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# ANNUAL REPORT

## June 2022-July 2023



*Some members of the Uganda delegation and some staff of Brown School, School of Social work, Washington University in St Louis at the 10 Years of Celebrations of International Centre for Child health and Development (ICHAD) at Washington University in St Louis, April 2023*

**August 2023**  
**Kampala, Uganda**

## ACRYNOMS

|       |                                                             |
|-------|-------------------------------------------------------------|
| AIDS  | Acquired Immune Deficiency Syndrome                         |
| FLT   | Financial Literacy Training                                 |
| FP    | Family Planning                                             |
| FSW   | Female Sex Worker.                                          |
| GBV   | Gender-Based Violence                                       |
| GCP   | Good Clinical Practice                                      |
| HCT   | HIV Counseling and Testing                                  |
| HIV   | Human Immuno-virus                                          |
| HIVST | HIV Self-testing                                            |
| HTS   | HIV testing Services                                        |
| ICHAD | International Centre for Child Health and Asset Development |
| MOU   | Memorandum of Understanding                                 |
| PEP   | Post Exposure Prophylaxis                                   |
| PrEP  | Pre- exposure prophylaxis                                   |
| PrEP  | Pre-exposure Prophylaxis                                    |
| PVC   | Post Violence Care                                          |
| PWID  | People Who Inject Drugs                                     |
| RTY   | Reach the Youth- Uganda                                     |
| SRH   | Sexual reproductive Health.                                 |
| TORs  | Terms of Reference                                          |
| TS    | Transactional Sex                                           |
| WASHU | Washington University                                       |

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## FORWARD

The ending year was a recovery phase and renewal of fundraising initiatives post COVID-19 pandemic. The challenges associated and caused by COVID\_19 provided lessons and the need for new innovations such as working from home and conducting digital meetings(zoom). Despite the spillover effect of COVID\_19, RTY implemented projects with funding from international partners.

On a special note, RTY recognizes the continued partnership with Brown School, School of Social Work ,at Washington University in St Louis that has existed since 2012 initiated by Prof Fred Ssewamala and Prof Mary McKay, Vice Provost. RTY has enjoyed the partnership particularly in the area of research, mentorship, attending dissemination meetings and workshops at international and regional conferences; linking RTY to other international agencies such as the Adolescent HIV/AIDS Prevention and Treatment Implementing Science Alliance (AHISA) of the National Institute of Health (NIH). RTY has enjoyed 6 years of membership to AHISA through which the RTY Director has participated in several implementation science capacity building and training; and mentorship programmes.

With Support of AHISA and Nigeria Institute of Virology (NIV), RTY is in the process of developing a capacity building proposal in Implementation Science for 120 health care givers from 10 health facilities in Mbarara district and 30 in Greater Masaka region. The purpose of training care givers in Implementation Science (IS) is to enable them learn about Implementation science and its uniqueness in increasing uptake of adolescent HIV prevention and treatment services.

During the ending year, RTY welcomed on board Arizona State University, USA-Makerere School of Public Health partnership on an **Intimate Partner Violence (IPV) study** to be conducted in 7 health facilities in Wakiso district among 75 females 14-24 years (2023-2026). This partnership was initiated by Dr Jannette Nakigudde of Makerere University School of Public Health.

RTY is committed to contributing to the well-being of vulnerable populations to enable them live healthier, fuller, more productive and fulfilling lives especially through improved socio-economic, health and education interventions. Poverty, lack of an education, limited employable skills among school dropouts and limited access to adolescent sexual and reproductive health information and services (ASRHS) is responsible for the poor socio-economic, education and health outcomes among young people.



Dr. Abel Mwebembezi,

**Executive Director, RTY**

## 1.0 Washington University In St Louis Partnership

Washington University in St Louis's International Center for Child Health and Development (ICHAD) was founded in 2004 and is directed by Prof Fred Ssewamala, a professor at Brwon School, Washington University in St Louis. The Centre conducts innovative and interdisciplinary research that informs, develops and tests economic empowerment and social protection interventions aimed at improving life opportunities and long-term developmental impacts for children, adolescents and youth impacted by poverty and HIV/AIDS in low resourced communities. ICHAD aims at contributing to the reduction of poverty and improvement of public health outcomes for children, adolescents and families in low resource communities, particularly those in Sub-Saharan Africa and other regions through; promoting Innovative Applied Intervention Research, conducting capacity building for a new generation of Scholars, raising Public Awareness and Support for Economic Empowerment Interventions and Informing Public Policy and Programming.

