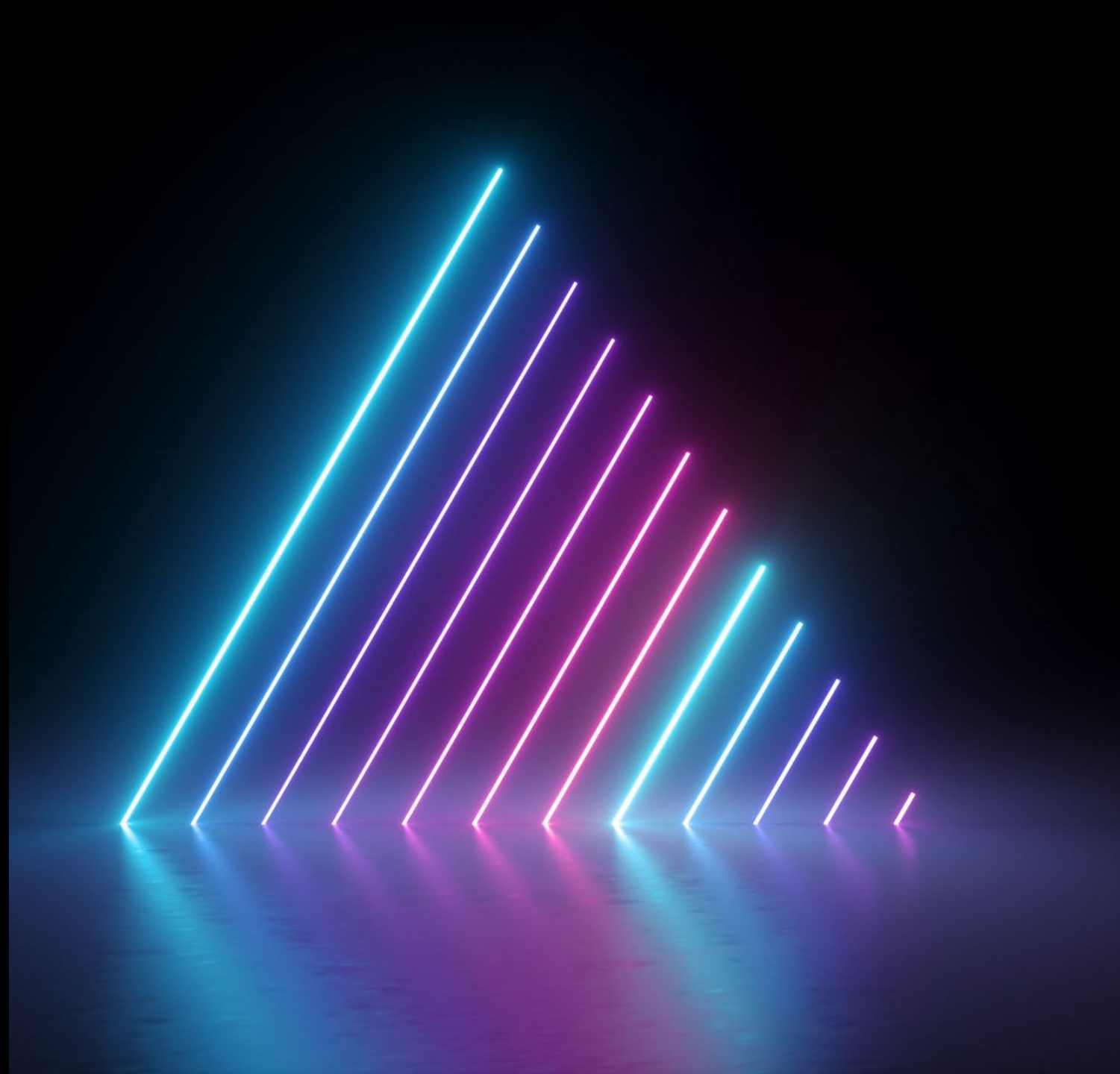
Work Programme 1: Situation Analysis



NIHR Global Health Research Group Child and Adolescent Mental Well-being in Sub-Saharan Africa
Work Programme 1

Lucia D'Ambruoso BSc (Hons) MSc PhD FHEA FRSPH

September 2023

Acknowledgments

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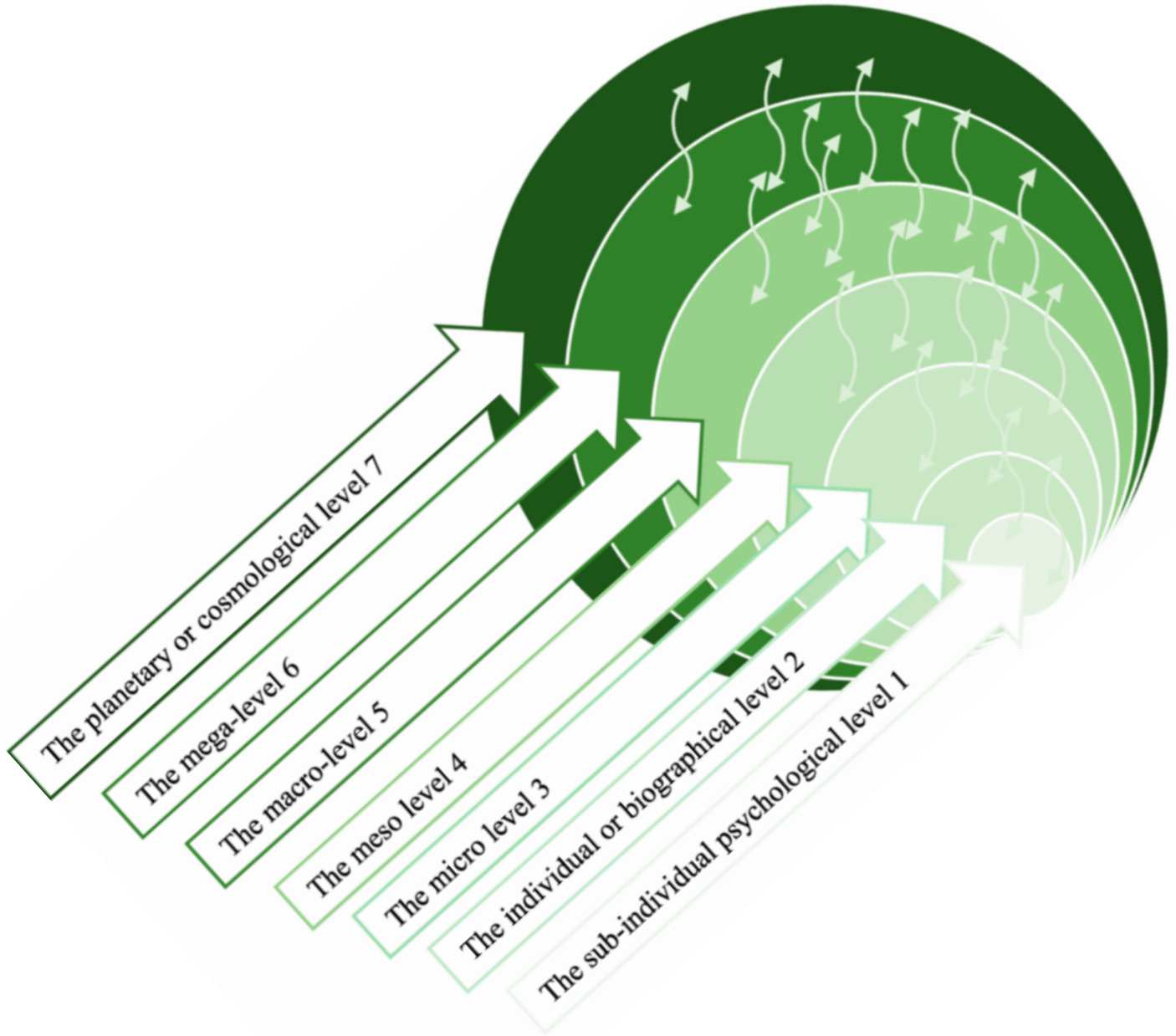
WP1 Objectives

