HANDLE

Hope Alert Network for Development and Local Empowerment

Post-IPT-G Intervention Assessment: Maternal Depression and Interpersonal Changes among Women of reproductive ages (15-49 years)

IPT-G therapy session with depressed women in Koch Goma Sub County

ASSESSMENT REPORT 2024

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ACRONYMS & ABBREVIATION

ART	Assessment Reference Team
HANDLE	Hope Alert Network for Development and Local Empowerment
IPT-G	Interpersonal Psychotherapy for Groups
PHQ-9	Patient Health Questionnaire-9
SCOPE	Strengthening Community Participation through Engagement
SD	Standard Deviation
SPSS	Statistical Packages for Social Scientist
WRA	Women of Reproductive Age
X^2	Chi-square

EXECUTIVE SUMMARY

Introduction:
This report presents the outcomes of the post-Interpersonal Psychotherapy in Groups (IPT-G) assessment conducted within the framework of the Strengthening Community Participation through Engagement (SCOPE) project. The assessment aimed to evaluate the effectiveness of IPT-G intervention among Women of Reproductive Ages (WRAs) in Alero and Koch Goma, focusing on mental health indicators and interpersonal dynamics.

The SCOPE project, initiated by HANDLE, addresses the mental health challenges prevalent among marginalized groups in Northern Uganda, particularly women, children, youths, and persons with disabilities. With approximately three in ten women affected by depression, the urgency to address mental health issues in these communities is evident. IPT-G emerged as a key strategy under the SCOPE initiative to provide psychosocial support and enhance mental well-being.

Purpose of the Assessment: The primary aim of the assessment was to evaluate the impact of IPT-G intervention among WRAs, assessing changes in depression severity, household dynamics, and marital status. The assessment aimed to contribute to evidence-based practices in mental health care, ultimately promoting the well-being and interpersonal functionality of women in Northern Uganda.

Key Findings:
The study through a pre-post study design evaluated the outcomes of interest in participants both before and after the intervention. Specifically, the field findings were revealed as follows in line with purpose of the study.
- On average, participants have 4.73 years of formal education, indicating a majority who did not complete primary education. The average household size is 6.91 members, signifying potential stressors and complexities in social support.
- Female-headed households constitute 64.83% of the sample, correlating with increased depressive symptoms. Gender roles and socialization significantly influence depression prevalence, necessitating gender-sensitive interventions.
- Marital status significantly impacts depressive severity. While married individuals experience minimal to moderate depression, separated/divorced or widowed individuals exhibit varied distributions, underscoring the importance of tailored support programs.
- Post-IPT-G assessment indicates a reduction in depressive severity among participants. The prevalence of moderate to severe depression decreases significantly post-intervention, highlighting the efficacy of IPT-G therapy in managing depressive symptoms.

Conclusion and Recommendations:
In conclusion, the study found that Interpersonal Psychotherapy for Groups (IPT-G) intervention effectively reduced depression severity, improved functionality, and enhanced interpersonal relationships among right holders of self-established women's groups in Alero and Koch Goma sub-counties under the SCOPE project. The subsequent recommendation raised include;
- The subsequent initiative should develop targeted support programs tailored to the needs of separated/divorced or widowed individuals, focusing on stress management and coping strategies.
- Implement gender-sensitive approaches in mental health interventions to address the higher prevalence of female-headed households and associated risks of depression.
- Launch community-wide education campaigns to increase awareness and understanding of mental health issues.
- Expand access to supportive group therapy sessions, such as IPT-G, to facilitate emotional support and foster interpersonal connections.
- Implement regular monitoring and evaluation mechanisms to assess program effectiveness in terms of WASH, Child care and nutrition, and behavioral changes, and refine intervention strategies based on feedback and data-driven insights.

SECTION 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

This report presents the post-Interpersonal Psychotherapy in Groups (IPT-G) assessment findings, marking a significant milestone in our endeavor to address maternal depression and enhance maternal functionality behavior under the project "Strengthening Community Participation through Engagement (SCOPE). It highlights a brief contextual analysis of the project, the assessment scope or purpose, methodology employed, and relevant assessment resultant findings.

