COMMUNICATION AND KNOWLEDGE DISSEMINATION PLAN

DELIVERABLE 8.1
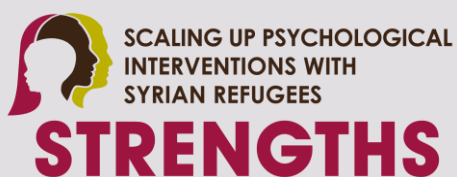
SCALING UP PSYCHOLOGICAL INTERVENTIONS WITH SYRIAN REFUGEES

STRENGTHS

Project acronym: STRENGTHS

Project title: Fostering responsive mental health systems in the Syrian refugee crisis

Grant agreement number: 733337 — STRENGTHS — H2020-SC1-2016-2017/H2020-SC1-2016-RTD

Work package in charge: WP8 Synthesis and dissemination

Delivery date of this deliverable: June 30, 2017

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1. List of abbreviations and acronyms

CA	Consortium Agreement
DEBATEM	Istanbul Centre for Behaviour Research and Therapy
DRC	Danish Red Cross - Reference Centre for Psychosocial Support
EB	Executive Board
EC	European Commission
FUB	Freie Universität Berlin
GA	General Assembly
HYAC	Helping Young Adolescents Cope
IMC	International Medical Corps
ISU	İstanbul Şehir Üniversitesi
KIT	Koninklijk Instituut voor de Tropen (Royal Tropical Institute)
KPI	Key Performance Indicators
LSE	London School of Economics and Political Science
LSHTM	London School of Hygiene and Tropical Medicine
MHPSS	Mental Health and Psychosocial Support
NGO	Non Governmental Organisation
PAB	Project Advisory Board
PM+	Problem Management Plus
PTSD	Posttraumatic Stress Disorder
RASASA	Mülteciler Ve Sığınmacılar Yardımlaşma Ve Dayanışma Derneği
SB	Safety Board
UK	United Kingdom
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNSW	University of New South Wales
UZH	Universität Zürich
VUA	Vrije Universiteit Amsterdam
WCH	War Child Holland
WHO	World Health Organization
WP	Work Package

2. Introduction

On January 1, 2017, the STRENGTHS programme started. As part of a 5-year work plan, this report contains the preliminary STRENGTHS' Communication and Knowledge Dissemination Plan. A first draft of the plan was developed during the first six months of the project in agreement with STRENGTHS partners and will be adapted at the end of year one and from then on a yearly basis, as a living document. The document and the updates will be shared with all consortium partners and constitute the foundation of their communication and dissemination around STRENGTHS. This plan, and the updated versions, will be posted on the project website. All dissemination actions will be performed according to the Horizon 2020 rules and clauses relevant to communication, including the specification for all publicity that the project has received as Community research funding and displaying the European emblem and Open Access publishing.

This document starts with a recap of the programme and its objectives (chapter 1). The core of the document (chapter 2) consists of a detailed description of the dissemination strategy and related activities. The final chapter (3) describes how and when the various activities described in chapter 2 will be implemented.

2.1. Project summary

As a result of the war in Syria over five million Syrians have fled Syria to other countries across the Middle East (including Egypt and Turkey) and to countries in Europe. Based on past and on-going stressors, adversities and loss, Syrian refugees may experience symptoms of common mental disorders, which could include symptoms of depression, anxiety and posttraumatic stress disorder (PTSD). The sudden increase in refugees seeking asylum in Europe and Syria's bordering countries poses a significant challenge to the responsiveness of the health systems. Multiple barriers, such as the lack of trained specialists who may deliver evidence based mental health interventions across the Middle Eastern countries and the lack of Arabic speaking mental health care professionals in Europe limit access to mental health services.

STRENGTHS aims to provide effective community-based mental health care implementation strategies to scale-up the delivery and uptake of effective mental health interventions in in Syrian refugees in countries around Syria (Turkey, Lebanon, Jordan, Egypt), and Europe (Germany, the Netherlands, Switzerland and Sweden).

