

Project Brief: CHARISMA

Full Title of Study/Programme	Community Health clinic model for Agency in Relationships and Safer Microbicide Adherence (CHARISMA)
Technical Focus Area/Key Words	HIV prevention technologies, microbicides, intimate partner violence, social harms, gender based violence, empowerment counselling
Rationale	<p>Gender-based violence is widespread—as many as 1 in 3 women worldwide are subjected to some or multiple forms. Research to date suggests that male partner approval or active support is often desired, required, or culturally indicated for women’s microbicide use, although use is female initiated and designed to empower women to protect themselves from HIV autonomously. Indeed, participants in microbicide studies have described a wide spectrum of ways in which product use and partner relationships interact with one another, from improving sexual pleasure and communication to being perceived as a threat to male power, thereby challenging gender norms, increasing risk of exposure to social harms (SH), and exacerbating intimate partner violence (IPV). Given that the availability of safe and effective microbicides is close to reality, it is an important priority to identify ways that the factors listed earlier, which differentially affect women’s ability to uptake and consistently adhere to microbicide use, are effectively measured and addressed. Microbicide open-label studies offer an opportune setting to identify promising ways to intervene and harness the beneficial influences of male partners constructively, to optimize adherence in research settings, generate important lessons for real-world scenarios, and offer broader social and public health benefits by challenging gender norms, reducing IPV risk, and improving partner communication and engagement in HIV prevention research.</p> <p>In response to Objective 2 of the U.S. Agency for International Development Annual Program Statement for Microbicides, Round 3, CHARISMA aims to increase women’s agency to consistently and safely use microbicides and mitigate IPV through three specific objectives:</p> <ul style="list-style-type: none"> To identify improved approaches to measure and address the beneficial impacts and harmful social effects—particularly IPV—of microbicide use; To develop and pilot test the Community Health clinic model for Agency in Relationships and Safer Microbicide Adherence (CHARISMA) intervention, which has clinic- and community-based components; and To disseminate knowledge generated and promote uptake of promising practices for future microbicide and multipurpose prevention technology implementation projects

Primary Objectives	Secondary analyses of existing data from key microbicide trials (e.g., VOICE, ASPIRE, CAPRISA 004, FACTS 001), cross-sectional studies, and IPV interventions; Development and testing of a novel social benefits-harms tool (SBHT); primary data collection from former ASPIRE trial participants and their male partners on personal experiences of exposure to SH and possible areas of intervention; focus group discussions with health care providers from research, public health, and service delivery organizations; Pilot testing and evaluation of CHARISMA at the Johannesburg site of the MTN 025 OLE study—HOPE;
Secondary Objectives	Evaluation and scale-up of CHARISMA at up to two additional sites; and Continuous sharing of study findings through a variety of materials and tools and promoting adaptation, training, and utilization of promising practices to a wide range of research, community, and public audiences that can implement them.
Primary Endpoint/Outcome	Development of a social benefits harm tool, publications based on review of past microbicide studies reports of social harms
Secondary Endpoint/Outcome	Successful implementation of CHARISMA at HOPE sites
Study Design	Qualitative interviews Quantitative assessment of previously reported Social harms
Study arms	Not applicable
Study population	ASPIRE and HOPE participants
Study sample size	Dependent on enrollment into HOPE
Follow up/duration	Length of HOPE trial
Study/Programme sites	Wits RHI
Study/Programme duration	October 2015 to July 2020
Intervention	Empowerment counselling intervention against violence
Investigators	Thesla Palanee-Phillips, Wits RHI Elizabeth Montgomery, RTI, Women’s Global Health Imperative (WGHI) USA Betsy Tolley, FHI360, North Carolina, USA Jared Baeten, University of Washington (UW), USA Dean Peacock, Sonke Gender Justice, SA
Other Partners & Collaborators	Other representatives from RTI, FHI360, UW, Sonke Gender Justice
Sponsors/Donors	USAID
Linked Sub Studies and post grad projects	MTN-020 /ASPIRE MTN-025/HOPE
Publications/key presentations to date	None
Progress Update as at 17 Nov 17	New Grant received 2015
Frequency of donor narrative report	Six monthly
Overall Study/Project Contact	Thesla Palanee-Phillips
Briefing owner and date	Thesla Palanee-Phillips, 17 November 2017