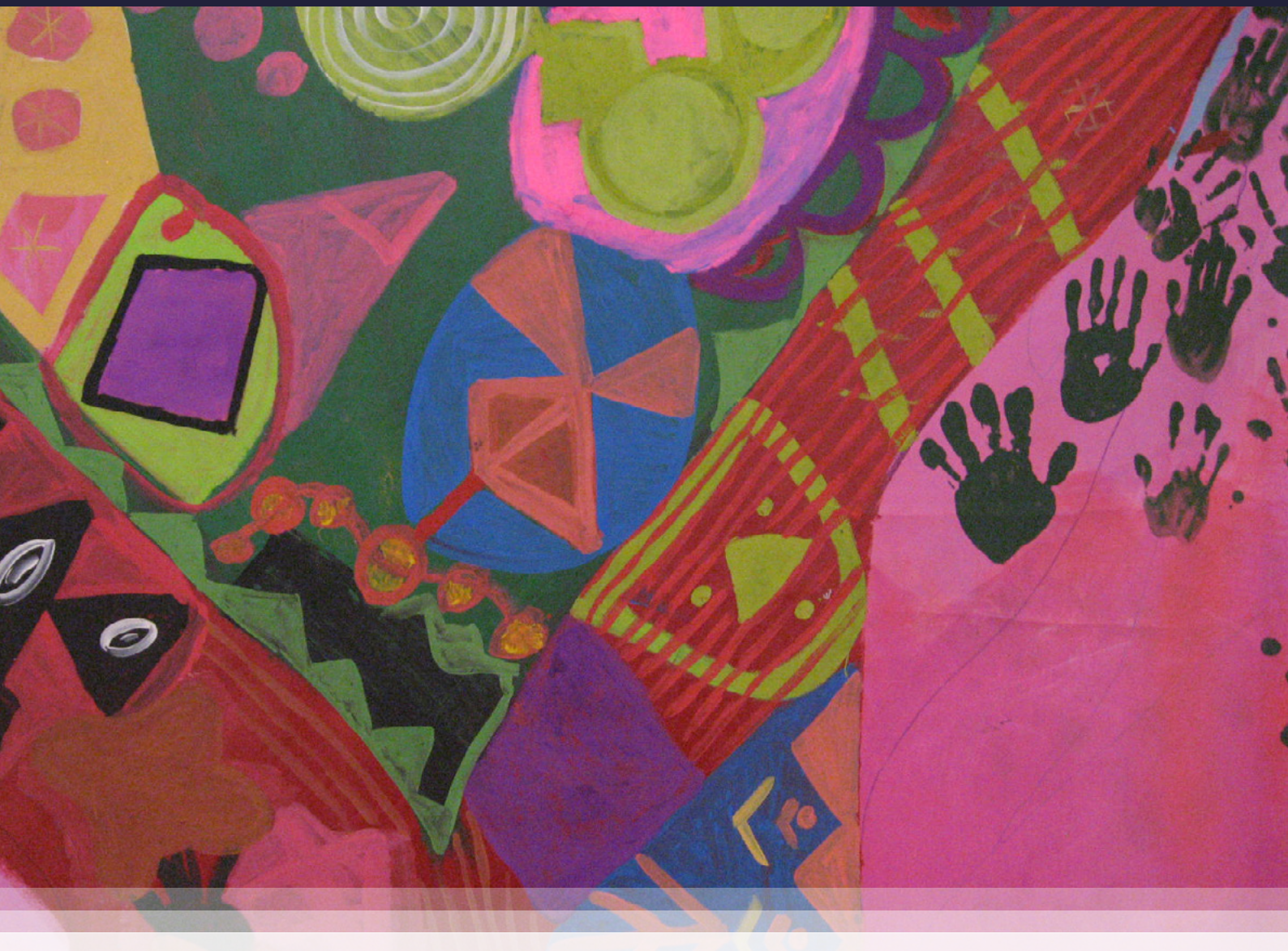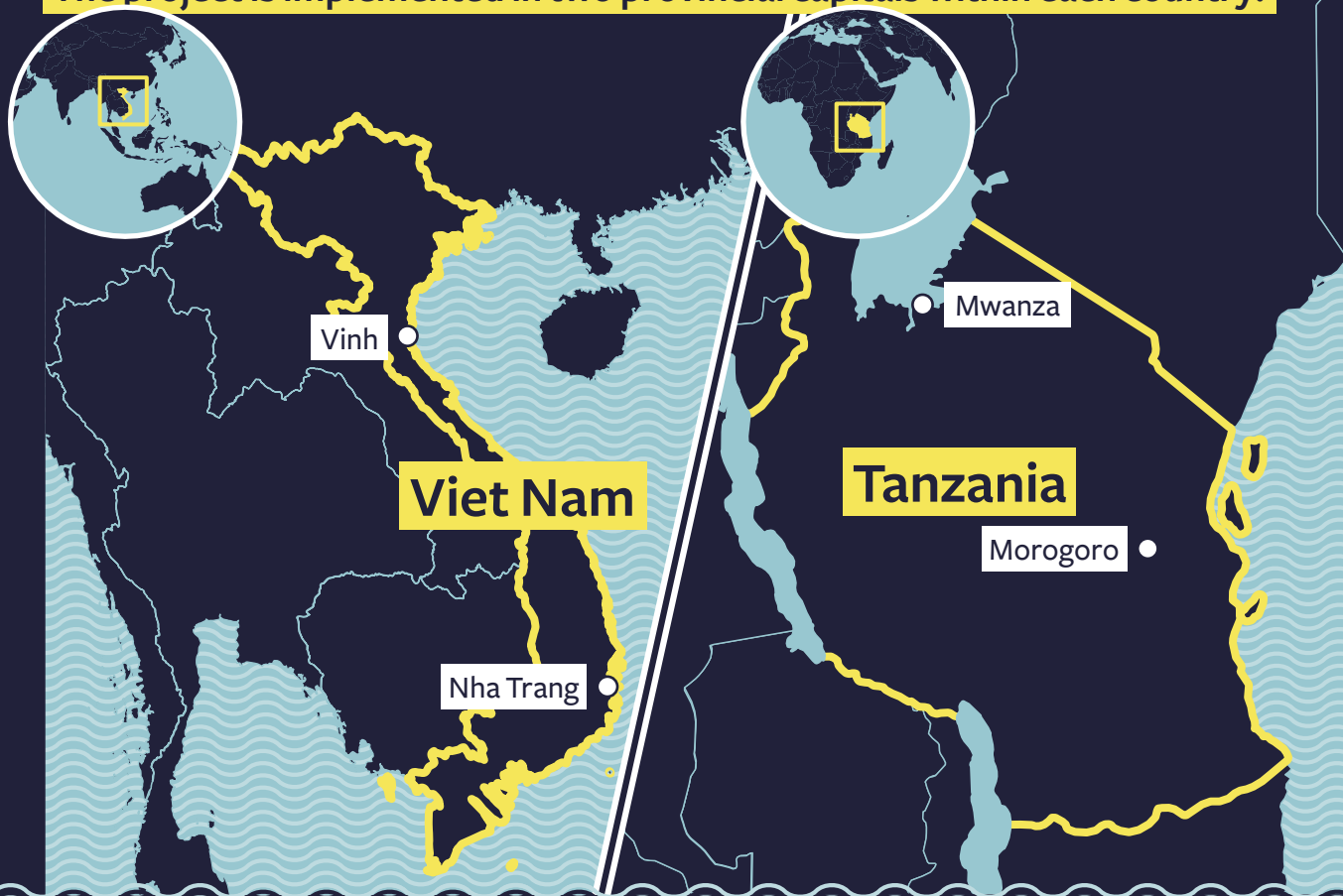# Lessons from conducting research on mental well-being of adolescents in Viet Nam and Tanzania during Covid-19

