WHO, 2013). Additionally, the WHO Health Systems Framework emphasizes the need to address the six core components of health systems—service delivery, workforce, information systems, medicines, financing, and governance—highlighting the interconnections required to build a functional mental health system (WHO, 2009). Despite the global commitment, mental health systems face a significant treatment gap, as shown by the WHO's 2009 report, which indicated that 98% of individuals with severe mental disorders did not receive treatment (WHO, 2009). The United Nations' (UN) integration of mental health into the Sustainable Development Goals (SDGs) further amplifies the need for global attention to mental well-being, emphasizing universal health coverage, psychological health promotion, and the reduction of non-communicable diseases through mental health interventions (UN, 2015). This international commitment calls for a tailored, iterative approach that considers cultural and population-specific needs, ultimately aiming to improve mental health outcomes globally by 2030. The SDGs, especially Goal 3, which targets a reduction in non-communicable disease mortality and the promotion of mental well-being, provide a robust framework for achieving global mental health for all and driving systemic change across nations (UN, 2015).

2.3.2. Mental Health in the South African Context

South Africa has developed several key policy frameworks to address mental health, with a focus on enhancing mental health services and reducing the treatment gap. The Mental Health Care Act (2002) is one of the most significant legislative frameworks, which aims to protect the rights of individuals with mental health conditions and to promote access to mental health services. It emphasizes community-based care, deinstitutionalization, and the inclusion of mental health services within the broader healthcare system, making mental health care more integrated and accessible. The National Mental Health Policy Framework and Strategic Plan (2024-2030) further complements this Act by focusing on improving mental health care infrastructure, increasing awareness, and reducing stigma surrounding mental health. It also advocates for the development of community mental health services, training non-specialist healthcare workers, and promoting a mental health care model that is accessible to all and rights-based. The White Paper on the Transformation of the Health System (1997), which laid the foundation for the country's health system

reform, stresses the importance of mental health care as part of overall health services and advocates for universal access to mental health care, aligning with the broader goal of primary health care.

The new National Mental Health Policy Framework and Strategic Plan outlines a significant shift in mental health care, moving away from institutionalization toward a more community-based approach. The policy aims to ensure comprehensive mental health care is accessible across all sectors of society. A key element of this strategy is the integration of mental health into primary healthcare, fostering greater collaboration with other health services. Notable initiatives include the incorporation of Registered Counsellors (RCs) into the government staffing structure and the proposed rescheduling of certain antidepressants to enable nurses to prescribe and dispense them at the primary healthcare level. These policies are designed to reduce stigma and enhances the access of marginalized groups, including those in rural areas and low-income communities, to mental health care. However, the implementation of these policies faces challenges, such as insufficient resources, a shortage of trained mental health professionals, and inconsistent delivery of services in remote areas. Despite these barriers, these frameworks represent a step towards creating a more equitable and accessible mental health care system, and their continued evolution is key to strengthening mental health services in South Africa and inspiring similar approaches in other countries.

2.4. Empirical Literature Review

This subsection examines the design, implementation frameworks, and results of important case studies on mental health strategies used in different nations. Finding best practices, assessing the standards set in these contexts, and comprehending the difficulties in providing mental health interventions in low- and middle-income countries (LMICs) are the main goals. We hope to learn more about the practical issues, cultural norms, and financial limitations that affect the effectiveness or limitations of mental health initiatives in various settings by looking at these case studies.

2.4.1. International Best Practices on Mental Health Strengthening

The World Health Organization (WHO) has also taken a significant approach to strengthening mental health systems, particularly in LMICs, through programmes like the Mental Health Gap Action Programme (mhGAP). This initiative emphasizes the scaling up of services for mental, neurological, and substance use disorders, particularly in settings with limited resources. A key takeaway from WHO's approach is the integration of psychological interventions into various community and healthcare settings, enabling non-specialist providers—such as community workers, volunteers, and peers—to deliver effective care (WHO, 2010). WHO has made several evidence-based manuals and self-help resources accessible, supporting individual, group, and guided interventions to increase access to mental health care for diverse populations. This model underscores the importance of task-shifting, where non-specialist personnel, under supervision, deliver effective mental health care, addressing the large treatment gap (Patel et al., 2018). Furthermore, the mhGAP programme highlights that, even in resource-poor areas, mental health conditions like depression, schizophrenia, and epilepsy can be treated, preventing crises like suicide and significantly improving quality of life with proper care and psychosocial support (WHO, 2010). This approach, focusing on integration,

accessibility, and capacity-building, serves as a model for strengthening mental health systems worldwide.

The European Union (EU) also introduced the EMERALD (Emerging mental health systems in low- and middle-income countries) programme, running from 2012 to 2017, aimed at improving mental health outcomes in six low- and middle-income countries (LMICs) by generating evidence and building capacity to enhance health system performance and reduce the mental health treatment gap. These LMICs were Ethiopia, India, Nepal, Nigeria, South Africa, and Uganda. The key approach of the programme was to strengthen local health systems, ensuring that mental health care was integrated into broader health systems rather than being isolated (Patel et al., 2018). By focusing on capacity-building and training local healthcare workers, the programme worked to improve the delivery of mental health services and make care more accessible. A core objective was addressing the significant mental health treatment gap in LMICs, where mental health conditions are common, but care is often unavailable or inaccessible (Patel et al., 2018). The programme also generated locally relevant evidence tailored to the specific needs of each country, rather than applying a generic approach, ensuring that the solutions were context-specific and effective (Patel et al., 2018). Through this approach, EMERALD not only aimed to improve mental health service delivery but also to make these improvements sustainable by building long-term capacity in the local health systems. Additionally, the programme highlighted the importance of international collaboration, allowing participating countries to share best practices and learn from each other's experiences, thus strengthening the global mental health community (Patel et al., 2018).

2.4.2. Mental Healthcare Interventions in Other Countries

Several mental health programmes around the world have contributed significantly to strengthening mental health systems, particularly in low- and middle-income countries (LMICs). One such programme is The Mental Health and Psychosocial Support (MHPSS) Programme in Lebanon, which aims to improve mental health and psychosocial support services for vulnerable populations affected by conflict and displacement. The programme focuses on integrating mental health into primary healthcare services, ensuring that mental health professionals work alongside general healthcare providers. Key takeaways from the programme include the importance of community-based care and capacity-building within primary care settings to ensure that mental health services are accessible and appropriate for diverse populations (El Chammay et al., 2017).

In India, the National Mental Health Programme (NMHP), launched in 1982, has evolved to improve mental health services across the country. The programme's approach emphasizes community-based mental health care, training healthcare workers at all levels, and integrating mental health services into general healthcare systems. While progress has been made, challenges remain due to cultural beliefs and stigma surrounding mental health, with many individuals turning to family, faith healers, or religious leaders for support instead of formal treatment (Joshi, 2024). A critical takeaway from the NMHP is that integration of mental health care into general healthcare systems reduces the stigma associated with mental health, enhances access to services, and allows for a more sustainable approach to addressing mental health needs (Chatterjee et al., 2019). Moreover, the District Mental Health Programme (DMHP), a key component of NMHP, has shown that decentralizing mental health care to district levels can improve service delivery and accessibility, especially in rural and underserved areas.

In Bhutan, the Mental Health Programme launched in 2011 by the Ministry of Health has focused on integrating mental health care into general healthcare services and establishing a strong foundation for mental health policy development. A unique feature of this programme is its cultural adaptation of mental health services to fit the Bhutanese socio-cultural context, including the integration of traditional healing practices alongside formal mental health care. The programme emphasizes cultural competence and the need to adapt services to local beliefs and practices to ensure better acceptance and uptake of mental health care (Wangchuk et al., 2017). The key takeaway here is the significance of cultural adaptation in improving mental health care accessibility and reducing stigma, especially in countries with unique cultural contexts.

In China, the mental health system is shifting, with a significant push to expand mental health services outside psychiatric hospitals, and improvements in the number and distribution of mental health service institutions since 2015. However, there remains a shortage of nonpsychiatric professionals and insufficient infrastructure to support psychotherapy (Gao et al., 2020). In Japan, mental health services are largely accessible through the national health insurance system, which covers most treatment costs. Despite widespread availability, cultural stigma remains a significant barrier to seeking care, with many individuals delaying or avoiding treatment due to low perceptions of need and societal reluctance to discuss mental health issues (Sakai et al., 2019). Each country has developed its own unique approach to mental health, with a focus on integrating care into general healthcare systems, reducing stigma, and improving accessibility, though challenges related to cultural attitudes and resource allocation persist.

In Colombia, key mental health interventions focus on addressing the widespread trauma caused by decades of armed conflict, violence, and displacement, which have significantly impacted the population's mental health. Despite challenges such as limited access to care in rural regions and resource shortages, Colombia's mental health laws emphasize the need for community and recovery-oriented approaches, improving coordination between multi-sector actors to provide mental health services (Soto, 2020). In Spain, the public healthcare system supports a community-based model of care, prioritizing prevention and person-centred care through collaboration between primary care teams and mental health providers. However, the COVID-19 pandemic has exacerbated mental health challenges, leading to increased cases of depression and anxiety, prompting calls for better resource allocation to mental health services (Muñoz-Navarro et al., 2021). Costa Rica, known for its high healthcare quality, provides universal access to mental health services through its public health system, though gaps remain in mental health research and specific programme development (Pérez et al., 2019).

In Mexico, the Mental Health Programme for Children and Adolescents focuses on early intervention, prevention, and the integration of mental health into primary care settings. This programme places significant emphasis on preventative care and addressing mental health issues before they escalate. In Mexico, a lack of infrastructure and trained professionals leads to significant treatment gaps, with many individuals unable to access care due to financial and logistical barriers. Cultural attitudes toward mental health vary, with some regions still viewing therapy as only for severe mental illnesses, while others embrace more open-minded approaches. Non-traditional mental health practices, such as esoteric therapies, are also common but can pose risks if not properly supervised (González-Flores, 2020).The lessons from this programme in Mexico highlight the importance of early intervention and

providing mental health care at the primary care level to reduce the burden on specialized services and ensure that more individuals have access to care (Mendoza et al., 2019).

Similarly, in Brazil, the Psychosocial Care Network (RAPS) was established as a national policy to provide comprehensive mental health care through community-based services. The programme emphasizes a deinstitutionalized approach, moving away from large psychiatric hospitals toward community-based care models. Key takeaways from RAPS include the importance of community involvement and integration with social services to ensure a holistic approach to mental health that encompasses social, psychological, and medical support (Laranjeira et al., 2018). The focus on deinstitutionalization and community care is a major model for LMICs, showing that mental health services can be effectively delivered outside of hospital settings.

2.5. Chapter Summary

The literature review offers a comprehensive analysis of mental health, examining key frameworks, policies, and strategies aimed at strengthening mental health systems, along with case studies that demonstrate how these have been successfully implemented in various countries. A key takeaway from the review is the World Health Organization's (WHO) framework, which provides essential guidelines for implementing effective mental health initiatives in Low- and Middle-Income Countries (LMICs). Grounded in evidence-based global practices, these principles form the foundation of this evaluation, ensuring that the findings are aligned with best practices in the field.

The WHO highlights several crucial elements for enhancing mental health in LMICs, such as the promotion of community-based treatment, early intervention techniques, and the integration of mental health services into general healthcare systems. To ensure that interventions are both pertinent and successful, it is imperative that mental health services be customised to the distinct community and socioeconomic settings of each region. The WHO also emphasises how critical it is to increase capacity at every level of the healthcare system, especially to close the gap in mental health treatment. This all-encompassing strategy emphasises the significance of long-term, situation-specific solutions that put accessibility and the empowerment of regional healthcare professionals first.

3. Evaluation Design and Methodology

3. Evaluation Design and Methodology

3.1. Introduction

This chapter outlines the evaluation design and methodological framework for the Realist Evaluation (RE), detailing the rationale behind the selected approaches to address the research questions. It presents the theoretical foundation guiding the study and describes the realist evaluation methods used to understand what works, for whom, and under what conditions. The chapter also covers the participant sampling procedures, data collection methods (including interviews, focus groups, document reviews, and quantitative techniques), and data management and analysis processes. Finally, it acknowledges methodological limitations and discusses strategies to minimize their impact on the findings.

3.2. Evaluation Design

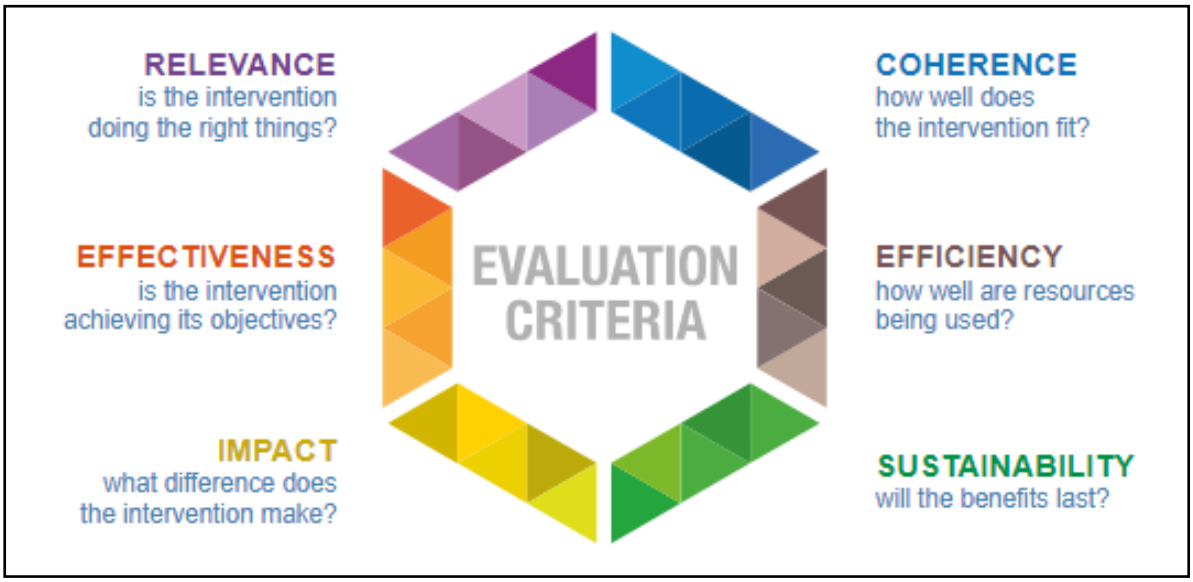
The normative framework of this RE, we used a theory-based evaluation approach essentially because it makes use of the programme theory as the foundation and guide of the evaluation. The approach allowed for a clarificatory evaluation which explicitly delves into how and why a programme works (or doesn't work) by examining its theoretical framework and the causal mechanisms that lead to its intended effects. This RE was also designed to generate insights on how well the programme is organised, the quality of its services, and the success with which it is reaching the target population. As such a process evaluation produces detailed information on what is happening on the ground and whether implementation is taking place as planned (Mertens & Wilson, 2019). Principles of a utilisation focused evaluation (UFE) was employed to ensure that this evaluation model matches the intended needs of the FPD and other relevant stakeholders (Patton, 2008). Findings from this evaluation will mainly be utilised by FPD to inform the current and future decision-making on the programme. To ensure optimal evaluation use, the Consultant involved FPD's nominated staff as part of the project team at all stages. To facilitate utility, a participatory evaluation approach was employed wherein FPD, and other key stakeholders were systematically involved to respectively guide and support the whole evaluation process.