1. Describe political, economic, social health and education system contexts of CAMH, incl. stakeholder analysis
2. Appraise mindfulness with CA and establish ‘Reference Groups’ to expand codesign through programme
3. Appraise mindfulness with primary caregivers and establish ‘Reference Groups’ to expand codesign through programme



Child and Adolescent (CA) Mental Wellbeing NIHR Global Health Research Group
WP 1-2 Primary caregivers SBMI Codesign Manual

AUTHORS: L D'Ambruoso, P Abbott, K Engdawork, L Nyirazinyoye, D Gishoma
Version 21/04/2023

1. BACKGROUND

Poor mental wellbeing is the leading cause of illness among children and adolescents (CA) in sub-Saharan Africa (SSA), with an estimated prevalence rate of 1 in 7 (1). However, CA mental wellbeing is an under-researched issue; there is a lack of community awareness and few evidence-based interve… mindfulness a… integrated int… CA mental we… and socio-em…

Studies sugg… stigmatising, … communities … minimal traini… levels and im… environments… exaggerated … cause harm, …

The NIHR-su… interdisciplina… poorest and … ambitions of … informed clus… acceptable m… includes parti… CA to have a… (a) document… appraise mind… primary careg… learning as th…

The objective…

1. Descr… wellbe…
2. Appra… codes…
3. Appra… throug…

1 * N.B.: The term… mental wellbeing; … the situation; those… differentiate betwe… contributes to the …

WP1-2 MANU…

Child and Adolescent M…

MANUAL WP1 Situation…

Version 10/01/2023

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2. In-depth Interviews Topi…
3. Workshop Tools / Templ…
4. RREAL Sheets
5. Data Recording/Upload t…
6. Reference Sheets
7. Capacity Building Frame…

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WP1 MANUAL

Child and Adolesce…

MANUAL WP1 Situ…

AUTHORS: WP lea…
Version 17/12/2022

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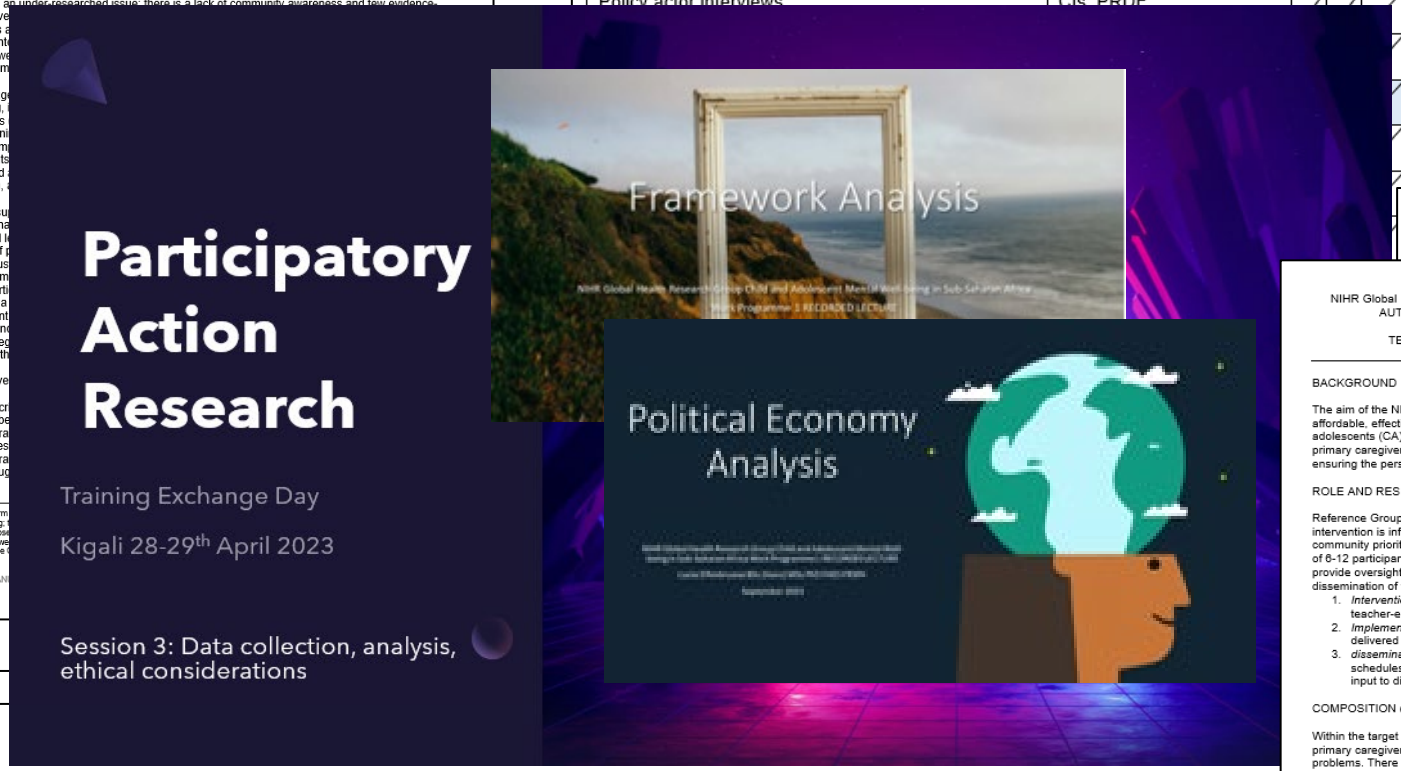
WP1 MANUAL