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August 2021

The project is implemented in two provincial capitals within each country:

Viet Nam
- Vinh
- Nha Trang

Tanzania
- Mwanza
- Morogoro

Background

The project titled *Addressing the mental health needs of adolescents in Tanzania and Viet Nam through the co-creation of digital and non-digital solutions* has been awarded by Fondation Botnar to a consortium led by ODI, in close collaboration and partnership with the Tanzanian Training Centre for International Health, and the Center of Research, Information and Services in Psychology at the Viet Nam National University.

The project started in May 2020, is planned to run for a period of 2.5 years, and involves:

- Researching and identifying drivers of mental ill-health among adolescents, considering underlying social norms that may be driving mental distress.
- Co-designing and testing digital and non-digital applications and other approaches with adolescents, teachers, parents, and local authorities to support the mental health and overall wellbeing of adolescents.
- Assessing the effect of the digital and non-digital solutions developed through mixed-method baseline and end-line studies and ongoing feedback loops.
- Documenting and informing local decision makers of the effectiveness of digital and non-digital applications tested by the project.

From its start in May 2020, the project was immediately affected by the rapid spread of the Covid-19 pandemic, which had become of global concern by March 2020. Plans had to be adapted quickly. International travel was cancelled, and national public health guidelines in the United Kingdom, Tanzania, and Viet Nam

forced the project team to change their approach, particularly in relation to the design and testing of data collection methods. These restrictions, however, played out in different ways and at different times in different countries.

In the United Kingdom, social isolation and lockdown restrictions were put in place on 23 March 2020.[1] After the loosening of restrictions in the summer and autumn of 2020, a second lockdown was imposed in November because of a surge in cases. Since the emergency approval of vaccines in December 2020, over 50% of the UK population has been vaccinated as of July 2020, and most Covid restrictions have been lifted.[2]

Viet Nam had originally been hailed as a success story, having managed to restrict the spread of Covid-19 in 2020 to merely 1,465 confirmed infections.[3] However, in early May 2021 cases began to rise very rapidly, and a new lockdown was imposed.[4]

In Tanzania, Prime Minister Kassim Majaliwa announced in March 2020 the closure of schools and mass gatherings, but a full lockdown was never imposed.

This brief synthesises four lessons/take aways from the experiences of the project team (based in five countries, four continents, and four different time zones)[5] of implementing and adapting the project to the constraints caused by the pandemic.

Covid-19 total confirmed cases in the countries in which the team is based as of 2 July 2021:

Country	Cases
Tanzania	509*
Viet Nam	17,052
Finland	95,964
United Kingdom	4,174,318
United States	33,680,524

* Latest data refers to May 2020. The recording of new cases had been restarted at the end of July 2021.
Source: data from the 2019 Novel Coronavirus Visual Dashboard operated by the Johns Hopkins University Center for Systems Science and Engineering.

1   Priddy, S. (2021) 'The Coronavirus Timeline: Measures Taken by the House of Commons', House of Commons Library, 26 May (https://commonslibrary.parliament.uk/house-of-commons-coronavirus-timeline).
2   Bowden, G. (2021) 'Covid: Most Rules Set to End in England, Says PM,' BBC News, July 5 (www.bbc.com/news/uk-57725523); 'Covid Vaccine: How Many People in the UK Have Been Vaccinated so Far?,' BBC News, July 22 (www.bbc.com/news/health-55274833).
3   Le Van Tan (2021) 'Covid-19 Control in Vietnam' Nature Immunology, 22(3): 261–261 (https://doi.org/10.1038/s41590-021-00882-9).
4   BBC (2021) 'Covid: Vietnam Detects New UK-Indian Variant, Health Officials Say,' BBC News, 29 May (www.bbc.com/news/world-asia-57296803).
5   The countries are Viet Nam, Tanzania, Finland, United Kingdom, and the United States.

