

## Appendix D - LOGFRAME

<b>PROJECT TITLE:</b>		<b>Mental Health in Post-conflict Colombia - Ways Ahead</b>				
<b>Long-term objective / impact</b>		Improved mental health in post-conflict Colombia contributes to building a peaceful and democratic society				
<b>Immediate objectives / Work packages</b>		Mental health is improved in vulnerable and stigmatized groups in conflict-ridden areas of Colombia through effective knowledge- and evidence-based focused interventions that respond to the needs and preferences of the population				
<b>Outcome 1</b>		<b>Outcome Indicator</b>	<b>Baseline</b>	<b>Midterm Milestone</b>	<b>Target</b>	<b>Assumptions</b>
			start 2018	mid 2019	end 2020	
1	Research-based knowledge about vulnerable populations including the dynamics between stigma, social capital and mental health, has been generated, to guide the design of focused interventions	Research on vulnerable populations has been conducted. Means of verification: Number of reports for local and national use, number of scientific articles, coverage in local media	Some limited data exist in different datasets but they have not been compared and analyzed to the extent possible, and they are not specific for proposed intervention areas.	Literature review. Reports from analysis of datasets. Complimentary population survey designed and carried out as well as qualitative studies	At least 5 reports: Literature review on social dynamics and mental health, analysis of existing data, results from population survey, results from qualitative research, synthesis of the information. At least 3 scientific articles. Results presented in partners' webpages and in at least 5 local media	It is assumed that project partners will have access to existing raw data - the Ministry of Health has confirmed that this is the case.The peace process in Colombia is still fragile, and new surges of violence may be seen - to mitigate safety risks, areas where data is to be collected will be carefully selected based on thorough feasibility and risk analyses. It is assumed that the population in the targeted areas will be willing to interact with researchers - researchers from Universidad Externado have a track record of intervening in conflict zones, and their experience will be drawn upon when designing and carrying out data collection.
			Source: Reports, copy of submitted scientific articles, links to webpages, links to/copies of local media coverage			

Output (to outcome 1)		Output Indicator	Baseline	Midterm Milestone	Target	Assumptions
			start 2018	mid 2019	end 2020	
1.1	Increased knowledge about the territorial distribution and characteristics of the vulnerable and stigmatized groups	Number of reports for local and national use, number of scientific articles, coverage in local and national media	Some data exist in different datasets but they have not been compared and analyzed to the extent possible	A report exists that compares and analyzes data from different datasets. A complimentary population survey has been designed and carried out	A report exists that presents the results from the population survey. A report exists that synthesizes the information from the analysis of the already existing data and from the complementary population survey. Results have been presented in at least one scientific article submitted to a peer-reviewed journal. Results have been presented on partners' webpages and in at least 5 local and national media.	Please see assumptions above.
		Source: Reports, copy of submitted scientific article, links to webpages, links to/copies of local media coverage				
1.2	Increased knowledge about vulnerable and stigmatized groups' violence exposures, treatment and support needs, health-seeking behaviour, and preferences for health care and community reintegration	Number of reports for local and national use, number of scientific articles, coverage in local and national media	Some data exist in different datasets but they have not been compared and analyzed to the extent possible	A report exists that compares and analyzes data from different datasets. A complimentary population survey has been designed and carried out. Information has been collected through qualitative research methods	A report exists that presents the results from the population survey. A report exists that presents the results from the qualitative study. A report exists that synthesizes the information from the analysis of the already existing data, from the complementary population survey and from the qualitative research. Results have been presented in at least one scientific article submitted to a peer-reviewed journal. Results have been presented on partners' webpages and in at least 5 local and national media.	Please see assumptions above.
		Source: Reports, copy of submitted scientific article, links to webpages, links to/copies of local media coverage				

1.3	Increased knowledge about social dynamics shaping stigmatization including potential predictors for successful mental health treatment and community reintegration of vulnerable and stigmatized groups	Number of reports for local and national use, number of scientific articles, coverage in local and national media	Some data exist in different datasets but they have not been compared and analyzed to the extent possible	A literature review exists about social dynamics and mental health interventions. A report exists that compares and analyzes data from different datasets. A complimentary population survey has been designed and carried out. Information has been collected through qualitative research methods	A report exists that presents the results from the population survey. A report exists that presents the results from the qualitative study. A report exists that synthesizes the information from the analysis of the already existing data, from the complementary population survey and from the qualitative research. A report exists that presents results from the litterature survey. Results have been presented in at least one scientific article submitted to a peer-reviewed journal. Results have been presented on partners' webpages and in at least 5 local and national media.	Please see assumptions above.
			Source: Reports, copy of submitted scientific article, links to webpages, links to/copies of local media coverage			