3.3. The Evaluation Framework

The normative framework of this RE was structured around the Development Assistance Committee (DAC) criteria of the Organization for Economic Co-operation and Development (OECD) framework for evaluations which focuses on programme theory, relevance, efficiency, effectiveness, impact (outcomes) and sustainability. In employing the framework, the evaluation drew attention to the four focus areas as given in the terms of reference (see Annexure 2). The criteria were contextualised for the rapid evaluation of the MH programme as follows: ***Relevance*** – this measured the extent to which the objectives and design respond to the main problem of addressing the MH problem in SA. On ***Effectiveness*** we measured the extent to which the programme achieved, or is likely to achieve the intended objectives, and highlight the major factors influencing the achievement or non-achievement of the objectives. The Efficiency assessment measured the extent to which the programme delivered, or is likely to deliver, results in an economic and timely way to achieve the

desired results. The ***Impact*** component measured the change that ensued on all the performance indicators across the four workstreams of FPD's mental health strengthening initiatives. Sustainability tried to measure the extent to which the MH strengthening activities of this programme will continue or are likely to continue beyond funding looking at major factors which influenced the achievement or non-achievement of this programme. Figure 1 is a diagrammatic illustration of this framework.

Figure 1: The DAC Evaluation Criteria



Source: Adopted from OECD (2000)

3.4. Methodology

The most appropriate methodology for this study was the ***rapid assessment evaluation (RAE).*** We adopted this approach to enable us to obtain reasonably accurate and useful information within a short period of time. The methodology was relevant on the assumption that there was inadequate baseline data. This methodology demands flexibility in approach since a different group of stakeholders are involved and therefore different methods can be adopted [key informants, focus groups and secondary data].

The evaluation employed a ***mixed methods*** approach (quantitative and qualitative), which also involves both secondary and primary data collection. The use of mixed methods in the evaluation meant the evaluators were collecting, analysing both quantitative and qualitative data at some stage of the evaluation (Creswell, 2003). For this RE we used key informant interviews and focus group discussions for the qualitative part of the study. Quantitative data exploited existing programme data in the programme documents and reports provided by FPD.

3.5. Sampling

This RE used non-probability sampling known as purposive sampling because it was cost-effective and time efficient. In the context of this RE only programme beneficiaries and key informants such as programme staff, programme implementing partners, community partners and trainees (community champions) were selected to provide better insights and more precise research results. The sampling criteria is shown in the following table.

Table 2: The Sampling Criteria

Data Collection Method	Target Group	Sample	Actual	Response Rate (%)
Key In-depth Interviews (KIIs)	The FPD Programme Staff	4	4	100%
	Implementing partners (CDC, Columbia University, Heartlines, GDoH)	3	4	133%
	Conference convenors	2	0	0%
	Community partners (SAFMH, SADAG)	2	0	0%
Focus Group Discussion (FGD)	MH Professionals/Trainees	1	1	100%

3.6. Data Collection

The design of this RE provided that a mixed-methods approach is best employed for data collection. This recognised that collecting and using both qualitative and quantitative data enriches understanding through triangulation of information from multiple sources. There are also particular areas of interest that are most suitable for qualitative methods (descriptions, feedback on processes, areas of success and challenges, suggestions for improvement) and others, which are best suited to quantitative methods (performance measures based on actual data and reports). The following data collection methods were used:

3.6.1. Quantitative Data

Quantitative data was primarily sourced from programme documents, annual reports, and other relevant records to provide a comprehensive overview of key metrics. This data was used to highlight trends over time, assess the extent of reach by comparing targets with actual outcomes, and examine the demographic distribution of the programme's beneficiaries. By analysing these figures, we aimed to gain insights into the effectiveness of the programme, identify areas for improvement, and better understand how the programme has impacted different demographic groups. This approach

ensured that the data is both robust and reflective of the programme's overall performance and reach. Key programme documents reviewed included the IMHSI reports, COP reports, Masiviwe reports, and the South Africa Mental Health Conference report.

3.6.2. Qualitative Data

3.6.2.1. Key informant interviews (KIIs)

For this RE, the Consultant successfully conducted 8 in-depth key informant interviews (KIIs) with selected FPD programme staff, including the Managing Director, Deputy CEO, M&E Consultant, and Project Coordinator, as well as key implementing partners such as Columbia University, CDC, Heartlines, and GDoH. These interviews, conducted online via Microsoft Teams, provided valuable insights into the programme's implementation and impact. The input from these stakeholders is crucial to the evaluation, as their perspectives help ensure a comprehensive understanding of the programme's strengths, challenges, and areas for improvement. The convenience of online interviews also facilitated efficient data collection and transcription, contributing to a streamlined evaluation process.

3.6.2.2. Focus Group Discussion (FGD)

The Consultant also conducted a physical focus group discussion (FGD) with community activists from one of the programme's community partners, TAC. This FGD was particularly insightful as the participants not only received mental health training but were also part of the targeted vulnerable/at-risk individuals (VARI). This ensured a well-rounded perspective, capturing both their personal experiences with mental health issues and their roles as community champions. The discussion provided valuable insights into the impact of the training on both individual and community levels. It allowed for a deeper understanding of the participants' experiences, challenges, and perceptions of the FPD's mental health programme, highlighting key areas for improvement and growth.

3.6.2.3. Secondary data

This RE utilised document analysis as a tool for collecting data. A review of relevant programme documents and reports was conducted. This information guided the triangulation process with the KIIs and FGD.

3.7. Data Management and Analysis

The Consultant utilized the Microsoft Teams virtual platform for all Key Informant Interviews (KIIs), while the Focus Group Discussion (FGD) was conducted in person. All interviews were recorded, and the recordings were used to supplement the interview notes. However, both the Consultant and their Assistant needed to correct and edit most of the transcripts due to errors in the digital recordings before the data could be analysed. To maximize efficiency, thematic data tables were created from detailed notes taken during the interviews and FGD. Coding was conducted, and all qualitative data was analysed using Thematic Content Analysis, given the variety of stakeholders involved. The themes were developed directly from the participants' responses. For the quantitative data, relevant secondary sources, such as programme reports, were summarized and organized using descriptive statistics. The analysis focused on the project objectives and evaluation questions provided. Excel was used to record and analyse the quantitative data extracted from programme documents and reports. All qualitative transcripts and Excel files used in the analysis were securely stored in a Google Cloud

folder, pending their submission as part of the portfolio of evidence (POE) upon completion of the assignment.

3.8. Limitations

The response rate from other targeted stakeholders, particularly conference convenors and community partners, was poor, primarily due to the limited time available for this study. This lack of engagement hindered the depth of the evaluation, as their input was critical for a comprehensive understanding of the programme's impact. Similarly, had more time been available, a more robust focus group discussion (FGD) could have been conducted, particularly involving healthcare professionals and workers who were trained under the FGD's mental health programme. Their participation would have provided valuable insights into the practical application of the training, its effectiveness in healthcare settings, and its broader impact on mental health care delivery. Expanding the scope of stakeholder involvement would have significantly enriched the findings and recommendations of the evaluation.

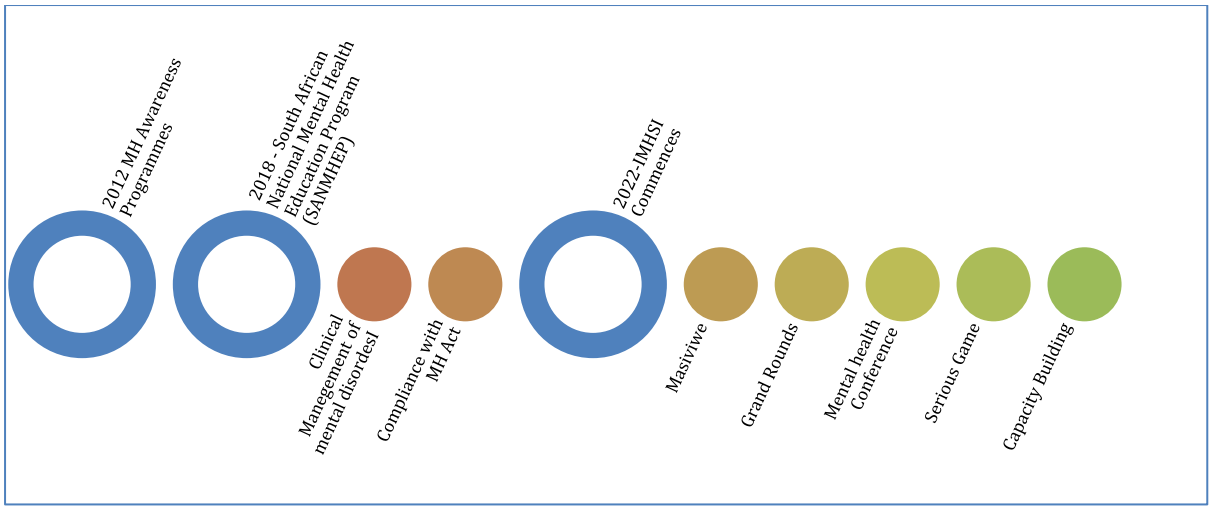
4. Evaluation Findings

4. Evaluation Findings

4.1. Introduction

This chapter presents the findings of this RE. It involves the triangulation of data derived from the secondary data analysed together with submissions provided by the key stakeholders engaged during the KIIs. This information was analysed based on the key evaluation questions and structured according to the Organisation for Economic Co-operation and Development - Development Assistance Committee (OECD-DAC) framework. This framework provided a comprehensive approach to assessing the various dimensions of the programme's performance in terms of the programme's relevance, effectiveness, efficiency, impact, and sustainability. The findings will speak to a continuum of FPD interventions beginning in 2012 to current period with the critical points as shown below:

Figure 2: Continuum of FPD MH Activities



Source: Author's own compilation

4.2. Relevance

A programme's relevance is measured through the ability to respond to implementation challenges and the appropriateness of its design. Therefore, it was important to emphasise that the assessment of the overall mental health programme design be looked at through the following lens:

- Were there specific goals for the programme?
- What was the primary target for the programme?
- Were the stakeholders actively involved in the programme design?
- Was there an alignment of the activities and the intended outcomes?
- How was the data measured/collected, monitored and managed?
- To what extent was the programme design adaptable to changes in operational circumstances?
- Did the programme design conform to best practices?

In this section, the evaluation delves into each of these questions in order to evaluate the relevance of the FPDSs MH programme.

4.2.1. Clarity of programme scope

The programme documents and literature in respect of mental health gaps in South Africa indicated systemic policy issues on mental health systems such as the lack of adequate human resources to deal with mental health in the public sector, inaccessibility of mental healthcare by the uninsured population, healthcare workers' attrition issues due to workload, as well as the increase in mental health problems among PLHIV and VARI due to many factors such as violence, abuse, COVID-19 pandemic, substance abuse, etc. (Semrau et al., 2015; Patel et al., 2018; Docrat et al., 2019; WHO, 2021; Lancet Psychiatry, 2022; Van Rensburg et al., 2022; Wainberg et al., 2023). These gaps in the South African public health system in respect of mental health were identified by most of the respondents engaged during this RE to have influenced the FPD's mental health programme as follows: "The programme was designed in a way that would effectively address most of the important challenges we face in terms of mental health in the country", remarked one of the participants.. In respect of mental health issues associated with HIV/AIDS, one of the respondents provided that: "... back then, if you looked at what we were seeing in the AIDS programmes that we were heavily involved in, was that there were certain people that you just don't reach. Now, some of them had to do with logistics, but a lot of that also to do with the fact that there are still men in South Africa who, quite frankly, would rather die of AIDS than get over the stigma".

Another respondent also added that, *"For me, the main gaps, if I can summarize them, will be in line with integration of mental health services, skills capacity on mental health by generalists, including ongoing trainings for the mental health practitioners, and also issues around stigma, which think it's linked to skills capacity you know issues if people are not skilled then they sort of block the programme because they don't understand and I think the other gap was also a transformation and implementation of the policy prescripts particularly on 72 hours assessment I think those were the four where I think there was a gap".*

Therefore, the evaluation established that the programme's goals were clearly to incorporate mental health into the nation's primary healthcare system to address supply and demand problems and policy gaps in South Africa. This was set to be achieved through a multifaceted approach meant to improve resilience, access, and the resolution of more general systemic through the four main workstreams: 1) supplying the government with technical support regarding mental health policies and frameworks; 2) educating government employees and partners on mental health services for individuals living with HIV (PLHIV) and those impacted by violence and abuse who are classified as the vulnerable/at risk individuals (VARI); 3) creating cutting-edge technological solutions and mental health service referral networks; and 4) setting up cross-collaboration structures to improve services for PLHIV and VARI.

4.2.2. Stakeholder involvement in the programme design

The evaluation has established that various stakeholders were involved since the inception of this programme. The development of the mental health programme was characterized by strong collaboration, capacity-building efforts, ongoing stakeholder engagement, and significant government involvement, with challenges around follow-up and formalizing partnerships. The evaluation established that all the relevant stakeholders were identified and actively consulted. Through the 1st South African Mental Healthcare Conference, FPD was able to include all stakeholder groups working with mental healthcare from the government health departments (national, provincial and district levels), implementing partners (CDC, Heartlines, Columbia University), universities, and psychologists, among others. Each stakeholder was involved in accordance with their relevance to respective workstreams of the programme. According to MLW, *"... what is beautiful about the collaboration is that I, with my team, bring the very clear, and expertise in mental health implementation science at scale because of the work that we've done in other places and what FPD brings is, you know, their amazing ability to implement at large programmes and do training. So, we incorporated how to provide a valid assessments and training in evidence-based interventions, and that's where the collaboration has been fantastic."* The following analysis provides the context of the stakeholder engagements involved in the programme:

4.2.2.1. Collaboration and Partnerships

A dominant theme in the responses was the critical role of collaboration with various stakeholders in mental health. The programme involved partnerships across countries and professional sectors: "We had people from Botswana, Zambia, Mozambique, South Africa and Malawi..." *(MLW). Additionally, there was an emphasis on engaging a wide range of stakeholders, including the government, mental health professionals, and implementing partners. One participant noted,* "Every single stakeholder we could think of, and we could find was involved in the development of this programme", highlighting the extensive collaboration involved.

