



SECURING OUR
CHILDREN'S
FUTURE TODAY



2018

ANNUAL REPORT

INTERNATIONAL CENTER FOR CHILD HEALTH AND DEVELOPMENT

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A Message from the Director



Securing our Children's Future Today

2018 has been a fantastic year of growth and development for our team and I'd like to share just a few of our accomplishments as we reflect on 2018 and look forward to more successful collaborations in 2019.

I would like to extend my gratitude to the ICHAD team in Uganda and St. Louis and welcome Drs. Proscovia Nabunya, Ozge Sensoy Bahar, and Lindsay Stark as Co-Directors to ICHAD. Our team continues to work hard on our ongoing projects, as well as developing new ones to continue our important work with vulnerable populations. This year, ICHAD was awarded two new NIH grants. The Kyaterekera Project (2018-2023), an NIMH-funded R01 study co-led by Dr. Susan Witte at Columbia

University, examines the effectiveness of added economic empowerment components to traditional HIV risk reduction sessions to reduce new incidence of STIs and HIV among female sex workers in the Masaka region, and provides alternative means of safe and sustainable income to replace sex work. Suubi4Cancer (2018-2020), co-led by Drs. Kimberly Johnson and Ozge Sensoy Bahar, is an NCI-funded R21 study which explores the short-term preliminary outcomes of an existing evidence-based economic empowerment intervention on access to pediatric cancer diagnosis, care, and treatment adherence in children living with HIV with suspected cancers.

Capacity building and dissemination are central to our work. In 2018, we hosted the *"Global Adolescent Health and Economic Strengthening in Sub-Saharan Africa Conference"* in February in St. Louis and co-hosted the *"3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa"* with the SMART Africa Center in July in Uganda. These conferences brought together more than 350 policymakers, practitioners, researchers, and community members from around the world, including our colleagues from the NIH/NIMH and Dr. Benjamin Akande, Senior Advisor to the Chancellor and Director of the Africa Initiative at Washington University. We also launched a monthly speaker series designed to showcase global research on the well-being of children, adolescents and families, where we've learned about everything from an innovative HIV-self testing system targeting youth in Nigeria to sanitation programs in India. We hope you will join us next year as we continue this popular series.

To support all these various efforts, our team continues to expand. Our field staff in Uganda has grown to more than 30 members, and we welcomed new full-time members to our St. Louis team, including Betsy Abente as our Associate Director, Dr. Rabab Ahmed as one of our Study Coordinators, and Joelynn Muwanga as a Research Assistant. We have also welcomed new faculty affiliates at Washington University's Brown School and Medical School as well as other universities in the U.S. including Columbia University, Boston College, New York University, Saint Louis University, Indiana University and University of California, San Francisco. ICHAD's international collaborations also continue to grow with new partners in Uganda, Ghana and Rwanda.

The year 2019 should be another productive year and we are extremely excited about our growing staff and new faculty collaborators. We also hope to develop new strategies and solutions to ever changing problems affecting youth and vulnerable children.

Sincerely,

Fred Ssewamala, PhD
William E. Gordon Distinguished Professor
Director, International Center for Child Health and Development
Director, SMART Africa Center
Brown School at Washington University in St. Louis

A Message from the Dean

Initiating Global Social Change

It has been only a little over a year since the International Center for Child Health and Development (ICHAD) joined the Brown School at Washington University in St. Louis. Yet to look at the center's accomplishments, one would think the center has been here for many years. Founded and directed by Dr. Fred Ssewamala, and co-led by Drs. Proscovia Nabunya, Ozge Sensoy Bahar, and Lindsay Stark, ICHAD has quickly become an integral part of the Brown School and one of our leading research centers.

This year, ICHAD received funding from the National Institutes of Health for two new NIH studies (an R01 and R21). Both of these studies build off Dr. Ssewamala's innovative research approach of reducing high-risk health behaviors and increasing treatment adherence while at the same time promoting economic empowerment. The R01 study funded by National Institute of Mental Health, the Kyaterekera Project, seeks to reduce new incidence of sexually transmitted infections among women employed in sex work and provide alternative means of safe and sustainable income to replace sex work. Suubi4Cancer, an exploratory R21 study funded by National Cancer Institute, examines the outcomes of economic empowerment interventions on access to pediatric cancer diagnosis, care, and treatment adherence among youth living with HIV in southwest Uganda. Countless families in Africa are living healthier lives as a result of this important research.

Furthermore, ICHAD is partnering with local governments to implement policies and legislation grounded in the findings of ICHAD's research. At the request of the Parliament of Uganda, ICHAD, in partnership with the Strengthening Mental Health and Research Training (SMART) Africa Center, ChildFund International-Uganda, and the Clark-Fox Policy Institute, issued a three-part policy brief detailing evidence-based policies that address child and adolescent mental health in Uganda. These briefs helped guide the Ugandan government's legislators in the development of a mental health bill.

The number of new faculty affiliated with ICHAD has grown remarkably. ICHAD has been collaborating with many faculty within the Brown School and the School of Medicine at our university as well as other new investigators and institutions in Sub-Saharan Africa. Leading researchers from around the world who are committed to improving the lives of children and families in Africa are connecting to ICHAD. Additionally, the center continues to provide hands-on learning opportunities for our graduate and doctoral students.

I deeply appreciate the many and ongoing contributions Dr. Ssewamala and ICHAD are making to the Brown School.

Sincerely,

Mary M. McKay, PhD
Neidorff Family and Centene Corporation Dean
Co-Director, SMART Africa Center
Brown School at Washington University in St. Louis



Acknowledgements

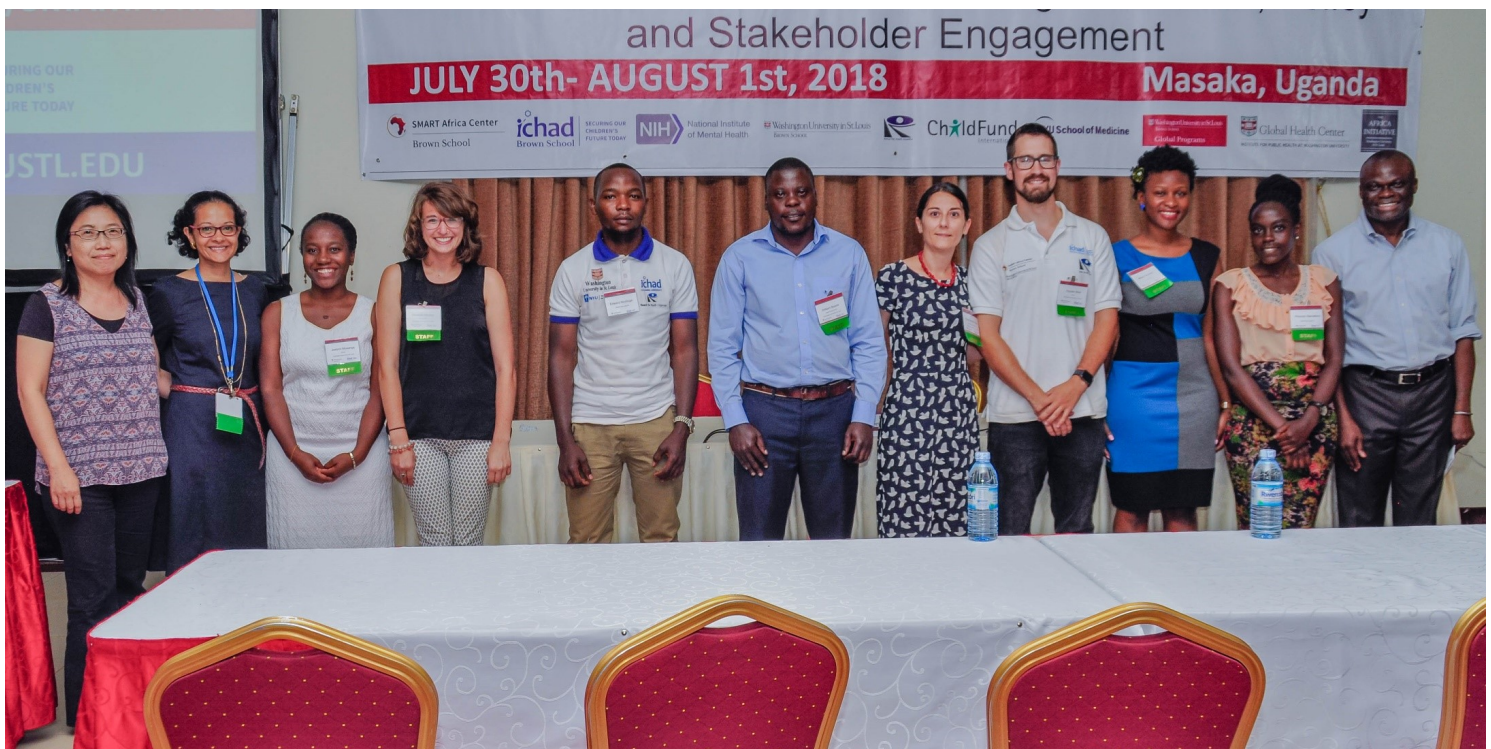
A Word of Thanks

International Center for Child Health and Development (ICHAD) Director Dr. Fred Ssewamala, and the entire research team extend their thanks to Betsy Abente, Hayden Blair, Charlotte Hechler, Phionah Namatovu, Flavia Namuwonge, Thabani Nyoni, Dr. Ozge Sensoy Bahar, and Wilberforce Tumwesige for preparing this report.

Our thanks also go to our funders: The National Institute of Child Health and Human Development, the National Institute for Mental Health, the National Cancer Institute, and Barbara and Marc Arnold (Bridges to the Future).

We would like to thank all our collaborating partners on the ground, including Reach the Youth-Uganda, ChildFund International, Rakai Health Sciences Program, and the Uganda Cancer Institute.

Our work would not be possible without the support of the teaching and administrative staff at each of the participating schools, health care workers and clinic staff at each of the collaborating health clinics, as well as community health workers/village health teams, and parent peers. Finally, we extend our gratitude to children, adolescents, and their families, who are the inspiration for the work we do.



ICHAD and SMART Africa team members at the 3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa

The content of this report is solely the responsibility of the authors and does not necessarily represent the views of the National Institute of Health.

Our Mission

Over one-third of the global population is under the age of 19, and 90 percent of these youth live in developing countries. Nearly half of the youth in developing countries live on less than two dollars a day. Poverty significantly exacerbates threats to the well-being of our world's youth. Yet, social interventions continue to focus largely on single risk factors, failing to address structural threats, such as poverty. Most interventions also continue to target individuals in spite of evidence that structural/contextual factors, including family and community level resources, are often important determinants of youth outcomes.

In Sub-Saharan Africa, the interactive effects of youth poverty and disease are particularly severe. Decades of economic crisis, the AIDS pandemic, and civil conflict have left millions of African youth orphaned or otherwise vulnerable while simultaneously weakening extended family support systems.

