

MOVE WITH HaRT

“When you do HaRT you live in peace, you feel like the peace is all yours. You feel all the love is yours. You feel relaxed, your mind is relaxed without any pressure. You start looking at the challenges that you are facing as nothing, they do not weigh you down. You get the courage from within you that empowers you to face any challenges.”

—Move with HaRT participant, Uganda
2020



PROGRAMME AT THE GLANCE

Move with HaRT is a mind-body programme that supports collective healing and holistic well-being for survivors of violence. It was developed by [Healing and Resilience after Trauma](#) (HaRT) in Kampala, Uganda, through many years of iterative learning with women and girls who have experienced gender-based violence (GBV), including human trafficking.

Using a trauma-informed approach, the flexible curriculum includes 12 sessions organised around three aspirational themes: **Safety in the Body, Radical Self-Love**, and **Compassion in Action**. Each session weaves together various somatic practices —yoga poses, breathing exercises, mindfulness techniques, and guided visualisations—alongside facilitated discussions and suggested self-practices.

Move with HaRT aligns with feminist and healing justice principles that envision healing as a liberatory practice to overcome structural oppression and prevent violence against women. The programme is informed by trauma theory and neurobiology, both of which demonstrate the potential benefits of yoga and related practices in addressing trauma-related mental health symptoms.

KEY DEFINITIONS

- ▶ **Interoception:** The ability to observe signals from within the body, such as heart rate, hunger, pain, and emotional sensations (such as bodily sensations associated with different emotional states).
 - ▶ **Mindfulness techniques:** Practices that help focus attention on the present moment without judgement, often through breathing exercises, visualisations, or sensory observations (such as sounds, sights, tastes, smells).
 - ▶ **Proprioception:** The ability to perceive the body's position and balance in space, promoting stability, coordination, and controlled movement.
 - ▶ **Somatics:** An exploration of the body through movement, breath, self-awareness, and mindful attention to how physical sensations influence emotional and mental states.
 - ▶ **Trauma:** Any event or ongoing experience that creates a feeling of being overwhelmed, powerless, hopeless, or out of control.
 - ▶ **Trauma-informed approach:** While a range of practices contribute to this, the overall aim is to prioritise safety (both physical and emotional), support, and connection. A trauma-informed approach seeks to promote healing by recognising—and addressing—the diverse ways in which prior trauma can affect emotions, behaviours, and wellbeing.
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BACKGROUND

Trauma can be understood as any event or ongoing experience that creates a feeling of being overwhelmed, powerless, hopeless, or out of control. Trauma is a shared human experience—so too is the intrinsic capacity for healing. Most individuals can overcome personal trauma and regain a sense of safety and well-being. However, the degree of one's resilience to trauma is influenced by several factors, including the duration and severity of the traumatic event, cultural norms around mental health and help-seeking, and structural factors such as access to safe spaces, specialised care, and social support.

Moreover, systemic trauma—such as racial and other forms of trauma experienced by marginalised groups over generations—is experienced by many communities around the world. Its pervasive, ongoing nature can further hinder resilience. The memory of trauma can be stored in the body, manifesting as tension, chronic pain, digestive issues, dissociation, and related symptoms. In the long term, unresolved trauma can lead to a range of physical, psychological, and social consequences, undermining well-being for individuals and communities.

Around the globe, far too many women and girls experience the trauma of violence, including intimate partner violence (IPV), sexual violence, human trafficking, and other forms of GBV.

Unfortunately, many will never receive the necessary support to navigate violence-related trauma due to a range of barriers, including patriarchal norms and practices that condone violence and expect survivors to remain silent; the lack of appropriate mental health and GBV response services; and limited access to existing care (for example, due to mobility or financial constraints, lack of information), among other factors.

Move with HaRT was created to address this gap and support women and girls who have survived violence to experience healing within their communities. Informed by feminist and healing justice perspectives, the programme aims to address the intersections between trauma, mental health, and violence prevention (Box 1).

Move with HaRT was developed by [Healing and Resilience after Trauma](#) (HaRT), a feminist organisation based in Kampala, Uganda. Inspired by the growing evidence of the power of movement and body-based approaches in healing from sexual and other forms of violence,¹ this unique programme integrates a variety of mind-body practices (see 'Programme Model' below).

Move with HaRT has evolved over many years of practising, listening, and learning with survivors of GBV, starting with a single group of ten women in 2016. Eight years later, the curriculum has been refined through rounds of participant feedback, evaluation findings, and technical reviews from trauma-focused clinicians, violence experts, and GBV survivors. To date, over 558 survivors and activists have participated in Move with HaRT, and their stories demonstrate the meaningful ways this work can change lives.