1.2 Contextual Analysis of the project

The SCOPE initiative, championed by HANDLE, aims to address the mental health challenges faced by marginalized groups in Northern Uganda, particularly women, children, youths, and persons living with disabilities. The initiative emerged as a response to the elevated risks of exploitation, abuse, violence, and depression experienced by these groups. The prevalence of depression, affecting approximately three in ten women, underscores the urgency of addressing mental health issues in these communities. The limited engagement of these groups in community affairs exacerbates their vulnerability, while the pervasive lack of awareness about depression and its effects impedes meaningful participation in community activities and decision-making processes. To confront these challenges, the SCOPE initiative proposed the implementation of IPT-G as a psychosocial support strategy, augmented by economic activities, to empower marginalized groups and uplift their mental health. With funding from the VOICE Project, a 15-month SCOPE project was launched and implemented in Koch Goma and Alero Sub County, with the overarching goal of reducing depressive symptoms among women of reproductive ages, enhancing maternal behaviors related to water, sanitation, and hygiene practices, and contributing to the reduction of domestic sexual-related gender-based violence in targeted households. As part of their commitment to pioneer innovative approaches to mental health upliftment, an assessment survey was conducted to inform their intervention strategies. The completion of the post-IPT-G assessment marks the beginning of an effort to unravel the impact of their initiatives, striving to foster resilience and empower individuals to lead healthier, more fulfilling lives

1.3 Purpose of the assessment

The main purpose of this study was to investigate the effectiveness of Interpersonal Psychotherapy for Groups (IPT-G) intervention among Women of Reproductive Ages (WRAs). We aim to evaluate changes in maternal depression and interpersonal dynamics resulting from IPT-G sessions. The study seeks to understand how IPT-G impacts issues like depression severity while also examining improvements in interpersonal relationships and functionality post-intervention. Through robust assessment, this shall contribute to the enhancement of evidence-based practices in mental health care. Ultimately, the focus was on testing whether IPT-G reduces depressive symptoms and enhances maternal functioning. This objective was measured by assessing the differences in depression scores of the women after and before the therapy group treatment (after and before undergoing IPT-G) with the hypotheses: H1a. The depression scores for the women in the treatment group would be significantly lower than before IPT-G.

SECTION 2: ASSESSMENT METHOD AND ANALYSIS

2.1 Method

This assessment employed a pre-post study design in cooperating a quantitative method, which entails evaluating outcomes of interest in participants both before and after the intervention. Participants act as their own controls, enabling assessment of the IPT-G intervention's effectiveness within the same group of women of reproductive ages (15-49 years) diagnosed with major depression. A purposive sampling strategy was used to select a representative sample of 236 out of the 390 women supported by the project in the target areas. The participants were randomly selected from the 12 IPT-G group members initially diagnosed with moderate to severe depression at an outpatient health facility in Alero and Koch Goma, following initial referrals by trained psychiatrists. The initial assessments saw 390 women with the age of 15-49 years grouped

Figure 1: Map showing intervention areas in Nwoya

into the IPT-G intervention group in the different sub counties of Alero and Koch Goma.

After the grouping, the intervention protocol consisted of a 12-week course of IPT-G therapy, encompassing sessions on stress and anger management, communication skills improvement, assertiveness training, self-esteem building, and grief handling, supplemented by a 90-minute group session with clients' spouses to educate them about depression and provide support strategies.

Data on depression severity, interpersonal functioning, and treatment satisfaction were collected through a self-evaluation scale administered at initial assessment and post-intervention (IPT-G) assessments. For quantitative data, the study used Structured Questionnaires where standardized scales and validated questions used administered through face-to face interview with the sampled women to assess the prevalence of maternal depression, associated IPT-G efficacy on treatment of depression, and socio-demographic characteristics. The data collection tool adopted by the study was the Patient Health Questionnaire (PHQ-9) and interpersonal functionality questionnaire. Quantitative data was collected using Kobo Collect, ensuring privacy and confidentiality of the respondents.

