HEALTHRIGHT

INTERIM PROGRESS REPORT

March 2022

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

HealthRight has been implementing the Maternal Mental Health (MMH) stepped care model in two sub-counties (Palabek Ogili and Padibe-West) of Lamwo district. As reported in last quarter, we integrated World Health Organization's (WHO) Self-Help Plus (SH+) intervention into our MMH stepped care model to increase access of the women from the refugee and the host community to the first line low-intensity intervention delivered by lay practitioners; the village health teams (VHTs). The mobilization of VHTs helps in service access as well as reduces the cost of implementation. The stepped care model begins with mental health screening, basic psycho-

education and gradually moves to low intensity psychosocial interventions such as SH+ followed by focused individual and group counselling and finally referral to specialized psychiatric care.

The expected project outcomes from the implementation of stepped care model included; 1) improved mental health and functioning among perinatal women, 2) better mother-baby relationships and improved relationship with family and community members, 3) reduction in social stigmatization, 4) early identification of the mental health problems and timely referral to appropriate mental health service providers and 5) strengthening of maternal mental health care system within the Uganda health care system by training and equipping primary health care workers and regularly engaging with government stakeholders.

III. FUNDING

The activities of the stepped care model are financed through two sources of funding representing Together Women Rise (TWR) funded maternal mental health care project and Trust Fund for Victims (TFV) funded integrated physical and psychosocial rehabilitation project. This is because in the last quarter, the activities of the TWR proposal were integrated into the activities of the TFV project to increase the synergy and promote cross-referral between the projects. The synergy between the two projects helped us to provide services to the women from the refugee community as well as the host community. This also facilitated women's access to both medical/surgical services and psychosocial interventions.

IV. PROJECT SITUATION

From November 2021, the relaxing of the COVID-19 restrictions by the government helped us to intensify the project implementation. We were able to conduct activities in the sub counties of Palabek Ogili and Padibe. We were also able to extend the activities to the Aceba sub-county (originally Aceba was one of the parishes of Padibe sub-county but the government lately recognized Aceba as a separate sub-county). In these sub-counties we conducted the community awareness sessions on mental health and psychosocial support (MHPSS) with the help from local council leaders and community health workers. We conducted MHPSS outreach clinics in three health facilities (Padibe HC IV, Padibe West and Ogili HC III). During the outreach events, we targeted women attending the out-patient care, antental care (ANC) and immunization services and screened them for distress and depression. While providing psycho-education to the women we also introduced the involvement of their husbands to promote better understanding of MHPSS issues and facilitate emotional support from the husbands.

V. BENEFICIARIES

Direct beneficiaries (perinatal women) have not changed. However, because of integration women (child bearing and other ages) were assessed. The non-perinatal women are enrolled for care under the TFV project.

Perinatal women assessed: 146 (age 25+years); of these 23 were above 50 years

Indirect beneficiaries: 8 (4 husbands and 4 mother in-laws)

Primary health care workers who benefited from training and supervision: 4 (3 male and 1 female)

Community members who attended health talks:405 (116 male and 289 female)

Community members who attended community sensitization: 600 (209 male and 391 female)

VI. ACHIVEMENTS & CHALLENGES

Achievements:

1. During the project implementation period the team carried out all the planned activities i.e., conducted community sensitization, identified and screened mothers for distress and depression, offered heath talks & psycho-education, followed up psycho-educated mothers and conducted weekly SH+ group sessions or workshops among women with mild to moderate depression.

2. Community health workers (the trained VHTs) have been mentored & supervised in providing services following the stepped care model.

3. Mothers enrolled in care, reported improvement in the depressive symptoms.

4. Positive feedback from the family & community members affirmed the effectiveness of the SH+ intervention.

5. Attendance, adherence to & completion of SH+ sessions/workshops was good. All the enrolled participants from initial recruitment stayed on course until the end of the sessions.

6. Mothers enrolled in SH+ sessions took their own initiative to form a saving and credit group to support each other after the completion of SH+ sessions.