4.2.2.2. Capacity Building and Training

The programme heavily focused on building the capacity of mental health professionals. Training was a central component, particularly around specialized topics such as suicide prevention, substance abuse, and mental health counselling. One participant explains, *"We brought people who had expertise in suicide training and risk behaviour assessment and treatment using safety planning intervention... motivational interviewing for substance abuse". Another participant discusses the training effort: "I even participated in some of the trainings. I remember the Mpumalanga one...",* indicating hands-on involvement in training sessions.

4.2.2.3. Stakeholder Engagement and Consultation

The theme of continuous engagement with stakeholders at various levels—national, provincial, and community—was repeatedly mentioned. However, there were challenges in maintaining follow-up engagement. One participant mentioned, *"We have met with the relevant stakeholders at all levels, national, community and provincial... However, our engagements, they only come to a certain point. And then again, the ball remains in the court of the stakeholder",* emphasizing the difficulties in maintaining momentum in collaboration.

4.2.2.4. Programme Development and Implementation

The development and execution of the mental health programme involved multiple stages, including creating and validating mental wellness tools. As described by one of the participants: *"One was scaling up a very large study in Mozambique, where we created the original mental wellness tool. And then we validated it in South Africa". The programme's goal was to build on existing knowledge rather than introduce entirely new frameworks*: "We want to become amalgamators, not necessarily to, you know, to change or to add new things, but to rather leverage on what has already been done in the mental health space", remarked another participant.

4.2.2.5. Government Involvement and Support

Government approval and collaboration were vital to the programme's success. One of the participants' accounts underscored the importance of securing government involvement, noting, *"I first checked the approval of the project by the Department of Health at the national level and the letter of support was then issued." This approval process was crucial in moving the project forward, including formalizing agreements, as the participant further explains, "The SLA was signed between the NDOH and FPD."*

4.2.3. Alignment of programme activities and intended outcomes

Even though there have been several challenges in the implementation of the mental health programme, this evaluation established an alignment of the activities undertaken to achieve the intended outcomes across the four workstreams particularly in mental health integration, capacity building, policy review, and stakeholder engagement. Since the integration of mental health services remains as a critical gap, the FPD played a critical role to support the South African Government (SAG) on key policies around improving access to mental healthcare and mainstreaming mental health integration into HIV policies, development of guidelines and frameworks to help in this process. A participant confirmed this, stating, *"Certainly the project has been implemented the way it was designed to. Obviously, there were some hiccups on the way like with any other programme. But yeah, when I look at the strategic objectives and I look back at what has been achieved and it has been aligned to the original fault, the original plan. It was aligned to the need to integrate mental health in Primary Health care, which is an absolute need in South Africa. This included people living with HIV/TB, adolescence vulnerable population as well as healthcare workers."* Another respondent also emphasized that, "We needed to foster integration of mental health across the general health services environment".

Additionally, the evaluation established that several healthcare professionals and implementing partners have been capacitated on mental healthcare needs and services through this programme. This finding was corroborated by one of the participants who mentioned that "FPD has trained HCWs across the different CDC supported provinces." Similar sentiments were also echoed by another participant who said that "There are two components: a client-focused component and a healthcare worker-focused component. The client-focused component addresses people living with HIV and TB, as well as other at-risk and vulnerable populations. The answer to that is yes. As for the healthcare worker-focused component, there is indeed an urgent need to address stress and burnout among healthcare workers, and that is exactly what this programme has been doing. So, yes." In addition, the efforts to promote resilience and address the broader systemic issues such as work environmental pressures have also been rolled down to the target populations through various online initiatives,

namely Masiviwe, the Wellness Wave, and StepWell Saga game. Stakeholder engagement was also highlighted by some of the stakeholders, with roundtable discussions being a key activity to inform policy review: *"One of the pillars was the roundtable discussion that was facilitated by FPD",* helping to strengthen national and provincial policies. However, another participant argued that the monitoring and reporting systems for mental health still needed improvement, in particular merging collected data. This activity aligns with the overall goal of improving mental health services and their integration into routine health care, meeting the needs of beneficiaries and stakeholders effectively.

4.2.4. Overall programme management systems

The evaluation found that funding limitations had an impact on the programme's operations and scope, greatly influencing programme management and data collection procedures. The initiative was originally intended to have a nationwide reach, but due to financial constraints, it was refocused to concentrate on particular provinces where PEPFAR-funded district support and implementation partners could provide assistance. According to one of the participants, "We are national, but our focus is currently on the four provinces that we support," signifying a change in strategy to better match available funding. Consequently, the funding structure and internal monitoring mechanisms across the four main workstreams were incorporated into the data gathering and administration systems. The monitoring and evaluation (M&E) structure did, however, have some shortcomings, especially when it came to the incorporation of mental healthcare services into primary healthcare (PHC). "There are currently no indicators that track the number of individuals who were screened and referred for MH services at the PHC," another participant noted, highlighting a serious barrier in monitoring and measuring the provision of mental health services. Progress in several programme areas was hampered by the inability to quantify the effective integration of mental health into routine treatment due to the lack of reliable monitoring methods. Evaluation of programme success was hampered by the lack of data on ordinary mental healthcare service delivery in the absence of specific accountability or performance measures. *"PHC indicators are limited to suicides under 18 years… we do not have the appropriate M&E systems and accompanying indicators to facilitate proper measurement that will inform programme decision-making and possibly greater investment in this area,"* was another point of emphasis made by one of the participants.

4.2.5. Design adaptability to changes in operational circumstances

As new needs and objectives emerged, the evaluation established that the programme's design also changed over time in response to input from both inside and outside the organisation. Input from one of the respondents emphasised that the programme was "a pilot programme," continuously changing to absorb lessons and improve its methodology: "We wanted to see what works, what doesn't work". The development of the monitoring and evaluation (M&E) system, which was first criticised for lacking a flawless plan, was a prime example of this flexibility. "If you're not allowed to evolve an M&E plan, you don't know anything about M&E because you missed the point of evaluation completely," stressed the participant, emphasising that the goal of M&E is to continuously learn and develop. The programme improved significantly over time, particularly in the development of new indicators. As stated, the latest evolution of these indicators marked a significant shift, making the programme closer to working with the National Department of Health to integrate these lessons into the District Health Information System (DHIS). This progression represented a key milestone in addressing earlier critiques and refining the programme's data collection mechanisms, which was anticipated to lead to a more robust and impactful M&E framework. The evolving design, particularly

on the M&E front, reflects the programme's commitment to learning from past experiences and working towards a sustainable, integrated mental health monitoring system.

4.2.6. Design conformation with best practices

The WHO's action plan offers a structured approach to improving mental health through effective leadership, community-based care, prevention strategies, and robust research systems (WHO, 2013). The evaluation reveals that the design of the FPD mental health programme aligns with these international best practices. This can be seen from the following attributes:

- Leadership – FPD as an above site player and the SAG provide leadership in tackling MH.
- Community-based care – inclusion of MH in HIV programming and PHC also the training of community advocacy groups. More can still be done in improving community response to MH.
- Prevention strategies – improved MH screening and referral networks. An improvement of patient tracking systems needs to be developed.
- Robust research systems – FPD has been instrumental in the publishing of 10 peer reviewed articles related to their MH work, 17 conference papers and 11 poster presentations on MH.

One of the participants concurred with this conclusion stating that, *"The interventions are both consistent and synergistic with other institution in mental health, more importantly the IMHSI's project is well-aligned to what is articulated and recommended in international and national policies, guidelines and plans. The goals, objectives and workstreams of the IMHSI project aim to address the most pressing needs in mental health. Many of these gaps and needs have been highlighted by a wide range of stakeholders involved in mental healthcare. Although the work that is currently being undertaking may not address all the problems in mental healthcare that have persisted over the years, however, I believe that their work in these key areas, will certainly 'shift the needle' in the mental healthcare programme and raise mental healthcare to being a priority that can attract the relevant resources."*

However, implementation at the policy level has been a significant challenge, primarily due to the complexity of the South African governance system, which involves multiple levels of authority at both the national and provincial levels. Important to note is that health is a constitutionally devolved provincial responsibility and as such adoption at provincial level of strategies developed and endorsed at the national government level is not guaranteed. One respondent highlighted the difficulties in obtaining provincial approval to operate in certain areas, despite the programme's national approval by the Department of Health: *"If you don't have an MOU with provinces, you can't implement in the provinces. There are certain limitations. Therefore, we have set out to have MOUs with the provinces in which we operate. Thus, it was just the Northwest, followed by the Eastern Cape and Gauteng. Since they have significantly more sophisticated mental health than the other provinces, we have encountered a lot of pushbacks, thus we are still seeking an MOU with KZN*". Programmes like this may not be fully implemented because of this bureaucratic framework, which can prevent the initiative from really taking off as intended due to varying provincial objectives and interests.

4.3. Effectiveness

In this section, the evaluation will focus on the programme's ability to achieve its intended outcomes and objectives. We will measure whether the interventions have successfully fulfilled their objectives and can contribute to improvements in mental health and well-being for participants. Key performance indicators and qualitative feedback will be considered to determine the level of success in achieving the programme's goals.

4.3.1. System strengthening and policy impact

4.3.1.1. Influencing policy direction

The FPD's ongoing implementation science research in South Africa demonstrates successful collaborative efforts through the "Improving Mental Health and HIV/TB Service Integration" initiative, which has pioneered the country's first large-scale integration of mental health services within existing healthcare frameworks. This initiative has systematically enhanced capacity for community-level screening, diagnosis, and counselling of common mental health conditions while simultaneously developing comprehensive referral pathways connecting public and civil society sectors. The program's demonstrated effectiveness has garnered significant attention from the South African Government, resulting in concrete policy outcomes and increased commitment to mental health, most notably through the substantial incorporation of mental health provisions in the updated National Strategic Plan for HIV, TB and STIs and the National Mental Health Policy Framework and Strategic Plan 2024 to 2030 —marking a critical shift toward recognizing mental health as an essential component of comprehensive healthcare delivery. Literature also corroborates with MH strengthening efforts meant to integrate mental health care into broader health systems rather than being isolated (Patel et al., 2018).

4.3.1.2. Government commitment on MH

The inputs from these NSP engagements resulted in the inclusion of registered counsellors (4 -year degree mid-level therapist) on the government payroll and a commitment to rescheduling certain antidepressant to allow prescription by nurses, and the inclusion of mental health as the fifth non-communicable disease (NCD) in the new NSP for NCDs. Although the latter was yet to be implemented by the time of the evaluation, the commitment was a positive step.

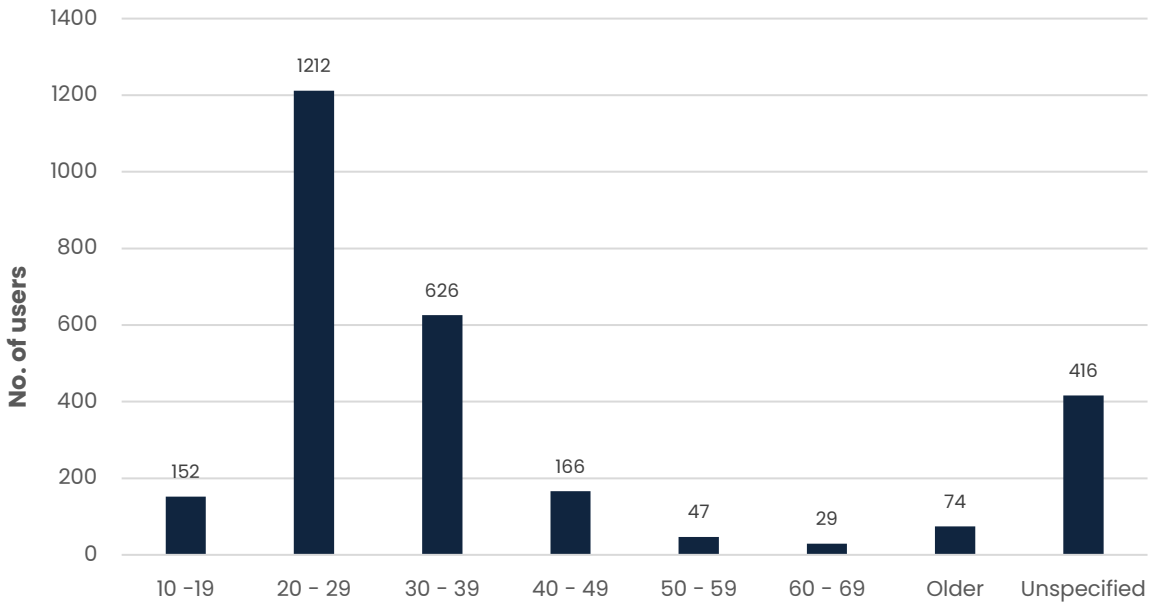
4.3.1.3. Signing of Memorandums of Understanding

To strengthen the system, FPD had to sign MOUs with various levels of government to initiate implementation. South Africa's three-tier government system required agreements with national, provincial, and local authorities. By the time of the evaluation, FPD had made significant progress, having signed MOUs with the National Department of Health (NDOH) in November 2023, the Gauteng Provincial Department of Health (DOH) in June 2023, and the Department of Social Development (DSD).

4.3.1.4. Changing where, how, and by whom mental health care is delivered and received

The Vula mobile application has won multiple awards, including the 2019 MTN healthcare app of the year award. The application connects HCWs, across **6 002** health facilities and **53** specialties — including MH—in South Africa. In addition, the StepWell Saga – the 1st Serious Game for Mental Health in Africa was also launched March 2024. At the time of the evaluation the game had surpassed its target of downloads which was pegged at **2 722** and achieved **5 982** downloads. The most important and significant factor about the user profile is the age composition as shown the figure below which shows that more than 50% of the user belong to the youth age group of between 18 to 35. It is important to note that this is the age group which is facing mental health challenges such as depression according to programming evidence. This was stated by a stakeholder respondent who said, "*almost 70% of young people who were screened in Eastern Cape were found to have shown positive signs of depression*".

