



# CAMH – RWANDA PAR

## Session 2: Participant selection, recruitment, ethical considerations

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*Kigali, 28/04/2023*

# Acknowledgments

You should acknowledge the funder near the beginning of any presentation. For example, in an early slide summarising the project or an acknowledgements slide.

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# Training Visual as a single image

**1. Foundation**

**2. Data Collection**

**3. Data Analysis**

**4. Capacity Building and  
Exchange**

**Foundation**

# BACKGROUND

- Mindfulness training is relevant across the spectrum of CA mental wellbeing, with evidence of positive effects on: cognitive performance, stress, resilience and socio-emotional skills.
- The NIHR-supported a school based mindfulness intervention to promote CA mental wellbeing
- It is a cluster randomised controlled trial (CRcCT) in Rwanda and Ethiopia

# CAMH WP1 OBJECTIVES

1. Describe the political, economic, social health and education system contexts of CA mental wellbeing, including with stakeholder analysis (WP1-1, separate manual). **ONGOING**
2. Appraise mindfulness with primary caregivers and establish 'Reference Groups' to expand codesign throughout the programme (WP1-2, focus of this manual). **NOW INITIATED**
3. Appraise mindfulness with CA and establish 'Reference Groups' to expand codesign throughout the programme (WP1-3, manual forthcoming). **NEXT**

# Background - 1

## Rwanda school Health Policy 2014

- School age children face many challenges related to poor health poverty such us ***inadequate water , sanitation, facilities and infrastructure, communicable and non communicable disease, gender based violence and misuse of ICT***
- These factors influence the learners 'attendance and ability to concentrate on lessons
- To improve the learning environment, the government of Rwanda developed a comprehensive School health policy and strategic plan with recommended actions in **8 key areas including mental health**

# Background - 2

## **Mental health strategic plan 2020-2024**

Under the 4<sup>th</sup> Specific objective of the Mental Health Strategic Conceptual Framework are the following activities in line with the project:

- ➔ Prevention, early mental health intervention for children/ their families using ECD facilities, pre-schools...etc
- ➔ Community-based youth mental health & integration with alcohol substance abuse services expanded



# PRELIMINARY STAKEHOLDERS ANALYSIS 1

POWER OF ACTOR	High Interest	
	Enthusiastic (High Interest)	Compliant (Medium Interest)
High	<b>President's Office:</b> Constitution, National Child Development Agency (NCDA), Children's Summit, National Strategy for Transformation (NST1), Vision 2050, ratification of human and child rights,	<b>Prime Minister's Office/Social Security Cluster</b> (MOH, MOE, MINALOC, MIGEPROFE, MINIJUST): Reduction of Poverty and malnutrition in Rwanda.
	<b>Imbuto Foundation</b> (1 <sup>st</sup> Lady's Office): Child protection, girls education, MH and resilience projects in the community	<b>MINECOFIN:</b> GoR budget execution and planning; Rwanda Governance Board (managing all NGOs, FBO, CSO), RSSB (Social Security and Health Insurances covering MH services),
	<b>MOH/RBC:</b> Policies and strategic plans development and implementation via School Based MH Program	<b>MOE/REB:</b> Quarterly meetings with MOH on School Health Policy; Curriculum development and implementation including health sciences curriculum, implementation of performance based curricula.

# PRELIMINARY STAKEHOLDERS ANALYSIS 2

POWER OF ACTOR	High Interest	
	Enthusiastic (High Interest)	Compliant (Medium Interest)
Medium	<p><b>Members of Parliaments:</b> Community consultations, evaluations, and follow-up on audits about social policies in districts.</p>	<p><b>Civil Society Organisations</b> (MH awareness, MH clubs in schools, safe space, child protection and reintegration in families, psychosocial support and life skills, GBV, training : SOS, Uyisenga n’Imanzi, GAERG, ARCT RUHUKA, CARE Intl, RWAMREC (positive masculinity)</p>
	<p><b>Development Partners of MOH and MOE;</b> project fundings and policy and programs impact evaluations- UNICEF - ENABEL – USAID – UKAID –DFID – WHO – WB - etc...</p>	<p><b>District and Sector officers in charge of social affairs:</b> community response to child adversity, Performance Based Contracts at local and family level (imihigo y’umuryango), PBC 4 teachers and public servants in charge of education</p>
	<p><b>Internatinal NGOs (positive parenting, education support, MH, child protection):</b> World Vision, - Plan Intl- VSO - CARE Intl - AVSI</p>	<p><b>Communities (CHWs, IZU, local leaders, local church leaders):</b> MH awareness, through umuganda, parental evening forums, cell assemblies, community mediation committees</p>
	<p><b>MIGEPROFE</b></p>	<p><b>Parents and Teachers Associations:</b> school health interventions, CA protection and development.</p>