The World Health Organization (WHO) has developed a new set of scalable psychological interventions, among which the Problem Management Plus (PM+) programmes for use in humanitarian and low-resource settings. These programmes are short and may be delivered by non-professional helpers or lay people after training. They are transdiagnostic, which means that they do not target a single disorder, but a more generic set of symptoms of common mental disorders and psychosocial distress. They are based on evidence-based cognitive behavioural and problem solving techniques. During five sessions of each 90 minutes, clients are taught four strategies: stress management, problem solving, behavioural activation and skills to strengthen social support. Several formats and delivery modes of the PM+ programmes are available or have been initiated:
  − PM+ Individual (evaluated in Pakistan (Rahman et al., 2016)[1] and Kenya (Bryant et al., Manuscript under review 2017)[2]),

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[1] Rahman, A., Hamdani, S. U., Awan, N. R., Bryant, R. A., Dawson, K. S., Khan, M. F., . . . van Ommeren, M. (2016). Effect of a Multicomponent Behavioral Intervention in Adults Impaired by Psychological Distress in a Conflict-Affected Area of Pakistan: A Randomized Clinical Trial. *JAMA, 316*(24), 2609-2617. doi:10.1001/jama.2016.17165

[2] Bryant, R. A., Dawson, K., Schafer, A., Sijbandij, M., L., N., & Van Ommeren, M. (Manuscript under review 2017). Randomized controlled trial of a brief mental health intervention for women affected by gender-based violence

- PM+ Group (under evaluation in Swat, Pakistan; (Chiumento et al., 2017)[3]),
- Step by Step, e-mental health programme for adults (under development),
- Helping Young Adolescents Cope (HYAC; Child & Adolescents; under development).

2.2. Project objectives

To outline necessary steps needed to integrate evidence based scalable psychological interventions for common mental disorders (the PM+ programs) into the health systems of countries bordering Syria (Lebanon, Turkey, Jordan and Egypt) and Europe (the Netherlands, Switzerland, Germany and Sweden). These include key preparatory steps in the local political, regulatory and governance processes for uptake and scaling-up of the intervention and key contextual and system related factors for its integration. These steps will be validated for the real life impact on the responsiveness of the system.

To adapt the PM+ programmes and training materials to the recipients of care within the specific health systems and co-create the necessary local conditions for implementation and up-scaling, e.g. training a workforce and develop internet delivery modality and supporting tools.

To scale-up the PM+ programmes successfully in terms of health system performance, effectiveness, affordability and sustainability and identify barriers and facilitators to this end.

To determine the invested cost and effort in terms of organizational, resource and political economic requirements relative to the reduction of economic burden of the large-scale implementation of the specific PM+ programs into the health systems in the different contexts.

To disseminate the evidence-base for PM+ programs as well as the validated implementation strategies and step-guides to maintain its sustainability and engage with new stakeholders and health systems to further scaling up across Europe and beyond.

2.3. Partners in STRENGTHS

The STRENGTHS consortium consists of 15 academic, international and non-governmental organisations, each with their own responsibilities and tasks. The work to be done during the five years is divided in eight work packages (WPs), each with it is own WP leader.

The partners are:
- Stichting VU (VUA)
- Dansk Rode Kors (Danish Red Cross)
- Freie Universität Berlin (FUB)
- International Medical Corps UK (IMC)
- I-Psy Midden &Noord Nederland B.V. (I-PSY)
- Koninklijk Instituut voor de Tropen (KIT)
- London School of Economics and Political Science (LSE)
- London School of Hygiene and Tropical Medicine (LSHTM)
- Stichting War Child (WC)

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[3] Chiumento, A., Hamdani, S. U., Khan, M. N., Dawson, K., Bryant, R. A., Sijbrandij, M., . . . Rahman, A. (2017). Evaluating effectiveness and cost-effectiveness of a group psychological intervention using cognitive behavioural strategies for women with common mental disorders in conflict-affected rural Pakistan: study protocol for a randomised controlled trial. *Trials, 18*(1), 190. doi:10.1186/s13063-017-1905-8