Outcome 2:		Outcome Indicator	Baseline	Midterm Milestone	Target	Assumptions
			start 2018	mid 2019	end 2020	
2	The health care system has implemented innovative and evidence-based outreach interventions which effectively strengthen mental health in vulnerable and stigmatized groups	Outreach interventions have been designed and implemented in 5 target areas. Means of verification: Number of areas and population covered, mental health indicators in M&E system, evaluation report based on M&E system	Sporadic outreach interventions in mental health exist in Colombia, but none are specifically targeting the post-conflict context and none have been tested scientifically	Outreach interventions including an M&E system with relevant indicators have been designed	Outreach interventions have been implemented in 5 target areas. An M&E system has been designed and implemented. 25 % of participants have experienced at least some improvement in mental health and well-being or in perceptions regarding stigma. An evaluation report of interventions exists. One scientific article about results has been planned.	It is assumed that it will be possible to involve health staff at department and local level in the implementation of interventions - the project ideas have been presented in the <i>Unidad Sanitaria</i> in one proposed project area, Cauca, and were positively received. The peace process in Colombia is still fragile, and new surges of violence may be seen - to mitigate safety risks, intervention areas will be carefully selected based on thorough feasibility and risk analyses and on experience from the initial data collection process (outcome 1). It is assumed that the population in the targeted areas will be willing to talk about mental health with researchers and health staff - in the meeting in <i>Unidad Sanitaria</i> , representatives from civil society confirmed the need for mental health interventions, and in a meeting in <i>El Mecanismo de Monitoreo y Verificación</i> FARC members expressed their support to mental health interventions. Interventions will be planned with the involvement of the target groups to make sure that they are culturally and socially acceptable.
			Source: Inception report for pilot interventions, M&E system, and pilot intervention evaluation report, outline for scientific article			
Output (to outcome 2)		Output Indicator	Baseline	Midterm Milestone	Target	Assumptions
			start 2018	mid 2019	end 2020	

2.1	Focused outreach interventions aiming to improve the mental health of vulnerable and stigmatized groups have been designed and implemented on a pilot basis	Number of areas and population covered, mental health indicators in M&E system	Sporadic outreach interventions in mental health exist in Colombia, but none are specifically targeting the post-conflict context and none have been tested	Outreach interventions have been designed based on results from studies in outcome 1, and project rationale and design are described in a report. 5 target areas have been identified.	Outreach interventions have been implemented in 5 target areas. At least 10 % of the target group has benefitted from the outreach interventions.	Please see assumptions above.
			Source: Inception report for pilot interventions, M&E system, and pilot intervention evaluation report			
2.2	A monitoring and evaluation (M&E) system for follow-up on the course and impact of the outreach interventions has been established	Existence of M&E system	No M&E system exists specifically designed to follow up on mental health interventions	An M&E system has been designed with relevant indicators that can be used to assess course as well as impact of mental health interventions	The M&E system has been put in use and data are used to assess course and impact of interventions	It is assumed that it will be possible to develop a feasible M&E system and that data will be entered on a continuous basis to allow for follow-up and evaluation - The Colombian Ministry of Health and its local counterparts have a strong tradition for data collection and analysis, and the M&E system will be based on their experience and to the extent possible on data already being collected for other purposes so as to minimize data collection efforts.
			Source: M&E system and pilot intervention evaluation report			
2.3	Pilot outreach interventions have been evaluated, and recommendations for mental health and social inclusion interventions within public health policy planning have been provided	Existence of evaluation report including recommendations	NA	NA	Pilot interventions have been evaluated. At least one scientific article is submitted.	It is assumed that there will be an interest from the Ministry of Health to include experience from the project in future health policy planning - since the Ministry of Health is involved throughout the project, it should secure that the recommendations developed in the project are feasible for the purpose.
			Source: M&E system and pilot intervention evaluation report, outline for scientific article			