Figure 3: StepWell Saga User age group



Source: Highlights since April 2023 MH Conference

4.3.2. Community Engagement and Partnerships

FPD's strategic partnerships have yielded tangible policy impacts, successfully advocating for the paradigm shift from hospital-centric to community-based mental health care in the National Mental Health Policy Framework and Strategic Plan 2023-2030. This policy influence has translated into practical implementation, with mental health programs now integrated into primary healthcare facilities across Gauteng province. Evidence of this implementation can be seen in the Tshwane District, where five clinics (Mamelodi West, Hercules, Atteridgeville, Danville, and Saulsville) have operationalized mental health programs. FPD's community engagement strategies further demonstrate impressive reach through the "Let's Talk Mental Health" radio series, which delivered **88** broadcasts across eight diverse radio stations (Jozi FM, Highway Radio, Impact Radio, Mafisa FM, Alex FM, Zibonele FM, Moletsi FM, and Radio Pulpit). This multi-platform approach strategically leveraged stations with established community credibility, diverse language programming, and geographic

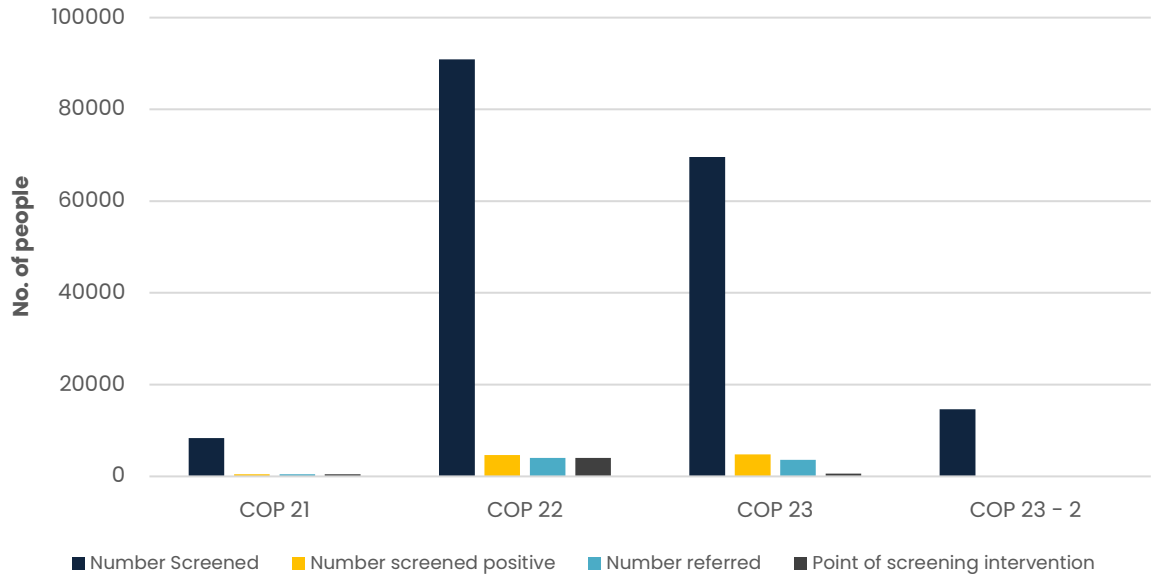
coverage spanning urban and rural areas, ensuring mental health messaging reached diverse populations through trusted communication channels.

4.3.3. Integration of MH in TB/HIV programmes

A key aspect of the client-focused interventions was the integration of mental health (MH) services into TB/HIV programs, aimed at addressing both the physical and psychological needs of individuals, thus ensuring a more holistic approach to care. To support this initiative, District Service Providers (DSPs) and Implementing Partners (IPs) were encouraged to incorporate MH screening into their existing programs. This integration facilitated the early identification of mental health challenges, particularly among individuals already vulnerable due to their TB/HIV status. The Aurum Institute, the first DSP partner, began incorporating mental health screenings into its HIV programs. Additionally, in March 2024, the soft launch of *The StepWell Saga*, a serious game designed to build mental health resilience among adolescents, further strengthened the initiative's impact on mental health awareness and support for youth.

The figure below illustrates the impact of this integration, showing the number of screenings conducted, the number of individuals who screened positive for mental health conditions, the number referred for further care, and the number who received on-site interventions. This data highlights the effectiveness of combining MH services with TB/HIV care in improving the overall well-being of patients and addressing their comprehensive healthcare needs.

Figure 4: Mental Health screening COP21 to COP23-2

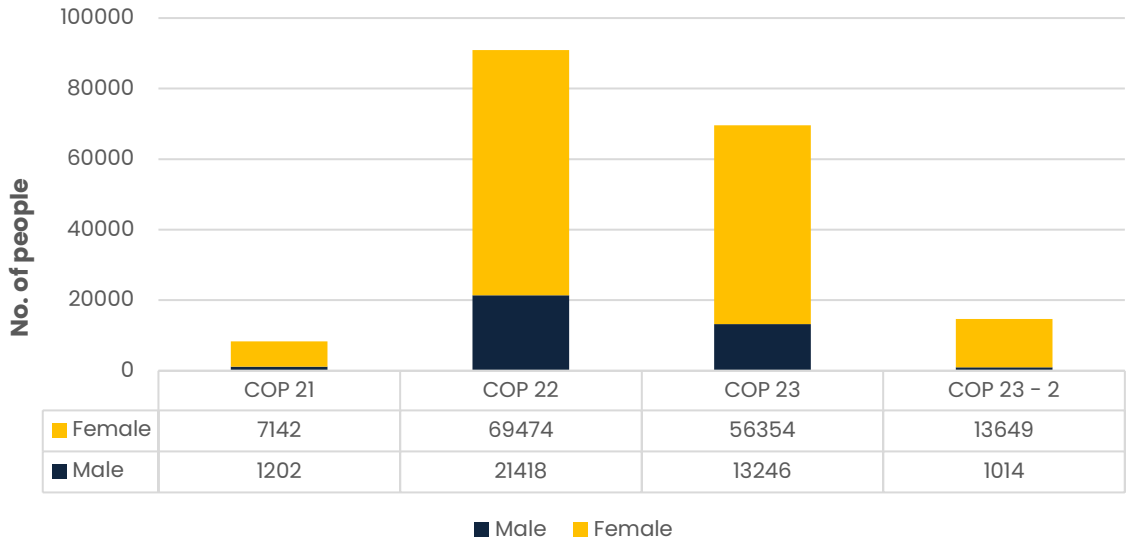


Source: IMHSI Training Performance Dashboard

From COP21 to COP23-2, while **182 499** mental health screenings were conducted, only **5 114** individuals (2.8%) received point-of-screening interventions, revealing a significant disconnect between demand and available services. This treatment gap is particularly pronounced in rural areas where mental health professionals are scarce. The dramatic imbalance between screening numbers and actual interventions highlights critical deficiencies in referral networks and professional distribution, undermining service sustainability despite increased screening activities in COP22 and COP23.

The gender distribution of individuals screened reveals a notably higher response rate from females compared to males, as illustrated in Figure 5 below. This trend highlights a significant challenge of stigma within our communities, where men are often reluctant to openly discuss or seek help for mental health issues. Societal expectations and cultural norms around masculinity may contribute to this reluctance, leading to a lack of engagement with mental health services. Literature as revealed that cultural stigma remains a significant barrier to seeking care, with many individuals delaying or avoiding treatment due to low perceptions of need and societal reluctance to discuss mental health issues (Sakai et al., 2019). As a result, there is a pressing need for targeted programmes that specifically address men's mental health needs, raise awareness about the importance of seeking support, and reduce the stigma associated with mental health issues among men. By focusing on tailored outreach and interventions for men, these programmes can encourage greater participation and help break down the barriers preventing them from accessing necessary care.

Figure 5: Screenings by gender



	COP 21	COP 22	COP 23	COP 23 - 2
Female	7142	69474	56354	13649
Male	1202	21418	13246	1014

Source: IMHSI Training Performance Dashboard

4.3.4. Education and workforce capacity building

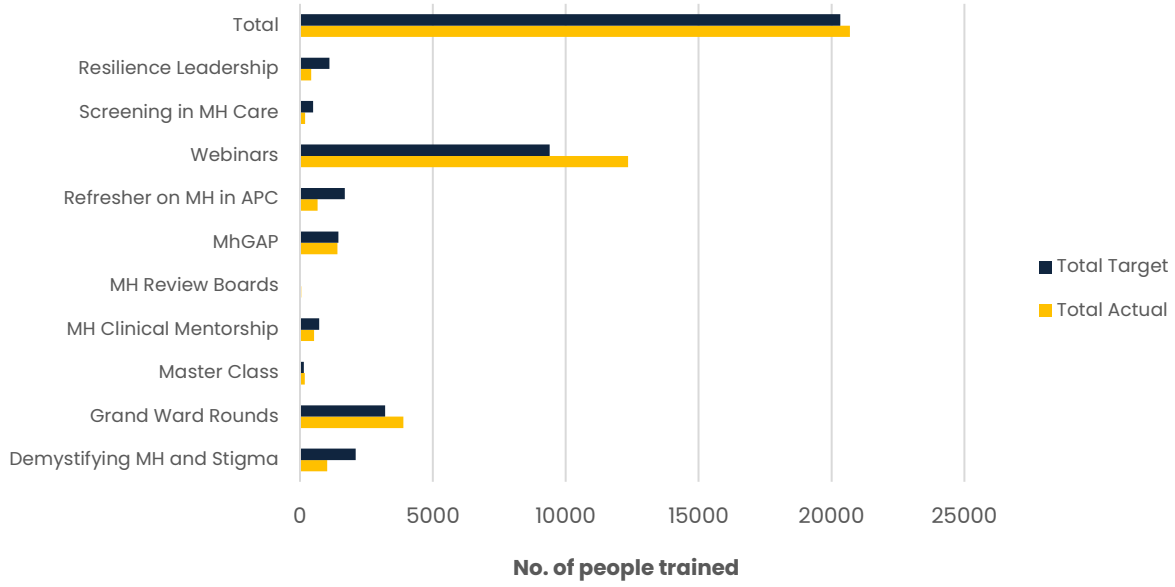
According to El Chammay et al. (2017), capacity-building within primary care settings ensures that mental health services are accessible and tailored for the needs of diverse populations. Therefore, to educate and capacitate PHC providers, CHWs and supervisors, the FPD designed and launched evidence-based mental health trainings. The evaluation measured the effectiveness of this objective of 'Improved MH training of PHC providers' through comparing the actual project reach against the planned targets as follows:

4.3.4.1. Project reach and uptake

The approach of FPD and their partners of increasing awareness through Masiviwe and the trainings has proven to be one of the game changers in the uptake of the courses, as these strategic initiatives effectively communicated value propositions, demystified enrolment processes, and created accessible pathways for potential participants; however, equal credit must be given to the DSPs (District Support Partners) and the IPs (Implementing Partners) from each province, whose on-the-ground expertise enabled them to contextualize offerings to meet local needs, leverage established networks and community trust, follow up persistently with potential participants, and provide personalized guidance throughout the registration process—all of which contributed substantially to the impressive uptake rates observed across different regions.

The evaluation however noted a shortfall for some trainings such as resilience leadership, screening in MH Care, refresher MH courses and MH clinical mentorship. This can be attributed to the fact that COP23-2 is still in the beginning and actuals are still lower whereas the targets remain the same for the years. Another reason for the slow uptake of some of the courses could be attributed to the slow rate of signing MOUs with some of the provincial governments. On the overall the uptake has exceeded expectations and projections.

Figure 6: Types of training courses offered from COP21 to COP23-2

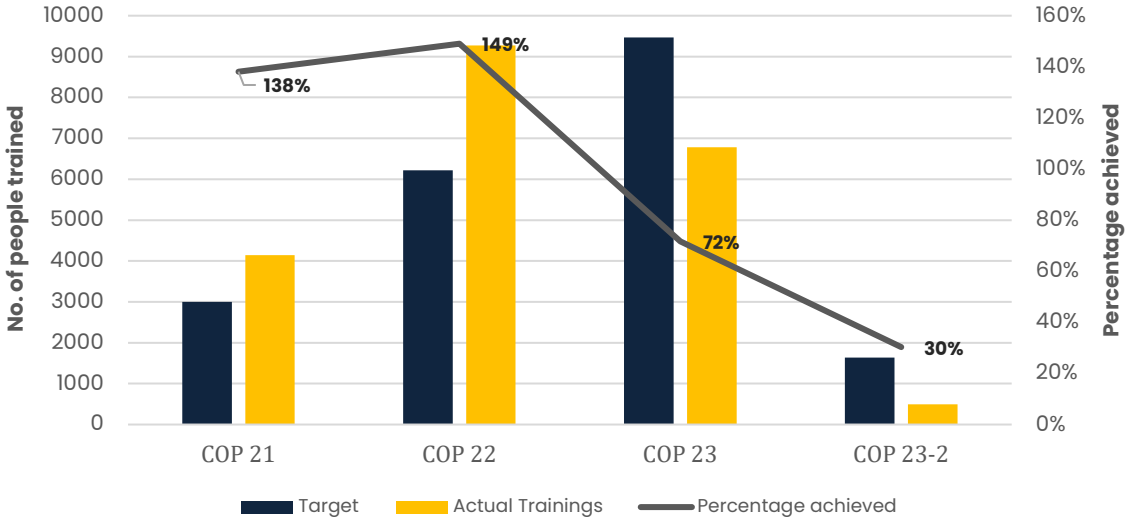


Source: IMHSI Training Performance Dashboard

Another cited reason for the slow uptake of the training was the stigma associated with MH and it being mostly attributed to alcohol and drug use. *"I used to think that people with MH were Nyaope (potent street drug) addicts but when I was diagnosed with HIV I got into depression and did not accept that I was having MH challenges, after training, I could feel the load off my shoulders and also I started to understand that HIV positive people need some assistance with MH issues"*. A focus group participant.

The Figure 6 below shows the training reach against the target for each of the trainings conducted under the FPD Mental Health Programme. A total of **20 695** people were trained since COP21 until 2024. The graph also shows that the programme training numbers exceeded targets in COP21 and COP22. These shows the how effective the programme was on the capacity building aspects amidst delays in access to funds and the lack of provincial coordinators.

