

Welcome to the First Edition of the MakImS-Mak BSSR Newsletter!!

PROF. MOSES KAMYA AWARDED THE ELISE AND WALTER A. HAAS INTERNATIONAL AWARD



EDITORIAL

Strengthening Implementation and Behavioural Social Sciences in HIV research

Local healthcare providers see the impact of HIV/AIDS, its associated comorbidities and stigma across different age spectrums daily. As research into the development of an HIV cure continues to advance globally, the field has expanded to include implementation science and behavioral social sciences research.

We know that HIV/AIDS is intricately interwoven with an individual's behavior and social context. Therefore, addressing it solely through biomedical interventions such as drugs and vaccines would be falling short of bringing the epidemic under control. Involving aspects of behavioral and social sciences is critical in helping us to understand how health attitudes, social cognitions and personal

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Prof. Moses Kanya, the Principal Investigator for the Implementation Science Capacity Building grant was awarded the Elise and Walter A. Haas International Award by the University of California, Berkeley. This award honors an Alumnus who is a native, citizen, and resident of another country and who has a distinguished record of service to that country in the arts, science and engineering, education, business, environmental protection, government, or any other field.

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habits shape one's decisions and practices as regards HIV prevention and treatment. Under the Makerere University Behavioral Social Sciences Research (BSSR) program, we are training a number of early career researchers in order to leverage on the benefits of BSSR to lower HIV incidence and increase treatment coverage rates. As reflected in the various stories shared in this newsletter, fellows research on issues such as the interplay between alcohol use and HIV care is helping to integrate evidence based social behavioral approaches into

biomedical care.

Similarly, implementation science is an expanding field within HIV/AIDS research and public health practice. Through it, researchers aim to close the gap between theory and practice by addressing barriers that delay uptake of proven health interventions. Through the Makerere University Implementation Science (ImS) Program, more than 50 young scientists are being trained to optimize the public health impact of efficacious interventions such as test-and-treat and pre-exposure

prophylaxis (PrEP) for eligible populations. In this newsletter, you'll acquaint yourself with the ImS program aims, activities and fellows' research.

As our fellows on the BSSR and ImS program continue to excel, we envision enhancing capacity for HIV research and care in Uganda and Africa at large.

I am pleased to present to you the novel ImS/BSSR newsletter that brings you exhilarating insights into the programs' activities and achievements. **Enjoy your reading!**

Congratulations

Prof. Kanya was awarded for his outstanding contribution in the field of research and teaching infectious diseases with a particular interest in malaria and HIV. He is past chair of the Department of Medicine and past dean of the Makerere University School of Medicine in Kampala, Uganda. He is a founding member of the Makerere University Joint AIDS Program (MJAP), the Infectious Diseases Institute (IDI), and the Infectious Diseases Research

Collaboration (IDRC) in Uganda.

For more than 20 years, he has been a central figure in training at Makerere University and continues to significantly contribute to shaping the malaria and HIV treatment policies in Uganda. He is the chair of the Uganda Ministry of Health (MoH) National AIDS Advisory and Malaria Scientific Advisory Committees. Prof. Kanya has a passion for the capacity building of young African scientists. He is a recipient of several awards including being honored in 2018 by the UC Berkeley School of Public Health's as one of the 75 most influential public health alumni over the college's 75-year history.

His Elise and Walter Award came with a cash prize of US \$25,000 and an engraved medallion.



FACULTY ON THE Mak-ImS PROJECT



Prof. Moses Kanya



Dr. Fred Collins Semitala



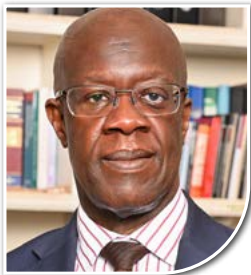
Carol Camlin



Margaret Handley



Prof. Philippa Musoke



Prof. Nelson Sewankambo



Dr. Adithya Cattamanchi



Dr. Achilles Katamba



Lucian Davis



Miriam Laker Oketta



Noah Kiwanuka



Prof. Anne Katahoire



Chris Longenecker



Dr. Aggrey Semeere

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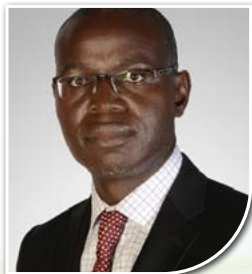
Joanita Nangendo
Training Coordinator



Moses Sempala
Administrative Assistant



Rhoda Namubiru
Project Administrator



Dr. Fred Collins Semitala
Project Coordinator



Building Implementation Science Capacity to Strengthen the Response to the HIV/AIDS Epidemic in Uganda

PhD Candidates



David Livingstone Ejala



Eleanor Namusoke



Juliana Namutundu



Martin Muddu



Peter Mudiope



Richard Katuramu

The Makerere University School of Medicine Implementation Science (Mak-ImS) Training program, funded by the United States National Institutes of Health-Fogarty International Center is a collaboration between Makerere University College of Health Sciences (MakCHS) and University of California San Francisco (UCSF)-USA. This program focuses on integrating ImS as a field of study at Makerere University; influencing HIV practices and enhancing the cascade of HIV care in Uganda.

While Uganda is close to achieving the 95-95-95 targets, close to 20% of Ugandans with HIV are unaware of their sero-status yet substantially contribute to new infections. Uganda faces challenges with HIV care and prevention, particularly for men, youth and geographically mobile subpopulations that continue to fall short of viral suppression targets. This puts them at risk for HIV complications, mortality and onward HIV transmission. With the aging HIV population

there is increasing burden of comorbidities such as Non-Communicable Diseases (NCDs) and of NCD-HIV care is paramount to improve HIV outcomes. Implementation science (ImS) research capacity is needed to optimize the public health impact of efficacious interventions such as test-and-treat

and pre-exposure prophylaxis (PrEP) for eligible populations.