- Stichting War Trauma Foundation (WarTrauma)
- İstanbul Şehir Üniversitesi (ISU)
- Mülteciler ve Sığınmacılar Yardımlaşma ve Dayanışma Derneği (RASASA)
- United Nations High Commissioner for Refugees (UNHCR)
- University of New South Wales (UNSW)
- Universität Zürich (UZH)

The work packages and their lead partner are:

Work package number	Work package title	Lead partner
1	Management and overall coordination	VUA
2	Health Systems Evaluation	LSHTM
3	Adaptation	DRC
4	Refugee Settlement and Camp Implementation	UNSW
5	Community Implementation	VUA
6	Online Implementation	FUB
7	Economic and Implementation Evaluation	LSE
8	Synthesis and Dissemination	UNHCR
9	Ethics requirements	VUA

The consortium partners will closely work with a third party, the Department of Mental Health and Substance Abuse of the World Health Organisation.

An external Project Advisory Board (PAB) consisting of experts and stakeholders provides regular advice on relevant scientific and stakeholder issues and on the dissemination and exploitation of the projects results.

PAB members are:

Name	Organisation / affiliation	Expertise relevant to the project
Maysaa Hasan	Independent	Syrian psychologist, based in Damascus with long experience in working with refugees and internally displaced persons
Aram Hassan	Centrum 45 and CoTeam	Transcultural psychiatrist & trauma psychotherapist and trainer
Atif Rahman	University of Liverpool, UK, Human Development Research Foundation, Islamabad, Pakistan	International leading expert in implementation research.
Catherine Panter-Brick	Department of Anthropology & Jackson Institute of Global Affairs, Yale University	Has directed interdisciplinary projects in over 40 countries within Asia, Africa and the Middle East, including with Syrian refugees
Dean Adjukovic	University of Zagreb, Department of Psychology, Croatia.	International renowned expert in refugee mental health
Ebru Salcioglu	DABATEM Istanbul Centre for Behaviour Research and Therapy, Turkey	Professor of Clinical Psychology and Director of the DABATEM. She is an international expert in the field of posttraumatic stress.
Jane Herlihy	Centre for the Study of Emotion and Law and the Trauma Clinic, London, UK	Director of Centre that carries out, translates and disseminates psychological research on refugees in asylum procedures
Khalid Saeed	World Health Organization, Regional Office for the Eastern	Regional advisor for Mental Health and Substance Abuse

	Mediterranean, Cairo, Egypt	
Mohammad Abo-Hilal	NGO Syria Bright Future	Syrian psychiatrist who is also a refugee in Jordan, and has established an NGO in Jordan and Syria (Syria Bright Future)
Solvig Ekblad	Professor of Multicultural Health and Care Research, Karolinska Institutet, Sweden	Expert in multicultural mental health care

An ethical advisory board called the Safety Board (SB) will monitor all ethical, legal and societal issues that arise within the STRENGTHS project.
Members are: Marit Sijbrandij (VUA), Monique Pfaltz (UZH) and Egbert Sondorp (KIT).

3. Dissemination plan

3.1. Expected output and deliverables of STRENGTHS

The STRENGTHS project will produce a number of deliverables and outputs that are relevant for dissemination and communication:

- Reports on health system responsiveness (WP2). The responsiveness of the (mental) health systems in response to the mental health needs of Syrian refugees will be evaluated across all project sites using rapid appraisal methodology and desk research.
- Findings of two in-depth surveys in Syrian refugees in two project countries on mental health needs and health system responsiveness (WP2).
- Training packages for face-to-face delivered PM+ variants (WP3).
- Findings on the effects and process of the implementation of the scalable WHO programmes in adults in community and refugee camp settings in Jordan (WP4) and in young adolescents in Lebanon (WP4).
- Findings on the effects and process of the implementation of the scalable WHO programmes in adults in community settings in the Netherlands, Turkey and Switzerland (WP5).
- Findings on the effects and process of the implementation of the scalable smartphone-based WHO programmes in adults in Germany, Sweden, Egypt (WP6).
- Report on implementation costing tool. An excel model of the impact of investment in the implementation process will be developed. This model may be used by healthcare providers and policy makers to estimate the return on investment of implementing the scalable WHO programmes in their setting (WP7).
- Reports on the economic modelling of scaling up implementation of PM+, and predictors and moderators for health outcomes across study sites (WP7).
- A framework and strategy for large-scale implementation of the scalable WHO programmes for healthcare providers and policy makers will be prepared (WP7).