7. In last quarter, due to travel restrictions, the paper-based information could not be delivered to the right place for entry into the data system. In this quarter all the backlog (information on the paper) data were uploaded in the digital data management system.

8. Learning: our implementation experience has shown that SH+ can effectively be delivered by trained and supervised members of VHTs. It also shows that SH+, when

delivered by VHTs, is cost-effective and contributes to task-shifting in MHPSS service provision.

Challenges:

High expectations from mothers for material support: mothers expected cash boxes from HealthRight for their saving and credit group. Much as they were informed during assessment and at the beginning of the SH+ sessions, that this was a treatment support group with a purpose to improve their wellbeing and functionality, they still asked for cash support at the end of the SH+ workshop. We had difficulties convincing the participants that this project does not provide cash support for their saving and credit group.

VII. OBJECTIVES

1. To adapt SH+ for local community and train staff & community health workers to facilitate SH+ sessions
2. To provide screening and psycho-education to women and facilitate SH+ sessions as part of the stepped care model for maternal mental health
3. 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 2021, four community health workers were trained (2 per sub county) to support in the community driven implementation. They completed apprenticeship and are now responsible for the implementation of community level project activities under the supervision of the project staff. These activities include community mobilization, sensitization, identifying people who might be suffering from distress and depression, assessing the level of distress and depression, providing psycho-education during the assessment and conducting SH+ group sessions for those with mild to moderate depression. We completed most of the SH+ adaptation in last quarter and this quarter was focused on implementation. Our implementation experiences showed that when we involve midwives as the facility-based supervisor for the VHT, it facilitates communication among the health workers and promotes timely referral of people with

depression. Hence, in this quarter, midwives were introduced in the project as supervisors for the VHTs at the health facility level.

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

In this quarter, 146 women were screened and provided with psychosocial support. Table 1 below presents the socio-demographic status of the women assessed.

Demographics

Table 1 showing the social demographics of mothers assessed

Character	Aceba (N=20)	Padibe West(44)	Palabek(N=1)	Palabek Ogili (N=81)	Total (N=146)
Religion					
Catholic	3(4.8%)	27(42.9%)	1(1.6%)	32(50.8%)	63(43.2%)
Protestant	14(20.3%)	16(23.2%)	(0.0%)	39(56.5%)	69(47.3%)
Born Again	3(33.3%)	1(11.1%)	(0.0%)	5(55.6%)	9(6.2%)
Muslim	-	-	-	-	-
Other religions	-	-	-	5(100%)	5 (100%)
Marital status					
Divorced	3(15.8%)	6(31.6%)	(0.0%)	10(52.6%)	19(13.0%)
Married	16(15.0%)	36(33.6%)	1(0.9%)	54(50.5%)	107(73.3%)
Never married	-	-	-	-	-
Widowed	1(5.0%)	2(10.0%)	-	17(85.0%)	20(13.7%)
Single Parent	-	-	-	-	-
Education level					
No formal education	4(5.5%)	5(6.8%)	1(1.4%)	63(86.3%)	73(50.0%)
Primary	3(37.5%)	1(12.5%)	-	4(50.0%)	8(5.5%)
Senior	11(22.0%)	28(56.0%)	-	11(22.0%)	50(34.2%)
Tertiary	2(13.3%)	10(66.7%)	-	3(20.0%)	15(10.3%)
Employment status					
Employed	1(6.7%)	-	-	5(33.3%)	15(10.3%)
Unemployed	19(14.5%)	35(26.7%)	1(0.8%)	76(58.0%)	131(89.7%)

Out of the total 146 women assessed by the VHTs, the majority (47.3%) were belonging to Protestant, followed by Catholic (43.2%). Only 6.2% were from Born Again and there were no women from Muslim community. Around 5% of women were from other religions such as Seventh Day Adventists (SDA) and Trumpet Born-Again. The majority of women (73.3%) were

married while 13% were divorced and 13.7% were windowed. In terms of education about half of the women did not have formal education. Among those who had education, only about 10% finished tertiary level education. Regarding the employment, the majority of women (89.7%) were unemployed. The 10.3% women who were employed were involved in small business such as selling food items like silver fish, tomatoes and onions.