Because of poverty and other related barriers, including orphanhood, a number of children and adolescents miss out on education, and are more likely to engage in risk-taking behavior, such as unprotected sex and substance abuse. If unaddressed, the mutually reinforcing crises of youth poverty and disease threaten youth developmental outcomes, portending devastating consequences for children and families over the next generation.

Against that backdrop, ICHAD's mission is to contribute 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 developing nations.

The Center advances its mission through:



Innovative applied intervention research: ICHAD houses a broad range of innovative applied social and economic empowerment intervention research studies with practice, programming and policy implications. Through its research, ICHAD seeks to develop evidence-informed, scalable, and sustainable solutions to address poverty and improve youth outcomes.



Capacity building opportunities for a new generation of scholars: ICHAD develops and implements enhanced research training programs and mentorship opportunities for Master's, Doctoral and Postdoctoral students as well junior faculty at Washington University in St. Louis and in developing countries. The training focuses on conceptualization, design, implementation and evaluation of applied intervention research concerning economic empowerment through asset-development, social protection and public health. The training also provides mentorship in scientific grant writing, manuscript preparation, and dissemination of key findings intended to inform practice, programming and policy.



Raising public awareness and support for economic empowerment interventions: ICHAD seeks to increase public awareness for economic empowerment programs that: a) address context-specific and mutually-reinforcing challenges/stressors faced by developing country youth and their families; and b) generate new public-private partnerships to advance widespread adoption, implementation and scale-up of evidence-based economic empowerment interventions.



Informing public policy and programming: ICHAD seeks to use the findings from its applied research to inform child and adolescent-focused policy and programming. ICHAD engages district- and national-level policymakers and establishes academic-government partnerships to disseminate its study findings and move forward the policy agenda on promoting child and adolescent well-being.

ICHAD builds upon a solid foundation of more than 15 years of basic and applied innovative field research conducted by ICHAD Research Teams across Sub-Saharan Africa. To the best of our knowledge, ICHAD constitutes one of the first university-based interdisciplinary centers that focuses both on child and adolescent health and economic empowerment in Sub-Saharan Africa.

Recently Concluded Studies



Bridges to the Future (2012-2018)

Funder: Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD)

Principal Investigator: Fred Ssewamala, PhD

Project Team Members: Jeanne Brooks-Gunn, PhD, Irwin Garfinkel, PhD, Tor Neilands, PhD, Jane Waldfogel, PhD

Study Coordinators: Miriam Mukasa

Study Aims: The “Bridges to the Future” (R01HD070727) was a five-year study that examined the effects of a combination intervention, comprised of a child incentivized savings account (with a savings match), mentorship, and financial management trainings on multidimensional poverty among poor families caring for orphaned children in rural Uganda. The objective of the Bridges study was to examine the efficacy of the combined interventions on a wide range of outcomes. Specifically, the team examined the effects of the intervention on savings, school enrollment, mental health, self-concept, self-efficacy, self-rated health, and sexual risk-taking behaviors.

Study Design: 1,410 orphans affected by HIV (ages 11 to 14 years) were recruited from 48 public primary schools in the Rakai and Masaka Districts of Southern Uganda. These participants were assigned to one of three study arms: Bridges; Bridges PLUS; or a control group (usual care). Assessments were conducted at baseline and 12, 24, 36, and 48-months post-intervention initiation.

Study Interventions: Every child enrolled in the study received bolstered usual care services including counseling, food aid, school uniforms, and scholastic materials. In addition to these services, children in the two treatment conditions received a child development account (CDA) with either a matched ratio of 1:1 (Bridges) or 1:2 (Bridges PLUS). The CDA was augmented with nine-sessions of peer mentorship covering: saving and asset building, self-esteem, HIV/AIDS and sexually transmitted diseases/infections (STD/STI) knowledge and negotiation skills, among other topics.

Study Results: Two years after the intervention completion, the effects of the intervention remained statistically significant for four indicators: 1) increased self-reported savings; 2) increased school enrollment; 3) reduced food shortage; and 4) reduced levels of hopelessness. Additional financial incentives (Bridges PLUS) were only effective in raising the amount of savings but did not have an effect on all other outcomes. Although there are several lessons from the Bridges study, two predominate: 1) a combined economic empowerment intervention that incorporates matched CDAs yielded positive results on critical development outcomes for AIDS-orphaned adolescents in Uganda; and 2) the 1:1 and 1:2 match rates did not demonstrate variable levels of cost-effectiveness, suggesting that governments intending to incorporate savings-led interventions within their social protection frameworks may not need to select a higher match rate or incentive to see positive developmental outcomes in the short-term. The study results have been published in numerous journals, including: *Social Science & Medicine*; *Journal of Policy Analysis and Management*; *Journal of Adolescent Health*; *Vulnerable Children and Youth Studies*; and the *Journal of Community Psychology*. A list of ICHAD's 2018/2019 publications can be found on page 29.



A Bridges to the Future participant reading the study manual

Learn more at our website

<http://ichad.wustl.edu/bridges-to-the-future>



Recently Concluded Studies

Suubi+Adherence (2012-2018)

Funder: Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD)

Principal Investigator: Fred Ssewamala, PhD

Project Team Members: Irwin Garfinkel, PhD, Godfrey Kigozi, MBChB, MPH, Mary McKay, PhD, Claude Mellins, PhD, Gertrude Nakigozi, MBChB, PhD, Tor Neilands, PhD

Study Coordinators: Miriam Mukasa, Apollo Kivumbi, MBChB, MPH

Study Aims: Suubi+Adherence (R01HD074949) sought to examine the impact and cost associated with an innovative economic empowerment intervention on adherence to HIV treatment for HIV-positive adolescents.

Study Design: This five-year longitudinal randomized experimental study, enrolled 702 HIV-positive children between the ages of 10-16 years old. Participants met the following inclusion criteria: 1) HIV-positive and knew their HIV status (HIV-positive adolescents were defined as those who had been tested for HIV with confirmation by medical report); 2) prescribed antiretroviral therapy (ART); and 3) enrolled in one of 39 partner clinics or health centers in Rakai, Masaka, and Lwengo Districts in Uganda; and 4) lived within family homes, not institutions.

Study Interventions: Participants were randomized into one of two arms: control and treatment. The control arm received a bolstered standard of care consisting of usual care plus information on health adherence developed by the Uganda Ministry of Health as well as evidence-based supplemental adherence-focused support material. The treatment arm received a bolstered standard of care plus three components: 1) child development account (CDA) - matched savings; 2) microenterprise workshops; and 3) mentorship.

Study Results: Suubi+Adherence was found to significantly improve viral suppression, the primary marker of adherence to ART. There are several potential mechanisms by which this intervention may have reduced detectable viral load (VL) in adolescents. First, improving the economic security in households through a matched savings incentive, may have addressed transportation and food costs, affording adolescents less pressure to seek employment and greater ability to travel to clinics to obtain their medication. Second, beyond economic considerations, the asset-based economic intervention may have also improved psychosocial outcomes, such as hope, self-efficacy, and future orientation, which in turn facilitated health-seeking behavior. This study reiterates the importance of a multidisciplinary, combination intervention approach to HIV treatment that includes an economic component. The findings also support efforts to promote a broader dialogue on the ability of social protection policies to improve public health outcomes. The study results have been published in numerous journals, including: *AIDS and Behavior*; *AIDS Care*; *Child Indicators Research*; *International Journal of Health Policy and Management*; and *Vulnerable Children and Youth Studies*. A list of ICHAD's 2018/2019 publications can be found on page 29.



The WisePill device used to track medication adherence in the Suubi+Adherence study



Learn more at our website

<http://ichad.wustl.edu/suubiadherence>



Suubi4Her (2017-2022)

Funder: National Institute of Mental Health (NIMH)

Principal Investigator: Fred Ssewamala, PhD

Project Team Members: Irwin Garfinkel, PhD, Mary McKay, PhD, Claude Mellins, PhD, Proscovia Nabunya, PhD, Tor Neilands, PhD, Ozge Sensoy Bahar, PhD, Lindsay Stark, DrPh

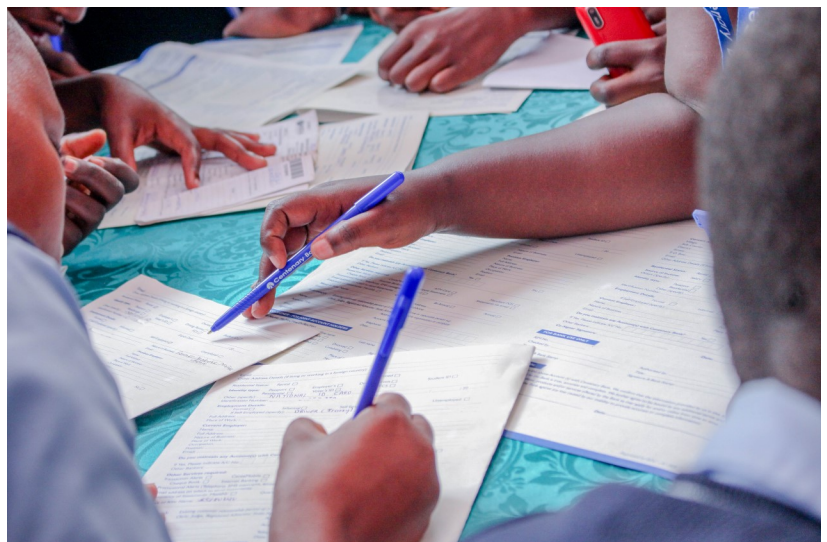
Study Coordinators: Miriam Mukasa, Flavia Namuwonge

Study Aims: Suubi4Her (R01MH113486) is a five-year longitudinal study which seeks to examine the impact and cost associated with an innovative combination intervention that aims to prevent HIV risk behaviors in communities heavily affected by poverty and HIV/AIDS in Southern Uganda. By promoting financial stability and addressing mental health through family strengthening, Suubi4Her seeks to reduce the risk of HIV and other sexually transmitted infections (STIs) for this critical demographic. This innovative study has public health implications for reducing the number of new HIV infections in Sub-Saharan Africa.

Study Design: For this randomized clinical trial study, a total of 1,260 older girls (ages 14-17 at enrollment), within 47 secondary schools across four districts of Uganda, will be randomly assigned to one of three study conditions: 1) youth development accounts (YDA) for education and microenterprise development; 2) YDA + multiple family group (MFG) intervention; or 3) control condition receiving standard health and sex education provided in schools.

Study Interventions: Suubi4Her seeks to test the theory that youth cognitive and behavioral change is influenced by economic stability while examining if enhanced intra-familial support and communication are needed to reinforce and maintain engagement in protective health behaviors. This study combines two evidence-based approaches: 1) a youth monetary savings program (with a 1:1 incentive match rate) that supports adolescent girls in secondary school education and family small-business/microenterprises development; and 2) a family-based dialogue session and training (MFG) that strengthens family relationships to address mental health challenges which frequently accompany adolescent girls' transition to adulthood.