3.2. Purpose of communication and dissemination

The objective of the communication and knowledge dissemination plan is to provide all consortium members a clear path on how to exchange relevant and adequate information in a timely, effective and efficient manner.

Specific objectives are to:
- inform various stakeholders about STRENGTHS and engage them,
- promote use of the developed methods and tools,
- facilitate early adoption of PM+ programmes by new users,
- facilitate a sustainable STRENGTHS training network beyond the duration of the project.

This plan will support and outline how to disseminate:
- the evidence-base for the scalable WHO psychological interventions (PM+ and its variants) that will be implemented and evaluated by the consortium partners),
- information about the adaptation and implementation strategies,
- experiences at the various project sites with implementation of the scalable WHO programmes, including the acceptance and utilization of the interventions,

- updates about the engagement with new stakeholders and health systems to further scaling up the scalable WHO programmes across Europe and in the countries bordering Syria, as well as Egypt.

3.3. Dissemination target group

The learning and outcome of the STRENGTHS project need to reach a wide audience of people who can either contribute and potentially influence these outcomes or may be affected by them. Relevant stakeholders and end-users of research should be identified and involved throughout all project phases. In addition to networking, innovative approaches should be considered to find and reach more stakeholders, gathering their inputs and feedback in order to support the scaling up process. The current audience of this project can be divided in two groups:

3.3.1. Internal

The 'internal' audience consist of all those who are directly involved in STRENGTHS:
- The 15 partners in STRENGTHS,
- Related third parties (such as WHO),
- The Project Advisory Board and the Safety Board.

They need to be kept updated about what happens within the STRENGTHS project and know how to communicate and disseminate information around STRENGTHS to others in ways that create synergy and maximal effect.

3.3.2. External

The 'external' audience consists of persons and entities that are not directly involved in STRENGTHS and whom we want to inform about our work and the findings. This group can be broadly divided into four subcategories:

3.3.2.1. Policy makers and programme designers

Decision makers around Mental Health and Psychosocial Support (MHPSS) in ministries, funding organisations, UN and other international agencies and national and international NGOs that fund or implement programmes in health and protection.

3.3.2.2. Researchers

Researchers in fields related to mental health such as psychology, psychiatry, public health and the social sciences. Of particular interest are researchers in specific niches such as 'global mental health', 'humanitarian assistance' and 'scalable psychological interventions'.

3.3.2.3. MHPSS professionals

Psychologists, psychiatrists, social workers and others working as service providers in mental health and psychosocial support. Particularly those working with refugees and other persons affected by chronic adversity. The findings of STRENGTHS are relevant for professionals in low, middle and high-income countries. This group includes non-specialist providers of mental health care, such as lay-counsellors, general health workers, teachers, community workers.

3.3.2.4. Beneficiaries

The primary group of beneficiaries are Syrian refugees (men, women, boys and girls) including diverse groups. We expect that also others may be interested, particularly non-Syrian Arabic speaking refugees, IDPs and other conflict-affected persons.

3.4. Tailoring to the needs of the various target groups

The main messaging to be communicated to the external stakeholders needs to be adapted to fit their expectations and interests. For each of the above subcategories the project will provide information that is tailored to their needs, which will lead to different key messages.

Policy makers and programme designers need information about the evidence base underpinning the intervention, the health benefits of the interventions and the costs/benefits and challenges of implementation. This information needs to be well documented, but be concise and on aggregate level. Examples of how potential key messages for this target group can be formulated:
− The scalable WHO programmes are evidenced based, low-cost, low-intensity psychological interventions integrated into primary and community care systems in contexts or situations with a lack of specialists.
− The scalable WHO programmes will help you supporting large groups of clients that need psychological support and therefore address capacity and financial constraints.
− To implement the scalable WHO programmes within your setting or country, you would need following resources (Insert: X, Y, Z)….