Table 6: WP1 Gantt Chart (June 2023 update)

Activities †	Responsible	A	S	O*	N	D	J **	F	M	A	M	J	J	A	S	O	N	D	Q1 2024
WP1-1 SITUATION ANALYSIS (PEA)																			
PEA framework development (generic)	LD, PA, CIs	X																	
Desk review	CIs, PRDF		X	X	X	X	X	X											
Policy actor interviews	CIs, PRDF						X	X	X	X	X	X	X	X					
															X	X	X	X	X →
							X	X	X	X									
										X									



NIHR Global Health Research Group Child and Adolescent Mental Well-being in Sub-Saharan Africa
AUTHORS: Lucia D'Ambruoso, Kibur Engdawork, Laetitia Nyirazinyoye, François Nkurunziza

NIHR Global Health Research Group Child and Adolescent Mental Well-being in Sub-Saharan Africa
AUTHORS: L D'Ambruoso, K Engdawork, L Nyirazinyoye, F Nkurunziza, P Abbott

TERMS OF REFERENCE (TOR) REFERENCE GROUPS Version 04.12.2023

BACKGROUND

The aim of the NIHR Global Health Research Group is to identify, develop, implement, and evaluate an affordable, effective, equitable and trusted strategy for promoting the mental wellbeing of children and adolescents (CA). 'Reference Groups' representing direct recipients of the intervention, i.e., CA and primary caregivers will will work closely with researchers to inform design, implementation, and evaluation, ensuring the perspectives of direct recipients are included at all stages of the research.

ROLE AND RESPONSIBILITIES

Reference Groups will engage in and develop spaces and processes to ensure that the mindfulness intervention is informed by local culture/social practices, and to ensure acceptability and addressing of local community priorities. The intention is to convene two Reference Groups: (1) primary caregivers and (2) CA of 6-12 participants in each. The role and responsibilities of the Reference Groups will be to input and provide oversight and guidance to the research team regarding the design, delivery, evaluation, and dissemination of the school-based mindfulness intervention, as follows:

1. *Intervention:* review and appraise the mindfulness intervention that has been codesigned by teacher-educators working with primary school teachers.
2. *Implementation and evaluation:* provide guidance and advice on implementation of the intervention, delivered in different ways as part of the primary school curriculum, to reach virtually all children.
3. *dissemination:* Review and appraise all research tools including questionnaires and observation schedules to ensure meaningful content and sensitive/appropriate delivery. Provide oversight of and input to dissemination activities.

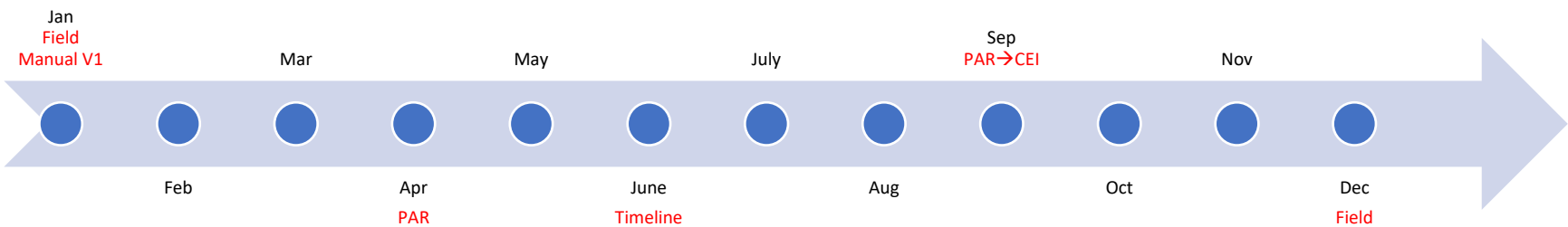
COMPOSITION (drawn from PARTICIPANT SELECTION WP 1 Manual, April 2023 Version)

Within the target population, participants will be purposively selected to represent the perspectives of primary caregivers as key stakeholders (actors) directly involved in and impacted by CA mental health problems. There will be an inclusive approach to gain the inputs and perspectives of those most directly affected by and excluded from planning and action to address the issue/s. Reflecting social, including gender-based, inequalities, and to gain insights into the impacts of CA mental health problems on households and classroom climates in low-income areas, participants will be purposively selected as primary caregivers of children of different ages and stages of education. We will purposively select people with a reasonable gender balance, including carers and/or guardians.

Purposive sampling is necessarily pragmatic, and as such is subject to risk of bias owing to inherent rather than explicitly defined criteria guiding selection. In this sense, key characteristics that potential participants must have to be eligible to participate are defined. The inclusion of people living in circumstances of social and economic disadvantage is central to the objectives of the research. However, potential participants who meet the inclusion criteria will be excluded if they possess additional characteristics that may pose risks to participation, to the study and data collection activities, and/or if there is good reason to believe that the perspectives and experiences of individuals with certain characteristics will differ significantly from those of the target population. Inclusion and exclusion criteria are contained in Table 1.

Participants will be identified through the intervention school. Researchers and/or school headteachers of the intervention school will identify CA and primary caregivers based on pre-defined criteria (Table 1). 6-12 participants will be purposively selected as a reasonable number for a series of facilitated discussions (workshops), within the time and resources available, and to ensure that participants will be able to generate evidence to address the roles and responsibilities. The WP1 researcher and/or headteacher of the intervention school will compile an initial list of potential participants (approx. 15-20), with a focus on including a range of perspectives and ensuring gender balance. Village leadership will also be informed as appropriate about the research programme by WP1 researchers and/or headteachers and their agreement to approach individuals in the community will be secured (see Community Advisory Board Terms of Reference [ToR]).