Study Progress: We have reached our recruitment goal of 1,260 participants, and the study is now closed to recruitment. As we move into the implementation phase, ICHAD staff have organized and held meetings with extension workers from different sub-counties within the study region to brief them on ICHAD's work and mission, the *Suubi4Her* study and its income generating activities component, including setting clear roles and expectations for the study team. The team is currently working on finalizing the MFG manual. *Suubi4Her's* study protocol was also published in BMC Public Health journal.



Suubi4Her participants opening bank accounts

Learn more at our website
<http://ichad.wustl.edu/suubi4her>



Lindsay Stark

Co-Director and Suubi4Her Co-Investigator

I am thrilled to lend my support to the important work that ICHAD is leading. Having collaborated with Dr. Ssewamala for many years on capacity building initiatives and programming for children and families in Uganda, it is such a pleasure to have the opportunity to work more closely together with all of the ICHAD collaborators. I look forward to bringing the gender-focused work that I have been leading to the great work that ICHAD is already doing to support vulnerable girls and women in Uganda and beyond.

Lindsay Stark, DrPh



Suubi4Her participants opening bank accounts at the Suubi4Her launch



Dr. Benjamin Akande, Assistant Chancellor of International Programs-Africa, Associate Director of Global Health Center and Director of Africa Initiative, presenting at the 3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa, after attending the Suubi4Her launch in Masaka, Uganda

Community Voices

Stanbic Bank

ICHAD's Suubi4Her project is a once in lifetime opportunity to deliver economic transformation and create new beginnings for Ugandan youth. During my 10-year tenure with Stanbic Bank, I have undertaken various projects (mainly in the Karamoja region of Eastern Uganda), but none have had as much impact as the Suubi4Her study in the Greater Masaka region. As the Manager of Stanbic Bank's Masaka branch, I am extremely privileged to have been associated with ICHAD and have embraced this journey to work with communities to create a difference in people's lives.

It was a journey worth taking because it provided Stanbic Bank the opportunity to fully understand our communities' way of life and how to best structure our business to directly impact the lives of people in the surrounding communities. Initially, our customer value proposition did not address community needs, but a discussion with Dr. Ssewamala and the ICHAD team broadened our understanding of the nature of the Suubi4Her project. With the help of our personal markets team, we developed a formidable plan and obtained the necessary approvals to ensure that we match the project pre-requisites. As a result, we developed a suitable, well thought through account offerings that will directly give the Suubi4Her beneficiaries the motivation and enthusiasm to develop a lasting culture of savings. After continued discussions with Dr. Ssewamala and the ICHAD team, we further agreed to some key drivers to ensure a smooth project life cycle. These include ensuring that all project beneficiaries receive quarterly account statements, financial literacy training, and message alerts as a reminder to save and utilize the Stanbic Bank mobile banking platform. These services also allow beneficiaries to see the flexibility and benefits of banking, thus building a trust in the banking sector and potentially broadening their saving culture.

ICHAD has supported Stanbic Bank's Masaka branch and currently we have opened nearly 600 beneficiary accounts. Branch staff have been trained and understand the value of the Suubi4Her project. We all choose to dive in and grab this opportunity with no reservations. This opportunity has given us momentum as a branch, and we are currently the number one branch in sales country-wide. For this, we give thanks to our ICHAD partners who have always notified us about upcoming events such as account openings and field visits. I also thank my personal bankers and entire branch team who have also shown enthusiasm to finalize the account opening process, with guidance from the ICHAD team.

All journeys begin with a step, and for us the step we have taken in partnering with ICHAD has created a lasting rapport which will grow as we continue to engage in future projects. With this well-designed account offering now at the approval stage, it will give us an edge in our competitive market as we engage further with other projects across the entire county.

Our journey has just started, which I believe will come with lots of challenges, adventures, experiences, and greater learning, and we can't wait to walk with you Team ICHAD.

Stanbic Bank



SMART Africa-Uganda (2016-2021)

Funder: National Institute of Mental Health (NIMH)

Principal Investigators: Fred Ssewamala, PhD, Mary McKay, PhD, Kimberly Hoagwood, PhD

Project Team Members: Apollo Kivumbi, MBChB, MPH, Abel Mwebembezi, PhD, Ozge Sensoy Bahar, PhD

Study Coordinators: Joshua Kiyingi, MSTAT, Phionah Namatovu

Study Aims: The SMART Africa-Uganda scale-up study (U19MH110001) is a five-year study that examines multi-level (state/government, non-governmental organizations, families, schools, and communities) influences on the uptake, implementation, effectiveness, and sustainability of evidence-based practices (EBP) that address serious child disruptive behavioral challenges.

Study Design: SMART Africa-Uganda is a scale-up longitudinal experimental study that uses a mixed-methods, hybrid type II, effectiveness implementation design. Its aim is to recruit 3,000 family members including both children and their guardians. Through partnerships with ICHAD, Reach the Youth-Uganda (RTY) and the Catholic Diocese of Masaka, the SMART Africa-Uganda study will be implemented in 30 government-funded schools throughout Southwest Uganda in the Greater Masaka region.



SMART Africa-Uganda team members training parent peers on MFG session facilitation

Study Interventions: The participants in the treatment groups will receive an adapted version of the evidence-based multiple family group intervention (MFG), known as 4Rs and 2Ss. The 4Rs (rules, responsibility, relationships, and respectful communication) and 2Ss (stress and social support) model has been revised and adapted to the Ugandan context in collaboration with community stakeholders and has been renamed “Amaka Amasanyufu” (happy families in Luganda, the local language). The study has two treatment groups (MFG delivered by parent peers and MFG delivered by community health workers) and a comparison group (receiving mental health materials only).

Study Progress: Currently, the SMART Africa-Uganda team is continuing its MFG intervention sessions. Intervention session 16 is in the process of being delivered in four treatment arm schools. In addition, the SMART Africa team has been training a new cohort of 24 intervention facilitators (12 parent peers and 12 community health workers) to deliver the Amaka Amasanyufu MFG intervention. These facilitators recently completed their Knowledge Skills and Attitude Test (KSAT), and were recently recognized at an award ceremony where they received their training completion certificates. Both the facilitators who are currently delivering the MFG intervention and those who just received their training participated in the event. This provided a great learning experience for the new facilitators, as the more experienced facilitators shared field and training lessons. So far, the study results have been published in *BMC Trials* and *BMC Psychiatry* journals. A list of ICHAD’s 2018/2019 publications can be found on page 29.

Learn more at our website

<http://ichad.wustl.edu/smart-africa>

<http://sites.wustl.edu/smartafrica>

Collaborator Remarks



James Mugisha

SMART Africa Collaborator

Mental health is a backyard issue in Uganda and in many low income countries. This is reflected in our national budget where allocation of funds to the mental health sector is less than 4% of the health budget. ICHAD joined the struggle to remove mental health from the backyard areas to the policymakers table. I have been privileged to join the ICHAD network and our current focus on mental health for indigenous communities in a rural district in Uganda (Masaka) is vital. These studies provide us with the opportunity to unravel what works and at what cost. I also find it of high value that ICHAD can support those of us in resource poor countries to participate in international conferences where we are able to share our experiences with the larger scientific community.

Through ICHAD, I have had the opportunity to present at the World Congress of Psychiatry in Mexico about closing the research and treatment gaps for youth mental health in low- and middle-income countries, present to students at the Brown School at Washington University in St. Louis, and contribute to several SMART Africa-Uganda publications. I look forward to collaborating with Dr. Ssewamala and ICHAD on many more projects to strengthen the wellbeing of our children, families, and communities.

It is a pleasure to lend my support to the important work that ICHAD is leading, and look forward to bringing the gender-focused work that I have been leading to the great work that ICHAD is already doing to support vulnerable girls and women in Uganda and beyond.

James Mugisha, PhD



Dr. James Mugisha presenting at the ICHAD and SMART Africa Speaker Series

Parent Peer

I am a parent at one of the primary schools in the SMART Africa study. All my children have gone through this school and I greatly appreciated the services it gives our community. I serve as a responsible parent and community leader. I do my best to fulfill my parental duties just like other parents. I endeavor to see that our children go to school and acquire basic life skills. It was due to my dedication and commitment as a parent that the management committee and school administration decided to entrust me and recommend me to the ICHAD team who had come to do research at our primary school. I take this opportunity to extend my sincere gratitude to ICHAD for giving me the responsibility of facilitating the Amaka Amasanyufu program. The program is about stable families that abide by family rules, practice respectful communication, good relationships and fulfill responsibilities. This has helped all the families that participate in these sessions actively change their ways of life in their homes.

As a facilitator, I deliver the Amaka Amasanyufu program. Many parents/guardians appreciate this program. When they compare the time they started until now, they see a big difference in their lives and families. During my facilitations, I discovered that participants were happy, active, interested, committed, and motivated during discussions about the different topics. Many have benefited and learned many things that have enabled them to turn their families into happy and admirable ones in their villages. These very families appreciate these facilitations because they have also managed to help other families using the acquired knowledge and skills.

I also extend my appreciation to the ICHAD for organizing this a program because I have benefited a lot. Besides being a facilitator, I have achieved 1) confidence in public speaking; 2) relationship building; 3) responsibility for self and others; and 4) time keeping and management; and 5) effective communication.

There is no family that participates in this program and remains the same! I take this opportunity to thank Dr. Ssewamala for the great opportunity he gave us and this wonderful program that has helped all families involved in it.

Community Health Worker

I am a community health worker. I have worked for several years and I am still serving, which is why I was selected to work with ICHAD as a facilitator in the Amaka Amasanyufu program. Amaka Amasanyufu is all about strengthening relationships, rules, respectful communication, and responsibilities within the families.

As a facilitator, this program has helped the families that were selected from our Primary School. These families have noticed that their behavior at home has totally changed. They told us that they now know how to control their tempers, they guide rather than beat their children, and that they made rules at their homes. They even told us that the community benefited from this program because they are examples to others as they apply the skills received from Amaka Amasanyufu groups. Even as a facilitator, I have changed some things in my family and my community through the Amaka Amasanyufu program. I am hopeful for a positive change by the end of the remaining eight sessions.

I would like to thank Dr. Ssewamala for this program and I hope it can be extended to other communities outside the school. I really appreciate and thank the ICHAD staff for the good coordination every week.



Project Coordinator, Phionah Namatovu, presenting during the Certificate of Completion Ceremony for MFG facilitators



Kyaterekera Project (2018-2023)

Funder: National Institute of Mental Health (NIMH)

Principal Investigators: Fred Ssewamala, PhD, Susan Witte, PhD

Project Team Members: Ozge Sensoy Bahar, PhD, Larissa Jennings, PhD, Joseph Kagaayi, MBChB, PhD Abel Mwebembezi, PhD, Proscovia Nabunya, PhD, Yesim Tozan, PhD, In-Country Community Collaborative Board

Study Coordinators: Joshua Kiyingi, MSTAT, Rashida Namirembe

Study Aims: The Kyaterekera Project (R01MH116768) is a five-year study, that examines the impact of and costs associated with Kyaterekera, an innovative combination intervention that adds economic empowerment components to traditional HIV risk reduction (HIVRR) sessions to reduce new incidences of sexually transmitted infections and HIV among female sex workers and provide alternative means of safe and sustainable income to replace sex work.