Researchers need detailed information about the scientific evidence gathered in the consortium including clear information about how the evidence was collected (methodology and limitations). Information needs to be linked to relevant research domains and state of the art research.
Examples of key messages for this target group:
− The STRENGTHS project does cutting edge research about scalable psychological interventions with attention for efficacy, effectiveness and cost-effectiveness.
− The STRENGTHS project is multi-disciplinary and includes health systems research and economic analysis of scaling up….

MHPSS professionals need information about how PM+ and related scalable psychological interventions could benefit their clients, and how they could use these methods in their daily work, including for whom the intervention is most suitable.
Examples of key messages for this target group:
− PM+ programmes are easy to implement psychological interventions enabling in a short period of time to improve the management of distress for impaired refugees in communities who are exposed to adversity.
− PM+ are evidence based, low cost, interventions that can be used by non-specialists….

Beneficiaries need information about how PM+ could be helpful for them or people in their network. They are in need of concrete and practical information about where and how to find help if they need it.
Examples of key messages for this target group:
− PM+ offers a short programme that may help you to calm down and feel better when dealing with severe stress and support you in dealing with practical problems.
− PM+ may help you and other Syrian refugees….

3.5. Dissemination channels

This section will list various dissemination channels and tools used for internal and external usage with their purpose. These tools are to be used adequately and address the right people at the right time.
All consortium members are requested to respect the terms and conditions of the grant agreement of STRENGTHS. All publications need to be coordinated and communicated via email to VU with War Trauma Foundation in copy. All written publication should adhere to EU guidelines with respect to branding.

3.5.1. Internal communication and dissemination

Below is the list of channels that the consortium members use to communicate amongst themselves.

3.5.1.1. Emails

VUA keeps a list of email addresses categorized per sub groups based on roles and responsibilities in the STRENGTHS project. This list is to be shared in Dropbox so that all consortium members can access the latest version.
- To avoid any clutter and overload of emails all members should follow proper email etiquette:
  o Addressing their emails only to relevant people
  o Restrict the use of "cc" names and "reply all" and only use these options if you really want all to read your message.
- A unique email info@strengths-project.eu will be available for all for questions. WP1 will be managing this email account and forwarding the requests to the relevant people.

3.5.1.2. Newsletter/ group mails

The information that is important to all consortium members but not urgent will be compiled through regular emails that are sent to all members.
WP1 is responsible for gathering the content (copy and images) and WP8 for the digital creation and sending it out. The MailChimp application for newsletters can also be used to send mailings to more targeted groups within the consortium if needed.

3.5.1.3. Telecommunication

Used for day to day communication between consortium members via, phone, Skype, Zoom…

3.5.1.4. Online collaboration tool

Being able to share, collaborate and access documents in a secure and easy manner helps ensure efficient work in the project. VUA has created a Dropbox in which members of the consortium can access material shared internally.
A more user friendly systems which invites more collaboration will be established, e.g. SharePoint, and consortium members will be able to access it via the STRENGTHS website.
All materials containing sensitive personal information, e.g. client data and other research data are handled strictly in accordance with the Data Management Policies and will not be stored or shared using insecure channels (see Data Management Plan, Deliverable 1.1)

3.5.1.5. Periodic Meetings

As described in the consortium agreement, all WPs have at least monthly Skype/telephone meetings, initiated by the WP leaders.
Yearly Consortium meetings are organised by WP1 in collaboration with country representatives.

The list of intended meetings is defined as below in the proposal and will be confirmed per calendar year.

Body	Frequency	Method and scope
General Assembly	Every 12 months	Face to face; formal accord on progress reporting to EC, decisions affecting CA and/or EC contract, knowledge dissemination and exploitation, dispute resolution.
Executive Board	Every 6 months	EB meetings are alternating between interim meetings that will be held through telephone conferencing, and face to face meetings that precede the annual GA; study and trial coordination, overall progress of the WPs to the project objectives, inter WP alignment, scientific discussions and associated decisions, financial reporting, reporting to the GA.
Project Advisory Board	Every 12 months and ad hoc	Regular contact, Face to face & teleconference. For external advice on relevant issues.
WP Teams	Every month	Face to face & teleconference; WP progress, intra WP alignment of tasks, financial monitoring.
All members of consortium	Every 12 months	Face to face; exchange of scientific data with a special focus on junior staff and bench workers with the aim to share information between WPs, and accelerate implementation of information.