1 Online collaboration with country teams to design data collection activities and tools worked better than expected

The inability of the ODI team to travel to Viet Nam and Tanzania meant virtual training sessions and workshops were the only option. These were needed to co-design the quantitative and qualitative baseline data collection tools and process, and to train team members on the themes of the project. These training sessions would usually have been run in-person and over consecutive full-length days. Moving online meant they had to be broken up into shorter workshops spread over a longer period.

The country teams felt that these shorter online orientations and training sessions worked well – and better than expected. The impression was that a combination of shorter online meetings and facilitation created a more collaborative atmosphere, and this showed in the output; for example, the design of the quantitative and qualitative data collection tools was more iterative on this occasion compared to other projects. This was explained by the fact that the online sessions were shorter, allowing participants to digest information in smaller chunks and absorb it in their own time before returning to discuss ideas in the next workshop.

2 Moving online reduced the ability to identify and address specific capability needs of the country teams

Online workshops worked well but they did not allow the informal and spontaneous interaction between teams before, during, and after the workshops that is possible when working in-person. One challenge that the ODI team faced was to assess and understand the extent to which country teams needed support and guidance on specific elements of the data collection process, such as, for example, the sampling strategy or the support and training of interviewers and enumerators. The country teams mentioned that the preparation for qualitative interviews, including role play, did not work well online due to the 'distance' of not being in the same room and the need to, for example in Viet Nam, have simultaneous interpretation from/ to English. The country teams mentioned

that a face-to-face workshop with the ODI team to prepare for the qualitative data collection would have strengthened the teams conducting interviews and facilitating focus group discussions.

From the perspective of the ODI team, the inability to travel and work alongside the country teams during the piloting and data collection reduced their ability to contextualise the data and analysis emerging from the countries. One team member mentioned that:

'There is something to be said for being around during the pilot testing. I've found that even if you don't understand the language, you can gauge the types of interactions that are taking place.'
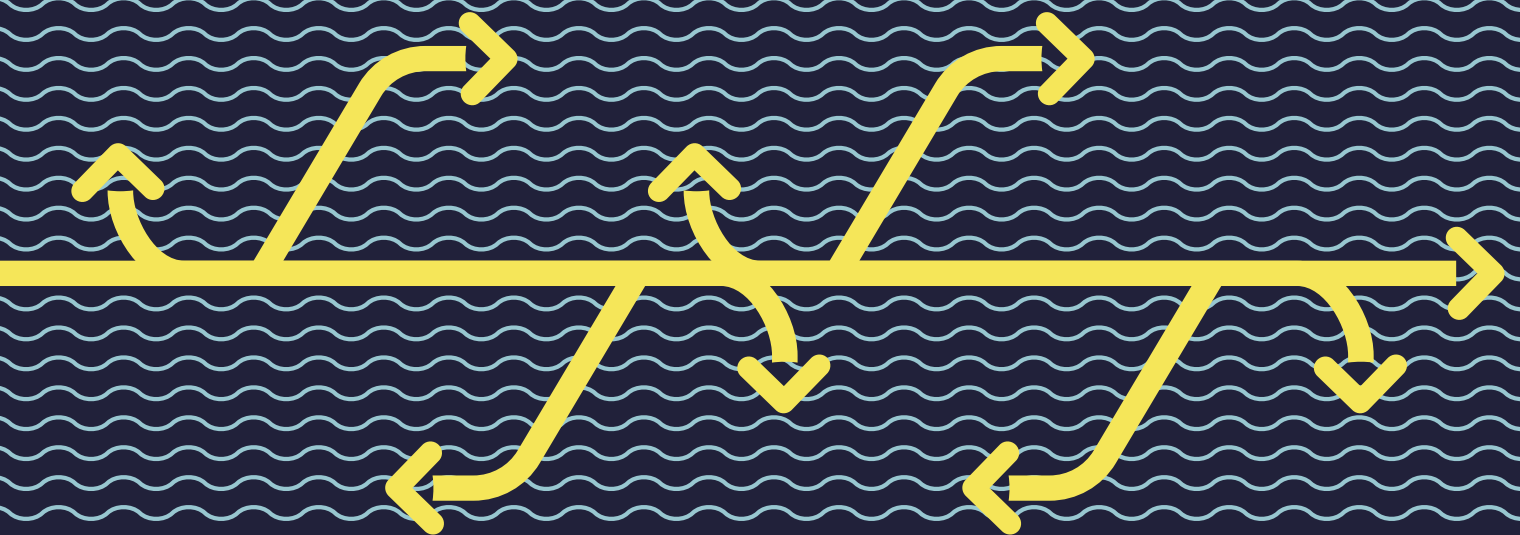
3 Waves of the pandemic required a continuous adaptation of the project plans