Figure 7: Trainings conducted vs targets per COP period



Source: IMHSI Training Performance Dashboard

4.3.4.2. Level of Satisfaction with trainings

Some of the most important determinants of the effectiveness of a training are the administration, logistics, relevance and the delivery of a training. A post training survey was conducted after different trainings with a total of **1044** respondents. The training measured attributes of the level of satisfaction with administration and support, learning (relevance) anchor (support during workshop), facilitator and venue and location. The level of satisfaction used a Likert scale with the following response codes 1-very poor, 2-poor, 3-average, 4-good and 5-excellent. The figure shows that the mean response rate for different attributes was good. There was an element of variability though with IT support and convenience of the workshop location scoring less than 4,5 which can be attributed to some outliers of dissatisfaction among the participants. Generally, the level of satisfaction was rated above good for both virtual and in person trainings.

Figure 8: Participants' level of satisfaction with the trainings

Source: Student Faculty and Anchor Survey 2024 using the Lickert scale from 1 to 5

4.3.4.3. Evidence of training implementation

In December 2023, an IPC Master Training was conducted for five Master Trainers. Following that, the first cohort of Interpersonal Counselling (IPC) Supervisors was trained from January 8 to 12, 2024 as shown in Table 2 below. This training laid the foundation for scaling up this category of lay counsellors.

Table 1: Interpersonal Counselling training

Type of training	Number of people trained
Master Training	5
Supervisor training	53

FPD strategically partnered with the Treatment Action Campaign (TAC), a prominent community HIV advocacy group, to integrate mental health into their HIV programming through specialized training. This collaboration established TAC in a crucial oversight role, ensuring healthcare facilities properly incorporate mental health services within their HIV care. Post-training impact was immediately measurable, with all TAC centres reporting significant increases in mental health patient visits. One participant from the late 2024 training cohort noted, *"There has been an increase in the number of MH visits for persons who are 18 years or older from an average of 50 per month to 148 in January 2025, 196 in February 2025 and 169 in March 2025."* This dramatic surge, representing a nearly 300% increase,

directly resulted from enhanced knowledge among community health workers who could now better identify and refer cases to community health centres (CHCs).

4.3.4.4. The potential for telemedicine

One of the activities that were carried out after the conference to ensure that mental healthcare is strengthened was training HCPs on telemedicine. The evaluation went on to explore the potential for telemedicine as follow up to the objective of changing where, how and by whom MH is delivered. The Covid-19 pandemic showed that it is possible to change where, how and by whom mental health or other health care is delivered and received. It was noted that there was potential for telemedicine in South Africa and all the key informant stakeholders agreed that this is the way to go. A Gauteng Health Department stakeholder emphasised the current need for telemedicine in forensic mental health where there is long waiting list. They stated that telemedicine can be used for initial screening and psychiatrists can do the observations through the way someone expresses themselves since there is usually no need for physical examination. It was however noted that even though there was potential for telemedicine, there were some challenges when it came to emergencies it can be difficult to know what to do with a person without a good local infrastructure to ensure there is safety for the individual and those around them. A stakeholder respondent from Columbia University confirmed this and further stated that the following "*we are very worried about a lot of the applications that are out there that are not, they say that they're for depression and anxiety, but they're not really for disorders. It's for people who feel a little depressed, a little anxious. It's not really treatments for mental disorders.*" FPD has made significant strides in telemedicine, standing out nationally for its efforts in scaling the Mental Wellness Tool. Unlike other organizations, FPD has a broad national footprint, delivering evidence-based treatments in more locations. Additionally, FPD is proactively training a cadre of trainers and providers to ensure long-term sustainability and has established a training infrastructure capable of large-scale implementation. These efforts highlight FPD's leadership and commitment to expanding mental health services across the country.

4.3.5. Research and implementation science

A major milestone of FPD programmes was the partnership with the Columbia University in May 2017 to help implement an NIH/NIMH funded program titled PRIDE SSA – Partnerships in Research to Implement and Disseminate Sustainable and Scalable Evidence Based Practices in sub-Saharan Africa. The growth of this project has seen an improvement in the generation of knowledge around mental health. This project was built around already existing work by the FPD in generating mental health knowledge as shown in the continuum of FPD activities as introduced in the beginning of this chapter. Some of the notable work that can be attributed or that is aligned to FPD's mental health activities is detailed in Annexure 3 and summarised as follows:

4.3.5.1. Peer Reviewed Articles

The mental health program's research contributions span multiple critical areas, publishing more than 10 peer-reviewed papers that address significant gaps in South African mental health practice and policy. These publications include validation of brief mental health screening tools specific to South African contexts, economic and epidemiological rationale for prioritizing mental health within national healthcare, identification of ten game-changing strategies for mental health transformation, and innovative approaches to healthcare worker resilience during COVID-19. Importantly, several papers establish crucial connections between HIV and mental health, advocating for the inclusion of

people with severe mental health conditions as a key population in HIV programs. The research portfolio demonstrates a balanced focus on implementation science through studies on technology-enabled interventions, task-shifting approaches, and sustainable scale-up methods, providing evidence-based frameworks that support the program's practical implementation work while addressing South Africa's unique mental health challenges.

4.3.5.2. Oral Presentations at conferences

The were 17 conference presentations done collectively focusing on the intersection of mental health and HIV/AIDS in South Africa, exploring several key themes: integration of mental health services into primary and HIV care settings; addressing co-morbidity of mental health conditions among people living with HIV; combating stigma and discrimination experienced by HIV patients and LGBTQIA+ individuals; examining specific interventions for mental health challenges, including depression, psychological resilience, and substance use disorders (particularly heroin); and advocating for recognition of people with severe mental health conditions as a key population requiring targeted HIV prevention and treatment strategies. The presentations span from 2011 to 2023, representing over a decade of research on these interrelated public health challenges in South Africa and the broader African context.

4.3.5.3. Poster Presentations at conferences

There were 11 poster presentations done focusing primarily on the intersection of mental health and HIV/AIDS care, with emphasis on several key themes: innovative technological approaches to mental health service delivery and access; screening and assessment tools for depression among HIV-positive populations, particularly pregnant women; effectiveness of sexual risk reduction interventions for psychiatric patients; integration of mental health services within HIV care settings; psychological co-morbidity patterns among people living with HIV; and development of targeted interventions and policies to address the complex relationship between mental health conditions and HIV. The presentations span from 2012 to 2023, representing a decade of research efforts across South Africa and internationally (including Brazil) that aim to improve comprehensive care for individuals experiencing both mental health challenges and HIV/AIDS.

4.3.6. Conferences

The FPD convened and hosted the 1st SA Mental Health Conference (SAMHC) (24-25 April 2023) with the SAG National Department of Health under the theme “It’s time to talk”. The conference successfully attracted policymakers, including the Deputy President and MECs of Health. The SAMHC attracted a total of **673** delegates and 167 speakers’ presentations across 37 sessions, 29 poster presentations and 24 exhibition stands. The evaluation established that the SAMHC was effective as detailed below:

4.3.6.1. Deepen the value and commitment we give to mental health

The evaluation revealed significant strides in deepening stakeholder commitment to mental health through both public and private sector initiatives. Key achievements include the contracting of mental health professionals via Treasury Grant, the Jobs Boost IPC pilot program training youth as interpersonal counsellors (IPCs) in early 2025, engagement with the Workplace Wellness Association of South Africa, implementation of the Wellness Wave Pilot Programme in Tshwane, development of a Mental Health Selfcare Course for healthcare professionals, and establishment of a resilient leadership training program. While these initiatives demonstrate meaningful commitment from both

sectors, a notable gap persists between policy formulation and implementation, as highlighted by one stakeholder who observed *that "countrywide we have very good policies, but the implementation is still a challenge."*

4.3.6.2. Reshape environments that influence mental health, including homes, communities, schools, workplaces, health care services, and natural environments

The evaluation highlighted significant progress in reshaping environments that influence mental health, aligned with the National Mental Health Policy Framework and Strategic Plan 2023-2030's focus on shifting from hospital-based to primary and community-level care. Key achievements include the pending approval of fluoxetine rescheduling by SAHPRA, implementation of training programs for interpersonal counsellors and supervisors, efforts to incorporate Registered Counsellors (RCs) into public healthcare, pilot programs in Gauteng and Eastern Cape to optimize utilization of RCs in primary healthcare settings, clarification of mental health care team roles, integration of mental health service questions into community-led monitoring, development of an online "human library" for healthcare professionals, and creation of courses to demystify mental health and combat stigma. However, challenges emerged regarding Registered Counsellors joining the public sector due to an unexpectedly high entry-level salary classification (R650 000) by the Department of Public Service and Administration, necessitating further negotiations to ensure effective integration of these professionals into the public healthcare system.

4.3.6.3. Strengthen mental health care by changing where, how, and by whom mental health care is delivered and received

The evaluation found that the conference successfully advanced the goal of strengthening mental health care by transforming delivery methods and providers through technology-based approaches, aligning with Perich and Andriessen's (2023) assertion that digital solutions can help overcome barriers to accessing health services. Notable achievements include the expansion of the Masiviwe Website and social media program, the training of **1 000** healthcare professionals in telemedicine, the validation of the Engage Wellness digital rapid screening tool for South Africa, and the launch of StepWell Saga, Africa's first serious game focused on mental health. While these post-conference accomplishments demonstrate significant progress toward conference objectives, the evaluation suggests there remain unexplored opportunities to further enhance effectiveness, as well as potential challenges that need to be addressed to sustain momentum.

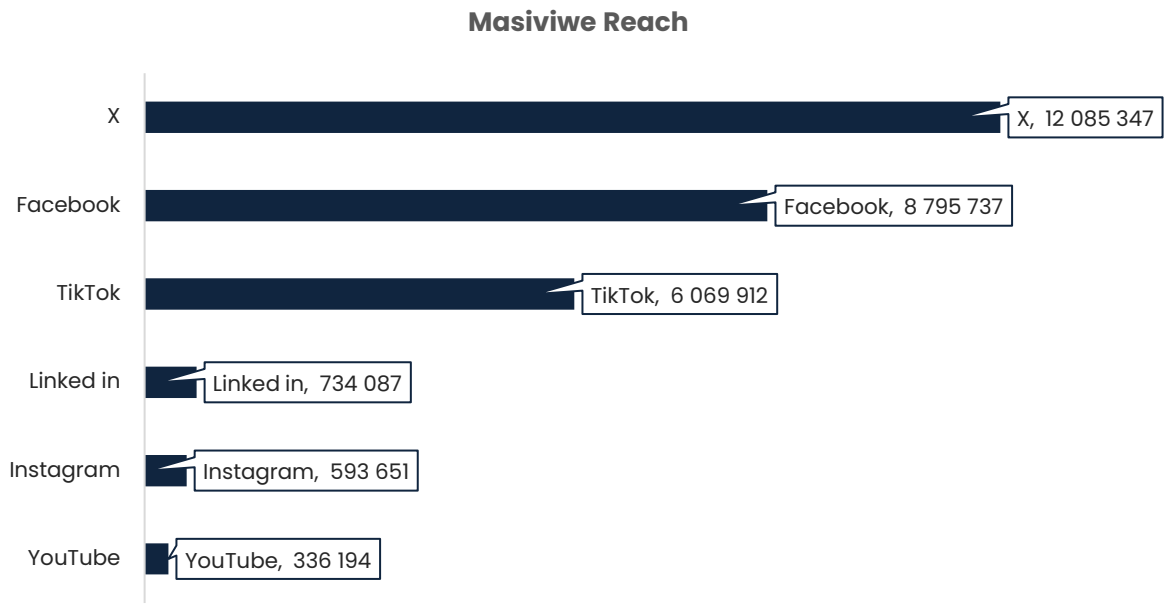
4.3.7. Knowledge sharing

FPD's knowledge-sharing initiatives have proven highly effective in raising awareness and fostering engagement around mental health integration in HIV programming. In June 2023, IMHSI hosted a satellite session at the 11th SA AIDS Conference in Durban, significantly contributing to stakeholder engagement and knowledge dissemination. Additionally, ongoing webinars and grand ward rounds held throughout 2023-2024, covering topics such as wellness, resilience, and mental health conditions (e.g., anorexia nervosa, chronic pain, bipolar disorder), have seen impressive participation, with **16 885** RSVPs and **9 559** attendees. These sessions, led by various experts, serve both public and internal audiences, underscoring FPD's commitment to continued learning and collaboration in the mental health sector.

4.3.8. Masiviwe

The launch of the Masiviwe Website by FPD has had a significant impact in raising awareness about mental health, breaking stigma, and increasing access to mental health services. Developed in collaboration with Heartlines, a sub-grantee under the IMHSI project, the platform offers valuable mental health content created in partnership with the South African Depression and Anxiety Group (SADAG) and the South African Federation for Mental Health (SAFMH). Through targeted distribution across major social media platforms, Masiviwe has reached over **28 million** people. The most popular platforms, X (42%), Facebook (31%), and TikTok (21%), have allowed the initiative to effectively engage a wide and diverse audience, enhancing public understanding of mental health and connecting individuals to essential services.

Figure 9: Masiviwe reach through social media channels



Source: Highlights since April 2023 MH Conference

4.4. Efficiency

This section of the evaluation examined resource utilization efficiency across time, finances, and personnel allocations in relation to achieved outcomes. The assessment analysed the program's effectiveness in maximizing resource impact while identifying potential optimization opportunities that could enhance future results. Particular attention was given to resource deployment strategies and their correlation with programmatic achievements, providing insights into cost-effectiveness and potential efficiency gains within existing operational frameworks.

4.4.1. Design of the project

4.4.1.1. Above site project

The Foundation for Professional Development (FPD) implemented the mental health project using an "above site" approach, leveraging existing pathways and systems rather than developing new structures. By functioning as an amalgamator through Masiviwe, FPD built upon initiatives already being implemented by District Support Partners (DSPs) and other implementing organizations. This approach enhanced project management efficiency by redirecting resources toward improving the effectiveness and reach of established programs rather than creating parallel systems. Additionally, it increased expertise for existing initiatives and helped resolve operational bottlenecks. While the approach's primary limitation was reduced hands-on oversight, FPD addressed this challenge by appointing four provincial coordinators to monitor the mental health project's implementation across regions.

4.4.1.2. Grantee, two sub grantee – collaboration

The Mental Health program was efficiently implemented through a collaborative structure with FPD as the primary grantee, Columbia University and Heartlines as sub-grantees, and Vula Mobile providing technical support for referrals. Despite a significant budget reduction (approximately 90%), the program successfully expanded its reach by strategically partnering with organizations already positioned to incorporate mental health initiatives into their existing programs and leverage established networks. This approach exemplifies Bygballe et al.'s (2010) observation that sub-grantee models promote synergy, innovation, and enhanced deliverables. The sustainability of this collaboration was strengthened through joint planning and regular communication between partners, as recommended by Larson (2020), with the pre-existing relationship between FPD and Columbia University from previous joint initiatives further facilitating program effectiveness. The evaluation highlighted how partners' up-to-date knowledge and consistent communication contributed significantly to overall program efficiency.