Study Design: The Kyaterekera Project is a longitudinal randomized clinical trial study that will recruit 990 women employed in sex work from 33 towns in the Greater Masaka and Mbarara regions (regions with HIV/AIDS rates significantly higher than the national average).

Study Interventions: The study proposes the following interventions: 1) four evidence-based sessions on HIVRR provided by local providers; 2) HIVRR session paired with a matched savings account (S) to be used for short and/or long term consumption and skills development; 3) HIVRR+S combined with six additional sessions based on financial literacy and integrated behavioral economic principles (delay discounting, economic utility, information salience, and loss aversion) and eight mentoring sessions to provide supportive transition for the women in regards to obtaining an alternative source of income. All study arms will also receive treatment as usual, which includes two-three hour health education sessions each quarter, HIV testing services, and STI screening.

Study Progress: The team recently met with Dr. Joseph Kagaayi (In-Country Principal Investigator) and his team from Rakai Health Sciences Program to discuss project details. The study team has visited the potential sites in five study districts to collect data on site demographics and to identify contacts at each site who will assist in the recruitment of female sex workers (FSWs) for the study. Altogether, the teams visited and assessed a total of 44 sites, with a potential participant pool of 1,600 FSWs. They have also drafted Kyaterekera's manual of procedures and finalized the Community Collaborative Board (CCB) description and guidelines. The first stakeholders' and Community Collaborative Board meetings for the study are scheduled to take place in February.



Kyaterekera Project's team members meeting to discuss the details of the study

Learn More at our Website
<http://ichad.wustl.edu/kyaterekera/>



Susan Witte

Kyaterekera Project Co-Principal Investigator

I am delighted and honored to be collaborating with Dr. Ssewamala and the ICHAD team on the Kyaterekera Project. For me, this project represents a culmination of many years of collaboration with Dr. Ssewamala with very important women. For over two decades my research has focused on HIV prevention among vulnerable women, including women who engage in sex work. Women engaged in sex work are extremely resilient, creative, and entrepreneurial.

Following our first HIV prevention project in Mongolia, women asked us to go beyond simple risk reduction skills to include teaching microfinance skills in our programs. To respond to this need, I have been working with Dr. Ssewamala for the last ten years to combine his matched savings approach with other microfinance components to test combination HIV prevention with women in Mongolia. I have since adapted and replicated that work with colleagues in Central Asia and now we are bringing this efficacious, asset-based microfinance approach for HIV risk reduction to women in Uganda. Despite many years of incidence and prevalence studies among women engaged in sex work in Sub-Saharan Africa, there are very few interventions provided that are responsive to their complex needs for risk reduction and overall well-being.

Kyaterekera is an exciting new opportunity for us to make a difference on behalf of this group of women, whose data and life experience have played a key role in understanding the course of HIV infection in the region. I look forward to working in collaboration with the ICHAD team, including Drs. Sensoy Bahar, McKay, Nabunya and Ssewamala during this upcoming year as we complete the groundwork and begin recruitment for the Kyaterekera Project.

Susan S. Witte, PhD

Collaborator Remarks



Larissa Jennings Mayo-Wilson

Kyaterekera Project Co-Investigator

I joined the ICHAD team in 2014 after hearing about Dr. Ssewamala's excellent work in Uganda, and reaching out to ask him if I could be a part of it. As a junior faculty member, I was eager to work with a senior researcher in the field who was making a difference in the lives of African youth through economic empowerment and asset development. Dr. Ssewamala was exactly that, and I was honored to have him as a Co-Mentor on a career development award I had received from the National Institutes of Health (NIH) in addressing HIV prevention among youth who were experiencing homelessness and unemployment in Baltimore, MD. I can personally attest to the importance of mentorship for junior faculty as Dr. Ssewamala's mentorship now and during my first years as Assistant Professor was extraordinarily and immensely beneficial to cultivating my career.

It was through that collaboration that Dr. Ssewamala then introduced me to the ICHAD team. I have been privileged ever since to be a colleague. During my visit to Uganda to meet the team in June 2015, I had the opportunity to see first-hand the critical research that Dr. Ssewamala has been conducting in Uganda for over 20 years and its positive impact on so many adolescents and their families. Following my visit to Uganda, I was also honored to be a part of ICHAD's *"2nd Global Perspectives on Economic Strengthening and Adolescent Health and Education in Sub-Saharan Africa Conference"* in New York, NY. It was a wonderful gathering of researchers, program managers, policymakers, students, and fellows who were all engaged in economic-strengthening initiatives for vulnerable youth. It was exciting also to share some of our lessons learned regarding the role of economic scarcity on sexual behaviors among lower-income young adults in Baltimore, MD, in addition to sharing results from analyses from ICHAD's work in Uganda at the *"Society for Social Work and Research"* Annual Conference in Washington D.C.

Under the leadership of Dr. Ssewamala, ICHAD has contributed substantially to building the current evidence and our knowledge of best practices to prevent HIV and other sexual risk behaviors among vulnerable youth. As a colleague, I have enjoyed being a co-author on four peer-reviewed publications of studies supported by ICHAD, including a manuscript reporting on financial and behavioral economic factors associated with uptake of free HIV testing services, and a study examining equity in adherence to ART and HIV prevention practices among adolescents engaged in a savings-led economic empowerment experiment. Working with Dr. Ssewamala and the ICHAD team over the last few years has provided me with the opportunity to be a part of ground-breaking research in Uganda and the U.S. I have really valued all of the new colleagues I have had the pleasure of meeting and working with. Thank you ICHAD! It has been a wonderful five years, and I am excited to continue our collaboration in the years to come.

Larissa Jennings Mayo-Wilson, PhD



Yesim Tozan

Kyaterekera Project Co-Investigator

In July 2016, I attended the “1st Annual Conference on Child Behavioral Health in Africa Sub-Saharan Africa” in Kampala, Uganda. During the conference, I met with Dr. Fred Ssewamala for the first time. We had a chance to talk briefly, yet his energy was infectious. When Dr. Ozge Sensoy Bahar reached out to me for collaborative work with the International Center for Child Health and Development (ICHAD) team under his leadership, I did not hesitate an instant to join and contribute with my expertise in health economics to the ongoing and newly proposed studies. Dr. Ssewamala’s pioneering research devoted to improving the health and well-being of vulnerable populations in Uganda spans an impressive

15 years, with extremely strong ties with communities, grassroots organizations, practitioners, and local and national policymakers, reflecting its enviable impact across the country.

My collaborative work with Dr. Ssewamala and the ICHAD team deepened when we were awarded a research grant by the National Institute of Mental Health for a randomized controlled study, titled “Kyaterekera Project: A Combination Intervention Addressing Sexual Risk-Taking Behaviors Among Vulnerable Women in Uganda.” Co-led by Dr. Ssewamala and Dr. Susan Witte at Columbia University, this study assesses the effectiveness and cost-effectiveness of an innovative intervention addressing sexual risk-taking behaviors through a combination of traditional risk reduction and economic empowerment components among women employed by sex work in Uganda.

In July 2018, I returned to Uganda at Dr. Ssewamala’s invitation and traveled to Masaka. I had the pleasure of meeting with the remarkably dedicated and hardworking field staff and toured the impressive grounds of the ICHAD, and we had our very first meeting for the Kyaterekera Project. I also attended the “3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa” and presented in my area of expertise on health economics. In the fall, we started our Health Economics Working Group with MPH and PhD students from the Brown School at Washington University in St. Louis and New York University’s College of Global Public Health and hit the ground running with multiple projects. The energy is certainly flowing!

I am very happy to be part of the ICHAD team, and I look forward to a very productive and rewarding 2019 with Dr. Ssewamala and our collaborators.

Yesim Tozan, PhD



Suubi4Cancer (2018-2020)

Funder: National Cancer Institute (NCI)

Principal Investigators: Fred Ssewamala, PhD, Kimberly Johnson, PhD, Ozge Sensoy Bahar, PhD

Project Team Members: Apollo Kivumbi, MBChB, MPH, Abel Mwebembezi, PhD, Nixon Niyonzima, MBChB, PhD

Study Coordinators: Jennifer Nattabi, MSW, Herbert Migadde

Study Aims: Suubi4Cancer (R21CA236531) is a two-year exploratory study that seeks to identify confirmed and suspected cancer cases in a cohort of >3,000 youth living with HIV/AIDS (YLWHIV) in districts heavily affected by HIV/AIDS in Southern Uganda. This study will also explore the short-term preliminary outcomes of an existing evidence-based economic empowerment (EE) Intervention, on access to pediatric cancer diagnosis, care, and treatment adherence in YLWHIV among individuals with suspected cancers. We will also test the theory that youth and their families' cognitive and behavioral change is influenced by economic stability. In addition, we will examine if enhanced cancer knowledge through intra-familial support and communication will help maintain positive behavioral health functioning and reinforce engagement in care and treatment. The study findings will also contribute to the initiation of a regional registry for YLWHIV for cancer research.



Suubi4Cancer study team meeting with health clinics in Masaka to learn more about medical charts

Study Design: Suubi4Cancer is a mixed methods study that will leverage a five-year NIH-funded R01 clinical trial of perinatally HIV-infected children in 39 Ugandan health clinics to collect pilot data needed to explore acceptability and short-term preliminary outcomes of the enhanced intervention. Using medical records, we will recruit at least 78 youth (ages 10-21) years with suspected malignancies from ~3,000 HIV-positive youth receiving care in 39 clinics (~ two youth/clinic over a six month period).

Study Interventions: Suubi4Cancer will apply a combined intervention that includes an EE intervention that utilizes child development accounts, which incorporates matched savings, and a series of educational trainings with an emphasis on cancer education, specifically addressing cultural misconceptions regarding cancer tumors. The Suubi EE intervention promotes family income-generating activities for impoverished HIV-positive adolescents and their families to meet financial-specific needs associated with managing clinic visitation appointments and fees. Topics covered in the EE include: saving and asset building, self-esteem, and negotiation skills.

Study Progress: As of January 2019, an initial planning meeting was held with our project team member, Dr. Nixon Niyonzima. The team is currently working on getting the IRB materials in place for study approval in Uganda. ICHAD also held several meetings including its first stakeholders' meeting with the 39 clinics and a meeting with the Uganda Cancer Institute. Field site visits to participating clinics are scheduled for February 2019.