Reach The Youth Uganda (RTY) has been an implementing partner to the ICHAD center since 2012 on a number of studies. The main tasks of RTY as the implementing partner is managing and implementing the intervention component namely;

- Designing Income generating activities (IGA) training manual;
- Identify government extension workers and individuals to conduct IGA trainings;
- Profiling vocational institutions, individuals, mentors, artisans that can provide vocational training to study participants;
- Designing memorandum of understanding (MOU) signed with trainers, partner institutions
- Conducting study participants Training Needs Assessment (TNA) to document the different vocational trades study participants would wish to be trained in;
- Assessing study participants who wish to apply for matching funds to start IGAs;
- Conducting home visits to assess the impact of IGAs started by study participants,
- Organizing stakeholders meetings for local governments and line technical departments involved in research studies;
- Training study participants and their guardians in IGA and Financial Literacy (FL)
- Attending stakeholder meetings and international and regional dissemination conferences and workshops.

## 1.1 Current Research studies

### 1.1.1 Kyaterekera Study ( Study on women engaged in sex work)

This is a 5-year longitudinal study (2018-2023) funded by the National Institute of Mental Health (NIMH). Its combination intervention addressing sexual risk taking behaviour among vulnerable women. Using a randomized clinical trial, it is an innovative combination intervention that adds economic empowerment components to traditional HIV risk reduction (HIVRR) Sessions to reduce new incidence of sexually transmitted infections and HIV among female sex workers in the greater Masaka region and provide alternative means of safe and sustainable income to replace sex work.

A combination intervention addressing sexual risk taking behaviour among vulnerable women in Greater Masaka region.

#### Study Aims

- a. To examine the impact of financial savings-led microfinance intervention using HIVRR+S+FL and HIVRR+S+FL+V on HIV biological and behavioral outcomes in WESW using RCT
- b. To examine intervention mediation and effect modification.
- c. To assess the cost and cost effectiveness of the HIVRR+S+FL and HIVRR+S+FL+V intervention compared with traditional HIVRR

#### Study Population and design

The study was conducted among 542 women engaged in commercial sex work (18 years and above) from 19 HIV hotspots in the greater Masaka region comprising of 7 districts. The inclusion criteria are 18 years and above, woman having engaged in vaginal or anal sex in the past 30 days with either a paying, casual or regular sex partner. In this study data is collected by self-reported data from all the 542 study participants at baseline, 6, 12, 18 and 24 months, Secondly at individual level, biological testing data for STI, (gonorrhea, chlamydia, trichomoniasis) and HIV collected from all the 542 participants

#### Study Interventions

##### a. HIV risk reduction (HIVRR) sessions

During the reporting period, 4 sessions were delivered by trained community health care workers to participants at all the 19 sites- hotspots. The topics covered were related to HIV knowledge, stigma, safety procedures and health care seeking behavioral practices, alternative sex practices among others.

### **b. Savings and incentivized matched individual development accounts**

A total of 241 (68%) out of 356 (expected) opened saving accounts with Stanbic. The total savings deposited by participants was UGX 66,079,78 and the total matched savings deposited were 29,631,700

### **c. Financial literacy training (FLT) sessions**

A total of 6 FLT sessions were delivered to participants in the treatment arm of the study by I CHAD staff trained in FL. The topics covered were related to knowledge about finances, budget, setting financial goals, advantages of using financial institutions, how to attain financial independence /stability, bad loans vs good loans among others

#### **1.1.2 Suubi+Adherence R2 Study**

This is a five year study (2021-2025) that follows up the original cohort of 702 youth living with HIV that were in the Suubi+Adherence study 2012-2018 for additional 5 years. The additional funding will allow the study to dig deeper into potential mechanisms of change and whether the intervention has any long term effects on economic stability, sexual risk taking behaviour, adherence to self-efficacy; cognitive functioning; mental health functioning; and young adult transitions and social support. examines the impact of multi-level interventions combining group based HIV stigma reduction training for educators and multiple family groups for HIV stigma reduction with a family economic empowerment intervention on HIV treatment adherence and engagement in care among Adolescents living with HIV (ALHIV) attending boarding schools in Uganda.