2.2 Analysis

The field data generated from Kobo toolbox Server was cleaned and analyzed using Stata software version 13. Descriptive statistics, chi-square (X^2), t-test, and a box- whisker plot were the quantitative analysis techniques employed to assess changes in depression severity and interpersonal dynamics within the IPT-G women group member established and provided with therapeutic treatment for 12 weeks throughout the study duration. Specifically descriptive statistics were tabulated to provide the frequencies and percentage of counts for demographic characteristics of respondents and Depressive severity, and functionality.

2.3 Ethical consideration

To ensure ethical standards during the study, the assessment reference team (ART) hosted by HANDLE strongly believed that knowledge should not come at the expense of human dignity. Therefore, privacy and confidentiality of the participants were maintained throughout the exercise, with a high-level anonymous assurance and identity protection. All participants consented before conducting interviews, and they had the freedom to withdraw from the study if they wished.

In reporting compilation, the assessment team ensured that the views expressed in the final report were a true reflection of the respondents' opinions. The information gathered during the field survey was treated with openness, and non-confidential information was shared to the highest possible degree with all involved parties. While there could be no special considerations, the results are to be made accessible to the public to the extent permitted by law. Broad participation was

encouraged, involving relevant parties to shape the implementation of the SCOPE Project. The study was conducted with a focus on reliability and independence, ensuring that the findings and conclusions were accurate and trustworthy.

SECTION 3: FINDINGS AND DISCUSSION

3.1 Demographic Characteristics of Respondents and Depression

3.1.1 Education status and household size

The assessment results result in Table 1 below reveals on average, individuals have spent 4.73 years in formal education, with a standard deviation (SD) of 3.14. This implies that the majority never completed or attained primary leaving education certificate. This said could affect their decision making to some extent. Relatively, a higher education levels especially those who spent 7 years and above could be associated with lower depression rates, given better access to resources and increased awareness and knowledge of mental health issues.

Table 1: Respondent's Education and Household size

Variable	Mean	SD	Min	Max
Education (*Year spent in formal education*)	4.73	3.14	0	13
Household size	6.91	2.60	2	17

In terms of household size, a similar trend emerges, with the majority of respondents supported and assessed reporting average household sizes of 6.91 members with standard deviation of 2.6. Accordingly, larger households may offer more social support, yet they can also introduce additional stressors that may impact depression levels. For instance, the household with 17 members eating everyday together impedes pressures and stress to the breadwinner of the family especially for women and men who are not engaged in any active income generating activities.

3.1.2 Distribution of sex of Household headship

Figure 2:Sex distribution
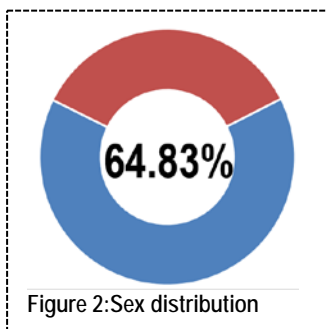
Assessment results in Figure 1 revealed that a significant majority of households, approximately 64.83% are headed by females, while 35.17% are headed by males. The higher rates of female-headed families in these areas highly associates with the risk of depressive symptoms. Accordingly, gender dynamics, including gender roles and socialization, are correlated with depression prevalence. Historically[1], women have a higher diagnosis rate of depression, and gender socialization may affect how depression symptoms manifest in men. Moreover, gender disparities in household dynamics may contribute to depression symptoms in women. These factors underscore the significance of acknowledging gender dynamics in comprehending and tackling depression.

3.1.3 Depression and marital status of the respondents

The findings in Table 2 below reveal insightful patterns of the distribution of depressive severity across different marital statuses among respondents. Approximately, the majority (78%) out of the 236 respondents were married, 8% single and widowed respectively with over 6% separated or divorced by their partners. Among married individuals, the majority experienced minimal to moderate levels of depression, with mild depression being the most common. Conversely, separated/divorced individuals exhibit a varied distribution, with moderately severe depression relatively high compared to other categories. Similarly, single individuals show patterns akin to married respondents, while widowed individuals display a higher prevalence of moderately severe depression. The statistical Chi-square (X^2) test highlights a significant association between depressive severity and marital status (p = 0.015), suggesting that marital status is not independent of depressive severity. This implies that factors related to marital relationships and support networks may influence levels of depression among individuals. For instance, married individuals may benefit from greater emotional and social support, potentially mitigating depressive symptoms. Conversely, separated/divorced and widowed individuals may experience heightened stress due to life transitions and loss, contributing to increased depressive symptoms. Recognizing this association reveals that development of further interventions and support programs should be tailored to the needs of individuals based on their