For the purpose of identifying women with distress and depression, the trained VHTs conducted mobilization and sensitization in the communities of Palabek Ogili and Padibe Sub counties. The VHTs also conducted health talks at the out-patient department on Antenatal Care (ANC) and immunization clinic days. The VHTs conducted the initial screening for depression with the Patient Health Questionniare-2 (PHQ-2) and identified 146 women who had indication for depression. Those women were again screened/assessed for depression by HealthRight staff using the Patient Health Questionniare-9 (PHQ-9) instrument. Those women scoring 9 or above in PHQ-9 were psycho-educated right after the screening and were informed that they would have to come for bi-weekly follow up screening. Biweekly follow up screening was done by the HealthRight staff with the support of the VHTs. The 83 mothers with PHQ-9 scores above 9 at follow up screening were enrolled in the SH+ group sessions.

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

The 83 women who were enrolled in SH+ intervention showed improvement both in psychosocial wellbeing and daily functioning. Table 2 below shows number of women screened and psycho-educated while figure 1 shows mean scores on problem severity and functioning.

Table 2 Showing screening outputs

Operation site	Sub-County	Screened PHQ-2	Screened PHQ9	Depressed	severely depressed	Psycho-educated	Suicidal
Lamwo	Aceba	20	14	12(8.2%)	6(4.1%)	14(9.6%)	1(0.7%)
	Padibe West	44	23	20(13.7%)	6(4.1%)	23(15.8%)	1(0.7%)
	Palabek Ogili	82	46	41(28.1%)	8(5.5%)	46(31.5%)	(0.0%)
Total		**146**	**83**	**73(50.0)**	**20(13.7%)**	**83(56.8%)**	**2(1.4%)**

Of the 146 mothers (age range 18-55 years) assessed; 82 were from the refugee settlement in Palabek-Ogili. A total of eighty-three (83) mothers were screened for depression and all were psycho-educated. Of these; 73 met the criteria for depression. Twenty (20) of them were severely depressed while 2 had suicidal ideations. All those with severe symptoms and suicidal thoughts (22) were referred for psychiatric management by the psychiatric clinical officer (PCO). When assessed using PSYCHOLOPS (Psychological Outcome Profile Questionnaire), mothers indicated several social problems. The major ones included domestic violence, having chronic illness and husband related problems like; alcohol consumption, family neglect and abusive relationships.

A total of 83 mothers were enrolled in 4 SH+ groups (@group was comprised of 20-21 mothers). All were adherent and attended all the five sessions of SH+ course during the reporting period. Overall improvement accrued from the SH+ group sessions as shown in the graphs below.

