



## October 2021 Sustained Grantee Spotlight: HealthRight International, Inc.

Throughout the world, the pandemic is increasing instances of gender-based violence (GBV), early pregnancy, and other crises that primarily impact women – and that may result in a generational delay in the advancement of gender equity.

COVID-19 delayed [HealthRight International's](#) Together Women Rise project, but the organization continued to support pandemic response work. In Kenya and Uganda, weaker health systems meant a greater likelihood of co-morbidities such as TB, malaria, HIV, and pneumonia, increasing the urgency of prevention initiatives.

HealthRight International is engaged in capacity building, research, service delivery, and advocacy initiatives. The Maternal Mental Health (MMH) intervention provides mental health and psychosocial services to conflict-affected populations. Following a successful Featured Grant in September 2015, this Sustained Grant project, the MMH program is the first of its kind that specifically targets the mental health needs of perinatal women in a post-conflict setting. The primary goal of this project is to expand the MMH program to strategically target the new population of perinatal women among the South Sudanese refugees in Lamwo district of Uganda. The period of pregnancy can be a joyful and happy but also a stressful time for women. In low resource settings and in conflict zones, women can experience poverty, gender-based-violence, social marginalization and perinatal depression. These conditions can have long term impacts on both maternal mental health and childhood outcomes.

The specific purpose of the project is to integrate the Self Help Plus (SH+) intervention into the MMH stepped care model. Self-Help Plus (SH+), is a low intensity intervention that is designed to be delivered by lay practitioners/community health workers (CHWs) with minimal training and supervision, and can be delivered to larger groups of women in workshops, and thus has the potential of greater scale. SH+ is an innovative, multi-media intervention consisting of five audio-recorded sessions and an illustrated self-help book. The simplicity of this method allows more women to be reached in remote locations where resources are scarce. Follow up with trained practitioners for women who need greater level of care would be the next step.

### UGANDA

In Uganda and globally, high rates of depression, anxiety and other common mental illnesses put pregnancies at risk for complications and young mothers at risk for suicide. Mental health concerns carry risk for pre-term birth, low birth weight, malnutrition, disease, and missed immunizations – and suboptimal child development. Depressed women are less likely to breastfeed: a child who is breastfed is 14 times less likely to die in the first six months than a non-breastfed child. Breastfeeding drastically reduces deaths from acute respiratory infection and diarrhea – two major child killers.

The MMH project is designed to strengthen mental health among pregnant women and their children. The project is focused in two districts – both post-conflict areas and one also a refugee resettlement area.

By using a step-by-step approach involving community health workers, specialized clinicians are freed up to deal with the most difficult cases and bring recovery to more and more patients. The project uses the simplest, lowest-cost solution first, determines if it has worked, and then offers more treatment if required. The project was developed by engaging in community consultations to determine local needs and responding with evidence-based solutions, in this case, a first round of basic couples education and information and Group Interpersonal Therapy.

By the end of 2019, HealthRight had screened more than 16,000 mothers for depression and enrolled about 25 percent into psychosocial care.

### MONICA, MMH PARTICIPANT

Monica, one of many mothers who participated in the program, explained, “[The program] has helped me positively change my outlooks about life. It made me regain hope for the future.”

### A.R., PTSD SURVIVOR

In addition to the Together Women Rise project, HealthRight strives to meet a variety of mental health care needs. A.R.’s story is a recent example of one such program.

In 2003, at the age of 14, A.R. was abducted by LRA rebels from her aunt’s home. During the insurgency, the LRA abducted, mutilated, and psychologically and physically tortured Northern Ugandans, using tactics such as sexual and gender-based violence and the exploitation of children for military and sexual purposes. Victims were left with severe health care needs that prevailed long after the LRA left the region. In captivity, A.R. was physically and sexually abused and forced to harm others against her will. Now A.R. is married and has children, but she continues to suffer from her experiences.

A.R. was still plagued by nightmares about the people she harmed, and experiencing psychosomatic symptoms when she joined HealthRight’s Trust Fund for Victims project, which provides integrated physical and psychological rehabilitation for LRA victims in Northern Uganda. After being referred to a HealthRight mental health specialist by a community health worker, A.R. was diagnosed with PTSD and depression and began treatment soon after. With the help of medication and therapy, including a home visit to help her husband understand her condition, A.R. started down the long road of recovery. When the COVID-19 pandemic interrupted her treatment, and the total country lockdown caused her to develop anxiety, A.R. almost had a relapse. But her care team quickly adapted and guided her through this time using first phone calls and eventually socially distant home visits. After almost a year of treatment, A.R. is starting to feel better – her pain is gone, she can sleep through the night, and says she finally feels happy.

