



## INTERIM PROGRESS REPORT

NOVEMBER 2021

**I. ORGANIZATION NAME:** HEALTHRIGHT INTERNATIONAL

**PROJECT TITLE:** Community Based Maternal Mental Health in Uganda

**GRANT AMOUNT:** Sustained grantee \$75,000

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### II. PROJECT OUTCOMES SUMMARY

This grant supports the expansion of our previous TWR featured grant, dedicated to Maternal Mental Health (MMH) in Uganda. As a cost-effective step, we planned to integrate World Health Organization's (WHO) Self-Help Plus (SH+) tool into our MMH stepped care model. SH+ is a low-intensity intervention designed to be delivered by lay practitioners. Strategically, this shift would increase our reach and impact, since the SH+ intervention enrolls up to 30 people compared to 10 people per group in the prior WHO group interpersonal therapy (IPT-G) approach. For refugee women, we expected that highly distressed perinatal women in Lamwo district would benefit from SH+ due to their war experiences and the sparse of local mental health services. Among the project outcomes, we anticipated improved MMH and functioning among perinatal women and a reduction of distress so that women would be better able to care for themselves, take care of their new babies and contribute to their family and community work. Early identification, increased referrals, and decreased stigmatization were other expected outcomes related to community engagement activities. Similarly, we anticipated strengthening the workforces through the training of health workers and regular engagement with government stakeholders leading to the establishment of perinatal depression into the routine Uganda health care system.

### III. FUNDING

To increase the synergy among projects implemented by HealthRight during COVID-19 pandemic, a request for activity adjustment and budget shift was made and approved in the amended 2020 contract. The approval facilitated the integration of MMH activities from TWR proposal into the activities of our International Criminal Court Trust Fund for Victims (TFV)

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project. The complementary nature of the projects provided the opportunity to extend the services to women from host communities affected by Lord's Resistance Army (LRA) conflict. The survivors of LRA conflict had physical trauma so they were referred to the medical team of TFV project. The women received medical and surgical assessment and corrective surgery along with general health services. They also received WHO approved low intensity psychosocial intervention known as Problem Management Plus (PM+). The PM+ was a suitable intervention as it is developed for adults having common mental health problems such as depression, anxiety, stress and grief and self-identified practical problems such as unemployment and interpersonal conflict.

## IV. PROJECT SITUATION

Initially the project was proposed for two districts (Lira and Lamwo). In Lira the activities were supposed to be implemented along with the existing maternal mental health project. However due to the outbreak of COVID-19, the proposed activities could not be implemented in Lira. To address this problem, we concentrated our efforts in Lamwo district and extended the services to host communities. We expanded outreach services to encompass antenatal care (ANC) clinics in Padibe Health Centre IV and Ogili HC III (for refugee women).

To increase the acceptance and effectiveness of SH+ intervention, we conducted its pre-testing in the context of COVID-19, translated into local languages (Luo and Juba-Arabic) and adapted it to suit the local context. Due to the government COVID-19 travel restrictions, the project's field based supervision visits were reduced and shifted to remote supervision by phone.

## V. BENEFICIARIES

The project's direct beneficiaries have not changed. However, with the integration of the two projects, all eligible women are assessed at the clinics and refugee camps:

# Women assessed: 93 (age 25+years); 8 above 50 years

# Primary health care workers who benefited from additional training & supervision: 4

# Indirect beneficiaries: 420 Community members reached through health talks & community sensitization

## VI. ACHIVEMENTS & CHALLENGES

### Achievements:

The pilot-testing of adapted SH+ materials during the training provided hands-on opportunity to test for clarity of the messages, flow and sequence of the messages and, acceptability and user friendliness of the intervention as a whole. Secondly, the use of pictorial book (for SH+ intervention) during the training facilitated comprehension and interpretation of the messages. The pictorial book also helped in practicing the exercises at home. Those participants who practiced at home were better able to deal with their day to day distress and had better problem solving skills. Thirdly, the group cohesion and social support among participants increased after the SH+ sessions.

### Challenges:

One of the challenges we encountered during SH+ adaptation was the differences in dialects within the same language (Acholi). It required extra time and human resources to address the dialect issues. We also had challenges to ensure the quality of recordings done at the community level. Recordings for some sessions (for example session 1 and 2) were too fast and were difficult to follow. There was also the issue of timing of the recordings and timing to show the pictorial book. It was not flowing naturally. To address these challenges, we are planning to re-record the sessions and pre-test among community health volunteers, before using with our clients.

Another challenge we faced was the discontinuation of the sessions due to problems with the speaker. We had two speakers to run two sessions concurrently but one of them down and disturbed the session. To address this problem, we are planning to have one-back up speaker at each site.

In addition, the concept of a cash support savings group, also known as “cash boxes”, was difficult for participants to grasp. We have been using metaphors of recovery and productivity to convey the idea: *“Ngati ma kume yot dok ma wiye ber, tye ki keru me timo jami weng ma en miru dok room nongo jemi ducu bene.”* [English Translation: A mentally healthy person can go miles in one’s daily endeavors to access money and fulfill their needs].