Outcome 3:		Outcome Indicator	Baseline	Midterm Milestone	Target	Assumptions
			start 2018	mid 2019	end 2020	
3	Research capacity among project partners has been strengthened	Partners have participated actively in the project. Means of verification: Number of local health staff who have participated actively and report improved knowledge, number of meetings in the project steering group, and number of studies (outcome 1) in which the different partners have participated actively	Some research and collaboration capacity exists at national and local level but needs improvement	15 local health processionals have participated actively in data collection and development of interventions. The project steering group is active. All project partners participate actively in project activities	15 local health professionals in 5 target areas have participated actively in data collection, and in development and implementation of interventions. The project steering group has held at least quarterly meetings during the course of the project. All 3 partners have participated actively in project activities.	It is assumed that all partners participate actively in the project fulfilling their assigned tasks and roles and being willing to learn from each other - the partners met in July of 2017 to prepare the project, and all meetings were held in a constructive and positive atmosphere that showed the different research strenghts of the partners, allowed for partners to learn from each other and also from invited guests from potential collaborators to the project. It is assumed that local health staff and other relevant actors will collaborate in the project - since the Ministry of Health is actively engaged in the project it is expected that they can push for local involvement.
			Source: M&E system, sources mentioned under outcome 1, and minutes from steering group meetings			
Output(to outcome 3)		Output Indicator	Baseline	Midterm Milestone	Target	Assumptions
			start 2018	mid 2019	end 2020	
3.1	Local health care providers have gained knowledge on how to collect, analyze, and use data in their daily work	Number of health professionals who have participated actively and report improved knowledge	Knowledge about data handling among local health professionals is limited	Local health professionals have participated actively in data collection and development of interventions	Local health professionals in 5 target areas (at least 3 in each area) have participated actively in data collection, and in development and implementation of interventions	It is assumed that local health care providers and staff are willing and able to engage with the project and can apply what they learn - project areas will be elected where the <i>Unidad Sanitaria</i> is ready to support project interventions thereby allowing staff to spend time on it.
			Source: M&E system (outcome 2)			

3.2	Colombia Ministry of Health has increased its capacity to engage with private research institutions and its capacity to work evidence-based when designing mental health policies and interventions	Number of meetings in the project steering group attended, number of studies (outcome 1) in which the Ministry of Health has participated	The Ministry of Health has some experience in working evidence-based and in engaging with private research institutions, but data is often not explored and used to its fullest potential	The project steering group is established and has had at least quarterly meetings since project start. The Ministry has participated actively in project activities.	The project steering group has met either physically or on skype 4 times yearly during the course of the project. The Ministry has participated actively in the analysis of existing datasets and in the design, implementation, and results analysis of the population survey including report and article writing, and in the dissemination of results	It is assumed that the Ministry of Health participates actively in the project and engages with the other project partners - the Ministry has participated actively in the formulation of the project and has shown its ability and interest to engage with and learn from other relevant institutions, also institutions outside of the health sector.
			Source: Minutes from steering group meetings + sources stated under outcome 1			
3.3	Universidad Externado has increased its capacity to engage in partnership with public institutions on the use of research results, its capacity in mixed-methods research in mental health and its capacity in evaluating interventions	Number of meetings in the project steering group attended, number of studies (outcome 1) in which the Universidad Externado has participated	The Universidad Externado has some experience in engaging in partnership with public institutions. Experience in publishing research results is limited	The project steering group is established and has had at least quarterly meetings since project start. The University has participated actively in project activities.	The project steering group has met either physically or on skype 4 times yearly during the course of the project. The University has participated actively in the design, implementation, and results analysis of the population survey and in the qualitative research including report and article writing, and in the dissemination of results	It is assumed that the Universidad Externado participates actively in the project and engages with the other project partners - the University has participated actively in the formulation of the project and has shown its ability and interest to engage with and learn from relevant institutions, also institutions outside of the university sector.
			Source: Minutes from steering group meetings + sources stated under outcome 1			

3.4	Dignity has increased international research experience and ability to transform results of needs assessment surveys into national intervention strategies and interventions	Number of meetings in the project steering group attended, number of studies (outcome 1) in which Dignity has participated	Dignity has international research experience, but this project is the first in which a partnership will be made with both a private research institution and a government institution	The project steering group is established and has had at least quarterly meetings since project start. Dignity has participated actively in project activities.	The project steering group has met either physically or on skype 4 times yearly during the course of the project. Dignity has participated actively in the literature reviews, in the analysis of existing datasets, in the design and results analysis of the population survey and the qualitative research including report and article writing, and in the dissemination of results	It is assumed that Dignity will play an active and leading role in the project and that sufficient time is allocated for the principal researcher and other researchers to do so - in Dignity time will be allocated according to project budget and time allocation needs.
			Source: Minutes from steering group meetings + sources stated under outcome 1			