3.5.1.6. Reports

During the different phases of the project various reports from each WP will be available to all members so that they can get familiar with the outcomes of the project at different steps. The list of various reports that are expected for this project are detailed in table 1.3 and 2.2 of the proposal.

3.5.2. External communication and dissemination

All consortium partners are encouraged to communicate about the STRENGTHS project, PM+ programmes and the work they are doing to contribute to this project. Below is the list of channels that consortium members will use to communicate to a larger public.

3.5.2.1. STRENGTHS website

The project website is www.strengths-project.eu and is maintained by WP8 - Danish Red Cross(cf. deliverable 8.3). For external target groups the website is the main go-to place for information about the project, and will have a one-point-of-contact email address info@strengths-project.eu , which can be used to contact the consortium. WP1 will be managing this email account and will forward any emails to the relevant partners as necessary.
The website will be continually updated and as the project progresses will be richer in information and content. The STRENGTHS website could remain active after the end of the project duration of 5 years however its maintenance would need to be discussed at a future stage and decided upon.

3.5.2.2.   Partner website

All consortium partners are strongly encouraged to mention the STRENGTHS project on their own website and refer to the STRENGTHS website. The communication toolbox can be used for reference content. WP 8 will provide a short text that can be used on consortium partners 'websites linking to www.strengths-project.eu

3.5.2.3.   Project newsletters

On a quarterly base a newsletter will be sent out subscribers. It is possible to subscribe via the STRENGTHS website.
The consortium partners are requested to invite their relevant and interested contacts to visit the website and subscribe to the newsletter. The communication toolbox can be used for reference invitation content. WP1 will be responsible for gathering the content (copy and images) for the newsletter and WP8 for the digital creation and sending it out.
For countries where access to Internet is more difficult or which have a demand for printed material, the quarterly newsletter and its translations (if available) should be printed and distributed via the consortium partners.

3.5.2.4.   Partner newsletters

Many partners in STRENGTHS have their own periodic newsletters. In order to increase visibility in the profession network, partners are strongly encouraged to mention their involvement in STRENGTHS and share their findings. The WP8 will regularly provide input for the partner newsletters. The communication toolbox and project newsletters can also be used for reference content.

3.5.2.5.   Social media

Given the importance of online presence in various networks, the STRENGTHS project has social media accounts on Twitter, Facebook, LinkedIn and MHPSS.net. These will be active once the branding is finalised and the website is running. WP1 and WP8 will be responsible to regularly update the social media with news from the research. If other social media platforms are relevant for specific countries that are not listed above, partners and others involved in STRENGTHS can suggest them to WP8.
Other consortium members play a key role mentioning STRENGTHS when relevant on their own social media linking to the project's website and helping to reach a larger network whether professional or personal.

3.5.2.6.   Presentations at professional meetings such as academic conferences, training seminars, courses, workshops, webinars

Academic conferences, seminars and courses are important points of dissemination to researchers and other stakeholders. Here it is possible to meet stakeholders face to face and reach an audience, which is already predisposed to take an interest in the project. This includes formal presentations for other professionals at gatherings such as meeting of MHPSS Working Groups in humanitarian settings (e.g. in Greece, Iraq, Jordan, Lebanon and Turkey).
Consortium members who engage in teaching can also incorporate some aspects of STRENGTHS in course work and raise interest among students – who might be the decision makers and implementers of tomorrow.
Each partner helps identifying relevant conferences, seminars, courses and workshops on country and international level.
The publication policy sets out the procedures for informing and getting approval to present at conferences.

3.5.2.7. Publication in scientific journals

Peer reviewed scientific journals should be used to communicate scientific findings.
The policy about co-authorship in peer-reviewed publications is mentioned in the consortium agreement.