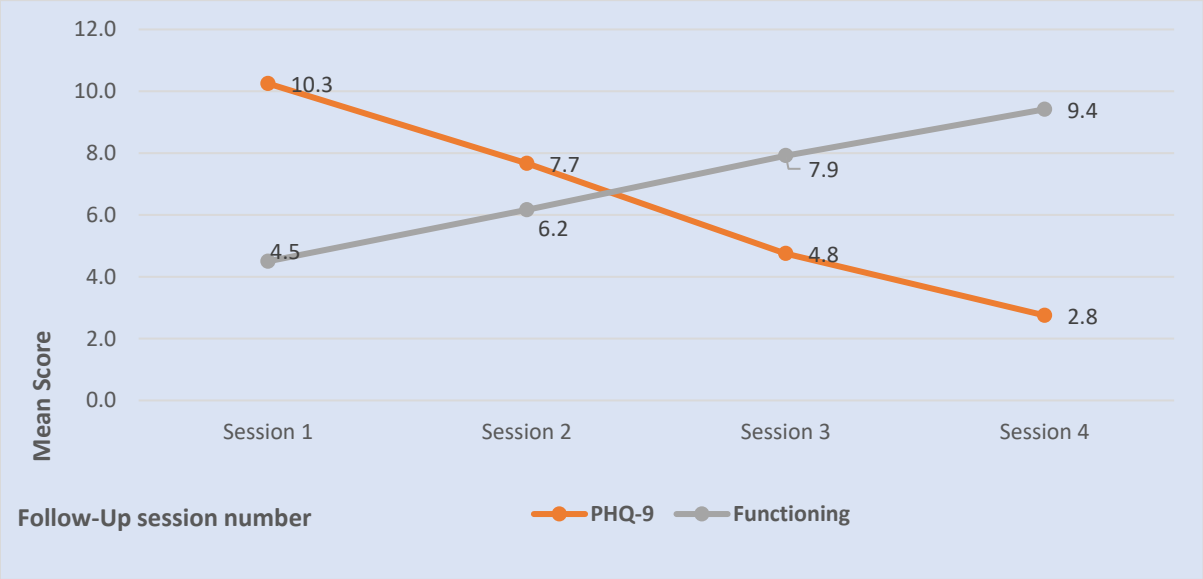

Figure 1:Graph showing PHQ-9 and functioning mean scores at different follow up sessions

For this intervention, we used the PHQ-9 cut-off scores determined through our validation study conducted among mothers in 2015 under the maternal mental health project. The PHQ_9 cut-off score was 9. Therefore, women with PHQ-9 scores ≥ 9 (ranging from 9-18; mild-moderate to moderately severe) were enrolled in SH+ sessions while women with PHQ-9 scores ≥19 (severe depression) were enrolled in care through the Psychiatric Clinical Officer. All women with PHQ-9 scores within this criterion were assessed for their daily functioning. The scores ≤ 5 indicate poor functioning while scores> 5 indicate good functioning (range 0-10).

In figure 1 above, for the 83 women; at session 1; the mean PHQ_9 score of 10.3 indicated moderate depression and functioned poorly with a mean score of 4.5. From the second session, as the PHQ-9 mean score reduced, the mean functioning score increased; indicating improvement. In session 4, the mean PHQ-9 score had reduced to 2.8 while the mean functioning score increased to 9.4. Overall improvement was therefore noted by the 4th SH+ group session as the mean PHQ-9 score showed reduction in depression symptom load and mean functioning score showed great improvement in daily functioning.