4.4.1.3. Use of project resources

The original Notice of Funding Opportunity (NOFO) published by CDC had a year 1 budget of US$ 8 million, This was amended by CDC to US$ 3 million through a modification prior to the submission deadline. By the time the actual award was made, due to funding being reprioritized to support COVID vaccination efforts, FPD received only US$ 650 000 for the 1st year at the start of the 2nd quarter. Additionally, the scope of clients to reach was increased to include at risk and vulnerable individuals. Despite the budget cut, the FPD maintained its project outputs by introducing the amalgamator role, and complementary fundraising. However, the lower budget impacted FPDs ability to appoint the required staff, Key positions such as the Principal Investigator (PI) was covered at about 30% LOE recovery by senior FPD managers, additional positions in provinces could also not be filled in COP 21 and COP 22. The lack of funding also prevented the appointment of provincial coordinators in both COP 21 and 22, hindering the timely and effective rollout, particularly in provinces like KwaZulu-Natal (KZN). The increased allocation in COP 23 allowed the FPD to appoint provincial coordinators, which facilitated faster implementation by the DSPs and IPs.

4.4.2. Comparison between different interventions

It was unanimously agreed by all interviewed stakeholders that Masiviwe was the most successful of all FPD's mental health programme interventions. By the time of the evaluation, Masiviwe had reached over 34 million people with mental health information. One key advantage of Masiviwe was its broad reach, not only targeting People Living with HIV (PLHIV) but also the general population with vital mental health messages. Additionally, Masiviwe effectively utilized social media, which appeals to all age groups, particularly the youth. As highlighted in the Masiviwe Social Media Evaluation for Quarter 1 of 2024-2025, "Masiviwe has an active audience in the 25-34 and 35-44 age groups across all social media platforms," further emphasizing its wide engagement and impact.

4.5. Impact

In this section, we will examine the broader and long-term effects of the programme on the participants and the wider community. This includes exploring both the intended and unintended outcomes, considering how the programme has contributed to changing attitudes, behaviours, and social norms related to mental health. Overall, the strengthening programme would aim to create a more integrated, sustainable, and innovative mental healthcare system in South Africa, improving services and outcomes for PLHIV, VARI, and other key populations.

4.5.1. Visible outcomes

4.5.1.1. Policy Development and Advocacy

The evaluation established that the programme successfully integrated mental health into key national policies, including the National Strategic Plan 2023-2028 and the National Mental Health Policy 2023-2030. Additionally, over 10 articles were published on the integration of mental health in the HIV/AIDS response. A stakeholder noted, *"To get mental health on the map in the NSP for HIV, TB, and STIs … to get a non-communicable disease officially recognized as a priority for the HIV/TB/STI response in South Africa is huge,"* highlighting the significant achievement in prioritizing mental health within national health frameworks.

4.5.1.2. Capacity Building

The evaluation found that over **28 460** healthcare workers were trained across several critical areas, significantly enhancing their capacity to address key challenges in healthcare delivery. These areas included stigma reduction, which helps create a more supportive environment for patients; clinical communication, which improves the quality of interactions between healthcare providers and patients; primary care, ensuring healthcare workers are equipped to deliver comprehensive, accessible care; and pandemic-related stress management, which provides healthcare workers with essential tools to cope with the emotional and psychological demands of their roles during health crises. These trainings have contributed to building a more resilient healthcare workforce capable of effectively addressing both routine and crisis-driven healthcare needs.

4.5.1.3. Technology and Innovation

The FPD programme successfully implemented mental health screening tools through strategic partnerships with other organizations. These screenings resulted in an improvement in screening and notably high yield of positive mental health cases, particularly in the Eastern Cape. This indicates the effectiveness of the screening tools in identifying individuals in need of mental health support, allowing for timely intervention and care. The success of these screenings highlights the importance of collaborative efforts in reaching underserved populations and addressing mental health needs at a community level, ultimately improving access to essential mental health services in high-need regions.

4.5.1.4. Cross-Collaboration and Community Integration

The programme successfully integrated mental health services for young people, addressing a critical gap in support for this vulnerable demographic. The initiative received overwhelmingly positive feedback during open day events, where participants expressed appreciation for the services provided and the opportunity to engage with mental health professionals. One stakeholder remarked, "The feedback was extremely positive... what we've successfully done is raise awareness that this is a problem," underscoring the programme's role in highlighting the importance of mental health for young people. This integration has not only improved access to mental health services but has also fostered greater awareness and dialogue around the issue, paving the way for more targeted interventions and support for youth mental health in the future.

4.5.1.5. Better Uptake Among the Youth

The programme has significantly increased awareness about mental health issues, particularly among young people, and has played a key role in breaking taboos surrounding mental health. This is especially important in South Africa, where mental health has historically been stigmatized, particularly within African contexts. As one stakeholder explained, "South Africa is a complex nation... especially in the African culture, mental health does not even exist. And we've been able to say, actually, it exists even in an African culture." The programme's efforts to shift perceptions have helped open essential conversations about mental health, leading to greater acceptance and understanding. Additionally, screenings in the Eastern Cape revealed that nearly 70% of young people screened tested positive for depression and anxiety, underscoring the significant mental health challenges faced by youth. As one youth participant expressed, "We need help," highlighting the demand for mental health support and the importance of continued efforts to provide access to care and resources for young people facing mental health challenges.

4.5.1.6. Contributed to HIV Treatment Goals

The programme's focus on mental health has proven instrumental in improving HIV treatment adherence among People Living with HIV (PLHIV). By addressing the mental health challenges that often accompany HIV, such as depression, anxiety, and stigma, the programme has created a supportive environment that encourages better treatment adherence. As one stakeholder assessed, *"Part of the reason why this programme has been focusing on PLHIV was to promote adherence to treatment... this project is contributing towards achieving those outcomes."* The integration of mental health support has helped PLHIV better manage the emotional and psychological burdens associated with their condition, leading to more consistent engagement with HIV treatment regimens. This holistic approach not only supports individuals in managing their physical health but also

enhances their overall well-being, ultimately contributing to improved treatment outcomes and better quality of life.

4.5.2. Unintended outcomes

4.5.2.1. Strategic Imbalance

The programme successfully created demand for mental health services; however, it struggled to meet this demand due to insufficient capacity, particularly in terms of mental health professionals and supporting personnel. While the focus on demand creation was a key objective, it did not receive equal attention to developing the supply side of services. As one stakeholder noted, *"An unintended effect of the project is the creation of demand for MH services, which in and of itself is good and the purpose of the project, however, the demand is not sufficiently met due to the shortage of MH professionals and supporting personnel."* Another added, "*We've increased the number of people who are being screened for mental health through our intervention, but the problem is, when do you refer them to? We've created that expectation… but we still have not resolved the access issues."* Reflecting on the challenge, a stakeholder concluded, *"In going forward, I would put more emphasis on the supply side,"* highlighting the need for a balanced approach that addresses both demand and capacity.

4.5.2.2. Sustainability Challenges

The evaluation highlighted a significant challenge in the lack of commitment from the National and Provincial Departments of Health (DoH), which undermines the sustainability of mental health initiatives. Without a clear expectation or drive from these departments to implement and prioritize mental health services, there is a real risk that newly trained staff may lose both their skills and enthusiasm for the programme. As one stakeholder pointed out, "*Because there is 'no expectation' or 'no push' from the National and Provincial DOH's to implement MH services, staff recently trained in MH may end up losing their skills or losing interest in this programme area."* This lack of institutional support and follow-through could lead to a decline in the impact of the training, making it difficult to achieve long-term improvements in mental health service delivery. For the programme to be truly effective, there needs to be stronger backing and a sustained commitment from health departments at both national and provincial levels.

4.5.3. Programme Opportunities

4.5.3.1. Integration of MH into Primary Healthcare Systems

The successful integration of mental health (MH) services into primary health centres in the Tshwane district provides a strong case for expanding this model to other districts and provinces across South Africa. This approach has improved access to mental health care while effectively combining MH support with HIV and TB services, addressing both physical and psychological needs. The PEPFAR-CDC initiative, supported by strong government commitment and the inclusion of mental health in the updated National Strategic Plan for HIV, TB, and STIs (2023–2028), presents a unique opportunity to scale these services. As one stakeholder noted, *"The sustainability of this programme lies in the integration of mental health into primary healthcare*." Expanding this integration nationwide can enhance the effectiveness of HIV/TB treatment programs, improve patient adherence, and promote a holistic healthcare approach that addresses the complex needs of patients."

4.5.3.2. Utilisation of Digital Tools

The e-mwTool presents a significant opportunity to expand the use of digital tools for screening, diagnosing, and treating mental and substance use disorders among People Living with HIV (PLHIV). This tool enables community-led, technology-enhanced interventions with global applicability, particularly appealing to the younger working generation who have access to smartphones and internet services. However, as one stakeholder noted, "*older generations are less likely to adopt digital solutions like apps. They prefer in-person consultations rather than virtual ones, as highlighted by an example where older clients declined virtual consultations in favour of visiting doctors' offices*." This suggests that while digital tools have great potential for younger populations, a more tailored approach may be needed for older individuals, combining both digital and traditional methods to address diverse needs effectively.

4.5.4. Programme Implementation Challenges

4.5.4.1. Inadequate Funding

The implementation and scaling of mental health initiatives faces constraints due to stigmatization and budget cuts. A stakeholder emphasized that goals remain unattainable without proper funding, noting how mental health faces discrimination even in funding opportunities. This challenge manifests in program-specific impacts, with one initiative seeing CDC funding slashed by half, severely limiting its intended scope. Geographic coverage suffers as well, with resources restricted to CDC-supported districts while others go unserved. The situation has worsened due to USAID's delayed reappointment of DSPs and the current freeze on USAID funding by the US government.

4.5.4.2. Human Resources Shortages

The mental health sector faces a critical shortage of specialists including psychiatrists, psychologists, and social workers, further exacerbated by widespread healthcare worker burnout. As one stakeholder noted, *"Human resources limitations pose a significant challenge, with an acute shortage of mental health specialists."* To address this gap, innovative approaches are being implemented, such as the interpersonal counselling project currently being rolled out in South Africa through FPD, which specifically targets the human resources deficit in mental healthcare delivery.

4.5.4.3. Policy Implementation Gaps

Despite the development of mental health policies, their practical implementation remains a significant challenge. As one stakeholder observed, "*The implementation of those policies remain a problem… which can only be enforced from a national level.*" This disconnect between policy creation and execution represents a major obstacle in the mental health landscape. Another implementation challenge was highlighted by a stakeholder who noted, *"The biggest gap is implementation… we provide the capacity, at the end of the day the Department of Health has to implement… how do we get the Department of Health to now implement the principles of the project?*" This reflects the difficulty in translating capacity-building efforts into actionable, sustainable programs at the governmental level.

4.5.4.4. Systemic Bottlenecks

Regulatory and administrative hurdles significantly impede mental health initiative progress, with professional councils often functioning more as "trade protection bodies" than facilitators as is the case with the Health Professions Council of South Africa (HPCSA) on the issue of RCs. These administrative challenges materialize in tangible delays: "*We had to go back and then try and get the SLAs and that took forever… it's the issue of scheduling, the issue of prioritisation… we're at a point… close to the end of this project, which is unfortunate*." This is due to lack of government-led implementation directives, guidelines, and tools for integration of Mental health into HIV/TB programs at provincial level. The evaluation further identified implementation gaps despite FPD's appointment of provincial coordinators in Gauteng, KZN, Eastern Cape, and North-West provinces, highlighting the persistent need to scale up community interventions that remain minimal despite established provincial infrastructure. Although the new National Strategic Plan (NSP) for HIV, TB and STIs launched last year highly supports this strategy. Provinces have been slow to convert strategy into implementation planning as it requires collaboration between directorates who have historically never worked together.

4.6. Sustainability

The sustainability of FPD's MH programme was assessed to determine whether the positive changes it has brought about are likely to continue after the programme ends. This involved evaluating the capacity of the programme to maintain its benefits over time, the involvement of local stakeholders, and the availability of resources to support ongoing activities. Sustainability issues identified revolve around securing long-term funding, addressing human resource shortages, ensuring policy integration at all levels, and engaging stakeholders to maintain and expand the mental health programme's impact as detailed below:

4.6.1. Financial Sustainability

There is a significant challenge in securing sufficient financial resources for mental health initiatives, which hampers the long-term viability of the programme. According to Wainberg et al. (2023), on average, countries dedicate less than 2% of their healthcare budgets to mental health, and there is minimal international development assistance allocated to mental health. This highlights the financial barriers to sustaining mental health programmes as corroborated by one of the stakeholders: *"Securing both the necessary political will and adequate financial resources to deliver evidence-based mental health services at the speed and scale required for impact must be a shared priority with shared accountability."*

4.6.2. Human Resources Shortages

The acute shortage of qualified mental health professionals, particularly psychiatrists and clinical psychologists, threatens program sustainability. According to Gao et al. (2020), this challenge is also prevalent in China where there was a shortage of nonpsychiatric professionals and insufficient infrastructure to support psychotherapy in 2015. As one stakeholder noted, "*Human resources limitations pose a significant challenge, with an acute shortage of mental health specialists*." This shortage creates a substantial treatment gap, especially in rural areas where access to care remains limited. Literature also revealed the importance of capacity building and training local healthcare

workers to improve the delivery of mental health services and make care more accessible (Patel et al., 2018). To address this, interpersonal counselling initiatives are being implemented through FPD as part of the Jobs Boost programme, simultaneously targeting youth unemployment. The project involves training young people for deployment in private sector institutions and communities, with registered counsellors being trained as IPC supervisors. Though still in the implementation phase, this initiative represents a strategic approach to addressing the human resources gap in mental health service delivery. A planned roundtable on human resources for mental health that will be convened with the NDoH may translate into a National MH HRH Strategy that will quantify the need, define required increase in production, mitigate attrition and clarify supplementation form abroad.

4.6.3. Policy and Structural Challenges

While policy development shows progress, translating these frameworks into actionable local plans remains a significant hurdle for sustainable mental health integration. As one stakeholder emphasized, "What we really need to get done in the next few months is this converting policy into national policy, into provincial policies, and then into district working plans." The program's current focus on people living with HIV represents important progress, but true sustainability requires broader integration as highlighted by another stakeholder: "The sustainability of this programme lies in the integration of mental health into primary healthcare, period and not just through vertical diseases." This shift from disease-specific approaches to comprehensive mental health integration within primary healthcare systems represents the critical next step for ensuring long-term program viability, leveraging existing momentum from HIV/AIDS initiatives while expanding the scope to encompass all aspects of community health services. Similar approaches are present in other countries such as India, Spain, Japan, China and Costa Rica (Mendoza et al., 2019; Pérez et al., 2019; Muñoz-Navarro et al., 2021; Sakai et al., 2019; Gao et al., 2020; Chatterjee et al., 2019).