Year 1



WP1-1 Political Economy Analysis

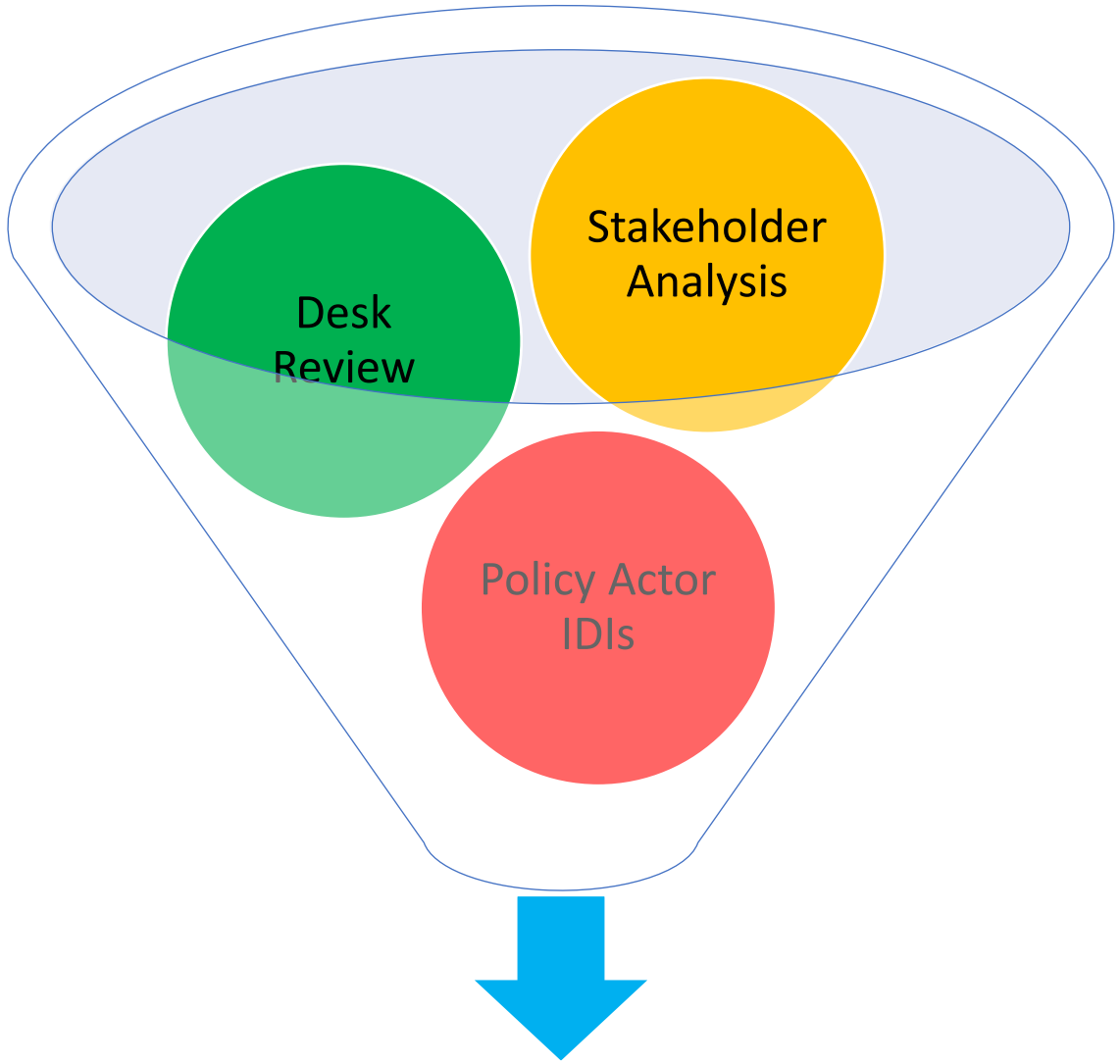
NIHR Global Health Research Group Child and Adolescent Mental Well-being in Sub-Saharan Africa WP1

Lucia D'Ambruoso January 2024

WP1-1 Objective:
Describe social, economic and policy contexts, priorities, and key stakeholders* for CA mental wellbeing

* N.B.: The term ‘key stakeholder’ refers to: those with vested interests in CA mental wellbeing; those who affect or are affected by CA mental wellbeing; those who hold power (resources, policies, networks) as regards CA mental wellbeing; those who benefit or suffer from the situation; those who maintain the situation; and those who may or may not be visible in the situation. For the purposes of WP1, we will differentiate between policy stakeholders and community stakeholders, the latter as parents and CA. In this sense, WP1 also contributes to the Community Engagement and Involvement (CEI) objectives of the programme.

WP 1-1 Situation Analysis



Describe policy contexts, priorities, and key stakeholders for CA mental wellbeing

Analysis

1. Desk Review

- Policy contexts, policy priorities and key stakeholders, structured using PEA framework

a) **Structure/context** overall features of social, political, economic and sectoral contexts, socia and cultural aspects of the family

b) **Incentives and ideas**: how agents interact in multiple open, complex, overlapping ('laminated') systems

c) **Bargaining**: whose voices are heard? Who are the main policy actors? How do they operate?

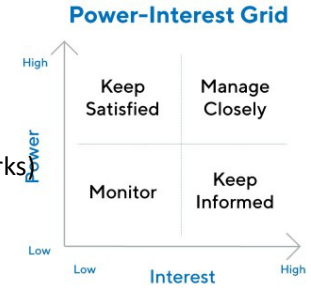
d) **Stakeholders**: who have vested interests; what are their relative levels of power and interest?

PEA element	Section	Description
	Title page	
	1. Introduction	Purpose is to describe political, economic, and social contexts for CA wellbeing
Structural and contextual	2. Social context 3. Economic context 4. Sectoral overview 5. Study setting	What are the structures that agents operate within? What are the main social and economic features of these systems? What is it about economic contexts that is particularly relevant for CA wellbeing? How are the family and children are seen in society including e.g., violence, lived realities of children, patriarchy, child-rearing norms, religion?
Bargaining	6. Political and economic power holders	Whose voices are heard? Who are the main policy actors? What are their roles how do they operate?
Incentives and ideas	7. Interactions	Interaction of economic / political / social. Two main layers: global inequalities and domestic (multiple, overlapping, interacting open systems)
Stakeholders	8. Stakeholder analysis	Who are the key 'winners and losers' in CA mental wellbeing in Rwanda, Ethiopia and across SSA? What are their relative levels of power and interest in CA mental wellbeing?
	9. Resources	10 key resources†
	10. References	

N.B.: the views of marginalised communities, sensitive political issues, and research in local languages may

2. Stakeholder Analysis

- Those with vested interested in a situation
- Affect or are affected by the situation
- Those who hold power (resources, policies, networks)
- Those who benefit or suffer from the situation
- Those who maintain the situation
- May or may not be visible in the situation



- To understand agents' positioning
- To assess feasibility of future policy
- To develop strategies to influence agents
- To facilitate implementation of projects

3. Policy Actor Interviews

N.B.: the views of marginalised communities, sensitive political issues, and research in local languages may not be available in academic or grey material

- **Selection**: purposive national level govt, dev't partners, INGOs in education and health and with interest in primary education and/or CAMH
- **N = thematic saturation,** interviews sufficiently diverse, identify relationships and degree of influence between features
- **Process/content:** Confidential semi-structured interviews insights into practice, supplementing reliance on formal documents in public domain
- **Analysis**: expression of competing views while enabling a consensus to take shape

Topics

a) **Situation/need**: CA health and wellbeing

b) **Parents and children**: parental expectations and involvement in health and education of CA

c) **Policies**: what is in place? Extent of intersectoral working, challenges

d) **Policy support and recognition**: policies introduced why, by whom?

e) **Policy impact**: what has been achieved, how?