Therefore, the five-year program will build on its relationships with UCSF faculty to provide a longitudinal mentorship program based on monthly works-in-progress virtual meetings.

Fellowship Candidates



Patience Muwanguzi



Elijah Kakande



Samuel Kawuma



Mucunguzi Atukunda



John Balidawa



Paul Lwevola



Asiphos Owaraganise



Denis Kalibbala

Master's Candidates



Dr. Isaac Kimera



Emma Amadriyo



Dr. Wani Muzeyi



Irene Kinera



Hassan Mulema



Douglas Musimbaggio



Laban Mutebwa



Rita Nakalega



Moses Sabila



Priscilla Apolot



Lawrence Nduhukiyire

Project Aims and Strategies:

Aim 1: Strengthen the scientific leadership and ImS expertise at Makerere University

Strategies:

- Prioritize faculty and alumni of the masters and fellowship programs for the PhD training
- Improved capacity to conduct HIV ImS research and train the next generation at Makerere University & Uganda

Aim 2: Expand the breadth of training to contribute to a pipeline of local expertise

Strategy:

- Establish a well contextualized curriculum for a post graduate diploma in ImS at Makerere University.

Aim 3: Leveraging the additional available resources in Uganda

Strategy:

- Link trainees to appropriate research and service delivery settings to maximize trainee access to appropriate patient populations, data and mentorship.

Aim 4: To strengthen trainee contributions to evidence-based decision-making.

Strategy:

- Advocate for expansion of the

established Uganda adolescent HIV prevention and treatment Implementation Science Alliance forum based at the Ministry of Health, to allow a wider spectrum of trainees to participate in similar policy-related discussions.

Aim 5: Support the integration of ImS trainees into Ugandan academic, research, policy and HIV implementing institutions

Strategy:

- Target and train individuals already employed by HIV implementing and policy making institutions in Uganda.

ImS Program staff hold two-day training for Walter Reed Staff

By Racheal Ninsiima



On November 14 and 15 2022, Directors, Heads of Department and departmental staff of Makerere University Walter Reed Program (MUWRP) underwent an intense training in implementation science (ImS), a field of study that enables research uptake

into practice. The training purposed to equip MUWRP staff with knowledge on various concepts of implementation science such as its principles, study designs and evaluation frameworks. It was led by Ms. Joan Nangendo and Dr. Rogers Katwesigye, technical

experts from the ImS Program at Makerere University College of Health Sciences.

In her opening remarks, Dr. Hannah Kibuuka, Executive Director-MUWRP said that the organization seeks to develop and incorporate implementation

science in all their programs in order to identify and address the barriers that slow uptake of proven health interventions and evidence-based practices. She urged her team to put into practice all they would learn.



Dr. Hannah Kibuuka, MUWRP Executive Director (L) makes her remarks at the opening of the training



Dr. Katwesigye (standing) leads a training session.

Dr. Katwesigye conducted sessions on what ImS is; why it is important and study designs whereas Ms. Nangendo led the discussion on the principles of ImS; qualitative research and community engagement in ImS and evaluation frameworks. The training methodology was interactive as the trainers ensured that knowledge was taught and accurately perceived by participants.

To ensure this this, trainers kept an open forum for feedback, queries and suggestions. These interactive sessions were supported through materials including PowerPoint presentations and article handouts.

Training Details

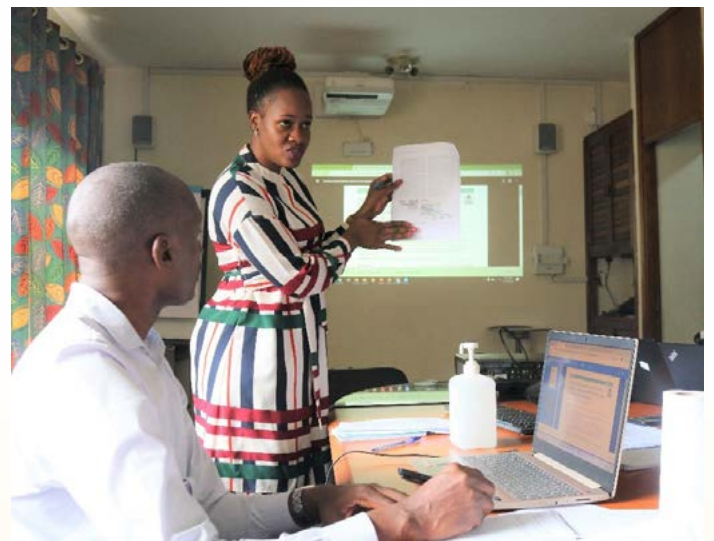
In addressing why implementation science is important, Dr. Katwesigye told participants that it takes about 17 years to turn 14% of original research to benefit patient care.

“Therefore, ImS aims to accelerate the adoption and integration of evidence-based practices and interventions into routine healthcare in a bid to

improve on overall population health,” he said.

Katwesigye added that implementation science is a multi-disciplinary team science requiring thorough and continuous engagement with various stakeholders. He also elucidated on the different study designs that one may employ while conducting ImS research and taught these as: 1) Pre-post study design where a researcher administers an intervention at a single point in time; 2) Interrupted time series where a researcher interrupts a time trend by introducing an intervention and 3) Stepped Wedge design where a researcher introduces an intervention in a phased manner.

Ms. Nangendo introduced participants to the principles of ImS which are: behavioral change; engagement with a range of individuals and stakeholders and flexibility. Speaking about community engagement, she said that people are likely to change risky behavior when they have been involved in deciding how that change can and should take place.



Dr. Mirembe Grace, Programs Manager, MUWRP

“Community engagement improves relevance and acceptability of an intervention and for it to be effective, the researcher has to involve all stakeholders relevant in translating your evidence to practice and take into consideration their vested interests,” Nangendo said.