4.6.4. Leveraging University Partnerships for Implementation of MH Programmes

The evaluation identified effectiveness of decentralised partnerships between provincial health departments and universities as a valuable avenue for scaling up mental health services. According to Chatterjee et al. (2019), decentralisation of mental health care to district levels can improve service delivery and accessibility, especially in rural and underserved areas. The KZNDoH-UKZN collaboration exemplifies this approach, with one stakeholder highlighting KZN's strong mental health leadership: "KZN's got strong leadership there in terms of mental health… this was one of the provinces that had their own mental screening tool already developed and implemented." This partnership demonstrates how existing provincial resources can be leveraged effectively. Success stories such as this case of KZNDoH should be considered as learning points that can be adopted across other provinces as long there is policy buy-in within provincial structures. One of the stakeholders engaged reiterated that best performers like KZNDoH expressed their willingness to assist us had we been proactive to approach them for help with the programme initially, "We know about mental health, how can we work together? They were keen… for rolling out resilient leadership training and they were like, 'we can help you with that.'" This established foundation in KZN provides a significant advantage compared to provinces starting from scratch, offering a replicable model for other provinces to partner with their local tertiary institutions.

4.7. Summary of Findings

The evaluation of the FPD's mental health programme, done in accordance with the DAC criteria has revealed that the evaluation has established that:

- **Effectiveness and reach of FPD's mental health education and training initiatives in expanding workforce capacity, reducing stigma, and promoting mental health resilience.**
  FPD's mental health education and training initiatives have delivered measurable impact by expanding workforce capacity, reducing stigma, and promoting resilience. Through strategic awareness campaigns like Masiviwe and comprehensive training programs, FPD transformed service delivery by equipping healthcare providers and community health workers with essential mental health competencies. Participants reported significant improvements in both their personal resilience against workplace burnout and their ability to recognize and address mental health issues in patients and communities. This dual impact—enhancing provider wellbeing while improving care quality—represents a particularly effective approach to sustainable mental health system strengthening. Despite these achievements, the initiative's full potential remains constrained by budgetary limitations and policy implementation delays across provinces, creating a concerning imbalance where referral networks and supply-side capacity cannot keep pace with the heightened demand generated through FPD's successful awareness and training activities.

- **Outcomes of FPD's research and technical assistance in shaping policy, improving access, and testing service delivery models.**
  FPD has significantly advanced mental health initiatives through its research and technical assistance efforts, producing and presenting 50 technical papers across various stakeholder forums that advocate for including people with severe mental health conditions in HIV programs, examine interventions for depression, psychological resilience, and substance use disorders, and promote targeted prevention strategies. Their implementation science research on technology-enabled interventions, task-shifting approaches, and sustainable scale-up methods has provided evidence-based frameworks addressing South Africa's unique challenges, while their technical assistance has secured increased commitment to mental health at the national level, directly influencing the National Strategic Plan for HIV, TB and STIs 2023-2028 and the National Mental Health Policy 2023-2030.

- **Contribution of FPD's mental health conferences and knowledge-sharing platforms in fostering collaboration, influencing policy, and generating new evidence.**
  FPD's mental health conferences and knowledge-sharing platforms, particularly the inaugural SAMHC 2023, have significantly elevated mental health on the policy agenda, evidenced by high-level participation from the Vice President and eight MECs of Health. This landmark conference demonstrated FPD's commitment to fostering multi-stakeholder collaboration through impressive engagement metrics: approximately 700 delegates, 167 speaker presentations across 37 sessions, 29 poster presentations, and 24 exhibition stands. Therefore, FPD's mental health conferences and knowledge-sharing platforms have significantly advanced the field by creating crucial spaces for multi-stakeholder collaboration among researchers, policymakers, practitioners, and community

representatives. These forums have effectively influenced policy development through evidence dissemination, facilitated cross-sectoral partnerships that bridge implementation gaps, and generated new research and evidence-based practices adapted to local contexts. Beyond convening stakeholders, these platforms have generated substantial new evidence, with multiple research papers published post-conference, establishing FPD as a catalyst for both policy influence and knowledge creation in the mental health landscape of South Africa.

- **Role of FPD's system-strengthening efforts in transitioning MH service delivery from being hospital based to PHC, and community based.**
  FPD's PEPFAR-CDC funded initiative "Improving Mental Health and HIV/TB Service Integration" has successfully influenced national policy direction and secured government commitment to mental health integration. This first-of-its-kind initiative at scale in South Africa contributed significantly to the National Strategic Plan for HIV, TB and STIs 2023-2028 and the National Mental Health Policy 2023-2030, resulting in concrete gains including registered counsellors being added to government payroll and mental health's designation as the fifth non-communicable disease in the new NSP. Despite complex three-tier governmental structures requiring multiple memoranda of understanding, FPD established formal partnerships with national and provincial health departments and the Department of Social Development. The initiative also transformed mental healthcare delivery through innovative digital solutions—the award-winning Vula mobile application now connects healthcare workers across 6,002 facilities and 53 specialties, while the StepWell Saga (launched March 2024), Africa's first serious game for mental health, has more than doubled its download targets with over 50% of users being youth aged 18-35, the demographic most affected by depression according to program evidence.

- **Key barriers, enablers, and recommendations for enhancing outcomes, sustainability, and scalability of these initiatives**
  The mental health integration initiatives face significant barriers including inadequate funding (exacerbated by stigmatization and budget cuts), critical shortages of specialized professionals, policy implementation gaps between national frameworks and local execution, and systemic bottlenecks from regulatory hurdles and administrative delays. Key enablers include innovative approaches like interpersonal counselling projects addressing human resource deficits, strategic partnerships between provincial health departments and universities (exemplified by the KZNDoH-UKZN collaboration), and digital solutions for service delivery. For enhanced outcomes and sustainability, recommendations include: securing consistent financial resources beyond the current minimal healthcare budget allocation, transitioning from disease-specific approaches (HIV-focused) to comprehensive mental health integration within primary healthcare, converting national policies into actionable provincial and district-level implementation plans, scaling up community interventions through provincial coordinators, replicating successful university partnerships across provinces, and addressing regulatory barriers from professional councils that currently function as "trade protection bodies" rather than facilitators of progress.

5. Conclusions and Recommendations

5. Conclusions and Recommendations

The purpose of this RE was to; provide an objective assessment of the outcomes, effectiveness, and sustainability of FPD's mental health system strengthening activities. The FPD mental health system strengthening evaluation reveals a multifaceted impact trajectory across different timeframes. In the short term, the program successfully elevated mental health awareness among healthcare workers, creating a foundation for improved recognition and response to mental health needs. Medium-term achievements include the strategic implementation of tools and interventions addressing healthcare worker burnout and stress management—critical factors affecting service quality and workforce retention in South Africa's high-pressure healthcare environment. Despite these positive outcomes, the evaluation identified significant long-term sustainability challenges, particularly how persistent systemic issues like chronic understaffing undermine the program's potential for lasting impact. This timeline-based analysis of achievements and challenges provides valuable insights for stakeholders seeking to build upon FPD's work, suggesting that future interventions must balance immediate awareness-raising and capacity-building with substantive advocacy for structural health system reforms to achieve sustainable mental health service delivery improvements. Against this backdrop, the following recommendations are suggested:

Immediate policy-level priorities: -

Accelerate the integration of mental health into primary healthcare - Advocating for strategic approach to MH programming that balances supply and demand: first ensure adequate treatment capacity before implementing widespread screening initiatives, then standardize evidence-based screening tools across all healthcare facilities to ensure consistent patient assessment. Simultaneously, establish clear, efficient referral pathways with appropriate resources allocated at each level of care—from primary clinics to specialized services—creating a seamless continuum of care. This comprehensive approach prevents overwhelming specialized services, ensures patients are directed to the appropriate level of care based on needs, and maximizes resource utilization while expanding access to mental health support for underserved populations, particularly in regions with limited mental health specialists.

Enhancement of human resources - Expand the Interpersonal Counselling (IPC) Programme by establishing and funding dedicated IPC positions in community settings, while developing clear career advancement pathways for IPC counsellors within the health system. This strategic initiative would leverage existing youth employment allocations, particularly the R6 billion Basic Education budget, to address mental health workforce gaps within the basic education ecosystem. The successful Jobs Boost Programme can be scaled nationally to support this implementation, creating sustainable employment opportunities while simultaneously expanding the mental health workforce to meet growing community needs in underserved areas. This dual-purpose approach addresses both unemployment and mental healthcare access challenges through a single, cost-effective intervention.

Programmatic-level priorities: -

Task shifting – Task-shifting strategies have transformed mental health service delivery through the strategic redistribution of responsibilities from specialists to non-specialists within primary and community care settings. By empowering lay personnel like learner support agents and community health workers (CHWs) to identify mental disorders and deliver evidence-based psychotherapeutic interventions, while simultaneously enabling trained primary care providers (PCPs) to administer appropriate psychopharmacological treatments will help to address supply side constraints. The Masiviwe campaign has effectively addressed the demand side gap through successful awareness campaigns, particularly in resource-constrained environments.

Stepped care – A strategic response to human resource constraints and supply-side challenges necessitates implementing stepped care interventions that begin with accessible self-help resources for vulnerable/at-risk populations. This approach should feature simple, brief, transdiagnostic evidence-based interventions available through digital applications or written materials, complemented by clearly defined referral and escalation pathways to ensure appropriate management of severe mental illness cases. Such a tiered system optimizes limited specialist resources while maximizing reach and effectiveness across the continuum of mental health needs.

Peer support groups – The notable success of peer support groups who benefitted in the MH trainings presents a strategic opportunity to expand mental health interventions by leveraging existing formal and informal community networks already established in HIV programming. Simultaneously, addressing stigma barriers require the deliberate inclusion of traditional community leaders in destigmatization training, enabling more effective community-level interventions through respected local authority figures who can help reshape attitudes toward mental health issues.

Targeted interventions – The documented disconnect in mental health support access across social structures necessitate demographic-sensitive intervention design. Masiviwe should specifically enhance outreach to male populations, as screening data reveals their disproportionately low participation in mental health services. Additionally, a proactive strategy must address the anticipated care gap for the key populations resulting from reduced donor funding for targeted healthcare services—a transition likely to precipitate mental health challenges requiring specialized support mechanisms before critical service disruptions occur.

Telemedicine– The strategic upscaling of telemedical interventions for mental health prevention and care—operating within POPIA Act compliance frameworks—offers promising opportunities to expand service reach while addressing critical access barriers. However, implementation must systematically account for internet accessibility challenges, ensure robust confidentiality protocols, and acknowledge the inherent limitations in gathering comprehensive client information remotely. Effective telemental health delivery requires pre-engagement assessment of three fundamental prerequisites: client access to internet connectivity and appropriate devices, sufficient technological literacy and comfort, and absence of cognitive impairments or other conditions that might compromise telehealth efficacy—considerations that should be formalized into standard operating procedures to maximize intervention impact while minimizing potential delivery complications.

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7. Annexures

7. Annexures

7.1. Annexure 1: The Project Implementation Plan

Project Stage	Activity	Deliverables	Responsibility	Due Date
Project Inception & Mobilisation	Signing of the contract	Signed contract	FPD/Consultant	05 March
	Confirmation of client's expectations	Inception meeting	FPD/Consultant	06 March
	Programme documents sharing	Dropbox	FPD	07 March
	Development of a detailed work plan	Inception Report	Consultant	09 March
	Development of an inception report	Consultant	Consultant	09 March
	Submission of inception report	**Consultant**	**Consultant**	**10 March**
	Payment of first tranche (20%)	Invoice (20%)	FPD	11 March
Desk Research & Document Review	Relevant Literature & document review	Draft/Final Evaluation Report	Consultant	08-10 March
	Development of KII guides	KII guides	Consultant	10 March
	Development of FGD Guide	FGD guide	Consultant	10 March
	Approval of instruments	Study instruments	FPD	11 March
Fieldwork	Field arrangements	Fieldwork Schedule	Consultant	11 March
	KIIs and FGDs	Meetings	Consultant	12 Mar – 5 Apr
Data Processing and Analysis	Data entry screen design	Data entry screen	Consultant	20 March
	Data coding	Coded questionnaires	Consultant	20 March
	Data cleaning	Clean data	Consultant	20 March
	Data analysis	Analysed Data	Consultant	21 March
Evaluation Report writing	Report writing	Draft Report	Consultant	21 March
	Submission of First draft	**Draft Evaluation Report**	**Consultant**	10 April
	Meeting- Discussion of first draft	**Minutes of the meeting**	**FPD/Consultant**	**14 April**
	Refinement of first draft report	Final Report	Consultant	15 April
	Submission Final Evaluation Report	**Final Report**	**Consultant**	**16 April**
	Approval of Final Evaluation Report	Project Closure Certificate	FPD	16 April
	Final Payment	Invoice (80%)	FPD	16 April

7.2. Annexure 2: The Evaluation Framework

Evaluation Criteria	Evaluation questions	Data Collection Methods	Data sources
Programme Design/ Programme Theory	• Was the project design appropriate for this kind of intervention? • Was the log frame exhaustively developed to guide project implementation? • How dynamic was the project design in responding to implementation opportunities and challenges? • What design element would change with the benefit of hindsight? • Was there enough stakeholder participation in programme development? • How was the project managed and coordinated?	• Project Proposals • Log Frame • Baseline report(s) • Annual reports • Project staff interviews • Key stakeholder interviews	• Desk review • Project staff • Key informants
Relevance	• Is the MH programme being implemented as planned? (Considering what was in the programme design? • Were the project objectives and activities responsive to specific needs of the mental health of the workforce • Was the implementation strategy responsive to the circumstances of the workforce? • What might have happened without the intervention of the MH Programme? • Analysis of the extent /causes of MH in SA	• Programme data • Document review • Key stakeholder interviews • FGD	• Design, planning & implementation documents • Planning documents and attendance registers • Project staff • Desk review • Key stakeholders
Efficiency and accountability	• How well are resources used in the programme? • Were human and financial resources used efficiently? • Were there clear work processes that encouraged efficiency and accountability? • Were there clear accountability processes and were these adhered to? • What alternative sources of similar projects are available in the market? • Compare the outcomes from different intervention methods i.e. relation between likes and post clicks/online vs other methods	• Programme document review and annual reports • Key stakeholder interviews • Financial reports	• Programme budget • Project staff • Desk review • Key informants
Effectiveness	• Are the trainees, mental health professionals, and community partners who have been supported through the FPD's MH strengthening initiatives able to deliver quality support to the target population?	• Baseline report • Project proposal • Stakeholders	• Desk review • Key informants