d key

stakeholders for CA mental wellbeing

Framework Analysis

- Organising and analysing data using predefined analytical framework
- 2 components: (1) creating analytic framework; (2) applying framework
- Systematic and flexible, good for multidisciplinary teams
- Not value neutral!
- 5 defined steps:
  1. Familiarisation
  2. Framework
  3. Indexing
  4. Charting
  5. Mapping and interpretation

Political Economy Analysis

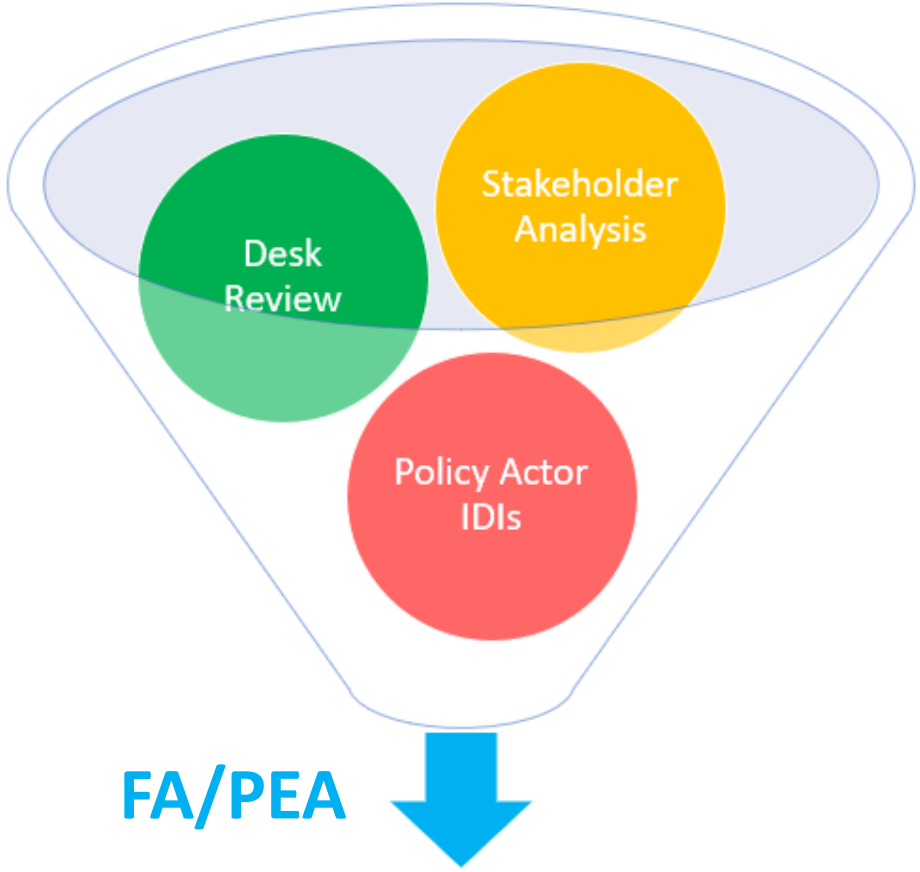
- Decision-making occurs within contexts of uncertainty. Contexts characterised by competing, diverse interests
- Policy making >exercise in 'decision science'
- Understanding gaps between policy intention and outcome, through deeper understanding of policy processes and contexts
- Structural and institutional features and how they interact
- Experiences of actors, working within the nexus of institutions to understand policy processes

…a position where disability is located in the opportunities provided by society for social reintegration and participation

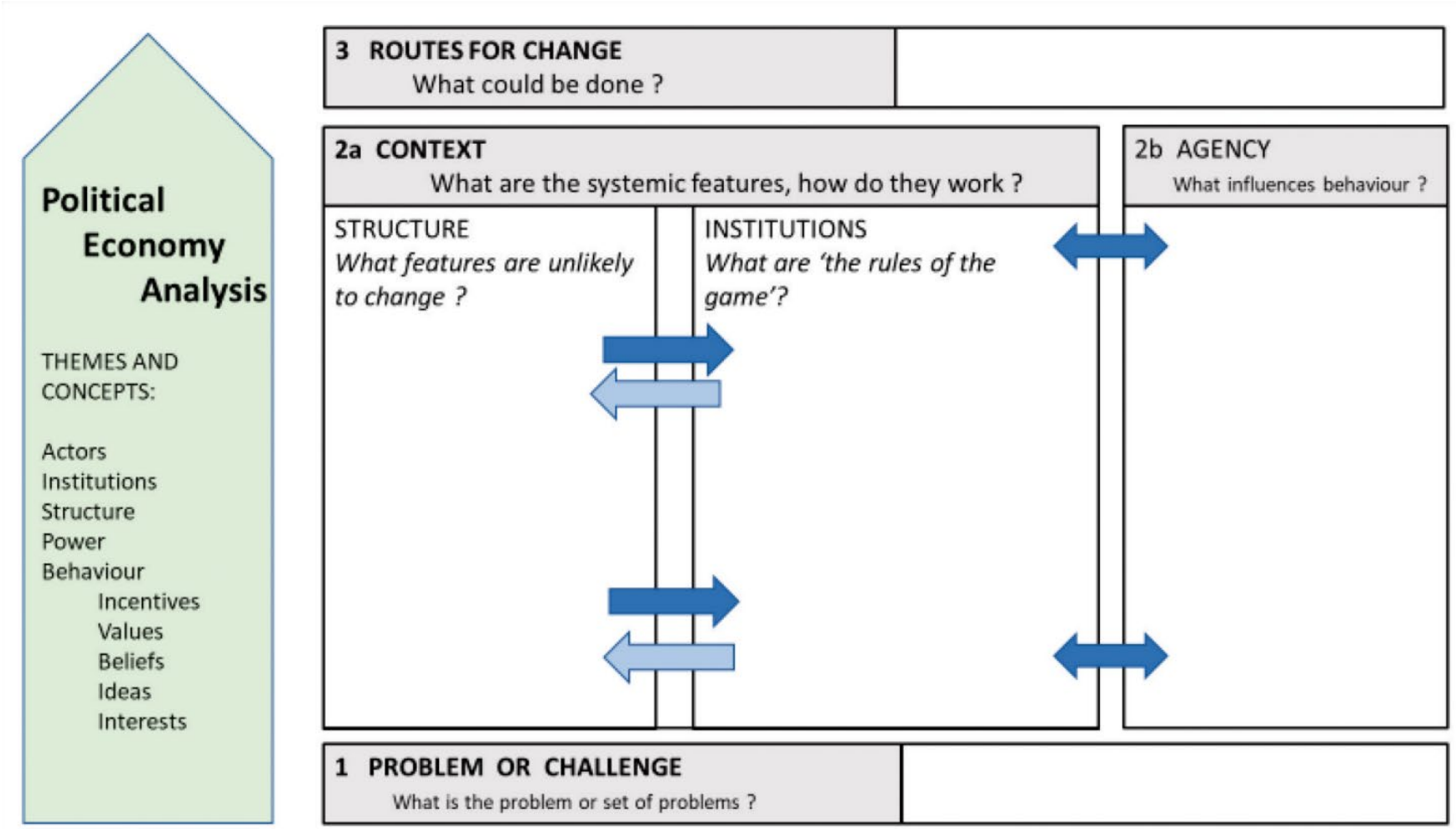
Burns et al 2015: Poverty, inequality and the political economy of mental health