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[1] Kaggwa MM, Namatanzi B, Kule M, Nkola R, Najjuka SM, al Mamun F, Hosen I, Mamun MA, Ashaba S. Depression in Ugandan Rural Women Involved in a Money Saving Group: The Role of Spouse's Unemployment, Extramarital Relationship, and Substance Use. Int J Womens Health. 2021; 13:869-878 https://doi.org/10.2147/IJWH.S323636

marital status. Accordingly, the current SCOPE project should prioritize assessment of the needs of the members of the women groups prior to the weekly IPT-G therapies in order to treat or minimize depression among them.

Table 2: Chi-square analysis for association of depressive severity and marital status

Depressive severity	Marital status of the respondent				
	Married	Separated/divorced	Single	Widowed	Grand Total
Mild depression	11.02%	0.85%	1.27%	0.42%	13.56%
Minimal depression	30.08%	0.42%	2.12%	2.54%	35.17%
Moderate depression	20.76%	0.85%	2.97%	1.27%	25.85%
Moderately severe depression	15.25%	4.24%	1.69%	3.81%	25.00%
Severe depression	0.42%	0.00%	0.00%	0.00%	0.42%
Grand Total	77.54%	6.36%	8.05%	8.05%	100.00%

Pearson Chi2(12) = 25.0418 Pr = 0.015; Obs(N) = 236

3.2 Reduction of depressive severity among women of reproductive ages

This section presents findings from the Post-IPT-G assessment, aimed at assessing levels of depression among women beneficiaries of the self-established women's groups under the SCOPE project in Alero and Koch Goma sub-counties. Prior to group formation, participants underwent screening using the PHQ-9 with 9 series of questions to determine their vulnerability levels, with a specific focus on the severity of depression. Those identified with moderate to severe symptoms were subsequently organized into IPT groups for targeted support and intervention

3.2.1 Depressive severity among women of reproductive age (15-49 years)

The Figure 3 below presents the prevalence of different levels of depressive severity before (Pre IPT-G) and after (Post IPT-G) an intervention, which is Interpersonal Psychotherapy for Groups (IPT-G) in two sub-counties of Alero and Koch. Further, this shows the percentage of participants in each depressive severity category before and after the therapy, allowing for an assessment of the changes in depressive symptomatology following the intervention. The findings reveal that in both sub-counties (overall), the percentages of individuals experiencing mild (12.4% pre-IPT-G to 13.6% post IPT-G) and minimal (5.1% pre IPT-G to 35.2% post IPT-G) depression increased compared to the percentages of those with moderately severe (35.9% pre IPT-G to 25.0% post IPT-G) and severe (22.3% pre IPT-G to 0.4% post IPT-G) depression decreased. Specifically, in Alero subcounty, the mild (1.3% pre IPT-G to 5.9% post IPT-G) and minimal (1.3% pre IPT-G to 0.2% post IPT-G) depressive severity significantly increased, except the moderate with a slight increase from 10.9% pre IPT-G to 12.7% post IPT-G. Contrarily, there was a drastic decrease for sever levels with moderately sever reported to change from 19.4% pre-IPT-G to 7.6% post-IPT-G and severe 0.2% pre-IPT-G to 0.0% post-IPT-G. Conversely, participants in Koch Goma reported an increase only in the minimal (4.9% pre-IPT-G to 22.0% post-IPT-G) and a decrease in mild (11.1% pre-IPT-G to 7.6% post-IPT-G) depression. This finding, however, indicates that IPT-G was effective in reducing depressive symptoms, as evidenced by the changes in the prevalence of different levels of depressive severity from pre-IPT-G to post-IPT-G.
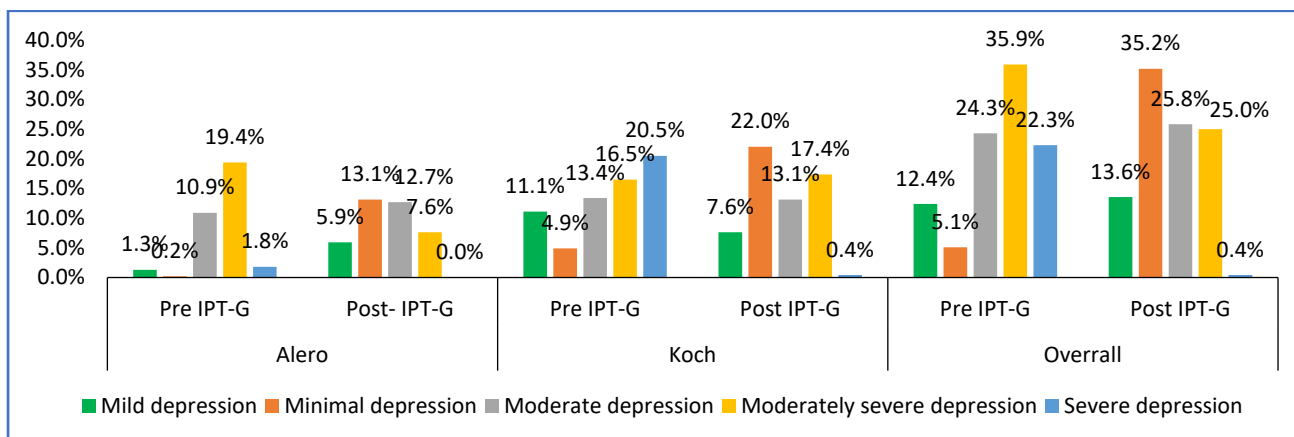
Figure 3: Depressive severity among women of reproductive age (15-49 years) captured for both pre and post IPT-G therapy