#### **1.1.3 Improving Health Services Uptake for Survivors of Sexual Violence(Obuvumu) study**

This study is being conducted among 780 female survivors of sexual violence (SV) 18-24 years of age in greater Masaka region using a formative qualitative research to inform a discrete choice experimental (DCE) that will generate systematic information on health service utilization for female survivors of sexual violence in Uganda. The study will inform the future development of culturally appropriate, feasible, acceptable, and effective interventions to increase health service utilization among female survivors of sexual violence.

#### **Study Aims**

- a. Conduct formative qualitative research to inform a discrete choice experiment (DCE) that will generate systematic information on health service utilization for female survivors of sexual violence in Uganda.
- b. Using a DCE approach, assess the factors that influence women's decisions to seek services after experiencing sexual violence.

- c. Based on findings from DCE, apply user-centered design principles to co-design an intervention that addresses barriers and preferences identified in Aims 1 and 2.

### **Study Population**

The study populations consist of 780 female survivors of sexual violence (SV), 18-24 years of age in greater Masaka region. The inclusion criteria were women who are 18-24 years, have experienced sexual violence in the last 12 months, and who understand (comprehends) study details i.e., what is actually involved in the study.

### **Study Intervention**

Guided by findings from Aims 1 and 2, the study applies user-centered design principles to co-create an intervention to address barriers and preferences identified in Aims 1 and 2 to health service uptake for survivors of sexual violence.

## **1.1.4 M-HEALTH**

### **Study Overview**

A pilot Study aimed at developing and redefining intervention protocol to address depressive symptoms among youth living with HIV (YLHIV) in Uganda. The study investigates the need for mobile health intervention to address depression among youth living with HIV (YLHIV).

### **Study Aims**

To conduct formative work (focus groups with YLHIV and providers) to inform the development of an M-Health intervention protocol for depressed YLHIV (ages 14-17) in the Masaka region in Uganda.

### **Study Population**

32 YLHIV and 16 healthcare providers from 3 clinics in the greater Masaka region

## **1.1.5 M-SUUBI**

### **Overview**

A five year study (2021-2026) that examines the impact of multi-level interventions combining group based HIV stigma reduction training for educators and multiple family groups for HIV stigma reduction with a family economic empowerment intervention on HIV treatment adherence and engagement in care among Adolescents living with HIV (ALHIV) attending boarding schools in Uganda.

### **Study Aims**

- a. To examine the impact of M-Suubi on HIV viral suppression, adherence to HIV treatment and retention in care.
- b. To examine the effect of M-Suubi on HIV stigma, with secondary analyses to explore hypothesized mechanisms of change and intervention mediation.

- c. To assess the cost and cost-effectiveness of each intervention condition.
- d. To qualitatively examine:
- e. Participants experiences with HIV stigma, HIV treatment adherence, and the intervention;
- f. Educators' attitudes towards ALHIV and experiences with group based HIV stigma
- g. Reduction for Educators (GED-HIVSR), and program/policy implementation post-training.

### **Study Population**

840 Adolescents living with HIV (ALHIV) with their caregivers attending primary and boarding secondary schools with a boarding section in greater Masaka region.

### **Study Intervention**

- a. Group based HIV stigma reduction for Education (GED-HIVSR) sessions.
- b. Savings incentivized matched Youth development accounts and financial literacy training (FLT)
- c. MFG intervention focusing on HIV and stigma, and the core components of Multiple Family Group (MFG) delivered by Community Health Workers and Parent Peers.

## **1.1.6 SUUBI4HER**

### **Study Overview**

SUUBI4HER is a 5-year longitudinal (2017-2023) funded by the National Institute of Mental Health (NIMH). It examines the impact and cost associated with Suubi (Hope) for Girls (hereafter, Suubi4Her), which is an innovative combination intervention that aims to prevent HIV risk behavior in communities heavily affected by poverty and HIV/AIDS in Southern Uganda.

### **Study Aims**

- a. To examine whether SuuBI4Her intervention is effective in protecting adolescent girls.
- b. To elucidate the effects of the Suubi4Her intervention on behavioral health functioning risk reduction
- c. To evaluate the cost-effectiveness of each intervention condition.