This Programme Summary provides an in-depth description of the programme's context, design, key activities, and adaptation for the Philippines, as well as HaRT's learning journey over time — which may be relevant for others engaged in similar work.

BOX 1: MOVE WITH HaRT AND VIOLENCE PREVENTION: WHAT ARE THE LINKAGES?*

- ▶ **Adopting a politicised social justice approach:** HaRT positions its work within a healing justice framework, which recognises healing as a liberatory practice to overcome structural oppression. As such, Move with HaRT explicitly aims to transform embodied trauma to catalyse holistic well-being, resilience, and a path towards collective liberation—including freedom from violence.
- ▶ **Interrupting the link between mental health and violence:** A consistent body of research demonstrates that poor mental health is both a consequence of—and a risk factor for—experiencing violence (see Prevention Collaborative's [evidence review](#) on Pathways between Poor Mental Health and Intimate Partner Violence). By addressing survivors' mental health needs and promoting mental wellness, Move with HaRT is considered a secondary prevention strategy to reduce future violence.

- ▶ **Addressing gaps in the prevention-response continuum:** The availability of specialised mental health care is severely limited in many communities. Moreover, in some contexts, existing services may not be accessible (due to mobility constraints, financial barriers, and so on) or desirable.² Given its relatively low cost and demonstrated resonance among survivors in various community contexts, Move with HaRT promotes inclusivity and access to survivor support services—an essential component of comprehensive violence prevention programming.
- ▶ **Sustaining violence prevention movements:** Feminist organisations increasingly identify collective care as an urgent priority to mitigate burnout, compassion fatigue, and vicarious trauma among activists, survivor advocates, and programme staff.³ In addition, many individuals in these roles are survivors themselves, who may also be experiencing trauma-related symptoms and/or be at higher risk of mental distress in the course of their work. In light of these realities, collective healing must be at the centre of movement-building and organisational efforts to end violence.

* Adapted from '**Programme innovations in VAWG prevention: Making the Case for Mind-Body Approaches**'.

CONTEXT AND COMMUNITY

Move with HaRT was developed in Uganda, where over 56% of ever-married women report experiencing IPV in their lifetime.⁴ Uganda is also both a source and transit country for human trafficking for sexual exploitation, with migrant women facing disproportionate risks.⁵ Moreover, survivors of GBV have limited access to formal mental health services due to a lack of infrastructure, stigma, and/or financial barriers.⁶ As a result, many survivors seek traditional health practitioners, many of whom use body-based rituals (including dancing) and group-based support systems.⁷ This cultural practice of communal and movement-based approaches to healing is common around the world and provides a useful entry point for mind-body programmes like Move with HaRT.

Move with HaRT was created through an iterative, multi-year process. Starting in 2016, HaRT team members began implementing yoga and mindfulness practices with women and girls who had experienced human trafficking. As a learning organisation, HaRT systematically embedded learning and research into each cohort. The curriculum – initially written in a notebook – continued to develop and evolve based on input from survivors and facilitators. In 2020, HaRT received a small grant from the Eleison Foundation to undertake a formal review and development process. At this point, HaRT also engaged a graphic artist to integrate visual explanations and enhance the overall design, organisation, comprehensibility, and beauty of the materials.

To date, HaRT has most often partnered with anti-trafficking organisations to implement Move with HaRT with women and girls (aged 14 and older) who have experienced human trafficking,

predominantly for sexual exploitation. Many participants have also experienced overlapping forms of GBV, including IPV. The programme has been implemented in both residential (such as shelter-based) and community-based settings in and around Kampala, Uganda. HaRT has also facilitated cohorts with LGBTQI+ activists, women leaders, and staff from violence prevention and mental health organisations. In 2022, the programme underwent a socio-cultural adaptation for the Philippines (see more under Adaptation below).

Move with HaRT curriculum does not include direct discussion of human trafficking or GBV, and the programme content is not oriented toward any specific form of violence. However, as with all quality programming, adaptations may be necessary when introducing Move with HaRT to new communities. As noted in Prevention Collaborative's [Guidance Note](#), it is critical to determine what changes may be needed to improve relevance and appropriateness for a specific context. The adaptation process should ideally be guided by consultations with programme originators (HaRT) and individuals with relevant lived experiences in the settings where the programme will be introduced.