3.3 Efficacy of IPT-G in depressive treatment among women of reproductive ages

3.3.1 Depression score and IPT-G

The two-sample t-test results comparing depressive scores before and after 12 weeks of IPT-G therapy revealed a significant difference in depressive symptoms among women of reproductive ages in Alero and Koch (**Table 3**). Specifically, the mean depressive score among the respondents decreased from 12.41 to 8.40 after treatment, with notable changes in standard deviations as well (SD: Pre-IPT-G = 7.11; Post-IPT-G =6.10). The t-test yielded a t-value of 7.36 and 683 degrees of freedom, with p-values < 0.0001 for the two-tailed test and 0.0000 for both one-tailed tests, providing strong evidence against the null hypothesis that depression levels among women would not be change significantly after the treatment. Although responses to IPT-G sessions varied, overall, being part of the treatment group helped in reducing depressive symptoms over time. This shows a significant improvement in depressive scores before and after treatment, indicating that IPT-G therapy effectively reduces depressive symptoms. By looking closely at how depression scores changed throughout the study, we see that IPT-G therapy could be a beneficial way to manage depression among women of reproductive ages. These findings suggest a profound and statistically significant disparity in depressive scores before and after treatment, highlighting the effectiveness of the treatment in reducing depressive symptoms.

Table 3: Depressive score before and after IPT-G

Depressive Score	Mean (SD)	Std. Error	t-value	p-value
Depressive Score (Pre-IPT-G)	12.41 (7.11)	0.34		
Depressive Score (Post-IPT-G)	8.40(6.10)	0.40	7.36	0.000
Combined (Pre-Post IPT-G)	11.03(7.04)	0.27		
Difference	4.01	0.55		

Furthermore, results of box-whisker plot in Figure 4 with a clear graphical downward shift in depressive scores post-therapy provides evidence that some women experience a significant drop in their depressive symptoms. While some overlap may still exist between the two sets of scores, the overall trend indicates that therapy was effective in improving mental well-being.
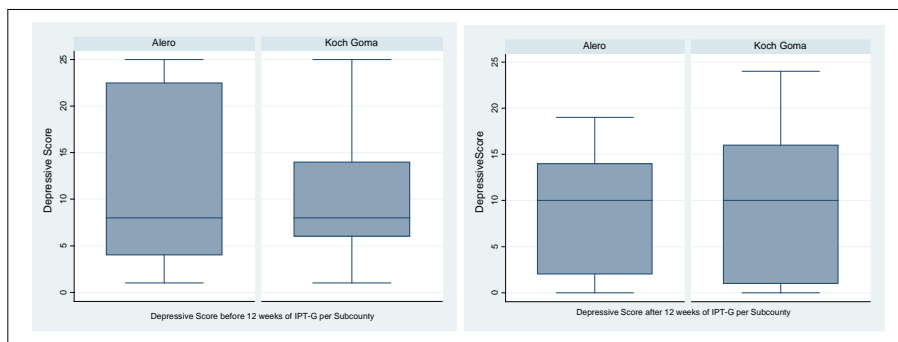