### **Study Population**

A total of 1260 secondary school going girls (ages 14-17 at enrollment) in their first year of secondary school.

### **Study Interventions**

- a. A youth monetary savings program that supports adolescent girls in secondary school education and family small business / microenterprises development.

- b. A 16 session manualized Multiple Family Group (MFG) intervention that strengthens family relationships to address mental health challenges which frequently accompany adolescent girls “transition to adulthood”

### **1.1.7 OBUVUMU**

#### **Study Overview**

Obuvumu study will inform the future development of culturally appropriate, feasible, acceptable, and effective interventions to increase health service utilization among female survivors of sexual violence.

#### **Study Aims**

- a. Conduct formative qualitative research to inform a discrete choice experiment (DCE) that will generate systematic information on health service utilization for female survivors of sexual violence in Uganda.
- b. Using a DCE approach, assess the factors that influence women's decisions to seek services after experiencing sexual violence.
- c. Based on findings from DCE, apply user-centered design principles to co-design an intervention that addresses barriers and preferences identified in Aims 1 and 2.

#### **Study Population**

780 female survivors of sexual violence (SV), 18-24 years of age in greater Masaka region  
Open to recruitment

### **1.1.8 Suubi4 stronger families Study**

This a 5-year study (2022-2027) targeting 900 children in mid and upper primary school 10-14 years from 30 primary schools. The study will examine the mechanisms by which Economic Empowerment (EE) and Family Strengthening (FS) interventions targeting social, familial and context-specific drivers affect childhood behavioral health among adolescents in primary schools in Uganda. The study interventions will include incentivized matched child development accounts, financial literacy training, income generating activities and mentorship. It will also include a 16 session manualized MFG interventions that utilizes basic principles of behavioral health supports, parental child relationships and involvement delivered by community health workers and parent peers.

#### **Study Aims**

- a. To examine the impact of EE only, Multiple Family Group (MFG) based FS only and combined EE+MFG based FS on children's Disruptive Behavior Disorders (DBD) symptoms and behavioral functioning.

- b. To test the influence of EE only, MFG based FS only, and combined EE+MFG based FS on family financial stability, parenting and protective family processes and perceptions related to help seeking on child behavioral health (CBH) and functioning.
- c. To qualitatively examine participants' experiences with each intervention.

### **Study Population**

900 children (10-14years) in mid-upper primary, from 30 primary schools in greater Masaka.

### **Study Intervention**

- a. Incentivized matched child development accounts, financial literacy training, income generating activities and mentorship
- b. A 16 session MFG intervention that utilizes basic principles of behavioral support, child-parent relationships and involvement delivered by Community Health Workers and Parent Peers.

### **1.1.9 SUUBI 4 STIGMA**

Funded by the National Institute of Mental Health (NIMH), the Suubi4stigmastdy tests the feasibility and acceptability of two evidence based interventions, to reduce HIV- associated stigma and its negative impact on adolescent health and psychosocial wellbeing.

### **Study Aims**

- a. To pilot test feasibility, acceptability and preliminary impact of G-CBT and MFG interventions on reducing HIV associated stigma and its impact on adolescents and family outcomes (stigma, post-trauma symptoms, depression, sexual risk behavior, family/social support and adherence to medication.)
- b. To qualitatively examine participants' and facilitators' intervention experiences ; and identify individual, family and institutional level facilitators and barriers to G-CBT and MFG intervention, implementation and participation.