Learn more at our website

<http://ichad.wustl.edu/suubi4cancer>



Kimberly Johnson

Suubi4Cancer Co-Principal Investigator

Although I have never been to Africa, I have been interested in the health issues affecting this continent since I first began research. My first experience in research involving a public health problem in Africa was in the early 1990s during the AIDS epidemic when I worked as a research associate at the Wisconsin Regional Primate Center conducting laboratory research. My work there involved understanding the genetic characteristics of simian immunodeficiency viruses that infected rhesus macaque placental cells as a model system for maternal fetal transmission of HIV. When applying for doctoral training in epidemiology at the University of Minnesota a decade later, I wanted to pursue research in

infectious disease but there were no opportunities in that area at the time so I began a research career in pediatric cancer, which was another strong interest. I was particularly interested in understanding prenatal factors that were related to pediatric cancer development.

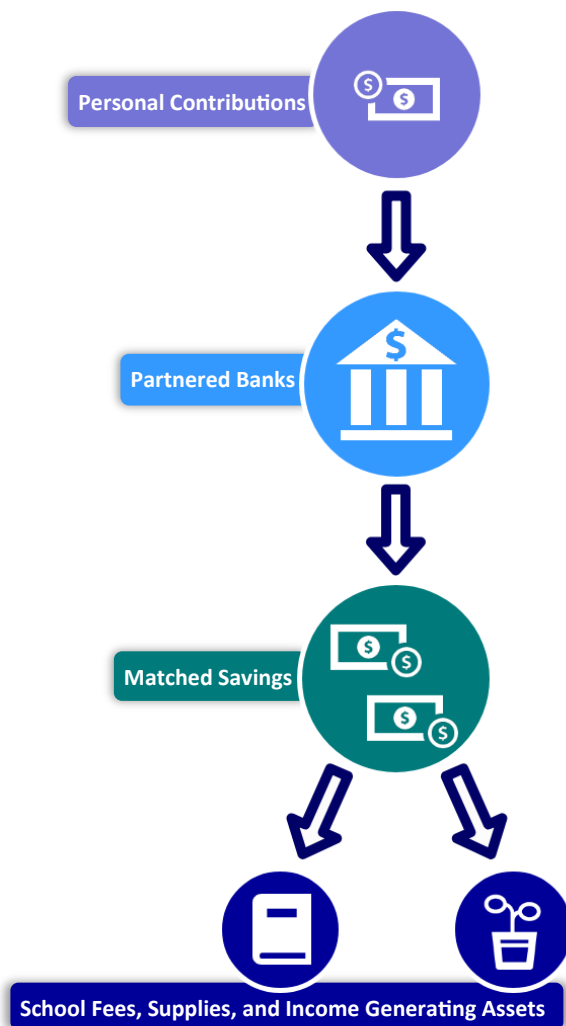
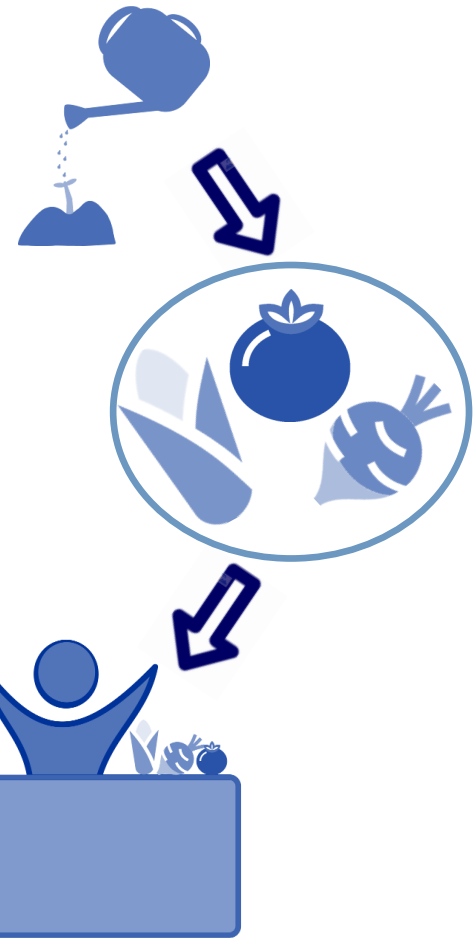
Flash forward to a year ago when Dr. Ssewamala and his center came to the Washington University Brown School where I am a faculty member. Dr. Ssewamala invited me to have coffee to discuss our research interests and I shared with him a New York Times (<https://www.nytimes.com/2017/10/07/health/africa-cancer-drugs.html>) article that featured a young girl from Uganda impacted by Burkitt's lymphoma, one of the most common pediatric tumors in African children and an HIV-associated cancer. I learned more about Dr. Ssewamala's research involving children who are infected with HIV, largely through maternal fetal transmission, and I mentioned that these kids are at higher risk of pediatric cancer. He introduced me to Dr. Ozge Sensoy Bahar, who has tremendous strength in qualitative research in different populations around the world. Based on our discussions and overlapping interests, two project ideas were born. I informed the team how survival for kids with cancer is dismal compared to those in the United States where the vast majority are cured. Pediatric cancer has been a problem that I have dreamed about working on for a long time, but I didn't have the right connections, collaborations, or ideas of how to begin to make it happen until Drs. Ssewamala, Sensoy Bahar and other ICHAD team members came to Washington University. In Suubi4Cancer, our work will start to address this problem first in HIV-infected and then in uninfected children. In some ways, it feels like my research has come full circle. I am very excited to work on this important problem with ICHAD.

Kimberly Johnson, PhD



Microenterprise Workshops

Microenterprise workshops provide study participants, children and their parent/guardian(s) with training and information on income generating activities (IGA). These workshops aim to inspire participants, with the support of their families, to start family-based IGAs to generate income and enable families to meet their basic needs. After the workshops, participants have the opportunity and to develop their own microenterprises. This includes home visits by extension workers to monitor and mentor participants as they develop their income generating projects. Reach the Youth-Uganda, an ICHAD collaborating partner, handles this component with support from government extension workers. According to IGA participants, this program has helped them meet their basic needs including access to education, acquiring income, obtaining project management skills, and increased access to health education.



Child Development Accounts (CDA)

Child development accounts (CDAs), or matched savings accounts, are a sustainable economic empowerment strategy for children in families living in poverty. For both children and their families, CDAs promote financial literacy, encourage saving habits as well as establish partnerships between families and local financial institutions, which in the long term, facilitates a life-long financial inclusion. In ICHAD's CDA interventions, children and adolescents enroll in a matched savings program at a national financial institution with a saving account under their name, co-signed by a parent/guardian. These savings can be accessed by participants at any time for educational purposes or microenterprise development. In line with Ugandan banking law, once they turn 18 years old, participants can claim full ownership of the account. These CDAs also create a safety net for emergencies such as sickness and unexpected financial burden. In the long term, CDAs promote financial literacy and impart a culture of saving which helps participants to realize future goals.



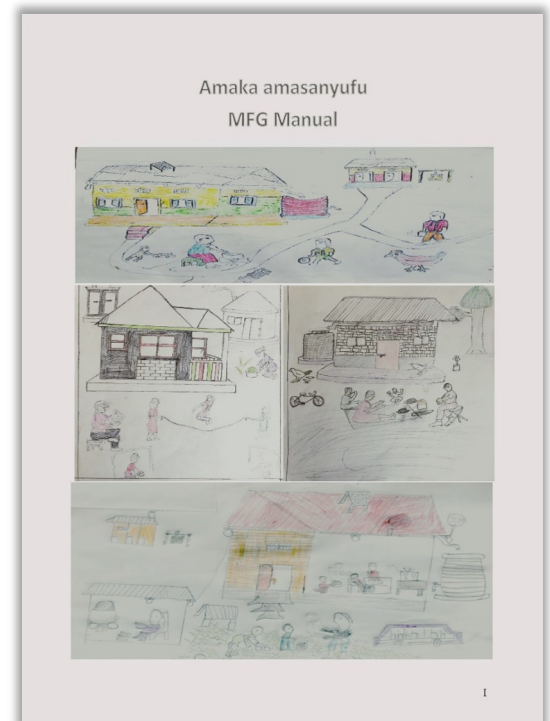
Amaka Amasanyufu (Happy Families)

Amaka Amasanyufu has been adapted from the 4Rs (Rules, Responsibility, Relationships, and Respectful Communication) and 2Ss (Stress and Social support) intervention. 4Rs and 2Ss is a multiple family group (MFG) intervention for families of children with disruptive behaviors developed in collaboration with parents and service providers in the United States.

MFG is a hybrid of group and family interventions, rooted in several theories including family systems theory, structural family theory, and social learning theory with elements of psychoeducation and social group work. The intervention has adopted the strengths of multiple theories to create a flexible approach and integrated components of existing evidence-based practices found to successfully improve parental management, depression, mental health, and strengthen families. Central to this approach, is providing a support system for parents and families, including opportunities for parents and children to communicate in a safe setting with other families with shared experiences. This allows each family to benefit from the contributions and experiences of one another, in a less threatening setting.

MFGs can have as many as 20 families with at least two generations present in each session. Content and practice activities foster learning and interaction both within family and between families. The MFG targets primary school children ages eight to 13 years. Children and their families (including adult caregivers and siblings over six years of age) are invited to attend 16 sessions.

Tested in randomized control trials, MFG has been found to significantly reduce child behavior problems and improve family functioning. Data from randomized control trials testing this intervention have consistently shown improved family processes (e.g., communication, parent-child involvement, support), youth mental health, self-esteem, and peer negotiation skills, as well as reduced risk behaviors.





3rd Global Perspectives on Adolescent Health and Economic Strengthening in Sub-Saharan Africa Conference in St. Louis

ICHAD and SMART Africa hosted their “3rd Global Perspectives on Adolescent Health and Economic Strengthening in Sub-Saharan Africa” conference on February 8th, 2018. The aim of this conference was to provide a forum for exchange and dissemination, and to further the development of innovative economic strengthening and behavioral health research in Sub-Saharan Africa. This conference brought together researchers, practitioners, academics, and programmers to exchange ideas, showcase evidence, share lessons learned from field studies, and offer suggestions for future research. In addition, participants discussed the future of economic strengthening and behavioral health programs in low-resource communities, especially communities affected by poverty and disease, including HIV/AIDS, and children facing emergencies. Approximately 60 scholars and practitioners from around the world, (including members of the local government in Masaka District and a member of the Parliament in Uganda) gathered at the Brown School at Washington University to share their global work.