## VII. OBJECTIVES

The following are our primary MMH project objectives:

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- To adapt SH+ for local community and train staff & community health workers to facilitate SH+ sessions
- To provide screening and psycho-education to women and facilitate SH+ sessions as part of the stepped care model for maternal mental health
- To measure improvement in symptoms and functioning of mothers enrolled in care

## VIII. PROGRESS TOWARD ACHIEVING YOUR OBJECTIVES

### 1. To adapt SH+ for local community and train staff & community health workers to facilitate SH+ sessions

In August 2020, we used 2 weeks after the lock down to complete Self-Help Plus (SH+) book translation and audio recording. In September 2020, we conducted initial Self-help plus integration activities including the introductory meeting with the midwives and refresher training for staff and community health workers.

- 6-day refresher training was offered to the seven participants (three staff and four community health workers). The training focused on how to use the screening tools, how best to provide psycho-education and how to use self-help techniques. This is half the number of trainees as listed in the original proposal since we halted the project in Lira and concentrated solely in the Lamwo District. Secondly, due to travel restrictions it was difficult to supervise large number of trainees (community health volunteers). Hence, we are focusing on small number of trainees to provide them sufficient coaching and mentorship so that they can provide quality services.
- Meeting with the midwives of the two health facilities (Palabek Ogili HCIII and Padibe West HCIII) to introduce the project/program with the facilities, and solicit support in screening and referral of women especially having severe depression and suicidal thoughts.

### 2. To provide screening and psycho-education to women and facilitate SH+ as part of the stepped care model for maternal mental health

- Six sensitization sessions were conducted by the Community Health Extension Worker (CHEWs) both at the community and health centers.

- A total of 98 perinatal mothers (42 in Ogili and 56 in Padibe West) were assessed for depression by the CHEWS and HealthRight staff.
- 26 mothers in Ogili and 43 mothers in Padibe West who screened positive for depression were provided psycho-education sessions.
- Biweekly follow up continued with women
- 22 mothers in Ogili and 23 mothers in Padibe West with moderate depression were enrolled in SH+ sessions.
- Four women in Ogili and eight women in Padibe West were referred for psychiatric services.

### **3. To measure improvement in symptoms and functioning of mothers enrolled in care**

The SH+ sessions are currently ongoing, so we are not able to report the improvement at this point. When the women complete the full sessions of SH+ intervention, they will be assessed to evaluate the extent of the improvement in reduction of symptoms, psychosocial wellbeing and functioning.

## IX. TIMEFRAME

We anticipate a third wave of COVID-19, but as of current, we are on track to complete these activities within the project period.

ACTIVITY	INDICATORS	LOCATION	RESPONSIBLE PERSON	DELIVERABLES	SEPT 2021				OCT 2021				NOV 2021				DEC 2021			
					WEEK															
					1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Session Audio translation from English to Acholi	Translated Audio	KHQ	Team Leader Lamwo	Completed translated audios from English to juba Arabic			X	X												
Community entry meeting	No. of meetings conducted	Palabek , Ogili and Padibe	Field team Lamwo	Community meetings conducted across all project sub counties			X	X												
CHEWS identification	No. of CHEWS identified	Palabek , Ogili and Padibe	Field team Lamwo	CHEWS identified and oriented to the project	X	X														
Staff Refresher training	No. of staff trained	Lamwo office	Lamwo team leader	SH+ training conducted			X	X												
CHEWS training	No. of CHEWS trained	Lamwo office	MH Lead field team	CHEWS trained in SH+			X	X												

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screening of perinatal women	No. of women identified and screened	Palabek Ogili and Padibe	Field Team CHEWS	Mothers screened and managed						X	X	X	X	X	X	X	X	X	X	X
Conducting psychoeducation	No. of women psychoeducate	Palabek , Ogili and Padibe	CHEWS	Psychoeducation conducted						X	X	X	X	X	X	X	X	X	X	X
SH+/ IPT Session	No. of group sessions conducted	Palabek , Ogili and Padibe	Field Team CHEWS	Groups run and improvement documented							X	X	X	X	X	X	X	X	X	X
Follow up of perinatal women	No. of women followed up	Palabek , Ogili and Padibe	Field team	Follow up conducted							X	X	X	X	X	X	X	X	X	X
Referral of women for mental health intervention	No. of women referred and supported	Palabek Ogili and Padibe	Field Team CHEWS	Mothers with severe mental health conditions referred							X	X	X	X	X	X	X	X	X	X
Support supervision /mentorship of CHEWS/ Staff	No. of support supervision conducted	Palabek Ogili and Padibe	MH Lead field team	Support supervision conducted					X	X	X	X	X	X	X	X	X	X	X	X
Reporting	No. of reports and case stories submitted	Lamwo office- Kampala	Field Team, M&E, MH Lead	M&E coordinator, MH Lead, Lamwo field team				X				X				X				X