### **Study Population**

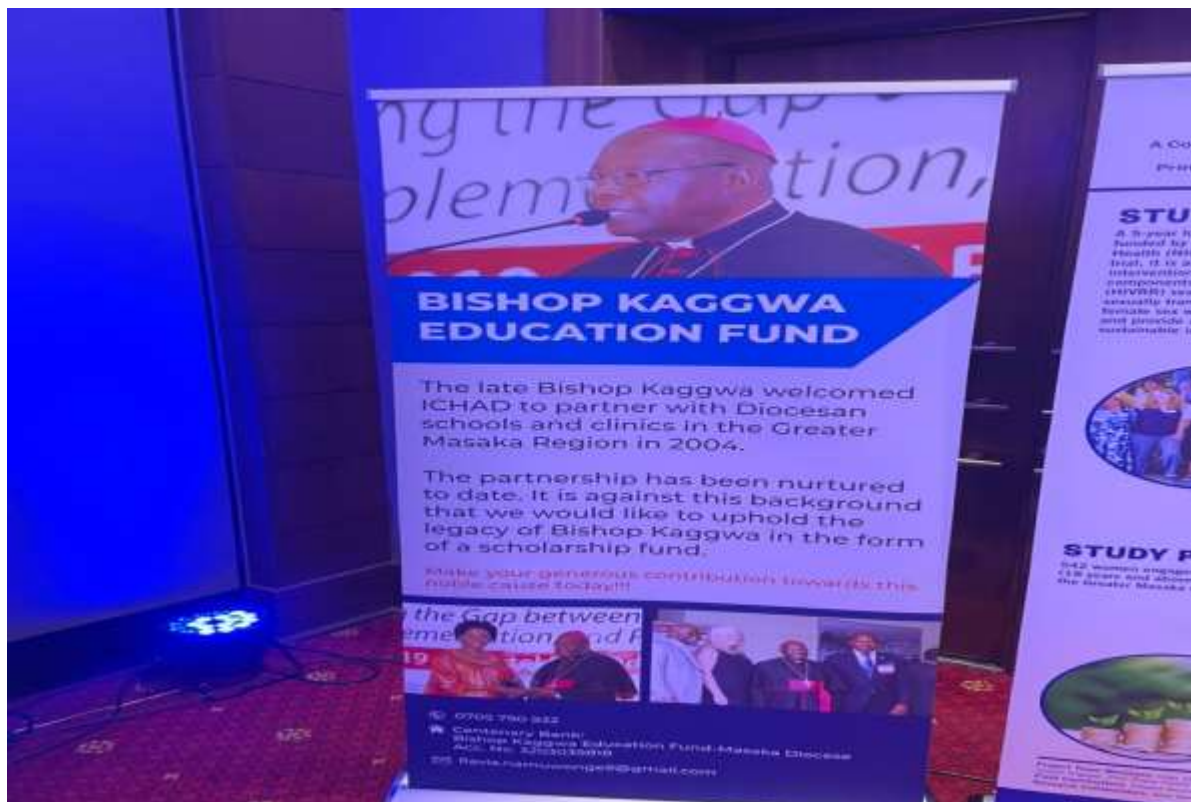
89 adolescents (10-14 years) and their caregivers (N=178) enrolled in care in 9 clinics within Masaka region of Uganda.

**Study Interventions:** Group Cognitive Behavioral Therapy and Multiple Family Group

## **1.2 Bishop Kaggwa Special Education Fund**

The late Bishop Kaggwa was the Bishop of Masaka Diocese. He welcomed ICHAD to partner with the Diocesan schools and clinics in the great Masaka region in 2004. The partnership has been nurtured to date and so far 47 primary schools; 39 health center IIIs and IVs; and 47 secondary schools are participating in ICHAD studies. The late Bishop passed on in 2021. Because of his contribution to the growth of ICHAD, Prof Fred speared headed the establishment of a Special

Scholarship Fund in 2022 to uphold the legacy of the late Bishop Kaggwa. The fund is to benefit children from poor families in Masaka region to acquire vocational and agricultural skills for self and gainful employment.



The late Bishop Kagwa

### 1.3 International Conference on Child Health and Development

At the end of each financial year, Washington University's international Centre for Child Health and Development (ICHAD) organizes an international conference on child health and development and is usually held in Uganda, at Sheraton Hotel, Kampala. Last year's conference was held from 19-27 June 2023. It was presided over by Dr Jane Ruth Aceng, Uganda's Minister of Health and closed by Prof Barbas Nawangwe, Vice Chancellor Makerere University. The conference was attended by several dignitaries namely Prof Mary McKay, Vice Provost of Interdisciplinary Initiative; Co-Director of SMART Africa Centre, Washington University in St Louis; Prof Nawangwe Barnabas - Vice Chancellor Makerere University; Prof. Noeline Nakasujja, Chair Department of Psychiatry, College of Health Sciences Makerere University; Dr Muthoni Mathai – Nairobi University; Mr Kyateka Mondo, Assist Commissioner for Youth, Ministry of Gender Labour and Social Development, Dr Lutalo, Director Uganda Virus Research Institute (UVRI); Dr Barbara

Mukasa, Director Mildmay Uganda; Dr Kigozi -Director Rakai Health Sciences Programme; Dr Gertrude Nakigozi- Director Programs- Rakai health Sciences Programme.