# PRELIMINARY STAKEHOLDERS ANALYSIS 3

POWER OF ACTOR	High Interest	
	Enthusiastic (High Interest)	Compliant (Medium Interest)
Low		<p><b>MICT:</b> ICT 4 Social Economic development in Rwanda: Technologies used in schools and health facilities, use of technologies for payments and governance</p>
		<p><b>MINIYOUTH:</b> Youth Centers, Youth Health corners, Health services VCT, GBV, referral, youth mobilization</p>

# Data Collection

# PARTICIPATORY ACTION RESEARCH

- PAR seeks to understand and improve the world by changing it. It transforms the roles of those who usually 'participate' as the subjects of research.
- PAR participants collectively act, produce change, and create new knowledge
- PAR seeks to engage key stakeholders to adapt a school-based mindfulness intervention (SBMI) in Ethiopia and Rwanda , and for research on early childhood development (ECD) in Rwanda.

# COMMUNITY-BASED WORKSHOPS

- Community-based workshops (n=4)
- Series of 4 sequenced and facilitated group discussions
- Target populations in Rwanda: Primary caregivers (n=12) from BURERA district:
- 1 INTERVENTION SCHOOL
- Workshops will be used to collect data to enable us to explore:
  - understandings of CA mental wellbeing in school and social systems;
  - priorities for promoting it, in terms of feasible interventions
  - the roles of services and communities in promoting to CA mental wellbeing

# PAR - PARTICIPANTS SELECTION

- 6-12 participants will be **purposively selected**

Inclusion criteria/considerations	Exclusion criteria/considerations
<ul style="list-style-type: none"><li>- People residing in target population</li><li>- People <math>\geq 18</math> years</li><li>- Primary caregivers, carers and/or guardians (includes adoptive primary caregivers, kinship carers)</li><li>- Primary caregivers of children 7-16 years</li><li>- Primary caregivers of children in the intervention school</li><li>- Primary caregivers of children in range of education stages (9 year basic school grades 1-9 in Rwanda; primary school grades 1-6 in Ethiopia)*</li><li>- Women will have equal representation with men</li></ul>	<ul style="list-style-type: none"><li>- Reasonable possibility of loss to follow up (e.g., familial commitments, chaotic and/or unstable personal circumstances, existence of severe or acute health condition that is likely to preclude participation)</li><li>- Prisoners, people in detention or involuntary treatment</li><li>- People who present a risk of physical aggression and/or harm</li><li>- Women will have equal representation with men</li><li>- <b>Teachers, local, opinion, and religious</b></li></ul>

# PAR - PARTICIPANTS RECRUITMENT

- 1 school selected among intervention schools
- 15-20 participants identified with school heads and teachers
- 12 invited for PAR (see inclusion exclusion criteria)
- At 4<sup>th</sup> session, all PAR participants invited in Ref group only volunteers recruited as members of the Reference Group



# PAR – ETHICAL CONSIDERATIONS

## Research ethics principles:

- Respect for persons (confidentiality, voluntary participation)
- Beneficence (minimize risks & maximize benefits of participants)
- Justice (fair distribution of risks and benefits from research)
- Respect for communities (respect the values and interests of the community in research and protect the community from harm)
- Informed Consent (to ensure respect for persons); written consent and space for witnesses of illiterate participants

**NB:** All the WP1 research team involved in collecting data, including note-takers, should complete the ethics and safeguarding training for the project.

# PAR – TOOLS: 1. Problem Tree

## 1. Create a long list CAMH & SBMI:

- a) Perseptive and experiences
- b) MH symptoms and treatment (*modern/traditional*)

→ **Group Discussion:** collectively analyse the problem using the **Problem Tree**