Conference Schedule

PRESENTATION/PRESENTER

Arrival and registration

Hayden Blair, William Byansi,
Charlotte Hechler &
Wilberforce Tumwesige

Welcome Message

Fred Ssewamala
Ozge Sensoy Bahar
Brown School

Global Programs at the Brown School

Carolyn Lesorogol
Associate Dean for Global Strategy
and Programs Brown School

Overview of the Center for Social Development's Policy Focused

Projects: Domestic and Global
Michael Sherraden
Professor and Director
Center for Social Development
Brown School

Welcoming Remarks and Official Launch of ICHAD and SMART Africa Centers

Dean Mary M. McKay
Neidorff Family and Centene
Corporation Dean of the Brown
School

Overview of ICHAD and SMART Africa Work

Fred Ssewamala
Ozge Sensoy Bahar
Brown School

Proscovia Nabunya
New York University

PRESENTATION/PRESENTER

Panel 1: Global Work at the Brown School at Washington University in St. Louis

Panelists:
Lora Iannotti
Carolyn Lesorogol
Jean-Francois Trani
Chair: Li Zou

Break

Panel 2: ICHAD and SMART Africa Work in SSA

Panelists:
Maji Hailemariam
Abdallah Ibrahim
Njeri Kagotho
Apollo Kivumbi
Julia Shu-Huah Wang
Chair: Ozge Sensoy Bahar

Welcoming Remarks

Provost Holden Thorp
Provost and Executive Vice
Chancellor for Academic Affairs
Washington University in St. Louis

Lunch Break (Boxed Lunch)

Panel 3: Field Collaborators: Working with Research Institutions (Concurrently with Lunch)

Panelists:
Rev. Fr. Kato J. Bakulu
Abel Mwebembezi
Simba Machingaidze
Rebecca Walugembe
Chairs: Miriam Mukasa

PRESENTATION/PRESENTER

Panel 4: Dissemination: Influencing Policy and the Media

Featured Speaker:
Michael Bukenya
Member of Parliament, Uganda

Panelists Responding:

Godfrey Kayemba
Jude Mbabaali
Michael J. Ssali

Chair: Gary Parker

Closing Remarks

Dean Mary McKay
Fred Ssewamala



Dr. Abel Mwebembezi shares his experiences working with researchers during a panel

Learn more at our website

<http://ichad.wustl.edu/2018/02/2-2>



3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa in Masaka, Uganda

SMART Africa and ICHAD co-hosted the “3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa” in Masaka, Uganda, from July 30th-August 1st, 2018. Bringing together more than 300 participants from Ghana, Kenya, Uganda and the United States, the conference provided a platform for stakeholders to discuss how to achieve sustainable impact on child behavioral health.

Conference participants included various stakeholders, including teachers, parents and community health workers from the SMART Africa-Uganda study, religious leaders (including the Bishop of Masaka Diocese), Junior Scholars, SMART Africa Global Fellows, non-government organizations, researchers, as well as central government officials from the Ministry of Education, the Ministry of Gender, Labor, and Social Development, and local government officials (including the Local Council 5 Chairperson of Masaka and the Mayor of Masaka). In addition to workshops and presentations, the conference also included updates from the SMART Africa-Uganda Field Research and Implementation Report.



Ugandan Government Officials enjoying presentations at the 3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa

Conference Schedule

Presentation/Panel Title	Speakers/Facilitators
Global Programs and Africa Initiative at Washington University in St. Louis: Opportunities for Collaboration	Ms. Tammy Orahoo, Dr. Carolyn Lesorogol, Dr. Penina Acayo, Dr. Shanti Parikh, and Dr. Krista Milich
Guest of Honor: Keynote Speech	Dr. John Chrysestom Muyingo, State Minister for Higher Education in Uganda
Guest of Honor: Keynote Speech	Hon. Florence Nakiwala Kiyangi, State Minister for Gender, Labor and Social Development (Youth and Children Affairs)
The SMART Africa-Uganda Field Research & Implementation Report to Community Stakeholders	Ms. Phionah Namatovu, Dr. Apollo Kivumbi, and Dr. Abel Mwebembezi
Theory of Change Follow-Up Workshop	
Junior Scholars’ Panel	Dr. Apollo Kivumbi, Ms. Scovia Nassazi, Ms. Miriam Mukasa, and Mr. Wilberforce Tumwesige
Guest of Honor: Keynote Speech	Dr. Benjamin Ola. Akande (Senior Advisor to the Chancellor and Director of Africa Initiative at Washington University in St. Louis)
Public Health Cost Effectiveness Analysis in a Low-Resource Setting	Dr. Yesim Tozan
Policy, Practices, and Infrastructure currently surrounding mental health services in Uganda, and Closing Mental Health Gaps	Dr. James Mugisha
Policymaker Researcher Engagement Panel	Mr. Dan Ferris and Mr. Timothy Opobo

Learn more at our website

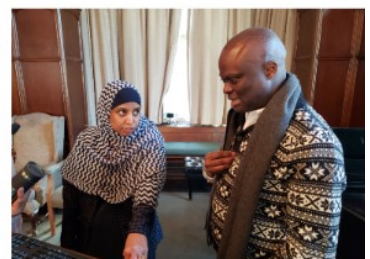
<https://sites.wustl.edu/smartafrica/items/3rd-annual-conference-on-child-behavioral-health-in-ssa/>



ICHAD and SMART Africa Speaker Series

In September 2018, ICHAD and SMART Africa established a monthly Speaker Series hosted at Brown School at Washington University in St. Louis. ICHAD and SMART Africa's speaker series sessions are open to the public and showcase global research on the well-being of children, adolescents, and families.

Speaker	Date	Topic
George Muteekanga	September 5, 2018	Educational opportunities in Uganda, that can be created through university partnerships
Dr. Sanghmitra Gautam	September 25, 2018	Examination of the adoption of sanitation in India, and the externalities and borrowing constraints involved
Dr. James Mugisha	October 2, 2018	How indigenous community systems could bridge the treatment gap for post-conflict areas Findings from the Wayo-Nero (Aunt-Uncle) study in post-conflict northern Uganda
Dr. Deborah Salvo	October 30, 2018	Built environment and physical activity research in Latin America: Challenges and opportunities
Dr. Habiba Ibrahim	November 27, 2018	Do Institutions Matter? The persistence of rotating savings and credit associations among immigrants in developed economies
Dr. Juliet Iwelunmor	December 4, 2018	For Youth by Youth: Promoting youth participation, innovation and entrepreneurship in HIV self-testing in Nigeria



Speakers presenting at the 2018 ICHAD and SMART Africa Speaker Series



World Congress of Psychiatry in Mexico

Dr. Beverly Pringle from the National Institute of Mental Health (NIMH) organized a panel presentation entitled *"Closing the research and treatment gaps for youth mental health in low- and middle-income countries"* at the World Congress of Psychiatry conference in Mexico. A team from SMART Africa comprised of ICHAD's Director, Dr. Fred Ssewamala and Dr. James Mugisha presented on the panel and discussed strategies that are being employed by SMART Africa using evidence-



Dr. Fred Ssewamala and Dr. James Mugisha at the World Congress of Psychiatry

based practices to address child behavioral challenges. Central to this approach is community collaboration, policy engagement, and capacity building to ensure scale up, uptake and sustainability. Dr. Mugisha urged researchers to advance the field of implementation science, enhance skills of in-county investigators, sensitize policymakers about research and brainstorm strategies to improve mental health research at local levels.



Dr. Ozge Sensoy Bahar and William Byansi at the Social Work, Education, and Social Development Conference

Social Work, Education, and Social Development Conference in Ireland

In July 2018, William Byansi (PhD student at the Brown School and ICHAD Research Assistant) and Dr. Ozge Sensoy Bahar (ICHAD Co-Director) attended the *"Social Work, Education and Social Development Conference"* in Dublin, Ireland. They presented on the innovative multiple family group (MFG) intervention that was adapted to support families and children with behavioral challenges, the first of its kind involving U.S. families living in low resource settings. SMART Africa Uganda adapted this intervention to fit the Uganda context (page 23). Specifically, they spoke on the process by which they adapted implementation manuals and trainings to be locally and contextually appropriate.



International Symposium on Inclusion in Asset Building in Singapore

ICHAD team members Dr. Fred Ssewamala, Christopher Damulira and Phionah Namatovu, attended and presented at the *“International Symposium on Inclusion in Asset Building: Policy Innovation and Social Impacts”*, on December 15, 2017. This symposium sought to examine issues of direct and indirect asset building in Singapore by utilizing evidence-based interventions. The conference also identified the key aspects that limit social mobility and steps that can be taken to ensure and maintain high levels of social mobility for the citizens of Singapore. This conference was made possible by a partnership between Washington University’s Next Age Institute and the National University of Singapore.

NIMH Annual Scale-up Hubs Meeting in New Delhi, India

The ICHAD and SMART Africa team members, Dean Mary McKay, Drs. Arvin Bhana, Manasi Kumar, Anne Mbwaiyo, Ozge Sensoy Bahar, Inge Petersen, as well as Flavia Namuwonge, Phionah Namatovu and Joshua Kiyangi attended the National Institute of Mental Health’s (NIMH) *2nd Annual Scale-Up Hubs Meeting* from November 27-30th 2018 in New Delhi, India. This meeting brought together representatives from each of the participating 10 scale-up hubs funded by the NIMH for scaling up mental health interventions in low- and middle-income countries. This meeting: 1) discussed challenges in scaling-up evidence-based mental health interventions; 2) identified tangible solutions to overcome challenges and barriers to scaling-up mental health interventions; and 3) explored areas of collaboration among the different scale-up hubs. Dean McKay gave a presentation on the SMART Africa Center. Moreover, all team members participated in group discussions and working groups focused on different aspects of hub activities.



Group photo of the Next Age Institute and ICHAD team at the International Symposium on Inclusion in Asset Building in Singapore