Others partner organizations such as Reach The Youth Uganda, Villamaria hospital, Masaka Diocese were in attendance. The conference was also attended by LCV Chairman Masaka district, the Mayor of Masaka City, District Health Officer Masaka, Study participants from different studies .

During the conference study participants from participants schools, national and international researchers under Washington University various research mentorship and capacity building programmes such as Child-Global Research Fellows (Child \_GRF), ACHIVE, LEAD made presentations about their progress.



Prof Fred Ssewamala with Bishop Jjumba of Masaka diocese greeting participants



Prof Fred Ssewamala with study participant

#### **1.4 ICHAD celebrating 10 years of research**

Prof Fred Ssewamala started his research work in Uganda in 2004. However, the ICHAD center was officially launched in 2013. Considering that since then ICHAD has won over 10 funding from NIH for over 12 longitudinal studies, it worth celebrating the achievement and impact the research has created in Uganda and globally. Through the studies conducted by ICHAD in Uganda, over 120 articles have been published in highly recognized child and adolescent health global journals.

The celebrations were held at Washington University in t Louis campus , USA. The Uganda delegation comprised of ten representatives namely staff from ICHAD center itself, Dr Abel

Mwebembezi Abel- Director RTY; Timothy Opobo-, Director AfriChild and Mr Davis Ssinabulya- Programme Manager, Villa Maria Hospital and Dr Mukasa Barbara- Director Mildmay Uganda. Others were Mr Mondo Kyateka Assistant Commissioner- Ministry of Gender Labour and Social Development; representatives from ministry of Health. The delegation would have been much bigger if other invited guests didn't experience visa issues.



*Dr Anita Kabarambi-ICHAD Research Director; Scovia Nasazzi-ICHAD, Sarah Namutebi Finance - Director ICHAD; Dr Abel Mwebembezi-RTY Director, Dr Barbara Mukasa-Director Mildmay; Rashida Namirembe-ICHAD;f at Washington University, in USA during the 10 year celebrations.*

The conference was climaxed with presentations from Uganda partner NGO, research team at ICHAD-Uganda; Ministry of Health and Gender representatives, The conference was further graced with presentations from high profile researchers from Washington University in St Louis;

## 2.0 Conference on Consortium of Universities in Global Health



Reach The Youth Uganda was supported by Washington University in St Louis to attend the Consortium of Universities in Global Health Conference (CUGH 2023) that took place in Washington DC at Hilton Hotel.. RTY was represented by Dr Abel Mwebembezi, the Executive Director. During the conference Dr Abel Mwebembezi was able to join the organizing committee for the 2024 CUGH conference that will take place in March 2024, in San Fransisco- USA.

*Dr Abel Mwebembezi, ED-RTY at CUGH Conference, Washington DC.*

## 3.0 Adolescent HIV Prevention and Treatment Implementation Science Alliance Workshop

During the ending year Adolescent HIV Prevention and Treatment Implementation Science (AHISA) and PATCH<sup>3</sup> of the National Institute of Health (NIH) organized a three workshop that was held in Lusaka Zambia in May 2023. The workshop attracted 58 AHISA and PATCH<sup>3</sup> members from Africa Uganda inclusive. The aim of the workshop was to deliberate on the progress of AHISA since 2016 and also review progress of studies and intervention implemented by AHISA members funded under AHISA and PATCH<sup>3</sup> programs. The three day workshop was attended by NIH officials and Uganda was represent by RTY, Makerere University and Ministry of Health.