Furthermore, she told participants the importance

of qualitative research in ImS highlighting that it helps a researcher to obtain participants perspectives and experiences which deepen one’s understanding of the issue being researched about.

On evaluation, Nangendo emphasized the RE-AIM, which is a framework to guide the planning and evaluation of programs according to

five key outcomes namely: Reach; Effectiveness; Adoption; Implementation and Maintenance.

Feedback

Dr. Grace Mirembe, the Programs Manager, MUWRP, lauded the training as interactive and well organized and said she believed that the application of the knowledge acquired will

lead to scale up of HIV and TB treatment integration in rural healthcare facilities.

In her closing remarks, Dr. Betty Mwesigwa, the Deputy Director, MUWRP said;

“We applaud the trainers for delivering an excellent two-day training and we look forward to hosting more such intense courses in the future.”

Dr. Geetha Bansal visits ImS fellows in Uganda

On Thursday 18 May 2023, fellows, mentors and mentees on the Implementation Science Program met and interacted with Dr. Geetha Bansal, Program Director, HIV Research and Training Programs at the National Institutes of Health. The meeting held at Makerere University’s College of Health Sciences had over 50 attendees.

The interactive meeting was marked with presentations of fellows’ research; talks from the Principal Investigators; a question-and-answer session about available NIH funding opportunities and Geetha’s talk to trainees and Principal Investigator. In her talk, Geetha told participants about individual training opportunities offered by the NIH; Fogarty Career Development Programs (K Awards);

current HIV/AIDS research program goals and the Fogarty International Centre Training Program which aims to build a robust global health research workforce.

The evening climaxed with a cocktail in the Deans Gardens at the College.



Dr. Geetha Bansal during her presentation



Dr. Geetha Bansal (R) listens in to a presentation



Meeting participants listen in to the presentations

Emerging researchers share exciting study projects



Dr. Fred Semitala addresses ImS trainees at the meeting

On Friday the 13th of October 2023, the Makerere-Implementation Science (MakImS) program conducted a trainees' progress review meeting to track advancement of trainees' PhD, masters and fellowship research projects. The review meeting attracted over 40 participants including trainees, principal investigators, university faculty and mentors. In their opening remarks, Prof. Moses Kamya and Dr. Fred Semitala, the program's principal investigators, highlighted the program's progress since 2021 and re-emphasized training expectations including participating in monthly journal clubs and publishing in open-access peer-reviewed journals, among others.

Thereafter, the trainees presented their research studies and discussed the effectiveness of the methods they have been using. Some of the studies presented included those on 'Clinical Outcomes for Diabetes Mellitus among People With HIV'; 'Fidelity of Cervical Cancer's 'Screen and Treat' Protocol among HIV positive women';

'Acceptability of a community-based Differentiated Service Delivery (DSD) strategy to increase initiation of TB preventive therapy (TPT) among children' and 'Acceptability and outcomes of medication-assisted treatment among people who inject drugs In Uganda'.

Furthermore, the trainees shared achievements and milestones that they have accumulated up their sleeve since joining the program. They also expressed their training needs to ensure continuous improvement in their skills and knowledge. At the end of each presentation, a trainee received constructive feedback from faculty members to help them in refining their studies.

This meeting also served as an orientation platform for new masters' trainees on the program. These presented their research proposals and were advised how to select and apply key theories, models and frameworks for their research. Dr. Semitala closed the full-day meeting by appealing to trainees to continuously identify peer-reviewed journals where they can publish their work.



Dr. Livingstone Ejalu presents his PhD work during the meeting



Juliana Namutundu makes a submission during the meeting

Dr. Amadriyo presents abstract @ the 18th AOGU Conference



Dr. Emma Amadriyo at AOGU Conference

Dr. Emma Amadriyo, a master's trainee on the ImS program presented her abstract titled, titled "Missed opportunities for eMTCT among mothers living with HIV whose infants sero-converted in Masaka Regional Referral Hospital - A retrospective cohort analysis" at the 18th annual scientific conference of the Association of Obstetricians and Gynaecologists of Uganda (AOGU)

The conference was held between 9th and 10th November 2023 at Golf Course Hotel in Kampala under the theme, "Health for all and all for Health."

During the panel discussions her abstract raised concerns about low male partner engagement and Dr. Amadriyo shared plausible recommendations on how to overcome this challenge.



TESTIMONIALS FROM ImS -ALUMNI



1. SSUNA BASHIR

Is currently a postdoctoral fellow at Yale University and Makerere University under Uganda Tuberculosis Implementation Research consortium (U-TIRC) and Global Health Equity fellowship. The knowledge I

received from the Mak-ImS project helped me write a competitive grant for this fellowship. During my time as a PhD fellow on the ImS program, I am proud of being able to publish my research work titled "Factors associated with willingness to use oral pre-exposure prophylaxis (PrEP) in a fisher-folk community in peri-urban Kampala, Uganda" and presenting it in multiple conferences. For the future, I advise the university to establish a curriculum for ImS.



2. AHMED KATUMBA

Under the ImS program, I was supported to gain skills in research design and methodology, as well as integration of qualitative and quantitative methods into research. I also acquired skills on investigation of social determinants of

the formative level and during implementation. The strategies of identifying barriers and facilitators to project implementation have been useful in supporting programs to successfully implement projects. Most importantly, my experience from the program helped me appreciate the importance of self and peer critical analysis.