Preliminary findings Ethiopia and Rwanda

- Triangulating:
  (a) desk reviews,
  (b) stakeholder analyses, and
  (c) IDIs performed with policy actors to date
- Scientific presentations of WP1-1 preliminary findings
- Framework analysis (FA)
- Political Economy Analysis (PEA)

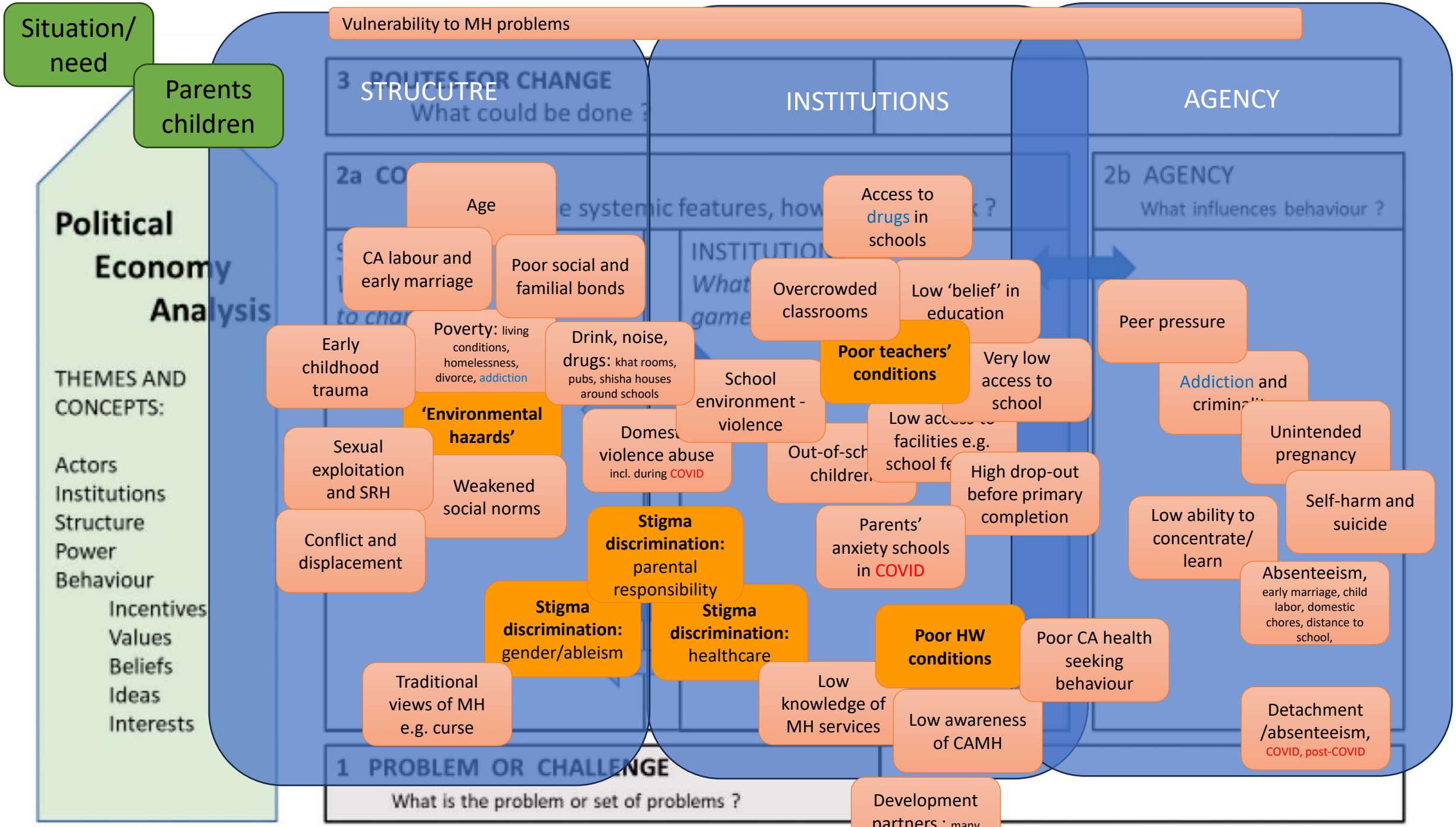


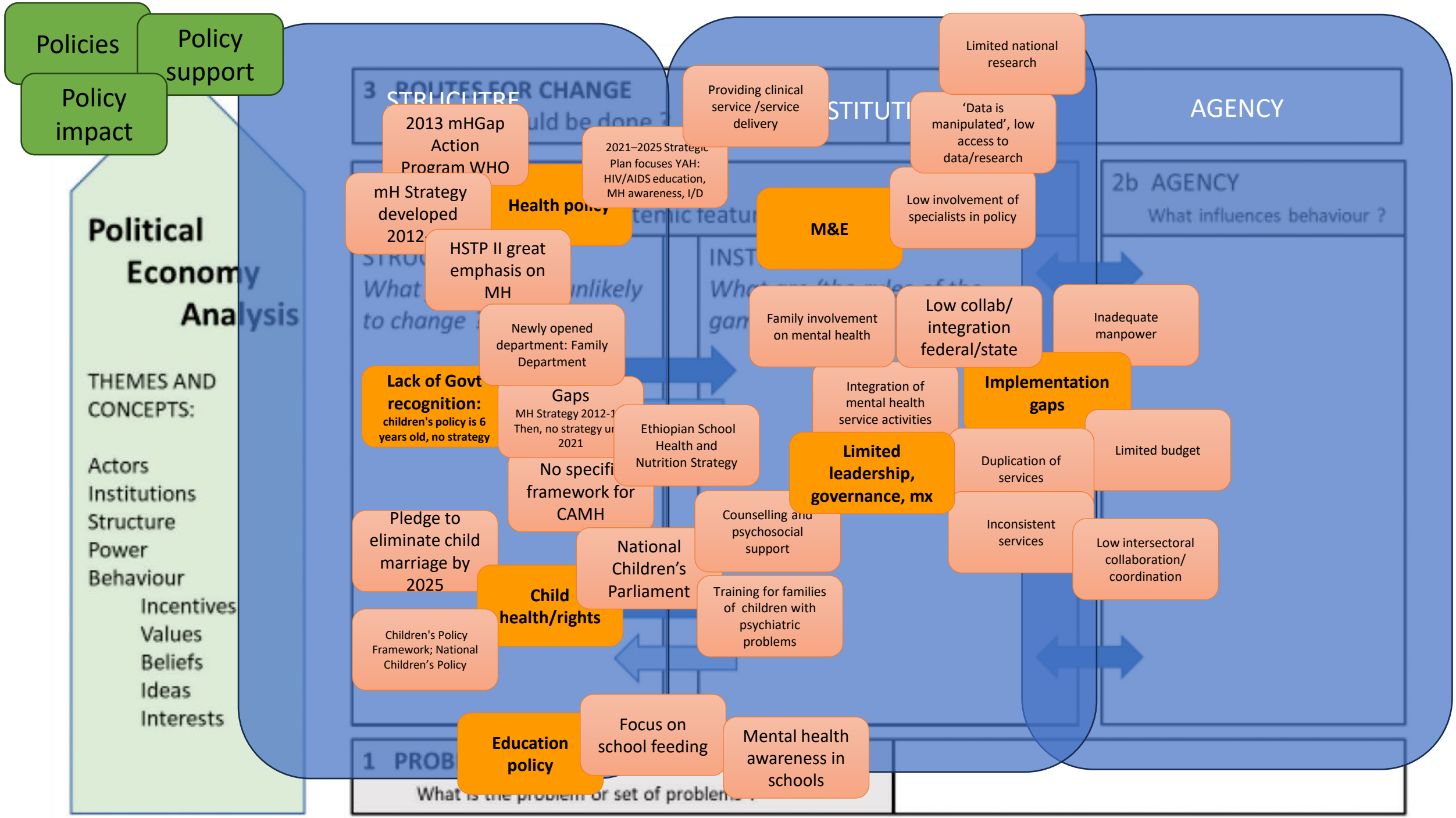
Triangulation of observations; comparison and exploration of differences (rather than search for unique fact)