Country teams followed national and local health guidelines and adapted their plans and schedules to each fresh wave of local infection or lockdown measures. For example, in Viet Nam the data collection in schools was pushed back by one month to December 2020. In Tanzania, the quantitative data collection was able to go ahead as planned, but the number of questions included in the survey had to be slightly cut to lessen the contact time between the informants and the survey team. In Tanzania, the number of participants in the school-based focus group discussions was also reduced to maintain safe social distancing in the school premises.

A colleague from Viet Nam commented that against some expectations 'the Covid-19 pandemic did not paralyse the data collection work in the country.' The same can be said about Tanzania. Overall, the country teams and the ODI team feel that the flexibility built into the activity plans – which stems also from the flexibility allowed by Fondation Botnar during this Covid-19 period – made it possible for the data collection to be implemented as planned under these difficult circumstances, with minimal delays and without undermining the quality of the data collected.
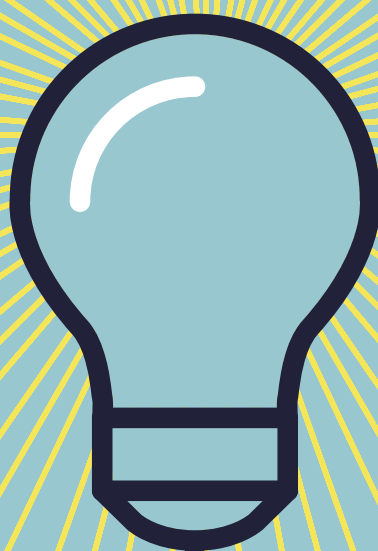
The pandemic also catalysed the development of new ways of processing and analysing quantitative and qualitative data remotely. The second Covid-19 wave that emerged in Viet Nam in early 2021 impacted the planning and management of the data processing and analysis, especially the qualitative data. Typically, the recordings of interviews and other data are kept at the Vietnam National University because of privacy/confidentiality concerns. The nation-wide lockdown meant that the team had to rapidly develop new processes and data privacy and security measures to allow the analysts to take the data home and conduct the transcribing, translating, and analysis remotely.

4 Working remotely empowered the country teams to take the initiative and lead the in-country process

Perhaps the main impact from the absence of travels and the need to move the project communication and interaction fully online was that the country teams were able to influence and shape the data collection and quality assurance processes more than they otherwise might. Being online led to greater responsibility for the country teams and room to discuss and shape the research plans and tools, which would not have been the case if someone from the ODI team had been there. The relationship between the ODI team and the country teams was always meant to provide country partners with autonomy, but the feeling is that the Covid-19 pandemic has served to emphasise this autonomy even more. Whether by design or due to the special circumstances imposed by the pandemic, the country teams feel that the project provided them with decision-making autonomy that allowed them to respond quickly to administrative requests and the need to change or adapt their activity plans. The decentralisation of research and decision-making responsibilities and the sense of empowerment felt by the in-country teams is a strong reminder about the importance of developing equal partnerships between research teams and breaking the north–south divide.

Find the latest information on this project here:
Addressing the mental health needs of adolescents in Tanzania and Viet Nam through the co-creation of digital and non-digital solutions

Cover: UNiTE circle painting exhibition organized with the Vietnam Youth Union, Vietnam Women's Museum in Han Noi, November 2011. Credit: Krista Seddon / Flickr