Since completing the ImS program, I have undergone career progression, through providing national-level logistics and supply chain support during the peak of the COVID-19 response, to providing national-level supply chain support to both national and regional HIV/TB programs. Currently, I work as a Supply Chain Specialist in QED Group LLC.

behavior and their bearing on disease epidemiology. The skills acquired from the program have been instrumental in my role of supporting USAID implementing partners to design and successfully implement interventions in support of supply chain activities both at



3. SUSAN NAKUBULWA

Through the ImS program, I gained a number of skills including the application of ImS Frameworks in research and the utilization of Community Engaged Research to enable smoother translation of evidence into practice. I have applied the knowledge

and Effectiveness of the Pediatric Breakthrough Partnership in Mozambique, Nigeria and Uganda;

2) Barriers and facilitators of access to Hepatitis B immunization and treatment services among women of reproductive age in Bidi bidi refugee settlement in Northern Uganda and 3) An investigation of Predictors of Brucellosis infection in a rural District of Central Uganda. I recommend the ImS program to promote the formation of groups for students with projects with similar ImS designs so that they can support each other and discuss their projects in groups.

and skills I acquired in writing of grant proposals and all three proposals were approved for funding. The approved studies are:
1) Using Implementation Research to Understand the Impact



4. JOAN NANGENDO

As a double awardee on the ImS program – first for my Masters in Clinical Epidemiology and Biostatistics and now PhD, the program has exposed me to Implementation Science approaches and methods which have grown

my research career. Currently, I work as a training coordinator on Mak-ImS program and my roles include supporting trainees to develop, conduct and publish good implementation science research projects. I recommend incorporating more short trainings in implementation science as a way forward for the program.



5. DR. NELSON KALEMA

I am proud of the opportunity the program availed to me to mentor and support scientists towards the application of implementation science approaches to their clinical and research work. It is an

increasingly relevant area of study and research that cuts across multiple clinical and social sciences disciplines.



6. DR. LILLIAN TUGUME

After completing my ImS study, I enrolled for Masters of Medicine in Internal Medicine which I have recently completed. The knowledge and skills I obtained during the ImS program were useful for successfully

completing my Mmed dissertation that explored the willingness of serodiscordant couples to accept pre-exposure prophylaxis.



FACULTY ON THE MakBSSR PROJECT



Prof. Anne R. Katahoire



Prof. Moses Kanya



Prof. Carol Suzanne Camlin



Dr. Godfrey Siu



Dr. Joseph Matovu



Prof. Lynn Atuyambe



Prof. Stella Neema



Dr. David Kaawa-Mafigiri



Dr. Samuel Ouma



Judith Hahn



Dr. Joseph Rujumba



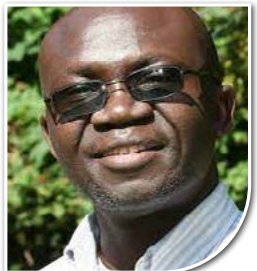
Dr Grace Kibanja



Dr. David Kyaddondo



Mari Armstrong Hough



Dr. Herbert Muyinda



Dr. Deborah Ojiambo



Dr. John Kiweewa

Administrative Team



Joanita Nangendo
Training Coordinator



Moses Sempala
Administrative Assistant



Rhoda Namubiru
Project Administrator





The Principal Investigator - MakBSSR

Anne R. Katahoire, BA Psychology (Hon), MEd, PhD is a Co-Principal Investigator of the Mak-BSSR Training Program and a Professor of Behavioral and Social Science at Makerere University College of Health Sciences. She has extensive experience in directing multidisciplinary research and training projects in health and in training multidisciplinary teams in BSS theory and research methodology in Uganda and elsewhere in African. She has over 20 years' experience conducting BSS research in HIV in Uganda and has supervised multiple graduate student research including PhD students who use mixed methods design and whose research projects have behavioral social science components including HIV research.

Strengthening Behavioral and Social science Research capacity to address evolving challenges in HIV care and prevention in Uganda

Owing to the fact that HIV transmission is interwoven with individual behavior and social context, including Behavioural and Social Sciences Research (BSSR) as a key intervention in HIV care is crucial in understanding challenges faced by people living with HIV (PLHIV). However, including BSSR into HIV care requires investment in human capital. For this reason, Makerere University (Mak) instituted the BSSR project, based at its College of Health Sciences to train, mentor and support the next generation of African scientists to integrate BSSR into biomedical HIV interventions. The project spans five

years and is funded by National Institutes of Health (NIH), National Institutes of Health on Alcohol Abuse and Alcoholism (NIAAA), National Institute of Mental Health (NIMH) and Fogarty International Center (FIC). It is spearheaded by Professors Moses Kamyu, Anne Ruhweza Katahoire and Carol Suzanne Camlin.

MakBSSR leverages on existing collaborations among social, behavioral, and biomedical scientists at Makerere University and its HIV programs, and the University of California, San Francisco (UCSF). It offers three fellowship tracks namely: a four-year

Ph.D. in Health Sciences that was recruited in two cohorts; a two-year Master's degree fellowship in a wide range of fields such as Health Services Research, Public Health, Sociology, Clinical Psychology, Counselling, Clinical Epidemiology and Biostatistics, Organizational Psychology, and other Biomedical /Health related field and a one to two-year non-degree fellowship track (Odokonyero, et al. 2022)

Currently, five PhD candidates, 14 masters' fellows and eight fellowship candidates are being supported by the project.