Source: Andreas et al, 2022

Preliminary PEA results Ethiopia


Situation/ need
Parents children
Political Economy Analysis
THEMES AND CONCEPTS:
Actors
Institutions
Structure
Power
Behaviour
Incentives
Values
Beliefs
Ideas
Interests
Vulnerability to MH problems
STRUCUTRE
INSTITUTIONS
AGENCY
3 ROUTES FOR CHANGE
What could be done ?
2a CO
e systemic features, how
k ?
2b AGENCY
What influences behaviour ?
1 PROBLEM OR CHALLENGE
What is the problem or set of problems ?
Age
CA labour and early marriage
Poor social and familial bonds
Early childhood trauma
Poverty: living conditions, homelessness, divorce, addiction
Drink, noise, drugs: khat rooms, pubs, shisha houses around schools
'Environmental hazards'
Sexual exploitation and SRH
Weakened social norms
Conflict and displacement
Traditional views of MH e.g. curse
Domest violence abuse incl. during COVID
Stigma discrimination: parental responsibility
Stigma discrimination: gender/ableism
Stigma discrimination: healthcare
Access to drugs in schools
Overcrowded classrooms
Low 'belief' in education
School environment - violence
Poor teachers' conditions
Very low access to school
Low access to facilities e.g. school fe
Out-of-sch children
Parents' anxiety schools in COVID
High drop-out before primary completion
Low knowledge of MH services
Poor HW conditions
Low awareness of CAMH
Development partners : many
Peer pressure
Addiction and crimina
Unintended pregnancy
Self-harm and suicide
Low ability to concentrate/ learn
Absenteeism, early marriage, child labor, domestic chores, distance to school,
Poor CA health seeking behaviour
Detachment /absenteeism, COVID, post-COVID


Policies
Policy support
Policy impact
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Behaviour
Incentives
Values
Beliefs
Ideas
Interests
3 ROUTES FOR CHANGE
2b AGENCY
What influences behaviour ?
2013 mHGap Action Program WHO
mH Strategy developed 2012
Health policy
2021–2025 Strategic Plan focuses YAH: HIV/AIDS education, MH awareness, I/D
Providing clinical service /service delivery
Limited national research
'Data is manipulated', low access to data/research
Low involvement of specialists in policy
M&E
HSTP II great emphasis on MH
Newly opened department: Family Department
Family involvement on mental health
Low collab/ integration federal/state
Inadequate manpower
Lack of Govt recognition: children's policy is 6 years old, no strategy
Gaps
Integration of mental health service activities
Implementation gaps
Ethiopian School Health and Nutrition Strategy
Limited leadership, governance, mx
Duplication of services
Limited budget
No specific framework for CAMH
Counselling and psychosocial support
Inconsistent services
Pledge to eliminate child marriage by 2025
National Children's Parliament
Low intersectoral collaboration/ coordination
Child health/rights
Training for families of children with psychiatric problems
Children's Policy Framework; National Children's Policy
Education policy
Focus on school feeding
Mental health awareness in schools
1 PROB
What is the problem or set of problems ?

Early interpretations

- key tensions between need, recognition, and response to CA mH

I did not complete transferring the codebook (?Step 4 – Charting) to this, initial 'Step 5 - Mapping and Interpretation', owing to time and preference to check with team before proceeding. The thematic analysis from the codebook (?Step 4 Charting) on solutions has not been mapped tp the PEA domains in this initial arrangement.

	a/ Situation/need	b/ Response
STRUCUTRE	Multidimensional social disadvantage: poverty, CA labour and early marriage, conflict, weakened social bonds; drugs and alcohol Stigma and discrimination exist on many fronts Violence normalised: widespread accounts across domestic and school environments	Major shifts in policy support and recognition Policy support in health and education Child rights important aspect of policy (cf? CRC)
INSTITUTIONS	Education system faces many challenges: poor conditions for teachers; overcrowded classrooms; low access, high dropout, drugs Health system similarly challenged. Health system challenges in terms of low awareness, poor working conditions	Limited budget/inadequate staffing Limited leadership, governance and management Low intersectoral collaboration and coordination Accounts of services: lacking, inconsistent and duplication cf. development partners and multiple vertical programmes) Strong M&E but accounts of manipulated and limited data and research
AGENCY – ?where intervention can be made to influence institution and in turn have some impact on structure domain	Structural disadvantage combined with low quality/access to health and education services dislocating CA from education system (primarily) CA from school and health system support for mH	?Serious and multiple implementation gaps constrain service users and providers from responding to the problem of CA mH

Policy/implementation gap?

….At the policy level, Ethiopia has signed almost all of its respective agreements regardless of its implementation.

There has been a huge shift in reaching out to vulnerable groups

….Most current practitioners will probably be involved in no more than the development of training manuals.