3.5.2.8. Reporting to EU

Periodic reports and the final report are important dissemination points as they provide direct information about the project and its progress and results to the donor. Moreover, the reporting will produce texts about the project, which can be used in other channels of communication. And finally, the preparation of the reports incites sharing of information amongst the members. The approved reports will be public and available online including on STRENGTHS website.

3.5.2.9. Blogs and podcasts

Personal social media accounts, blogs and podcasts are a great way to reach a wider personal and professional network for each consortium member. It is requested to refer to the STRENGTHS website whenever the project or any components of it are mentioned.

3.5.2.10. Publications in general press (journal/ newspapers), interview for radio and television

These channels are very useful to reach out to the general public. Please note that permission should be requested at VUA – Marit Sijbrandij or Pim Cuijpers.
As will be in detailed mentioned in next sections, a dissemination log document is available for all consortium members meant to capture all communication done and planned concerning STRENGTHS and PM+ programmes.

3.6. Toolbox for dissemination

A generic set of documentation and information will be available for different phases of the project to facilitate the dissemination for all consortium members.

3.6.1. Communication package

In order to ensure a consistent image and communication whether internally to the consortium or to a larger audience, a communication package will be available that can be used as it is or be adapted to fit the communication guidelines of each consortium partner. This package will contain the below listed elements:

3.6.1.1. Logo

A logo has been created for the STRENGTHS project that is unique and recognisable. All partners are requested to use this logo and no other logo (such as the preliminary version with the star that was used in the proposal).The logo will be available on Dropbox/Intranet/SharePoint.

3.6.1.2. Branding guidelines

In order to ensure the constancy of the STRENGTHS brand image , brand guidelines were developed by an external graphic designer. The guidelines consist of:
– Project logo, with and without strapline
– Recommended typography

- Colour scheme
- Guidelines for placement of logos
- Suggestion for the look of online and offline material

The logo is significantly different from the star like logo, which was created for the project in the application phase. It was felt that the star logo did not have a clear connection to the thematic of the project. It was therefore decided to contract with a designer who could design a complete visual identity for the project. The designer was provided with a brief and delivered four different suggestions for logos. A process involving WP8 partners, stakeholders and the whole consortium was initiated in order to choose the final logo. To exemplify the process, a group of Syrian students at VUA were shown the initial logo suggestions, and they advised to avoid depicting any religious symbols. Others advised that for Arabic speakers, having a letter in the logo resembling an Arabic letter would create unnecessary confusion. Thus the logo that was chosen in the end was amended:

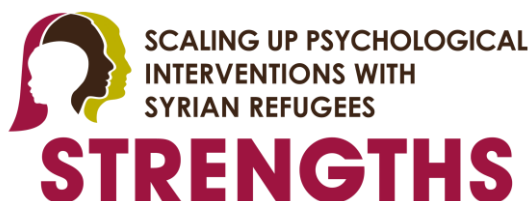**Figure 1 First suggestion for the logo. Note how the woman is wearing a head scarf**

Figure 2 The final logo. The woman no longer wears a scarf, and the "S" is a regular S

The colour scheme is warm, neutral and inspired by a classic, Syrian pattern.

3.6.1.3. Templates

To facilitate presentations and reporting, PowerPoint and Word templates are created and available on Dropbox/Intranet/SharePoint.

3.6.1.4. Portfolio of pictures

The brand guideline gives some guidelines for the type of imagery that should be used for this project and should be captured as the project runs. In the library WP8 will gather all the imagery captures so that all partners have access to material they can further use. Partners are encouraged to submit pictures that are in line with the policy for photos set out in the advocacy package:

- Photos must only be used with the permission and mention of the photographer/copyright holder
- For photos with identifiable people, all subjects in the pictures must give their written consent for the photo to be used. In case of children under the age of 18, written permission must be given by both the child and the guardian.
- Close-up photos of children are generally discouraged.
- The dignity and rights of every person are to be respected at all times
- If partners sense any reluctance, refusal or disdain, refrain from taking photos

3.6.1.5.   Standard PowerPoint presentation

A PowerPoint presentation (slide bank) including explanations about the project to facilitate presentations will be available for all consortium members. These slides will be a first set of guiding information and can be updated during the project's lifetime.