Phd Candidates



Ruth Mpirirwe



Dr. Namisi Charles. Patrick



Yerusa Kiirya



Dr. Raymond F. Odokonyero



Khamisi Musanje

Masters Candidates



Nante Rachel Wangi



Dr. Michael Kiyingi



Regina Ndagire



Dr. Moses Mugerwa



Tumusiime Babirye Victoria



Sherifah Nabikande



Okello Tom



Winnie Agwang



Ojiambo Kevin Ouma



Joan Nalunkuuma



Christine Kiwala



Gerald Nsereko



Florence Namaganda



Fellowship Candidates



Ayebare Florence



Dr. Nicholus Nanyeenya



Juliet Cheptoris



Tusabe Joan

The overall project aims are:

1. Strengthen the inter-disciplinarity of Makerere University's Implementation Science (ImS) training program through inclusion of BSSR training.
2. Provide BSSR training and mentorship to address evolving HIV care and prevention challenges.
3. Promote the integration of BSSR in ongoing HIV ImS research projects
4. Facilitate regular interaction among BSSR researchers, biomedical scientists, policy makers, and HIV program stakeholders, in order to strengthen BSSR informed evidence-based decision making.
5. Foster collaborations between BSSR faculty in Uganda and the U.S. to enable capacity-building and skills transfer.



Dr. Martin Baluku



Happy Annet Walusaga



Emmanuel Kimera

Implementation Sites:

1. Makerere University College of Health Sciences (MakCHS)
2. Infectious Diseases Research Collaboration (IDRC)
3. Makerere University Joint AIDS Program

Some early successes of the program include; monthly journal clubs, quarterly works-in-progress sessions, 20 research projects spread all around the country (seven of which are completed), and four annual BSSR courses running for the third year consecutively (Odokonyero, et al. 2022).

Question And Answer With Dr. Namisi Charles Patrick



Dr. Charles Patrick Namisi

Dr. Namisi's PhD study, funded by the Behavioral Social Science Research (BSSR) Program of Makerere University, seeks to develop and validate a stigma mastery model for PLHIV. This interview brings you insights into his work and its implications to society.

Kindly introduce yourself and what you do

I am Dr. Charles Patrick Namisi, acting Dean of the Mother Kevin Post Graduate Medical School of Uganda Martyrs University, Nkozi. I am a pediatrician by training but now interested in social sciences particularly people's behavior.

What issue are you trying to address through your research?

My study aims to determine the prevalence of and factors associated with internalized HIV stigma and to develop a model for stigma mastery among adult PLHIV. People with stigma mastery have total control of their events and some have grown to the extent of being CEOs of HIV-based institutions. However, there is another group that do not want to disclose their HIV status and hence miss out on medicines and HIV services. We want to learn from those with stigma mastery so that we can help those who are struggling. This study gives us a whole range of how different people with HIV behave the way they behave.

Among whom and where are you conducting your research?

The research is being conducted among adult PLHIV who access services at St Francis Hospital, Nsambya Home care department, a community-based HIV care clinic

What is the relevance of addressing internalized stigma among PLHIV?

According to research, nearly half (28-85%) of PLHIV experience negative attitudes which exacerbates social stress and avoidance behaviors. These hinder access to HIV diagnosis, treatment and care services which in turn impedes global HIV control.

What causes this problem?

When society is being socialized, we are grouped into men and women, according to age, religion and economic status. These are the social categories that society uses to assign us certain behaviors and this is what we call stereotypes. For HIV, society uses the disease to assign behavior traits e.g., PLHIV are usually labelled as promiscuous. This label creates internalized fear (stigma) on the part of someone living with HIV.

In your view, why is it important that you develop a new theoretical model to determine the magnitude of stigma mastery among PLHIV?

When people talk about health seeking behavior, they are usually referring to toxic masculinity. They don't take into consideration men who acknowledge that they are at risk of disease and embrace health services. Therefore, the traditional way of measuring stigma is a problem because it does not distinguish between accepting the feelings and the proceeding acts/behavior. For example, there are contexts where you find rich women living with HIV being assertive and respected in society. These ladies, who have stigma mastery, make decisions that are come off as masculine and are labelled 'nkulakisajja' (meaning that they assume roles of a male). However, we have some men who are timid. For example,

in one interview, a male respondent said that he used to shy away from the clinic

and it was the mother or sister that would line up for him. Therefore, we need a new theoretical model and its tool to separately capture gender, age and economic status in determining stigma mastery.

Kindly elucidate on the theoretical model that you are developing

This novel model combines Social Exclusion Theory and Social Cognitive theory to explain the interaction between different factors along the stigma trajectory from social exclusion to stigma mastery. It factors in demographic factors (age, gender and income) and social support factors such as society appraisal.

What does your new theoretical model and tool mean for the treatment and care of people living with HIV?

We expect the new to enhance researchers to: measure, assign, and interpret stigma scores, then with greater precision select an evidence-based intervention that best matches the PLHIV needs. Hence, we our theoretical contribution to an accurate culturally sensitive stigma measure to track zero stigma by 2030 in HIV and other health-related stigmas.

As a PhD scholar, what has been your major learning on the BSSR program?

I came on the program as a clinician but I have gained two major expertise namely: understanding people's behavior and asking questions of what happened rather than why did you do what you did. These skills have greatly enhanced my story telling techniques so much so that I am currently mentoring over 20 PhD scholars in qualitative methods and storytelling to generate theories. I have learned from all those experiences and I am looking forward to practice behavior sciences in Health.



Musanje aims to develop a customized mindfulness intervention for adolescents living with HIV

Khamisi Musanje, a lecturer at Makerere University's School of Psychology, likes to take on new challenges. When an opportunity to pursue a PhD with an inclining in Behavioral Social Science Research (BSSR) was presented to him by a colleague, Dr. Deborah Odhiambo, he shot his shot. This was despite having no medical background. With his background in organizational psychology, he envisioned pursuing studies that would enable him to apply psychology in health.

When the BSSR program called for applications for its PhD programs, organizational psychology, was not one of required courses. Nevertheless, he still applied. Lo and behold, he was shortlisted. This was the beginning of his PhD studies.

"The moment I was shortlisted, I knew I was going to make it because one cannot interview me and I fail," Musanje, a first-class degree holder, confidently said during an interview.