*AHISA/PATCH<sup>3</sup> members in group discussion display Dr Abel Mwebembezi RTY, Dr Racheal and their group presentations to the plenary sessions*



*Drs Susan-AHISA;Dr Fred Semitala-MUK*

## 4.0 Partnership with Makerere University, SPH\_ Arizona State University

In Uganda, adolescent girls and young women (AGYW) are disproportionately affected by HIV and have poor viral suppression rates, hence increasing their risk of onward transmission. AGYW living with HIV (AGYWLHIV) in sub-Saharan Africa (SSA) who have experienced IPV have worse medication adherence, viral suppression, and care engagement than those without IPV. Further, male partner alcohol use directly and indirectly increases IPV risk among AGYW in SSA. Thus, an intervention with components that address heavy alcohol use among male partners could decrease AGYW's IPV risk, especially in Uganda, which has one of the highest alcohol use per capita in SSA. Couples-based interventions have effectively reduced male partner alcohol use, relationship conflict IPV, and improved viral suppression and HIV care engagement; yet, none have been tailored to AGYWLHIV in SSA. The study is pilot a couples-based intervention that focuses on improving HIV care engagement and ART adherence among AGYWLHIV by reducing heavy alcohol use among male partners and couple IPV risk. Additionally, we will explore the intervention's effects on AGYW viral load for the additional key benefit of treatment as prevention.

### 4.1 The specific objectives of Study are:

**Objective 1:** Adapt and refine the behavioral components of a brief MI-based alcohol intervention to develop the proposed Kisoboka Mukwano ("It is possible, my love!") intervention—a brief couples-based intervention using motivational interviewing and peer navigation approaches to target intimate partner violence, alcohol use, and HIV care engagement.

**Objective 2:** Assess the safety of the Kisoboka Mukwano intervention.

**Objective 3:** Assess the acceptability and feasibility of the Kisoboka Mukwano intervention.

**Objective 4:** Assess the preliminary efficacy of the Kisoboka Mukwano intervention, randomizing couples to the Kisoboka Mukwano intervention (n=25 couples) or the control (n=25 couples) arm.

### 4.2 Recruitment and eligibility

The study planned to recruit adolescent girls and young women (AGYW) through two types of settings; clinic and community-based recruitment settings that was preceded by a joint meeting of Makerere SPH, RTY and In-charges of Health Centers IIIs and IV in Wakiso district



Rose Naigano- Study Coordinator  
Makerere University, SPH facilitating  
study session



Makerere University SPH, RTY and in-charge of  
the 7 HCs Wakiso district participating in the

**a. Recruiting in clinic settings:**

The recruitment of potentially eligible AGYW from the 7 selected Mildmay-supported HIV clinics in Wakiso district namely: Wakiso H/C IV, Ndejje H/C IV, Kasangati H/C IV, Kajjansi H/C III, Nabweru H/C III, Nsangi H/C III and Kira H/C III. The number sampled from each clinic will be proportional to the size of the number of patients the clinic serves.

**b. Recruiting from community-based settings:**

In addition to recruiting from HIV clinics, the study started the process of recruiting AGYW from community locations throughout Wakiso District. To facilitate linkage to accessible HIV testing (if needed to confirm self-reported HIV-positive status), we will limit our community-based recruitment to areas within 5-6 km from the Mildmay-supported HIV clinics we are recruiting from (see description of HIV clinic settings recruitment above). We do not expect to recruit a large number of participants from community-based settings, due to the unique challenges of finding the study population, such as HIV disclosure/stigma issues. However, we will aim to recruit 10-15% of the sample from the community.

### **4.3 Recruitment from the community**

RTY working with the local Secretaries for Women's Affairs and local female Community Health Workers including VHTs visited communities in a radius of 5 km around target clinics to identify potential AGYWLHIV within the community who are eligible.. The Secretaries for Women's Affairs is an appointed local government official selected to deal with issues related to gender inequality, including gender-based violence. Community Health Workers (CHWs) are trained community health volunteers who reside in the community they serve and provide community members with health information, health screenings, linkage to health services, etc. CHWs are a formal part of the health workforce/health system in Uganda.

To avoid potential stigma associated with HIV and connect those at increased risk of HIV to HIV testing services, the community-based recruitment entails a two-step eligibility screening process.

RTY, in partnership with local Secretaries for Women's Affairs and CHWs, mobilized and screened AGYW from the identified community recruitment sites based on the study eligibility criteria related to

- a. Self-reported incident of IPV
- b. The male partner is in alcohol use
- c. if the potential participant meets these criteria (a and b), then she is invited to a research office at one of the partnering HIV clinics for HIV counselling and testing.
- d. If test results reveal the potential participant is HIV-positive, she will under the HIV counselling and testing process
- e. then the participant is screened to determine whether she meets the remaining eligibility criteria, including those related to
  - i) HIV care engagement and
  - j) Willingness to let research staff contact male partner.