Phionah Namatovu presenting at the NIMH Annual Scale-up Hubs Meeting in India



ICHAD Peer-Reviewed Journal Articles Published and in Press, 2018/2019

- Jennings, L., & Ssewamala, F. M. (in press). Financial and behavioral economic factors associated with uptake of free HIV testing services in adolescent orphans, guardians, and household members affected by AIDS in rural Uganda: A cross-sectional analysis. *Journal of Health Care for the Poor and Underserved*.
- Kivumbi, A., Byansi, W., Damulira, C., Mugisha, J., Namatovu, P., Sensoy Bahar, O., McKay, M. M., Hoagwood, K., & Ssewamala, F. M. (in press). Prevalence of behavioral disorders and ADHD among school going children in southwestern Uganda. *BMC Psychiatry*.
- Damulira, C., Mukasa, M., Byansi, W., Nabunya, P., Kivumbi, A., Namatovu, P., Namuwonge, F., Dvalishvili, D., Sensoy Bahar, O., & Ssewamala, F. M. (2019). Examining the relationship of social support and family cohesion on ART adherence among HIV-positive adolescents in southern Uganda: baseline findings. *Vulnerable Children and Youth Studies*, 1(10). DOI:10.1080/17450128.2019.1576960
- Karimli, L., Ssewamala, F. M., Neilands, T. B., Wells C. R., & Bermudez, L. G. (2019). Poverty, economic strengthening, and mental health among AIDS orphaned children in Uganda: Mediation model in a randomized clinical trial. *Social Science & Medicine*.
- Mukasa, M., Sensoy Bahar, O., Ssewamala, F. M., Kirkbride, G., Kivumbi, A., Namuwonge, F., & Damulira, C. (2019). Examining the organizational factors that affect health workers' attendance: Findings from southwestern Uganda. *The International Journal of Health Planning and Management*. DOI:10.1002/hpm.2724
- Nabunya, P., Namatovu, P., Damulira, C., Kivumbi, A., Byansi, W., Mukasa, M., Nattabi, J., & Ssewamala, F. M. (2019). Assessing the impact of an asset-based intervention on educational outcomes of orphaned children and adolescents: Findings from a randomized experiment in Uganda. *Asia Pacific Journal of Social Work and Development*. DOI:10.1080/02185385.2019.1575271
- Bermudez, L. G., Sensoy Bahar, O., Dako-Gyeke, M., Boateng, A., Ibrahim, A., Ssewamala, F., & McKay, M. (2018, online first). Understanding migrant child labor within a cumulative risk framework: The case for understanding female migrant child labor within a cumulative risk framework. *International Social Work*. DOI:10.1177/0020872818788398
- Bermudez, L. G., Ssewamala, F. M., Neilands, T. B., Lu, L., Jennings, L., Nakigozi, G., Mellins, C., McKay, M. M., & Mukasa, M. (2018). Does economic strengthening improve viral suppression among adolescents living with HIV? Results from a cluster randomized trial in Uganda. *AIDS and Behavior*, 22(11), 3763-3772. DOI:10.1007/s10461-018-2173-7
- Kagotho, N., Patak-Pietrafesa, M., Ssewamala F. M., & Kirkbride G. (2018). Assessing the association between depression and savings for Kenyan youth using a validated Child Depression Inventory measure. *Journal of Adolescent Health*, 62(S1), 21-28. DOI:10.1016/j.jadohealth.2017.11.002
- Kagotho, N., Ssewamala, F. M., Vaughn, M. G., & Kirkbride, G. (2018). Testing the cross-national validity of the Beck Hopelessness Scale for children and youth: Findings from YouthSave-impact study Kenya. *International Journal of Cultural Mental Health*. DOI:10.1080/17542863.2017.1417457
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Contribution to the Uganda Mental Health Care Bill

On February 9th, 2018, as a part of the 3rd Annual Conference “*Global Perspectives on Adolescent Health and Economic Strengthening in Sub-Saharan Africa*”, SMART Africa and ICHAD staff, including Dean Mary McKay, and Drs. Fred Ssewamala and Ozge Sensoy Bahar, hosted a meeting to discuss amending the Uganda Mental Health Bill. The meeting was attended by Uganda officials including the Chairman of the Health Care Committee, Hon. Michael Bukenya (Parliament of Uganda), and local leaders from Masaka District including Godfrey Kayemba (Mayor of Masaka) and Jude Mbabaali (Masaka District Local Council 5 Chairperson).

The meeting focused on ensuring that the bill was amended to encompass more evidence-based strategies, to ideally impact future in-country practices surrounding mental health care. The attendees discussed how to dismantle current stigma surrounding mental health challenges, particularly by altering the language used within the bill to convey the message that all individuals have mental health and emotional well-being needs.

Dean McKay, Drs. Ssewamala and Sensoy Bahar proposed the following amendments to the bill:

- Include specific interventions and preventative measures to address mental health issues among youth and adolescents. For instance, include a section on training existing mental health care professionals in child and adolescent mental health;
- Outline how mental health care could be further integrated into already-existing health care systems to increase access; and
- Include poverty prevention supports such as child savings accounts since it is evident that poverty significantly contributes to mental health challenges.



Ugandan Government Officials hosting a panel at the 3rd Global Perspectives on Adolescent Health and Economic Strengthening in Sub-Saharan Africa Conference

Learn more at our website

<http://ichad.wustl.edu/2018/02/2-2>



SMART Africa & ICHAD Policy Briefs 2018

The “Global Adolescent Health and Economic Strengthening in Sub-Saharan Africa” conference held in February 2018, also spurred the development of three policy briefs underlining the importance of child and adolescent mental health care in Uganda. In collaboration with ChildFund International-Uganda and the Clark Fox Policy Institute at the Brown School, these policy briefs explicitly outline policy recommendations and the evidence-based rationale behind those recommendations. These briefs were distributed to members of the Uganda parliament during the Mental Health Bill Parliamentary meeting in March 2018. Dr. Ssewamala met with the Speaker of Parliament, Hon. Rebecca Kadaga, along with the Chairperson of the Health Committee of Parliament Michael Bukenya, ChildFund International-Uganda Country Director Simba Machingaidze, and the Executive Director of Reach the Youth-Uganda, Dr. Abel Mwebembezi. Dr. Ssewamala informed Hon. Kadaga that if mental healthcare is not provided at an early age, the transition to adulthood may be negatively impacted, thus leading to an increased economic and social cost to the individual, family, and society in general. Dr. Ssewamala also submitted a formal recommendations document to Parliament to guide the amendment process and detail scientific evidence on effective interventions.



Dr. Ssewamala meeting with Uganda Speaker of Parliament Hon. Rebecca Kadaga

Read our policy briefs here
<https://sites.wustl.edu/smartafrica/pub>





Policymaker Engagement Panel 2018

At the “3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa”, Mr. Dan Ferris from Washington University in St. Louis along with Mr. Timothy Opobo from ChildFund International-Uganda presented on a panel about engaging in policy work to promote social change. The objectives of the panel were to:

1. Provide an overview of the importance in engaging in policy work to help achieve social justice.
2. Provide specific guidelines on how to begin generating a policy amendment through seven simple steps:
 - Define and detail a societal issue
 - Establish the evaluation criteria
 - Identify goals to alleviate problem
 - Decide on a policy solution based on research and evaluation criteria
 - Assess alternative policies through conducting a cost and benefit analysis and considering political, legal and equity ramifications of each option
 - Choose best policy option
 - Implement policy and evaluate it
3. Suggest strategies for researchers and NGO partners to effectively advocate for policy amendments. The presenters provided the following tips when amending policy:
 - Use clear, brief, direct and simple messages
 - Anticipate and address counter-arguments
 - Balance research with anecdotes and storytelling
 - Include actionable recommendations or ways to get further involved in the issue
 - Localize information so that it appeals directly to the target audience
4. Suggest tools for researchers and NGO partners to effectively advocate for policy amendments, such as generating newsletter articles, reports, letters-to-the-editor, op-eds, editorials, social media, legislative testimony, presentations, videos, podcasts, photographs and infographics, etc.
5. Encourage the audience to engage in policy making activities whenever possible, such as by having a brief conversation over coffee with elected officials or connecting with policy-minded organizations to build up a policy network.



Dan Ferris and Timothy Opobo hosting the policymaker engagement panel at the 3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa



Simba Machingaidze

ChildFund International-Uganda

I am proud to have collaborated with Dr. Fred Ssewamala and the ICHAD team for over 10 years. Dr. Ssewamala's tireless efforts towards transforming the lives of poor communities have been a great inspiration to me.

I am the Country Director of ChildFund-Uganda that works with families, communities, civil society organizations, and policymakers to design, address and meet clearly defined developmental targets leading to the holistic development of children in 32 districts of Uganda. We operate in areas where conflict, poverty, disease and disaster threaten the well-being of children. ChildFund has helped improve the safety and well-being of highly vulnerable children particularly those living without adequate family care. Our efforts align well with ICHAD's projects which are focused on strengthening and empowering poor and vulnerable communities both morally and economically.

Our collaboration with the ICHAD team has primarily been focused on liaising and engaging with different levels of policymakers interested in child and family well-being. As part of these efforts, ChildFund has played a critical role in facilitating the dialogue between ICHAD and Ministries of Health, Education and Sports as well as Gender, Labor and Social Development. ChildFund has also contributed to the policy briefs on child mental health in Uganda that the ICHAD and SMART Africa teams have developed in collaboration with the Clark Fox Institute at Brown School. My team and I at ChildFund look forward to continuing our partnership with ICHAD to engage in impactful and evidence-informed policy dialogues with national-level policymakers in Uganda.

Simba Machingaidze



Simba Machingaidze speaking at the 3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa

Collaborator Remarks



Kayemba Afaayo

Mayor of Masaka, Uganda

We are pleased to have the ICHAD studies in our region. Masaka, one of the oldest districts in Uganda, has been struggling with a number of challenges, including the HIV/AIDS epidemic. Many communities, families and their children have become vulnerable due to the disease. Many of our people in the district, children and adults, lost their lives due to HIV/AIDS.

Poverty levels are high in our region with many families have limited amounts of resources. Access to basic needs such as food, shelter, clothing, and clean water continue to be challenges. Most students are unable to go to school because they are not able to cover school related expenses. The rates of school dropouts due to early pregnancies and other risk taking behaviors are also high.

Unlike other organizations, Dr. Fred Ssewamala's studies provide children and their families with the skills that can help them solve problems. Training workshops and group peer mentorship are good strategies and they target adolescent children who are prone to distractions and challenges that arise as children transition from childhood to adulthood. The studies test theoretically economic empowerment interventions that are aimed at impacting behavioral changes among orphaned and other vulnerable children, including HIV-positive adolescents. Parents are encouraged to invest in the future of their children by saving money via their bank accounts, which are opened up by the project with a monthly match. We believe that keeping children in school and having a well informed and educated young generation can be one of the solutions to fighting the many challenges that our country is currently facing.

ICHAD has provided both material and financial support to local schools and children in the Greater Masaka region. Modern Mk books have been distributed to schools, which have helped districts in the region to excel in the national examinations. Exercise books and other scholastic materials like school uniforms are very helpful to enhancing a students' learning.

We are very impressed by the research team and the research projects ICHAD has implemented in our communities to address the financial, health, mental health, and educational needs of our families and their children. Many children and families have testified positively about the benefits of these projects. We, as politicians, also believe that this is a wonderful avenue for eradicating poverty among communities and families in our society.

Dr. Ssewamala's studies are also very important in informing policymakers about the people's needs and how they have to be tackled. We are always challenged to develop interventions that aim at reducing poverty through asset development and accumulation. We hope to take these findings and implement government programs and policies that lead to the betterment of our children and their families.

Kayemba Afaayo

Collaborator Remarks



Jude Mbabali

Local Council 5 Chairperson (LC5) Masaka, Uganda

Through the partnership and collaboration with ICHAD, I have been able to learn more about economic empowerment, and child/adolescent mental health. I have had great exposure and have interacted with various kinds of people on platforms that discuss matters concerning finding solutions to the problems that affect impoverished families and communities in our country Uganda.

I have been invited to attend the various conferences ICHAD and SMART Africa co-hosted at local and international levels, all of which focused on the economic and mental health needs of children and their families in vulnerable communities.

The local government of Masaka is committed to working hand in hand with Dr. Fred Ssewamala and his ICHAD team to ensure the successful implementation of evidence-informed interventions in our communities.