During the oral interviews, he remembers Prof. Moses Kamyra, the Principal Investigator (PI) for the BSSR program telling him to clarify the statements of his proposed research study on workplaces being both HIV exposure and safe spaces for adolescents. As if to throw the PI and rest of the panel off balance, he told them that that's why he was

fit for funding so that he can gather his own evidence. This was the break-even point for him and he was awarded the scholarship. Prof. Kamyra became one of his supervisors.

PHD STUDIES & FINDINGS

Musanje's PhD research is exploring the application of Mindfulness and Acceptance Based Interventions (MABI) to improve wellbeing of adolescents living with HIV (ALHIV).

This research aims to culturally adapt a mindfulness and acceptance therapy in Uganda; explore acceptability of a MABI among adolescents (15-19 years) in Uganda; evaluate the effectiveness of a MABI on improving mental health among ALHIV and evaluate the effectiveness of a MABI on improving adherence to antiretroviral treatment among ALHIV. The research was conducted at Kisenyi Health Centre IV and Kitebi Health Centre III.

"Although psychosocial support is part of



Musanje presents his research during a meeting at MakCHS

HIV treatment and care, adolescents need one customized to their needs because they face a myriad of challenges dealing with a chronic condition, many of whom acquired it from their parent," he explained.

Musanje's preliminary findings show that the culturally contextualized MABI intervention he developed has been accepted for use among HIV healthcare providers and has proved effective in reducing anxiety, depression and internalized stigma among ALHIV. This was ascertained after a Randomized Control Trial involving 122 ALHIV.



ACCOLADES ALONG THE PhD JOURNEY

This psychologist's PhD journey has been one of many rewards. He was recently nominated by Elsevier, a Dutch academic publishing company for the best researcher award in leadership and management. Additionally, he presented his work on MABI at the Association of Contextual Behavioral Scientists (ACBS) world conference in Cyprus. Moreover, he is collaborating with

City University of London to adapt their work on a culturally contextual MABI in Uganda. Last year, he won a short stay grant at the University of Ghent in Belgium and the international mentored scientist award of the University of California, San Francisco.

With the many awards up his sleeve, Musanje understands the importance of mentorship.

"When I was starting, Prof. Kamyia would be on each and every presentation of mine amidst his busy schedule and after I

presented, he would call me and complement me. So, I worked hard to make my mentors proud," he said during the interview.

Currently, he is mentoring one master's and two fellowship students on the BSSR program.

With high hopes of graduating next year, Musanje is keeping his nose to the grindstone in order to obtain a National Institutes of Health K43 grant to roll out the customized MABI tool across health centres in Uganda.

Regina Ndagire credits the BSSR Program for equipping her for the working world

Regina Ndagire's journey to developing a career in research has been met with grit, mentorship and passion. After graduating with a Bachelors degree of Science in Nursing from Makerere University in 2016, she was offered a job as Site Coordinator for the Post-discharge Malaria Chemoprevention (PMC) study in Masaka. PMC was a multi-site study conducted in Uganda, Kenya and Malawi. The two years she stayed on the project exposed her to research so much so that she was compelled to further her studies. This was in a bid to enhance her research skills and knowledge. In 2019, she enrolled for a Masters of Science in Clinical Epidemiology and Biostatistics at Makerere University.

While undertaking her studies, she applied for the BSSR scholarship which she came to learn through her lecturers, Drs Fred Semitala and Herbert Muyinda and Prof. Anne Katahoire.

"The Masters along with the BSSR training was of huge help because through it, I learnt a lot about research methods, theories, scientific writing and grant writing. I also received diverse mentorship in HIV related

research," Ndagire recalled. Her dreams have since come true as she is applying the research skills obtained on the program in her current role as a research officer at Clarke International University. Here, she supports students and faculty in research; conducts research training; supervises research and engages in the writing of research policy documents and grants.

RESEARCH & FINDINGS:

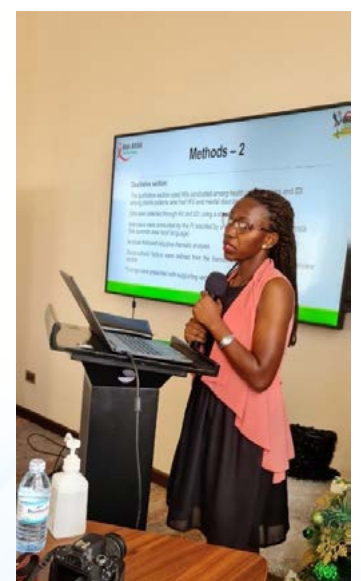
Ndagire's research explored HIV viral load suppression (VLS) among 240 adults (people over 18 years) with mental disorders at Butabika Mental Referral Hospital and Mulago ISS clinic. Her study was against the background that people with mental illnesses often face challenges of reduced likelihood of initiating Antiretroviral Treatment (ART), poor drug adherence and retention in care. Moreover, the increased pill burden puts them at risk of experiencing drug-drug interactions between HIV and mental health medications. HIV viral load is a key measure for response to ART and it is recommended to be routinely monitored in PLHIV. However, there is paucity of data on



Ndagire makes a presentation

viral load suppression among people living with HIV (PLHIV) with mental disorders. As a way to bridge this knowledge gap, Regina employed a mixed methods approach where she conducted a retrospective medical records review, conducted seven key informant interviews with healthcare providers and 12 in-depth interviews among clinically stable PLHIV with a mental disorder. The commonest disorders found in this study were psychosis, alcohol and drug abuse, anxiety, schizophrenia and depression. Findings revealed that 88.8% of the 240 PLHIV with a mental disorder achieved viral load suppression. However, this rate was slightly lower when

compared to the general population in Butabika and Mulago ISS and this could be due to the challenges attributable to the mental illnesses like non-



adherence, poor retention in care.

