Zimbabwe Early Intervention in Psychosis

Z Factor Project Logical Framework

Narrative summary	Performance Indicators (project Progress)	Data Sources (Means of Verification)	Assumptions (hypotheses) & Risks
Overall Goal Community conversations about psychosis are opened up in Chinyika and Rusike communities of Goromonzi Rural District Zimbabwe	Chinyika & Rusike communities rally behind the public engagement project. General health discussions include psychosis issues	**1.** Number of people from the communities attending each public engagement event as audience. **2.** Number of consistent attendees to the public engagement i.e., stakeholders, drama competitors, the general public, gender aggregation of attendees. **3.** Baseline info from a Validated (e.g., Tylor & Dear, 1979, 1981) Community Attitudes towards Mental Illness Scale quantitative questionnaire to longitudinally measure attitude changes of a consistent sample e.g., drama competitor&/stakeholders as a way to measure impact **4.** Qualitative interviews with individuals and focus groups through semi structured interviews	**1.** Psychosis is an issue in the community therefore should be given centre stage as a community health issue. **2a.** Local political & other leadership does not impede community gatherings **2b.** Obtaining of institutional permissions (e.g., District Police clearances, Research clearances) will assist in smooth project implementation **2c.** Convening the public engagement at a neutral location (. e.g., open space community meeting arena or growth point) will encourage various stakeholders to take part as it will not be aligned to a particular treatment model (i.e., clinics which may be viewed as biased towards the medical model of psychosis treatment) **3.** There will be a sufficient number of regular workshop attendees from which to get longitudinal data through the duration of the project

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Purpose To use a psychosis themed drama competition to help combat stigma and open up collaborative pathways between the traditional/faith based and medical models of psychosis treatment	ZimEIP's relationship with Chinyika & Rusike stakeholders able to influence a community participatory approach in "Z Factor" project implementation. Drama competition able to draw out community members to attend workshops.	Number of public engagement activities & people reached within the 6 months timeframe of the project. Suggested ways of collaboration for the 3 psychosis treatment models.	**1.** Local traditional leaders' pledge to promote mental health education in Goromonzi will enable smooth project implementation. **2.** EIP Village Health Workers will be eager to use the Z Factor project as a platform to provide psycho-education in their communities. **3.**Cultural/religious affiliations do not interfere with the exploration of a collaborative pathway between traditional/faith based & medical model of psychosis treatment.
Outputs **1.** Community's knowledge on the negative impact of psychosis stigma and discrimination is increased. **2.** The community is able to detect and seek psychosis treatment early **3.** The traditional/faith based and medical model of psychosis treatment agreed on a sustainable way of collaboration in treatment provision **4.** Project implementer's understanding of community perceptions about psychosis	**1.** Public engagement workshops carried out to educate communities on stigma & discrimination **2.** Psychosis treatment options available in the community are explored and community is empowered to make an informed choice of the pathway to care **3.** All community Mental health service providers (e.g. traditional healers, faith healers, churches) are engaged along with the general community to explore ways of collaboration in the provision &	**1.** Workshop Attendance Registers **2.** Number of public engagement workshops carried out. **3.** Workshop reports, A/V recordings of dramas & focus group discussions, voting sheets, community voting sheets, workshop & focus ground attendance registers.	**1.** Chinyika & Rusike communities see the value in being educated about psychosis **2.** Well planned and organized public engagement workshop will ensure meeting of project objectives **3.** Village Health Workers' community work skills & experience will help in mobilizing the community to attend the workshops

increased & informs future project implementation strategies **5.** Feedback given to the community on the Research findings from the Z Factor project empowers communities to make informed treatment decisions and increase their knowledge about their own attitudes and beliefs about mental illness	improvement of service delivery **4.** Longitudinal baseline information from Tlyor & Dear (1981) tool, Elders' voting sheets, qualitative interviews, community voting sheets, audio/video recordings of drama & workshop proceedings have answered Z Factor's research questions **5. End of project reporting feedback workshop is held in Goromonzi**		
Inputs (Activities) **1.** Involve 48 Village Health Workers (32 Chinyika & 16 Rusike) to act as community mobilizers from the EIP Lay Health Workers training project. **2.** Organize a combined all stakeholder workshop for Chinyika & Rusike to plan the implementation of Z factor with community leaders **3.** Organize a combined/separate community workshop to introduce the drama competition to Chinyika & Rusike communities **4.** Organize a combined auditions workshop to **select** 10 drama groups to compete	**1.** 48 VHWs recruited and equipped to work as community mobilizers & workshop organizers. **2a.** All stakeholder workshop conducted with mental health service providers & service users **2b.** Community elders, stakeholders and mental health users identified and engaged to work as part of the drama judging panel (e.g., 5 panel members for each area T=10). **3.** Project introduction Community workshop conducted **4a.** Combined drama auditions workshop carried out **4b.** 10 drama groups selected to	**1.** Number of VHWs willing to act as community mobilizers, community mobiliser registers. **2a.** All stakeholder workshops attendance registers, meeting outcome report with proposed project implementation plan **2b.** Number of stakeholders willing to become members of the judging panel **3.** Workshop report **4.** Drama auditions audio/video recordings, auditions participants	**1.** Village Health Workers are eager & have the requisite skills to mobilize communities & organize the workshops **2.** Chinyika & Ruske stakeholders (e.g., local leaders) are willing to actively participate in the planning and implementation of the Z factor project **3.** Drama which is a key cultural information transmission media will incentivize the community to attend the workshops **3.** The project inputs will be sufficient to realize project outputs

5. Organize public engagement drama workshops for Chinyika & Rusike separately **6.** Organize final combined drama competition workshop at Chinyika **7.** Organize Z Factor feedback workshop for the community **8.** print or electronic Publication/dissemination of project findings **9.** End of project evaluation	compete **5.** Separate initial drama competitions/workshops carried out. **6.** Combined final drama competition workshop carried out **7.** End of project community feedback workshop carried out **8.** Project findings disseminated at the community, national & international level, **9.** End of project evaluation carried & the findings influence future public engagement activities	register **5.** workshop reports, pre-post workshop longitudinal questionnaires (e.g., for drama participants/identified group to be followed throughout the project life) **6.** workshop reports, baseline data questionnaires, audio/video recordings **7.** workshop reports **8.** project findings' report/academic articles/learning outcomes etc **9.** Z Factor project evaluation report	**4.** Project inputs will constantly be monitored & adapted to ensure meeting of project aim & objectives.