Figure 4: Depression score distribution before and after the group therapy

IPT-G on functionality enhancement

The descriptive analysis results depicted in Figure 5 outline the percentage of individuals facing varying levels of difficulty with depression symptoms before (pre-IPT-G) and after (post-IPT-G) undergoing Interpersonal Psychotherapy Group (IPT-G) in Alero, Koch Goma, and overall. Following the 12 weeks of IPT-G therapy among treatment groups, a notable increase in the proportion of women reporting no difficulties in performing household chores, such as washing clothes, sweeping the yard, or feeding their children, was observed (50.4%), compared to their pre-therapy experiences (7.6%). Specifically, in Alero, a significant improvement was evident, with the majority (49%) reporting no difficulties in managing household tasks post-IPT-G therapy, in contrast to the pre-therapy period (10.4%). Similarly, in Koch, a substantial increase was noted, with the percentage of individuals not experiencing difficulties in handling domestic tasks rising from 2% to 52.7% after therapy for depression.

The decrease in the percentage of individuals experiencing extreme and very difficult levels of difficulty in household tasks from the pre- to post-IPT-G period, coupled with a corresponding increase in the percentage of those reporting no difficulties at all, reveals the likely effectiveness of IPT-G in reducing the perceived difficulties associated with depression symptoms

in the mentioned areas. These findings highlight the tangible benefits of IPT-G therapy in enhancing individuals' ability to manage daily household responsibilities and improve their overall quality of life while dealing with maternal depression.
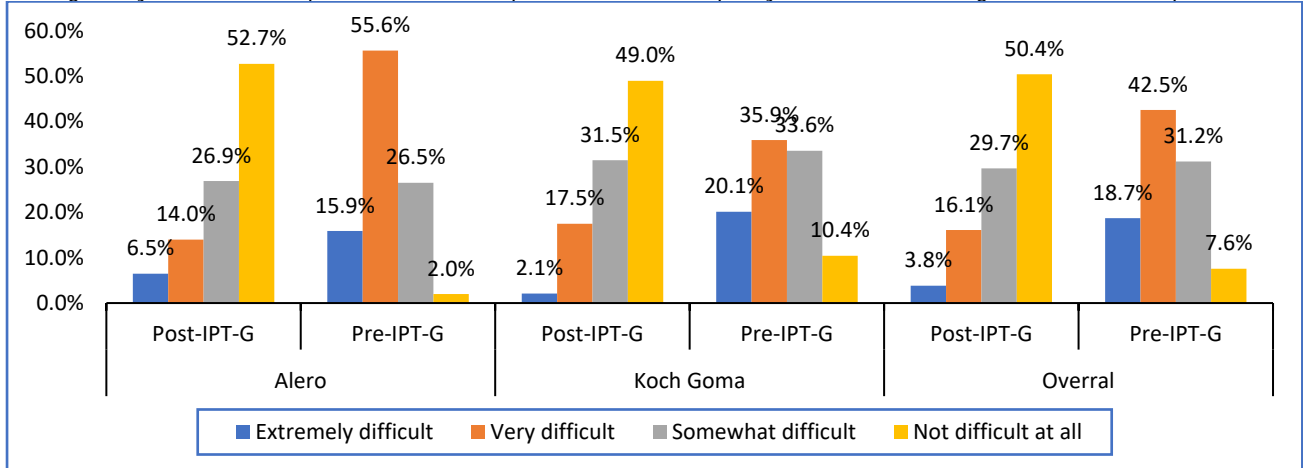
Figure 5: Functionality difficulty experience and IPT-G