Additionally, the study found no association between mental health disorders and viral load suppression. Although over 80% of the study participants had someone (next

of kin) who encouraged them to take their treatment, there was no association between having a social support system/next of kin and viral load suppression contrary to what is biologically plausible.

Her work has been submitted to the BioMed Central (BMC) Journal for publication.



Ndagire expressed her sincere gratitude to the BSSR Scholarship program team for offering her the opportunity. She recommends the program to anyone with interest in HIV research, crediting

it as a platform that offers diverse training opportunities especially in qualitative research methods and the much-needed mentorship.

“The mentors I worked with helped me from

concept development to getting a comprehensive and understandable topic, and through manuscript writing. I learned a lot through the program,” she concluded.

Using virtual support groups to improve ART adherence among adolescents – Kiirya's Journey



Yerusa Kiirya

“There is an experience I will never forget! I once met a 15-year little boy in Masindi whose mother had abandoned him at the grandmother's place and he had dropped out of HIV care. The grandmother used to keep his ARVs from him saying that he is a curse. Because of this, he was non-suppressing for about three years. His mother had gone on to marry another man after the death of her first husband. The grandmother always blamed the boy's mother for the death of her son saying that she infected him with HIV. Owing to his grandmother's rejection,

this boy kept staying at different people's homes and it was difficult to trace him. When I finally got him, he was sitting up on a tree all by himself. His last words to me were, “Will you help me?”

This narrative was shared by Yerusa Kiirya, a PhD fellow on Makerere University's Behavioral Social Science Research Program (BSSR) during a recent

interview. Like that 15-year-old, many youths living with HIV/AIDS (YLHIVA) struggle to achieve optimal adherence to antiretroviral therapy (ART) and have poor viral load suppression outcomes. Having identified this problem, Kiirya decided to focus her PhD on improving treatment outcomes for adolescents and youth. Her study seeks to explore the acceptability, feasibility and effectiveness of online peer support groups to improve adherence among YLHIVA in Kampala. It is being conducted among 402 youths attached to Kisenyi and

Kawaala Health Centre IVs and Kiswa and Komamboga Health Centre IIIs.

“Peer support” is increasingly featured as part of Adolescent Friendly Health Services (AFHS) as a class of strategies that can support adolescents to access, engage, and sustain treatment. However, in Uganda and most Sub-Saharan countries, peer support group activities occur face-to-face and often in health facilities. This approach presents structural limitations such as the need to travel, inconvenient working hours and inadequate safe space for psychosocial services. Thus, these psychosocial services may not be available at the time when youth need them.

“Given the limitations in the face-to-face peer support groups, I am trying to design an online peer support group to see whether at the convenience of their phones, youths are able to talk through challenges they face,” Kiirya said.

This online peer support group is a WhatsApp Group with over 200 members including YLHIVA and peer counsellors. Discussions on topics related

to HIV happen weekly and there is use pictorial language to describe HIV turf. For example, biscuits may be used to refer to drugs. This is done in order to minimize stigma.

Preliminary results show that youths consider an online peer support groups to be convenient. Youth perceived the WhatsApp peer support groups to be more cost-effective than attending in-person peer support groups due to the expenses incurred in transport. Majority note that it is time saving and provides them with readily available emotional support. Additionally, many support this platform because they can always retrieve information which was discussed in their absence, unlike in a face-to-face interaction.

Nevertheless, the use of an online platform is still plagued with challenges including stigma and limited affordability of data and smart phones.

“Some of these young people leave the groups because they share their phones with other people whom they do not want to know that they have HIV whereas others end

up selling off their phones to earn some income as majority work in informal settings characterized by meagre pay,” the BSSR researcher explained.

From her research, Kiirya envisions designing an intervention, grounded in behavioral social sciences, to improve treatment outcomes for adolescents and youth.

“The fact that non-adhering youth wake up to a silent battle in the trenches needs to be understood before they can be supported to adhere. While virtual support groups may go a long way in providing convenient services to YLHIVA and have potential to improve ART adherence, adherence in this population is affected by a complex interplay between

individual, relationship, community, and societal factors which must be addressed if we are to end the HIV epidemic,” she concluded.

Lived experiences, perceptions & HIV care outcomes among young people living with HIV in South Western Uganda



Dr. Raymond Felix Odokonyero

Dr. Raymond Felix Odokonyero is a psychiatrist at Mulago National Referral Hospital and lecturer at Makerere University's College of Health Sciences. His research interests lie in understanding the interplay between alcohol use and HIV care among young people living with HIV (YPLHIV). He aims to develop future interventions to manage people living with HIV with alcohol use. The BSSR program caught up with this PhD fellow for more insights on his research and below are the excerpts of the interview.

What motivated you to apply for the BSSR scholarship program?

I was struck by how rich the

program was and that it spoke of an area of immense interest to me – human behavior. Once I realized that the BSSR program was heavily behavioral and social science in approach, I knew that I could not miss out on the opportunity to expand my knowledge and skills with the program and to learn from the HIV experts who are the PIs of the program.

Please explain the research you are undertaking on the BSSR program and your expectations out of it

My study focuses on Alcohol use and HIV in Uganda through I am exploring lived experiences, perceptions and HIV care outcomes among YPLHIV in Southwestern Uganda. I expect

to generate key-contextual information regarding young people's lived experiences with both HIV and unhealthy alcohol use; describe HIV care providers' perceptions regarding caring for YPLHIV with unhealthy drinking of alcohol; publish my findings and use this as a formative study to launch me into Alcohol and HIV research for my post-doctoral studies.