Entry points – policy impact

- High levels of government
- Implementation focus – connecting top-down strategy with bottom-up innovation
- Localising governance of SBMI

Reference Groups and Community Advisory Boards (CABs)

RGs: Roles and Responsibilities

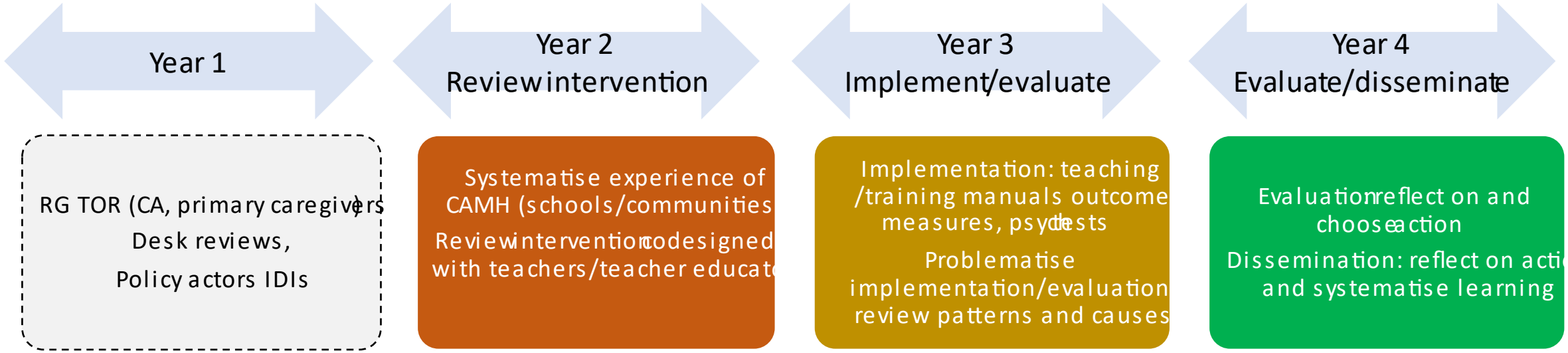
- Input and provide oversight and guidance to research team on design, delivery, evaluation, and dissemination of SBMI:

1. *Intervention*: review and appraise the mindfulness intervention codesigned by TEs working with primary school teachers
2. *Implementation* and evaluation: provide guidance and advice on implementation of the intervention, delivered in different ways as part of the primary school curriculum, to reach virtually all children.
3. *Dissemination*: Review and appraise all research tools including questionnaires and observation schedules to ensure meaningful content and sensitive/appropriate delivery. Provide oversight of and input to dissemination activities.

CABs: Roles and Responsibilities

- To ensure good working relationships btw. researchers and local popn
- To ensure appropriate community entry with the required permissions and agreements
- To provide input to the partnership process, which includes community entry and mobilization, building and maintaining partnerships, and engagement
- To promote development of a mutually beneficial and meaningful partnership between health researchers and community stakeholders
- To help communities fully understand risks and benefits to protect them from exploitation and harm.

Reference Groups/CABs Framework

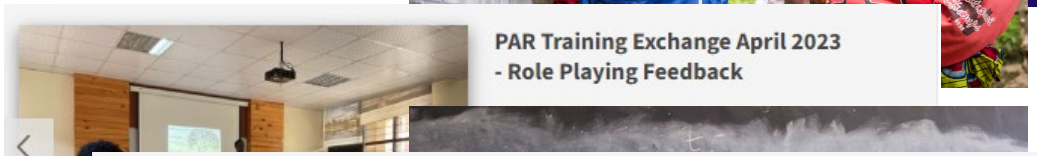


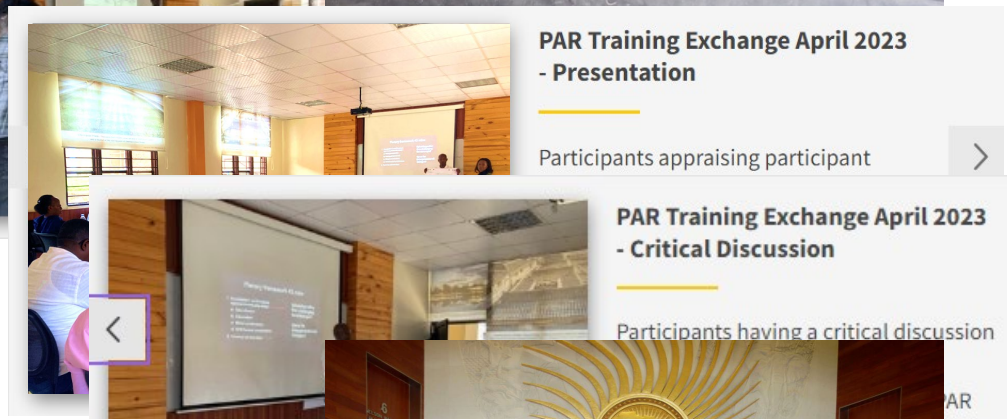
	Year 1	Year 2	Year 3	Year 4
Children and adolescents	Meet 6x in Year 1 (unused)	2 meetings: Dec 2023/Jan 2024 Feb-June 2024	2 meetings: Aug 2024– Jan 2025	2 meetings: Aug 2025– Jul 2026
Primary caregivers		2 meetings: Dec 2023/Jan 2024 Feb-June 2024	2 meetings: Aug 2024– Jan 2025	2 meetings: Aug 2025– Jul 2026
CABs		2-4 meetings	2-4 meetings	2-4 meetings

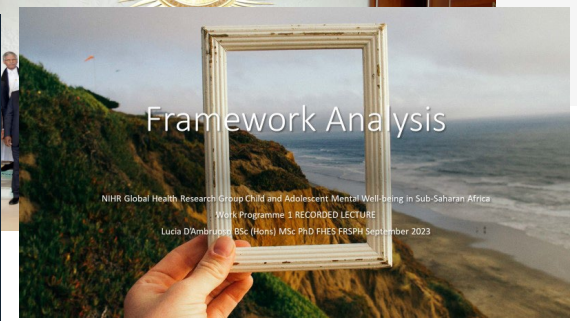
Next steps

Next Steps

a) Products and papers
   a) PEA paper Ethiopia
   b) PEA paper Rwanda
   c) ?Comparative paper
   d) Training /capacity exchange







Participatory Action Research (PAR)

"As a result of the training, my confidence to organise and progress a participatory action research (PAR) process has significantly changed ….Besides, I had no idea about power distribution between researchers and participants in the whole process of PAR and how to facilitate the PAR activities in a workshop before the training. It was during and after the training that I came up with enough knowledge, skills, and attitudes to organise a PAR process." - Quote from participant.

Materials from Training Exchange on Participatory Action Research (PAR) as part of Work Package 1, which took place in-person in Kigali, April 2023.

Thank you

Disclaimer

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