3.6.1.6.   Flyers, brochures, factsheets

A set of printable material will be created to explain PM+ programmes and the STRENGTHS project. This material will be updated with new information as the project goes.

3.6.1.7.   Press pack

A template document as well as some copy and guidelines will be provided for press releases.

3.6.1.8.   Key message

The type of information as well as examples of key messages tailored to each target group have been provided in section 2.4. above. As the project runs the messaging needs to be defined and communicated to consortium partners for usage.

3.6.2. Implementation support package

3.6.2.1.   PM+ programmes supporting material

In addition to the existing (PM+) manual, hand-outs, pre-tests, post-tests, supervisor and facilitators' guides and intervention guides are needed to support the implementation of the scalable WHO programmes. Training materials including Trainer of Trainer Manual are adapted and translated by WP3.

3.6.3. Advocacy package for policy makers

3.6.3.1.   Estimation tool

Financial resource, expected benefits, cost efficiency and health economics are amongst the tools that will help inform and advocate the project.

3.6.3.2.   Reports

All reports published by the consortium members during and at the end of the project are solid bases and tools of advocacy.

3.7. Dissemination timing

Most of the deliverables and touch points mentioned in this dissemination plan as well as the plan itself will be updated every six months for the duration of this project.
The first dissemination toolbox will be available by month 18 and will be finalised by month 60.

3.8. Evaluation of the dissemination

The communication and knowledge dissemination will be evaluated along the way and at the end of the 5 year project. A dissemination log sheet has been developed by WP8 in collaboration with WP7 and is distributed to all consortium members. All members are invited to fill in this form on monthly basis and send it to WP8. The material the log is referring to will be stored in Dropbox or on the intranet library.

Key Performance Indicators (KPIs) as well as criteria for success and evaluation are set in the first year of the project launch. During and at the end of the project the below elements should be gathered:
- Number and type of stakeholders enlisted in consortium database,
- Number and kind of dissemination events (including number of people reached)
- Number of participants in workshops, seminars etc.
- Number of articles in peer review journals (additional indicators: Impact factor of the journal in which article is published, number of citations per article, alternative metrics if provided by journal such as Altimetry attention score and number of downloads)
- "Brand" awareness and ease of accessibility to STRENGTHS and PM+ information and material,
- Number of pages views and click through rates on STRENGTHS website and social media,

4. Dissemination roll out (implementation)

To be able to create a roll out plan within the coming 6 months, each consortium partner is requested to provide the following information per country in which they will be deploying the project by September 30th 2017:

1. Who are the current and potential stakeholders per category?
    − Policy makers and programme designers (Ministries, policy makers, funding organisations, (i)NGO MHPSS specialists that fund/identify mental programming)
        o Names and contact details of influential organisations and key persons
        o Major coordination mechanisms (such as MHPSS working groups) and meetings
        o Major policy documents and strategies that will be produced that have relevance for STRENGTHS
    − Scientific community
        o Important research institutes, university departments
        o Key persons to reach out to
        o Major conferences/ scientific meetings
    − MHPSS professionals
        o Professional organisations and networks
        o Websites, journals, platforms used by MHPSS professionals
    − Beneficiaries
        o Informal networks and community based organisations
        o Magazines
        o Websites
        o Blog and social media accounts of influencers in the Syrian refugee community
2. What type of documentation / printed material is needed?

5. Dissemination log

Dissemination log templates to be filled in by all consortium partners:

STRENGTHS Dissemination log (Past activities)

No	Date (dd-mm-yy)	Activity Type	Full activity title/name as officially mentioned	Activity description	STRENGTHS relevancy	Presenter(s)/ Author(s)	Target audience 1	Target audience 2	City	Country	URL to reach activity	Approx. no of people reached	WP	Other comments
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

STRENGTHS Dissemination log (future activities)

No	Date (dd-mm-yy)	Activity Type	Full activity title/name as officially mentioned	Activity description	STRENGTHS relevancy	Presenter(s)/ Author(s)	Target audience 1	Target audience 2	City	Country	URL to reach activity	Approx. no of people reached	WP	Other comments
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														