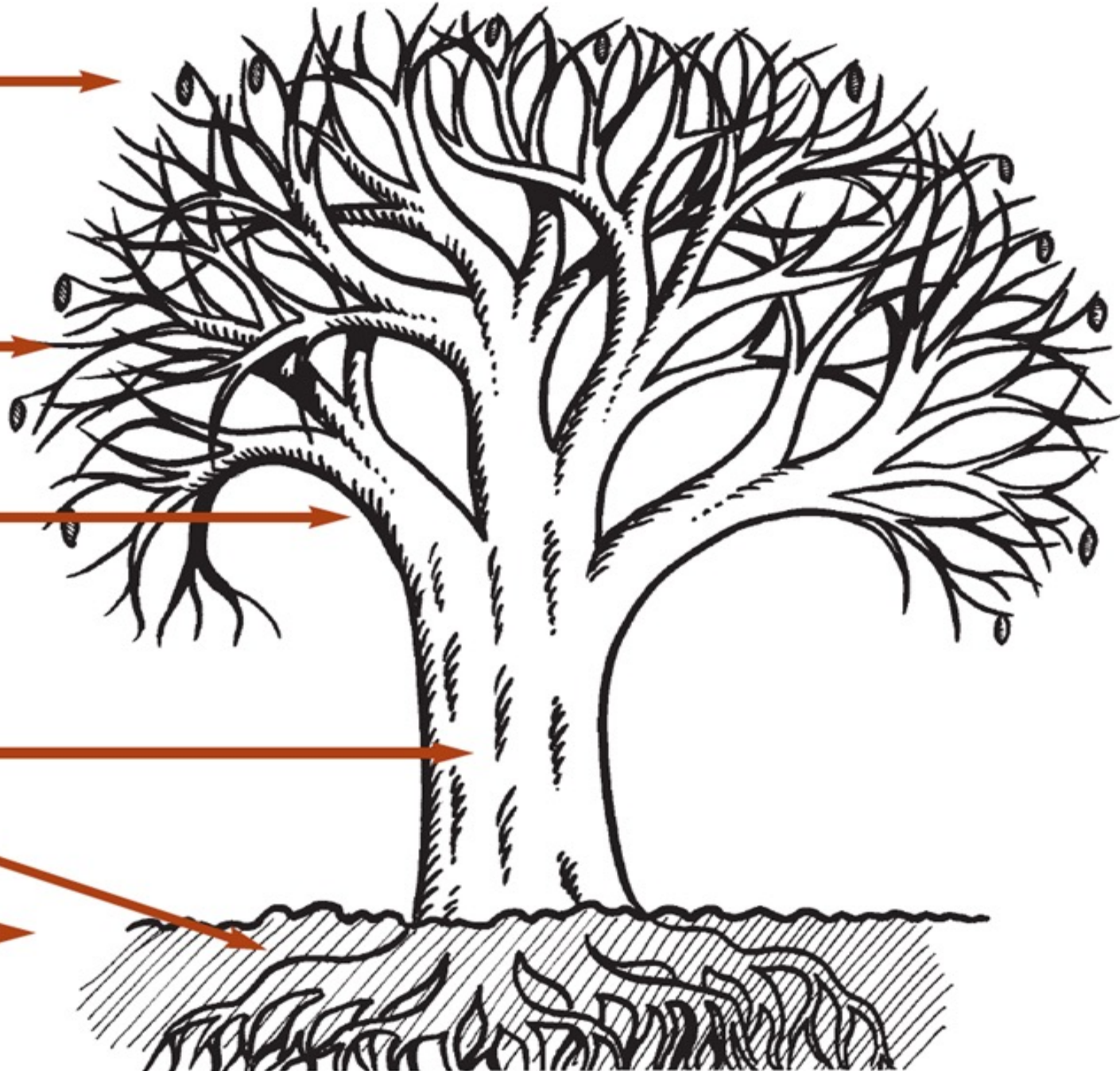
problems →

immediate causes →

environmental causes →

structural causes →

political system and values →



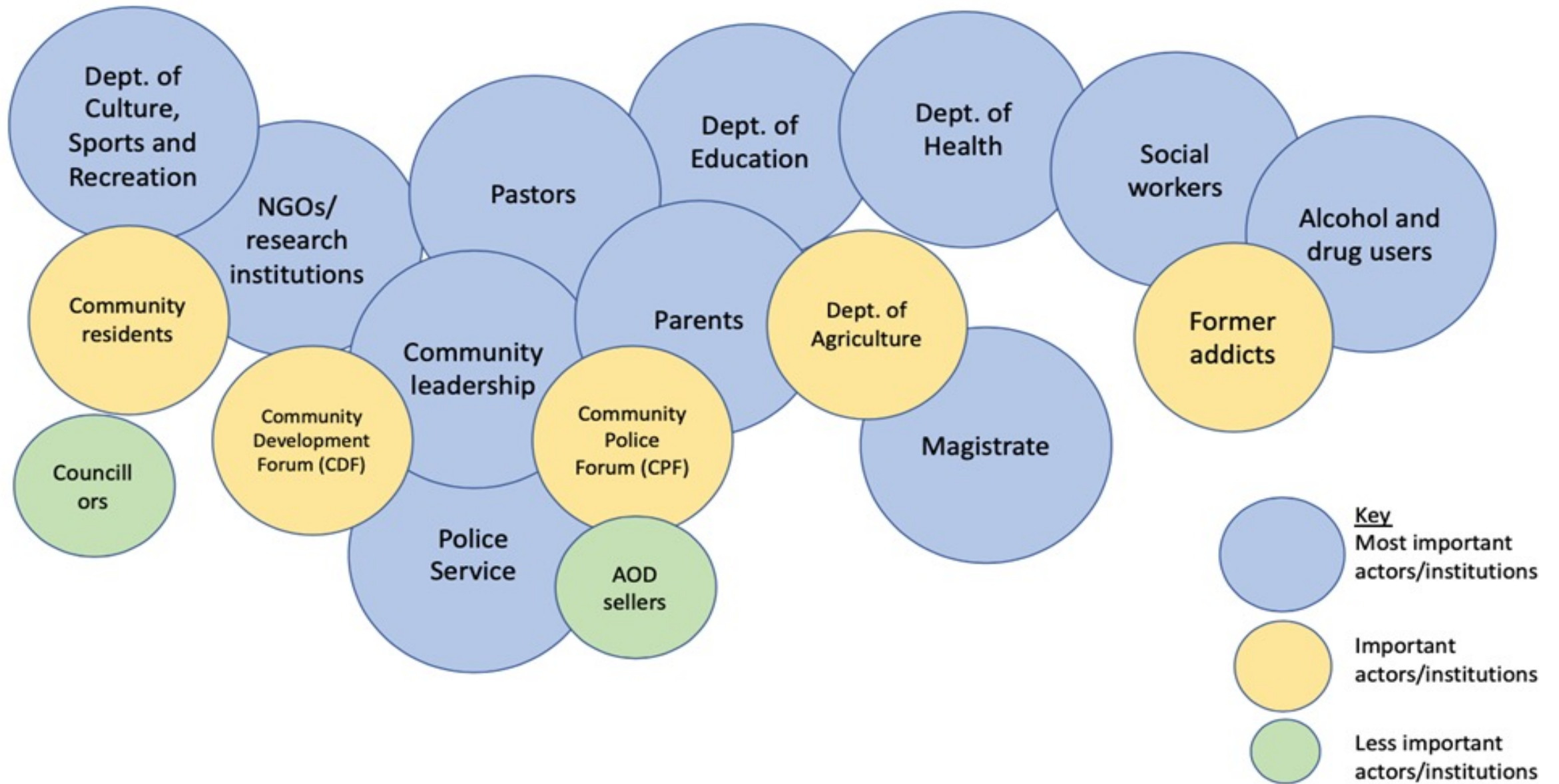
# PAR – TOOL 2: Venn Diagram

→ To understand impacts and actors involved

- a. Indicate relationships and interactions between various actors and institutions: Identifying internal and external organisations active in CAMH and how they relate to one another in terms of contact and collaboration.
- b. Identify services (education, health and other) for addressing needs.
- c. Identify how services perform in relation to desired outcomes, access, uptake.

→ **Group Discussion:**

- 1) create long list of institutions and their relationships,
- 2) map actors and institutions
- 3) look at the MAP and Discuss



# Other tools

- **Action Reflection/ appraisal (Tool 3)**
- **Engagement Strategies (Tool 4)**
- **RREAL Sheets**
  - 1: Substantive findings*
  - 2. Researcher Observations/Reflections*
- **Data Recording forms**

# PAR – DELIVERABLES

(WP1 Weekly meetings)

## Rwanda

**Nyirazinyoye LAETITIA (UOR)**  
[lead]

### Leadership Team

**Eric REMERA (RBC)**

**Darius GISHOMA (UOR)**

**Kanazayire CLÉMENTINE**

**Francois NKURUNZIZA**

**(Community)**

**Wenceslas NZABALIRWA\* (UOR)**

- 2 x PDRFs (post-doc recruited at 3 mo)
- 2 x PGRs (PhD recruited at 6 months)
- 2 Data collectors/notetakers (CEI)
- Co-I qualitative researchers







# Data Analysis

# PAR DATA ANALYSIS: Rapid QRM

- Using the **RREAL** process, data will be captured in **a matrix** with the main data collection dimensions (subjective perspectives, collective problematisation; reflecting on and choosing action; and engaging in the research) **to display emerging findings.**
- This will be followed by consideration of where there is **agreement**, partial agreement, silence, or dissonance between findings from different components, and allows emergence of meta-themes.
- From this, we will construct **a synthesis**, informed by our main **Conceptual Framework and Theory of Change.**
- At the end of data collection, we will produce an overall, per **country RREAL Sheet 1 and 2 for WP1-2.**

# PAR - DATA ANALYSIS PLAN

- Overview of thematic analysis, content analysis and framework analysis methods
- Overview of conceptual and theoretical frameworks
- Critique and build learning in analysis across diverse contexts

# Capacity Building and Exchange

# **CAPACITY BUILDING AND EXCHANGE**

- Training research team
- Experience sharing
- PAR: capacity building for caregivers and CA
- Data collection new tools, new techniques, data analysis methods and data analysis methods
- Reporting and publications
- Online courses for the research teams
- PhD and Postdoc degrees

# FINAL SLIDE - Disclaimer

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