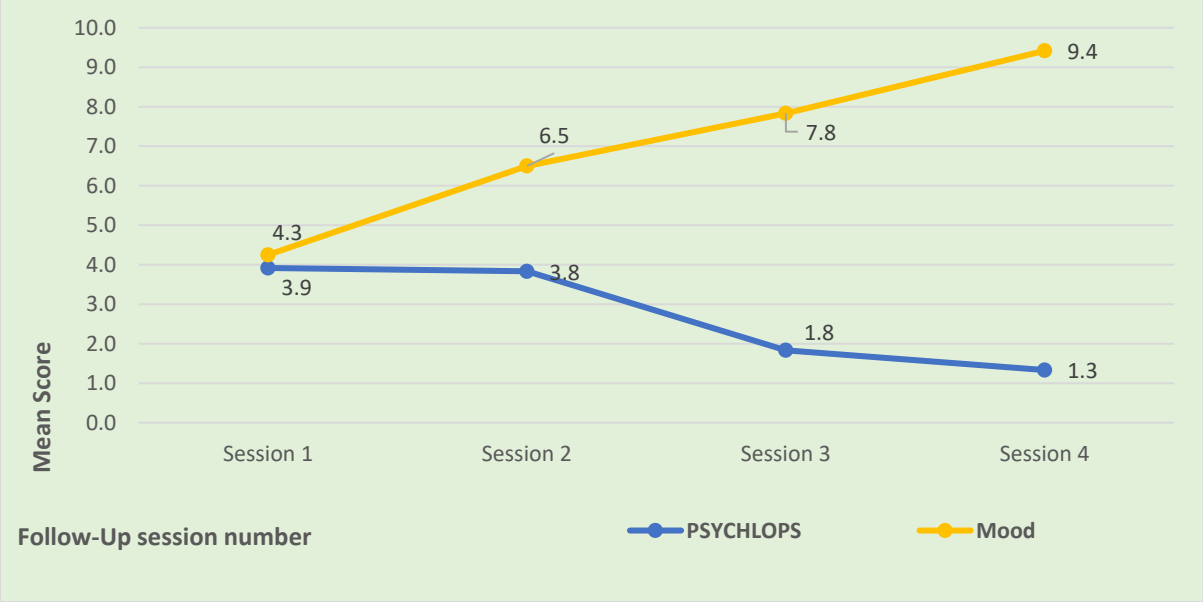

Figure 2: Graph showing Mood, and PSYCHLOPS mean scores at different follow up sessions

Likewise, the SH+ intervention had positive impact on reducing social problems experienced by the women (reduction of mean PSYCHLOPS score form 3.9 in first session to 1.3 in fourth session) and improving the mood (psychosocial wellbeing) from 4.3 in the first session to 9.4 in the fourth session.

The women participating in SH+ sessions were screened again at two weeks' follow up. Table 3 provides the number of women who participated at the follow up screening and their depression status.

Table 3 showing screening scores at 2 weeks' follow up after the SH+ sessions

Operation site	Sub-County	Number followed up	Screened PHQ9	Still Depressed	Still Suicidal
Lamwo	Aceba	6	6	1(1.7%)	1(1.7%)
	Padibe West	20	20	2(3.4%)	-
	Palabek Ogili	33	32	1(1.7%)	-
Total		**59**	**59**	**4(6.8%)**	**1(1.7%)**

Out of the 83 women who participated in SH+ sessions, only 59 of them came for follow-up screening. Only 4 were still depressed and one still had suicidal ideation. The four mothers were enrolled in individual Interpersonal therapy (IPT) by the HRI supervisors and the mother with suicidal thoughts was referred to the Psychiatric Clinical Officer for further management. Their progress will be reported in the next quarter.

Cross project and psychiatric referral

Of the 146 mothers assessed, 64 required referrals for further management. Ten of these were elderly, not current mothers, severely depressed and were referred to the Psychiatric Clinical Officer. The social worker also assessed them for social support needs. Four mothers were severely depressed with scores on PHQ-9 above 20 and with suicidal thoughts. These were referred to the HealthRight Psychiatric Clinical Officer for the pharmacological treatment.

IX. TENTATIVE TIMEFRAME AND WORKPLAN FOR 2022 MARCH – JUNE (we hope to complete these activities within allotted time).

ACTIVITY	INDICATORS	LOCATION	RESPONSIBLE PERSON	DELIVERABLES	March				April				May				June			
					WEEK				WEEK				WEEK				WEEK			
					1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Screening of perinatal women	No. of women identified and screened	Palabek Ogili and Padibe	Field Team and CHEWS	Mothers screened and managed						X	X	X	X	X	X	X	X	X	X	X
Conducting psycho-education	No. of women psycho-educated	Palabek , Ogili and Padibe	CHEWS	Psycho-education conducted						X	X	X	X	X	X	X	X	X	X	X
SH+/ IPT Session	No. of group sessions conducted	Palabek , Ogili and Padibe	CHEWs and field team	Groups run and improvement documented			X				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	X

Referral of women for mental health intervention	No. of women referred and supported	Palabek Ogili and Padibe	CHEWS and Field team	Mothers with severe mental health conditions referred			X				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	Josephine, field team	Support supervision conducted			X		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 and Josephine.	M&E coordinator, Josephine, Lamwo field team.			X	X				X				X				X

Participants of Palabek Ogili during the session.

Participants during the session interpreting the picture book.