As the chairman LC5 of Masaka district, I am impressed by the research projects that are implemented by ICHAD. The Amaka Amasanyufu multiple family group Program that helps to improve family relations is one of the many wonderful projects being carried out by the ICHAD team. We, as local leaders, believe that this kind of knowledge will be helpful in strengthening and supporting our children and their caregivers.

The Masaka region has strongly benefited from Dr. Ssewamala's work and commitment to the region in so many ways. Through his research studies, he has provided support to schools and has positively impacted students' learning through interventions that include peer mentorship and financial literacy training.

Dr. Ssewamala has also acted as a role model to many students and has given them the chance to attain higher education at the Bachelors, Masters and PhD levels. He strongly believes in encouraging junior scholars to advance their education. I was highly impressed by the idea of providing travel awards to high school students to attend the "3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa" that was hosted in Masaka. This is a clear testimony that the organization is trying to invest in the future.

This investment is also important in the development of our region in such a way that it provides employment opportunities to the community members at ICHAD. Graduates from local universities and institutions are able to work as research assistants and data collectors, serve their community, and gain important skills that will further improve their future job opportunities.

Dr. Fred Ssewamala's studies have also been influential in informing policies in our country. Dr. Ssewamala and his team were invited to provide recommendations for the Mental Health Bill draft that is being discussed in our parliament. I believe that more policies can be informed through continuing collaborations between ICHAD and local and national policymakers. We look forward to our continuing collaboration with Dr. Ssewamala and ICHAD in order to provide better opportunities for our children, families, and communities.

Hon. Jude Mbabali



Junior Scholar Travel

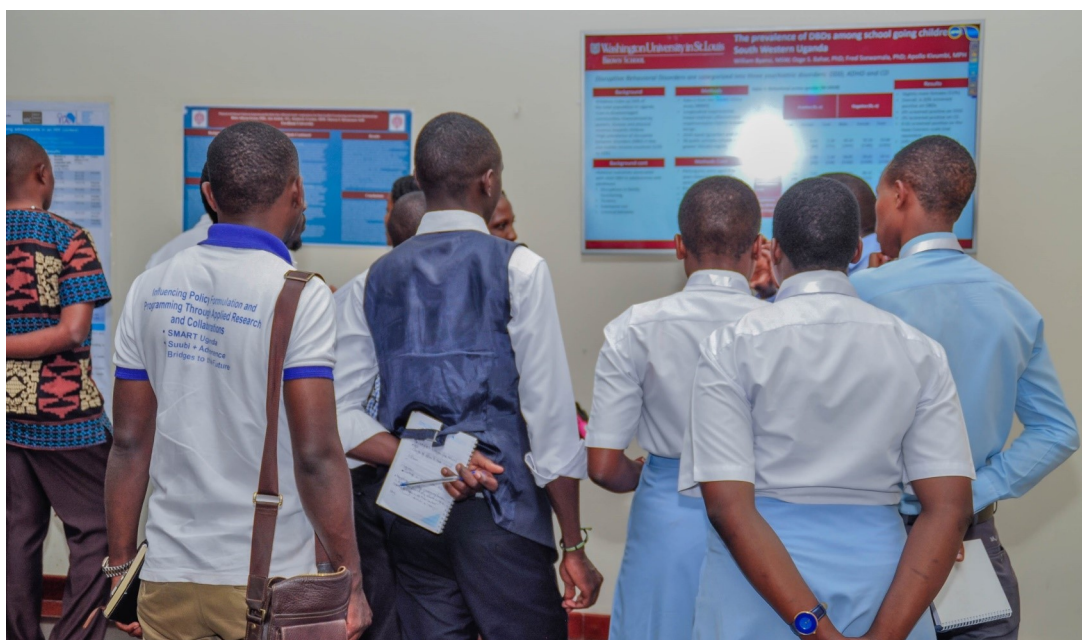
Travel Award

2018's "3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa" marked the launch of a new program, the Junior Scholar Conference Travel Award. Through this new program, travel scholarships were awarded to 19 young Ugandan scholars (13 senior six students in high school and 6 university students from 11 different schools). These Junior Scholars were able to attend conference sessions including a panel discussion with young SMART Africa/ICHAD scholars discussing their professional and academic experiences. With this annual program, SMART Africa and ICHAD intend to generate interest in child behavioral health and research among the new generation of students, and further strengthen the pipeline of child behavioral health researchers and practitioners in Sub-Saharan Africa.

Facilitator Training for MFG

In December 2018, the ICHAD team trained community health workers in four treatment schools on delivery of the multiple family group (MFG) intervention. These trainings involved an overview of the program, program responsibilities, and the content of the 'Amaka Amasanyufu' manual. Trainers also discussed beneficial communication and facilitation methods including: engagement and motivational skills, and recommended learning, family strengthening and group cohesion techniques. Facilitators were asked to participate in several role-play scenarios to practice the delivery of MFG sessions. Following each scenario, the group evaluated each role-play to identify positive or detrimental communication techniques. Upon completion of the training, facilitators took the Knowledge and Skills Attitude test to assess their knowledge.

The ICHAD team started the training of the new cohort of parent peers and community health workers in the next four treatment schools in November 2018.



Junior Scholars attending a poster session at the 3rd Annual Conference on Child Behavioral Health in Sub-Saharan Africa

Good Clinical Practice Training

In March 2018, ICHAD team members, staff, interviewers, student Research Assistants, and facilitators attended a training session at Rakai Health Sciences Program in Uganda. The overall aim of the training was to reorient both staff and interviewers on the principles and experiences of conducting clinical trials. Staff and interviewers reviewed the principles of clinical research including the various types of research, regulatory review board, protocol design and implementation, overview of regulatory approvals, informed consent process, essential documents, standard operating procedures, error detection sheet, trial monitoring, data monitoring standard operating procedures, data monitoring, quality control and assurance mechanisms, as well as reporting of adverse and serious adverse events.

System Dynamics Workshop

In November 2018, members of the ICHAD and SMART Africa St. Louis team attended a System Dynamics workshop led by Dr. Peter Hovmand, Director of the Social System Design Lab at the Brown School and Mr. Ellis Ballard. The workshop introduced the foundations of system dynamics and community-based system dynamics. Participants had the opportunity to apply their system dynamics knowledge through a hands-on exercise where they developed a model of social, economic and political barriers to service-access for women in low-income countries who have experienced gender-based violence. At the end of the workshop, the facilitators solicited feedback from participants on the usefulness of these presentations as training tools and how they could benefit the center's future activities. Overall, the group agreed that system dynamics would be a valuable asset to future projects.

Social System Design Lab
Brown School

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Barriers to Service Seeking for Gender Based Violence in Low Income Countries

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Abstract

High numbers of women and adolescent girls experience sexual violence. While much of the attention has focused on high-income countries, gender-based violence is a global phenomenon. In low-income or poor world regions, it is estimated that 2 out of 4 females are victims of sexual violence, and 1 out of 4 female physical abuse. 1 out of 4 sexual coercion, and 1 out of 4 forced sex. The negative impacts of sexual violence can be mitigated by timely and effective interventions. However, health services for victims of sexual violence are rarely identified. Many factors contribute to limited access to effective interventions. To better understand how these factors might be related, the system dynamics model used a 1.5-day group model building exercise to develop an initial "draft of concept" system dynamics model of barriers to service seeking for gender-based violence in low-income countries.

Background

High numbers of women and adolescent girls experience sexual violence in Uganda, much of the time with their current sexual partner. Studies of past year violence have revealed that 2 out of 4 females were exposed to at least one type of physical abuse, 1 out of 4 were the victims of sexual coercion, and 1 out of 4 experienced forced sex. Experiencing sexual violence has harmful effects on physical and mental health including unwanted pregnancy, physical injury, risky behaviors (e.g., drug and alcohol use), sexual risk taking behaviors exposing women to sexually-transmitted infections (STIs), including HIV, chronic stress, depression, low self-esteem and lack of control over reproductive choices. The negative impacts of sexual violence can be mitigated by health services providing timely and effective interventions that target legal, medical and psychological support.

However, health services for victims of sexual violence in Uganda and much of sub-Saharan Africa (SSA) are rarely prioritized to the extent that 3 in 10 females who experience sexual violence never seek care. Many factors contribute to limited uptake of health services in Africa and elsewhere in SSA for sexual violence survivors, including psychological, cultural, economic, and other factors such as fear and stigma. Further, health services for survivors often lack sufficiently qualified staff and medical supplies, and confidentiality cannot be ensured. In the absence of timely and effective treatment, high rates of sexual violence result in serious psychological and physical consequences at a population level and compromise future social and economic development. The goal of this study was to introduce and explore the potential use of a feedback perspective for understanding barriers to service seeking for gender based violence in low-income countries.

Methods

This exploratory study used a sequence of facilitated structured group modeling (GMR) scripts to introduce conventions of system dynamics and explore the feasibility of conceptualizing barriers to service seeking in low-income countries for gender based violence from the perspective of service seekers. Model building (GMR) is a participatory systems science methodology focused on involving people in the process of understanding the causal relationships between problems and solutions. Participants were guided through a series of facilitated exercises to identify and prioritize trends, define focal problems of interest (Figure 1), and describe the underlying system as a set of underlying balancing and reinforcing feedback loops (Figure 2). The results of the small group exercises where they showed and synthesized into a single causal loop diagram (Figure 3).

Figure 1. One set of reference modes for describing barriers to service

Figure 2. Example of a causal loop diagram of barriers to service

Figure 3. Synthesized causal loop diagram

Results and Conclusions

Figure 3 shows the synthesized causal loop diagram of barriers to service seeking for gender-based violence in low-income countries. The diagram highlights four loops related to service seeking that can be related within one or more feedback mechanisms. While most of the feedback loops are reinforcing, there are some balancing loops involving seeking services, reporting of gender-based violence, and backlash. Moreover, family support appears as the result of the most feedback loops as both a facilitator and barrier to service seeking for gender-based violence.

While service seeking for gender-based violence is a complex social phenomenon, the results highlight how the problem can be framed from a feedback or engineering perspective using system dynamics. Noteworthy are the multiple reinforcing feedback loops involving family support that can either be operating as "virtuous" or "vicious" cycles respectively enabling or preventing service seeking. Scenarios of policy resistance are formally defined as dominant balancing loops that resist efforts to change the dynamics of a system and maintain the status quo. Hence, it is significant that the three balancing loops identified from the synthesized causal loop diagram in Figure 3 involve the causal pathway of service seeking, reporting, and backlash.

A poster presentation summarizing the findings from the System Dynamics workshop focused on gender-based violence

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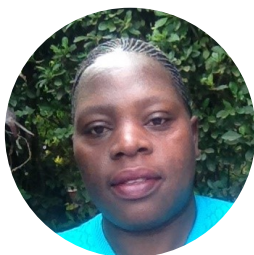
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ICHAD Uganda team, collaborators, and stakeholders at the Suubi4Her study launch



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