Evaluation Criteria	Evaluation questions	Data Collection Methods	Data sources
	• Has the programme been able to deliver its intended outputs and achieve its intended outcomes as follows: 1. *Conference and knowledge sharing* • Is there evidence that conference participants are now showing better commitment towards mental health? • To what extent are participants implementing mental health programmes in their work? • Is there evidence of partnerships or collaborations focused on mental health being entered into after the conference? • To what extent is there a proliferation of new mental health settings in the following environments: homes; communities; schools; workplaces; health care services; and natural environments • Strengthen mental health care by changing where, how, and by whom mental health care is delivered and received. • To what extent did the conference foster policy change? • Has there been new research in the Mental health space that have been commissioned or that are being commissioned as a direct result of the conference engagements? 2. *Education and Workforce Capacity Building* • To what extent has the Education and Workforce Capacity Building (asynchronous online courses, webinars and in person training) achieved desired results: in planned reach, targeted outputs; and outcomes and initial impacts? • Awareness of programmes where mental health has been integrated into HIV/TB programmes • What is the potential of the following initiatives in dealing with mental health on: inter-personal counselling; telemedicine; and workplace mental health programmes 3. *Research and Implementation Science* • To what extent is research and implementation science assisting in improving the MH initiatives 4. *System Strengthening and Policy Impact* • Were the partnerships with other programme stakeholders and service providers effective in achieving project objectives? • What changes could have made the project implementation more effective?	• Annual reports • FGD	

Evaluation Criteria	Evaluation questions	Data Collection Methods	Data sources
Impact (Outcomes)	• What are the immediate outcomes of education and workforce capacity building initiatives on: stigma, confidence, knowledge, attributes and practice? • What are some of the unintended outcomes of the online courses, webinars and in person training? • Do impacts differ, e.g. between the online courses, webinars, in person training? • Conference and Knowledge sharing • What are the immediate outcomes of Mental Health Conference and virtual ground rounds • What are some of the unintended outcomes of the online courses, webinars and in person training? • Have there been any unexpected outcomes and to what extent were they positive or detrimental to the intended beneficiaries of the intervention? • Are there any (and how much) outstanding successes attributable to the Mental Health Project that have not been identified?	• Baseline report • Project proposal • Stakeholders • Annual reports • FGD	• Desk review • Key informant interviews
Sustainability	• Are the outcomes of the Mental Health Project sustained or sustainable after the departure of Programme?	• Key stakeholder interviews	• Programme staff and partners

7.3. Annexure 3: FPD Research and Implementation Science Outputs

Peer Reviewed Papers	Oral Presentations at Conferences	Poster Presentations at Conferences
1. Stockton *et al.*, (2024). *Validation of a brief screener for broad-spectrum mental and substance-use disorders in South Africa*. Glob Ment Health (Camb). 2024; 11: e4. *(Link to article)* 2. Shisana, O., Stein, D.J., Zungu, N. & Wolvaardt, G. (2024). *The rationale for South Africa to prioritise mental health care as a critical aspect of overall health care*. Comprehensive Psychiatry. 130: Online. http://hdl.handle.net/20.500.11910/23031. *(Link to article)* 3. Scharbert *et al.*, (2023). *A global experience-sampling method study of well-being during times of crisis: The CoCo project*. Social and Personality Psychology Compass Volume 17, Issue 10. *(Link to article)* 4. Stein, D. J., Wolvaardt, G. G., Zungu, N., Shisana, O. (2023). *Ten Game-Changers for Mental Health in South Africa*. South African Journal of Psychiatry | Vol 29 | a2180 | DOI: https://doi.org/10.4102/sajpsychiatry.v29i0.2180. *(Link to article)* 5. Wainberg, M. L., Wolvaardt, G. G., Gouveia, L., Ferenchick, L. (2023). *We must leave no one behind in the response to HIV and mental health*. Journal of the International AIDS Society. 10 October 2023. World Mental Health Day 2023. *(Link to article)* Freeman, M. C., Wainberg, M. L., Slabbert, J. D., Mabela, S., Wolvaardt, G. G. *Persons with severe mental health conditions should be included as a key population in HIV programmes*. AIDS 37(14): p 2115-2118, November 15, 2023. *(Link to article)*	1. Mabela, S. Freeman, M. Kgoebane, B. Slabbert, Malepe, T. (2023). Integrating Mental Health and HIV Care in South Africa - Views from a Round Table of Experts. Mental Health Conference 2023. (Link to presentation) 2. Freeman, M. Slabbert, J. Mabela, M. Wainberg, M. Kgoebane, B. (2023). Should People with Severe Mental Health Conditions Be Added as a Key Population by UNAIDS and the HIV/STI/TB National Strategi Plan? Mental Health Conference 2023. (Presentation not available publicly) 3. Slabbert, J & Kelly, F. (2023). Use of innovation to reach and to sensitize adolescents on LGBTQIA+ stigmatization. Mental Health Conference 2023. (Link to presentation) 4. Slaven, F. (2021). Effect of an e-learning course on health worker resilience and wellbeing during COVID-19. SAAHE 2021. (Presentation not available publicly) 5. Medina-Marino, A. (2018). Integrating Mental Health within the Primary Health Care Setting – Research and Practice: The South African Context. April 16, 2018. Global Mental Health Conference. (Presentation not available publicly) 6. Slaven, F. (2017). HIV and Depression: A scoping review of the South African literature. 5th Southern African Students' Psychology Conference, 29-30 June 2017, UNISA Pretoria. (Presentation not available publicly) 7. O'Regon et al., (2015). Depression and Absenteeism among Participants of the Rea Phela Health Care Worker Study. Public Health	1. Kgoebane, B. (2023). *Use of Technology to Address the Growing Mental Health Pandemic*. Mental Health Conference 2023. 2. Mabela, S. Kruger, W & Malepe, T. (2023). *Interactive Psychosocial Support Map on Innovative Ways to Access Mental Health Services*. Mental Health Conference 2023. 3. De Vos *et al.,* (2018). *Is the PHQ-8 an efficient screening tool for depression among HIV positive pregnant women attending antenatal and postnatal care?* 22nd International AIDS Conference 2018. 4. Paul, S. (2016). *Assessment of mental health care services provided in antenatal care/well-baby clinics in Tshwane, South Africa*. SA AIDS Conference 2016. 5. McKinnon et al., (2016). HIV risk reduction programs for people in public psychiatric care in Brazil: Treatment as usual? SA AIDS Conference 2016. 6. Wainberg et al., (2016). Sexual Risk Reduction Intervention for Psychiatric Patients: Outcome of a Large, Multi-Site, Randomized Controlled Trial Implemented within a Low-Resource Public Mental Health System. SA AIDS Conference 2016. 7. Slaven, F. Cameron, D. (2015). *The importance of screening HIV positive patients for depression*. SA AIDS Conference 2015. 8. Dos Santos, M. (2013). *The Rorschach Inkblot Test and CIDI as Measure of Psychodynamics and Psychological Co-Morbidity in People Living with HIV*. 13th European Congress of Psychology (ECP 2013), Stockholm, Sweden, 9-12 July 2013.

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6. Maiketso, M. Wolvaardt, J. Uys, M. Grobler, M. (2023). *Benefits of a short course on mental health well-being and resilience for healthcare workers in South Africa during the COVID-19 pandemic*. Publisher: Emerald Publishing Limited. *(Link to article)* 7. Basaraba *et al.*, (2022). *Does It Matter What Screener We Use? A Comparison of Ultra-brief PHQ-4 and E-mwTool-3 Screeners for Anxiety and Depression Among People with and Without HIV*. AIDS and Behavior. Published: 08 October 2022. Volume 27, pages 1154–1161. *(Link to article)* 8. O'Grady *et al.*, (2021). *Mobile technology and task shifting to improve access to alcohol treatment services in Mozambique*. Journal of Substance Abuse Treatment. Volume 134, 108549. *(Link to article)* 9. Wainberg *et al.*, (2021). *Partnerships in Research to Implement and Disseminate Sustainable and Scalable Evidence-Based Practices (PRIDE) in Mozambique*. HHS Public Access. Psychiatry Serv. 2021 July 01; 72(7): 802–811. doi: 10.1176/appi.ps.202000090. *(Link to article)* 10. Kelly, F. Uys, M. Bezuidenhout, D. Mullane, S.L. Bristol, C. (2021). *Improving Healthcare Worker Resilience and Well-Being During COVID-19 Using a Self-Directed E-Learning Intervention*. Front. Psychol., 02 December 2021. *(Link to article)* 11. Wainberg *et al.*, *Technology and implementation science to forge the future of evidence-based psychotherapies: the PRIDE scale-up study*. HHS Public Access. Evid Based Ment Health. 2021 February; 24(1): 19–24. doi:10.1136/ebmental-2020-300199. *(Link to article)*	Association of South Africa (PHASA) Conference. (Presentation not available publicly) 8. Dos Santos, M. (2013). Psychological co morbidity in people living with HIV in Africa. Southern African Students Psychology Conference. 24-28 June, University of Witwatersrand. 9. Dos Santos, M. (2013). Mental health co morbidity in people living with HIV in South Africa - steps towards a synthesis of interventions. Shanghai International Conference on Social Science July 11-13, 2013, Shanghai, China. 10. Dos Santos, M. (2013). Mental Health Co-Morbidity in People Living with HIV in South Africa: Steps Towards a Synthesis of Interventions. 6th SA AIDS Conference, 18 - 21 June 2013. 11. Dos Santos, M. (2012). Psychiatric co morbidity in people living with HIV in South Africa – an explorative and prevention intervention study. 6th Annual International Conference on Psychology, 28-31 May 2012, Athens, Greece. 12. Dos Santos, M. Ganesan, V. Wilson, D. (2012). Mental health co morbidity in people living with HIV in Africa - a review and call for action. BIT's 2nd Annual World Congress of Microbes, 2012. 30 July – 1 August 2012. Guangzhou, China. 13. Dos Santos, M. (2011). Healing the dragon - heroin use disorder recovery and intervention. 5th Annual International Conference on Psychology, 30-2 June, Athens, Greece. 14. Dos Santos, M. (2011). The people living with HIV stigma index: A survey to measure stigma and discrimination in the health, education and work sector experienced by people living with HIV/AIDS	9. Dos Santos, M. (2013). *Psychological Co-morbidity In People Living With HIV*. 6th SA AIDS Conference, 18 - 21 June 2013. 10. Dos Santos, M. (2013). *Mental health co morbidity in people living with HIV in South Africa: Steps towards a synthesis of interventions and policy advancement*. 3rd International Conference on Simulation and Modelling Methodologies, Technologies, and Applications. Reykjavik, Iceland - 29-31 July. 11. Dos Santos, M. (2012). *Psychiatric co morbidity in people living with HIV in Africa an explorative and prevention intervention study*. Joint PHASA and RuDASA Conference 2012.

Peer Reviewed Papers	Oral Presentations at Conferences	Poster Presentations at Conferences
12. Lovero *et al.*, (2019). *Mixed-methods evaluation of mental healthcare integration into tuberculosis and maternal-child healthcare services of four South African districts*. BMC Health Services Research 19, Article number: 83. *(Link to article)* 13. Sweetland *et al.*, (2018). *Tuberculosis: an opportunity to integrate mental health services in primary care in low-resource settings*. Lancet Psychiatry 2018. Published Online. September 18, 2018. *(Link to article)* 14. Slaven, F. Cameron, D. (2016). *HIV and Depression: A Scoping Review of South African literature*. New Voices in Psychology 12(2) 201. *(Link to article)* 15. Shamu *et al.*, (2016). *High-frequency intimate partner violence during pregnancy, postnatal depression and suicidal tendencies in Harare, Zimbabwe*. General Hospital Psychiatry 38 (2016) 109–114. *(Link to article)* 16. Dos Santos, M. Wolvaardt, G. (2016). *Integrated intervention for mental health comorbidity in HIV-positive individuals: A public health assessment*. African Journal of AIDS Research. Published online: 14 Dec 2016. *(Link to article)* 17. Hanass-Hancock *et al.*, (2015). *Committing to disability inclusion to end AIDS by 2030*. The Lancet HIV Volume 3, No12 e556-e557, December 2016. *(Link to article)* 18. Dos Santos, M. Kruger, P. Mellors, S. E. Wolvaardt, G. G. Van der Ryst, E. (2014). *An exploratory survey measuring stigma and discrimination experienced by people living with HIV/AIDS in South Africa: The People Living with HIV Stigma Index.* BMC Public Health, Feb 2014. *(Link to article)*	in 4 provinces in South Africa. World Mental Health Congress, CTICC. Cape Town, 17-21 October. 15. Dos Santos, M. (2011). Rapid Assessment Response Study: Heroin Use and HIV/AIDS Health Risk - South Africa. World Mental Health Congress, CTICC. Cape Town, 17-21 October. 16. Dos Santos, M. (2011). Healing the dragon: An approach to heroin use disorder recovery and intervention. South African Students Psychology Conference, 23-24 July. 17. Dos Santos, M. (2011). Heroin use disorder recovery and intervention within the African context." Transcultural Psychiatry Conference 13-17 November.	

Peer Reviewed Papers	Oral Presentations at Conferences	Poster Presentations at Conferences
19. Dos Santos, M. Trautmann, F. Wolvaardt, G. G. Palakatsela, R. (2014). *Rapid Assessment Response (RAR) study: drug use, health and systemic risks—Emthonjeni Correctional Centre, Pretoria, South Africa*: Harm Reduction Journal 2014, 11:11. *(Link to article)* 20. Dos Santos, M. (2013). *Healing the dragon: does heroin use disorder intervention 'work'? A Critical Review*. South American Journal of Health & Behavioural Science, Volume-1, Issue-1, 2013. *(Link to article)* 21. Mokoka, M. T. Rataemane, S. T. Dos Santos, M. (2012). *Disability claims on psychiatric grounds in the South African context: A review*. SA Journal of Psychiatry 2012;18(2):34-41. *(Link to article)* 22. Dos Santos, M. (2012). *Heroin use disorder intervention and recommendations for policy advancement*. New Voices in PsychologyVol. 8, No. 1. *(Link to article)*		