3.3.2 IPT-G and change in relationships and interactions among women of reproductive ages

The Figure 6 below shows the experiences in relationships and interactions after completing the 12 weeks group therapy sessions. A total of 236 women were asked to rate the frequency of their experiences as "Not all true," "Rarely true," "Sometimes true," "Often true," or "Very true." The findings from the group therapy sessions reveal diverse experiences among participants in expressing feelings, relationship fulfillment, conflict resolution, feeling supported, and noticing positive changes. While many participants reported positive outcomes, there is also acknowledgment of ongoing challenges in interpersonal dynamics and emotional expression. For instance, a majority of participants (148) indicated that they sometimes express their feelings effectively, and most (119) reported increased relationship fulfillment. However, significant numbers also reported that conflicts with relationships have only sometimes decreased (59) and that effective resolution of interpersonal issues varies among individuals (71). Despite this, a large majority of participants (141) reported feeling more connected and supported by others, and an even larger majority (153) noticed positive changes in their lives. These findings underscore the complex and multifaceted nature of the impact of group therapy on interpersonal experiences and emotional well-being.
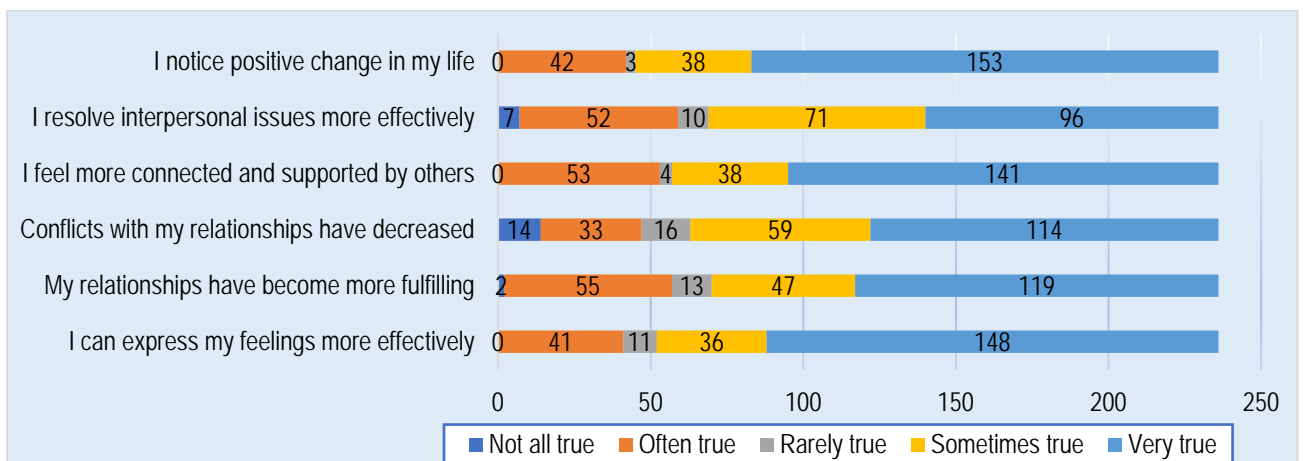

Figure 6: Experiences in relationships and interactions after completing the group therapy sessions

SECTION 4: CONCLUSION AND RECOMMENDATION

Conclusion

The Post-IPT-G study sought to understand how IPT-G impacts depression severity while also examining improvements in interpersonal relationships and functionality post-intervention among women beneficiaries of the self-established women's groups under the SCOPE project in Alero and Koch Goma sub-counties. The findings reveal that IPT-G was effective in reducing depressive symptoms among women of reproductive ages. The prevalence of different levels of depressive severity decreased from pre-IPT-G to post-IPT-G, indicating a significant improvement in depressive scores before and after treatment. The therapy was also effective in enhancing individuals' ability to manage daily household responsibilities and improve their overall quality of life while dealing with maternal depression. The study also revealed diverse experiences among participants in expressing feelings, relationship fulfillment, conflict resolution, feeling supported, and noticing positive changes.

Recommendation

Building upon the findings of the assessment, the following program-specific recommendations are proposed:

- The assessment revealed that IPT-G was effective in reducing depressive symptoms among Women of Reproductive Ages (WRAs). Based on this, it is recommended to develop targeted support programs tailored to the needs of separated/divorced or widowed individuals, with a specific focus on stress management and coping strategies. These programs can be designed to incorporate elements of IPT-G that have proven effective in addressing maternal depression and interpersonal dynamics.