Background to the research

Uganda is among the world's leading consumers of alcohol among people aged 15 years and older. In fact, Uganda is the leading per capita consumer of alcohol in Africa. Moreover, nearly 60% of the alcohol consumed in Uganda is unrecorded alcohol, meaning that the burden of alcohol use may actually be bigger than is currently known. Alcohol use is

common within HIV care settings and it is an established risk factor for poor HIV care outcomes such as adherence to antiretroviral treatment, viral non-suppression and disease progression, among others. However, there is paucity of research that goes beyond quantifying the number of drinkers, to exploring experiences and perceptions of both the people living with HIV who drink alcohol and their HIV care providers. Hence the need for our study.

Kindly share with us the study's preliminary findings and their implications to medical practice and care

We have found that YPLHIV who drink alcohol in harmful ways. They drink for a variety of reasons but mostly as self-medication to manage stress, for enjoyment, due to peer influence,



due to the type of occupation they are engaged in, and due to socio-cultural conditioning. These findings are important for HIV care managers because it provides insight into young people's drinking as well as an opportunity to engage those in HIV care.

Furthermore, in regard to HIV care providers' (HCPs) perceptions about caring for YPLHIV, we found that HCPs are aware that YPLHIV drink alcohol and use other psychoactive substances. They are also aware that substance use affects medication adherence and the keeping of clinic appointments.

The HCPs however noted that they have inadequate knowledge and skills to be able to help these young people.

What mentorship have you received on the program and how it has been beneficial to you?

I have received mentorship in; research leadership, concept and proposal development, surviving peer review, social determinants of health, HIV research, behavioral theories, social theories, research methods, systematic reviews, field supervision, both quantitative and qualitative data analysis, scientific writing, peer-to-peer

mentorship through journal club discussions, and grant writing. All these have equipped me with behavioral and social science research knowledge and skills.

Most importantly, I have enjoyed a one-on-one mentorship from my program-appointed advisor who has patiently walked me through every step and challenged me to better myself.

Why would you recommend the BSSR program to young researchers?

I would recommend the BSSR program to young researchers because it is a well-structured, supportive program that pays

keen attention on developing one's research and leadership skills. The BSSR program is the true definition of capacity building.

What do you envision for your career five years from today?

In 5 years' time, I envision becoming an independent researcher in alcohol use and HIV, with at least a K43 grant or an RO1 grant.



Dr. Odokonyero with his mentor, Prof. Judith Hahn



Nante Rachel Wangi

When Wangi decided to pursue a Masters in Clinical Epidemiology and Biostatistics, hardly did she know that this would mark the beginning of her behavioral social science research career. During her first year of studies in 2019, Dr. Fred Semitala, one of her lecturers, had an implementation science lecture with their class. At the end of the session, he asked those who might have interest in doing research around mental health to write to him. Three students reached out, he took us to Mulago Hospital's Immune Suppression Syndrome (ISS) clinic and requested us to identify gaps that would lead to research. Wangi interested herself in studying Assisted Partner Notification (APN) among people who have severe mental illness (SMI), who are living with HIV (PLHIV).

This was against the background that HIV prevalence rates are high among people with mental illnesses and yet poor mental health has adverse effects upon disease progression and adherence to antiretroviral treatment (ART). The Ministry of Health Clinical Guidelines recommend APN

as one of the strategies for improving coverage of HIV testing services. It provides a safe way for PLHIV to alert their sexual partners to the possibility of HIV exposure and the need for HIV testing.

Wangi's study aimed to determine prevalence of uptake and factors associated with uptake of APN among PLHIV afflicted with severe mental illness at Butabika National Referral Mental Hospital. Additionally, it explored socio-cultural barriers for APN uptake. To obtain findings for her study, she conducted a mixed methods study, quantitatively examining 125 medical files of PLHIV with a diagnosis of SMI between 2018 and 2021. Additionally, ten in-depth interviews with patients and six key informant interviews with health workers were conducted to determine socio-cultural barriers to APN uptake.

RESULTS

Findings revealed a 32% APN uptake among her study population, a percentage significantly lower than the WHO target of 100% and below that of the general population at 80%. This low uptake

was mostly recorded among patients who belonged to the Pentecostal and Seventh Day Adventist religions; patients who were married; those who were brought to the health facility by distant relatives such as uncles and aunties and those who often dishonored clinical appointments and thus missed out on counselling.

On the other hand, the socio-cultural barriers hindering the uptake of APN were: lack of trust in healthcare workers, stigma and discrimination, fear of loss of economic support, fear of domestic violence, inadequate support from care givers and lack of awareness of APN.

"I appeal to the Ministry of Health to establish specific programs for people living with HIV who have severe mental illnesses. Applying similar programs as for the general population might leave their unique needs unattended to," Nante said during an interview with the BSSR team.

Additionally, she urges health workers to provide continuous health education and counselling, paying particular attention to patients with poor adherence to ART as these are more likely to miss out on APN. These sessions should factor in marital status, religious affiliation and nature of relationship with those who accompany patients for treatment.

ENVISIONING THE FUTURE

Wangi's masters' studies were sponsored by the Makerere University Behavioral Social Science Research (BSSR) program and she graduated in January this year. She attests to the BSSR program being a significant highlight during her studies.

"Apart from paying all my tuition, research funds and the monthly stipend, I acquired knowledge, skills and mentorship in conducting qualitative research. I had a privilege to present my abstract at the 2022 Joint Annual Scientific Health Conference," she noted, adding that she is currently working on a manuscript for publication.

Now working at Buliisa General Hospital where she coordinates HIV and TB activities, Wangi says she is applying all the tenants of BSSR in the ongoing qualitative research. In addition to offering HIV treatment and counselling for patients afflicted with severe mental illness, she is also conducting qualitative HIV research. She strongly recommends the BSSR program to early career researchers owing to its informative and hands-on approach.

For the future, Wangi envisions pursuing a PhD in epidemiology in order to conduct more research and mentor upcoming scientists into research.

"I encourage people who have dreams to garner courage to kickstart those dreams. I did and it was worth it!" she concluded.





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