***Lastly, we used snowball sampling to recruit more potential AGYWLHIV in the community, asking eligible AGYWLHIV to help connect us to others like themselves who might be interested in participating in the study by sharing the study contact information (phone number and email address).***

## 4.4 Recruitment Progress

Makerere school of Public health (MSPH) trained and introduced RTY Research assistant (coordinator) to the partner identified health facilities and program staffs who are based at the facilities where screening is conducted. The 7 health facilities are those which are supported by Mildmay and include

- Ndejje HCIV                      Kasangati HCI
- Wakiso HCIV                     Kajasi HCIV,
- Nabweru HCIII                 Kiira HCIII, and
- Sangi HCIII .

With support of VHTs/CHWs RTY identified young women on ART in the age gaps of 15-24 years at Ndejje HCIV, Kasangati HCIV, Wakiso HCIV, Kajjansi HCIV for linking to the Health facilities for screening by special program study staff from MSPH for recruitment.

Thus far RTY identified and met 95 young women on ART. However, only 2 out of these have fully been recruited as summarized in the table below.

**Table 1.**

| <b>Name of Health center</b> | <b>Girls met</b> | <b>Recruited</b> | <b>Declined</b> | <b>comments</b>                                                                                                                                                             |
|------------------------------|------------------|------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Wakiso HCIV                  | 5                | 0                | 5               | Those that declined is because they have not disclosed their HIV status to their husbands                                                                                   |
| Kasangati HCIV               | 32               | 0                | 32              | 6 known to be HIV+ had already transferred to other locations, 13 husbands refused when contacted by the girls, 13 girls refused to declare their status to their husbands, |
| Ndejje HCIV                  | 12               | 0                | 12              | 11 declined to declare their HIV status to the husbands                                                                                                                     |
| Kajjansi HCIV                | 46               | 2                | 44              | The numbers include those who failed screening. 7 single mums, 12 non-disclosure to partners, 11 in no relationship.                                                        |
| <b>Total</b>                 | <b>95</b>        | <b>2</b>         | <b>93</b>       |                                                                                                                                                                             |

## 4.5 Lesson learnt/ challenges meet.

- a) Majority of the potential couples have never disclosed their HIV status to their male partners hence were hesitant to do so for fear of their reactions including losing their partners
- b) Women fearing of getting more violence at home after contacting her partner. The partners might think she has reported him to the authorities.
- c) Men refusing to accept that they take alcohol even when they do.
- d) Fear of family breakdown after revealing their HIV status to their partners. Men abandoning the young women, leaving them without support hence increasing their vulnerability.

- e) Young women have what's up groups. This helps them to communicate and ask a colleague to collect her ARVs/drugs in case she fails to get a way out of home. This helped us to link us to the next clients (snow ball method).
- f) Some of these young women visited are single mothers either staying with their relatives or renting single rooms.

#### **4.6 Specific challenges**

- a. It's difficult to budget for a day's transport because of distances from one client to another, transport varies from one health center to another in addition to distances covered within community.
- b. Bodabodas charge more money depending on the distance.
- c. There's a lot of air time used calling clients before going to meet them.

When an identified client is sent to the health facility, they request for transport. It's advisable that recruited participants be provided with transport to the HF's

VHTs -who willingly walk with RTY team around the communities to identify study participants.

#### **5.0 Conclusion and appreciation**

On behalf of RTY team, I wish to extend my sincere appreciation to funding partners and in particular Washington University in St Louis, Makerere University-Arizona partnership and other funding partners that are coming on board namely Re-Earth for climate change mitigation, AHISA for capacity building of health providers in implementation science and those that will eventually come on board. We are forever grateful.

Special thanks go to Prof Fred Ssewamala of Brown School, Washington University in St Louis for the long partnership that has enabled RTY to grow and sustain its Programme; the leadership in the districts of Masaka, Lwengo, Rakai Lyantonde, Kyotera, Kalungu and Bukomansimbi where RTY facilitates trainings in Financial literacy and Income Generating Activities and Wakiso district where RTY in conducting a study on Intimate Partner Violence as a Co-Investigator with Makerere School of Public Health and Arizona State Universities.

Without these partnerships, interest of funding agencies in RTY programmes and the support local governments, RTY would not have been able to sustain and implement her programmes.

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