- The assessment highlighted the prevalence of female-headed households and the associated risks of depression. To address this, it is recommended to implement gender-sensitive approaches in mental health interventions, taking into account the specific challenges faced by women in these circumstances. By tailoring interventions to the unique needs of women, based on the findings of the assessment, it is possible to provide more effective support and care.

- The assessment demonstrated the effectiveness of IPT-G in reducing depressive symptoms and enhancing interpersonal relationships. In line with this, it is recommended to launch community-wide education campaigns to increase awareness and understanding of mental health issues, with a specific emphasis on the benefits of group therapy sessions like IPT-G. This can help reduce stigma and encourage more individuals to seek out and benefit from such interventions.

- The assessment provided evidence of the positive impact of IPT-G on maternal depression and interpersonal dynamics. To build on this, it is recommended to expand access to supportive group therapy sessions, such as IPT-G, to facilitate emotional support and foster interpersonal connections. This can be achieved by integrating IPT-G into existing mental health programs and making it more widely available in communities based on the assessment's findings.

- Regular Monitoring and Evaluation be conducted to assess of knowledge, practices and coverage of the intervention in line with key aspects such as WASH, Child care and nutrition, and functional behavioural changes among women: The assessment demonstrated the effectiveness of IPT-G in reducing depressive symptoms and enhancing maternal functioning. To ensure that similar programs are successful, it is recommended to implement regular monitoring and evaluation mechanisms to assess program effectiveness and refine intervention strategies based on feedback and data-driven insights. This will help ensure that programs are continuously improved based on the findings of the assessment.

ANNEXES

Annex I: Initial Depressive Severity Analysis for group selection

Table 4: Depressive Severity (Freq*%) disaggregated by Location

Subcounty	Parish	Village	Depressive Severity (Freq*%)					
			Mild depression	Minimal depression	Moderate depression	Moderately severe depression	Severe depression	Grand Total
Alero	Okura	Okura Central	6 (1.3%)	1 (0.2%)	19 (4.2%)	44 (9.8%)	6 (1.3%)	76 (16.9%)
	Panyabono	Bardege	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (0.9%)	0 (0.0%)	4 (0.9%)
		Oyinya	0 (0.0%)	0 (0.0%)	30 (6.7%)	39 (8.7%)	2 (0.4%)	71 (15.8%)
		Overall (Alero)	6 (1.3%)	1 (0.2%)	49 (10.9%)	87 (19.4%)	8 (1.8%)	151 (33.6%)
Koch Goma	Gei	Mulago	5 (1.1%)	9 (2.0%)	8 (1.8%)	19 (4.2%)	25 (5.6%)	66 (14.7%)
		Otingucung	1 (0.2%)	1 (0.2%)	0 (0.0%)	1 (0.2%)	4 (0.9%)	7 (1.6%)
	Hima	Hima Store	14 (3.1%)	4 (0.9%)	19 (4.2%)	19 (4.2%)	10 (2.2%)	66 (14.7%)
		Kamcoo	3 (0.7%)	1 (0.2%)	2 (0.4%)	3 (0.7%)	0 (0.0%)	9 (2.0%)
	Ocaga	Bungamon	22 (4.9%)	7 (1.6%)	26 (5.8%)	18 (4.0%)	3 (0.7%)	76 (16.9%)
	Oterem	Alelele	2 (0.4%)	0 (0.0%)	3 (0.7%)	11 (2.4%)	18 (4.0%)	34 (7.6%)
		Tegot	3 (0.7%)	0 (0.0%)	2 (0.4%)	3 (0.7%)	32 (7.1%)	40 (8.9%)
		Overall (Koch Goma)	50 (11.1%)	22 (4.9%)	60 (13.4%)	74 (16.5%)	92 (20.5%)	298 (66.4%)
	Grand Total		56 (12.5%)	23 (5.1%)	109 (24.3%)	161 (35.9%)	100 (22.3%)	449 (100.0%)

Annex II: Assessment tool (Provided in separate file)