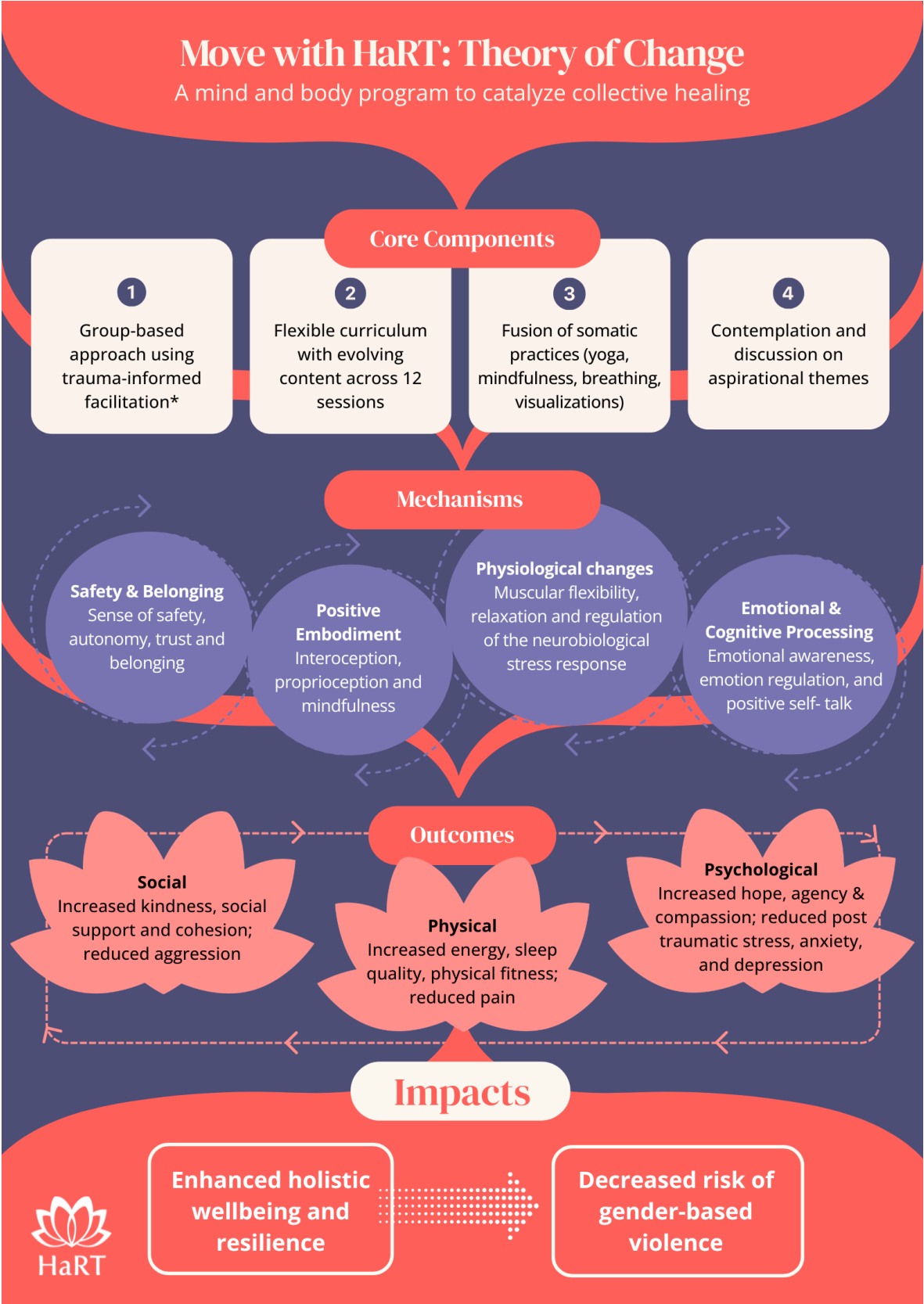
PROGRAMME MODEL

Move with HaRT's theoretical underpinnings draw from several fields, including violence against women, mental health, and politicised somatics—which focuses on the individual and collective body as a site of harm (such as shaped by trauma, violence, and systemic oppression) and resilience (such as a source of power, protest, and restoration). The programme also builds on the growing body of literature highlighting the promise of contemplative practices—such as yoga, meditation, mindfulness, and related practices—in accelerating trauma healing and mitigating trauma-related mental health symptoms. Several distinct mechanisms have been documented in the literature, including:

- ▶ **Changes in neurobiology and physiology:** Yoga and meditation can help regulate the autonomic nervous system and hypothalamic-pituitary-adrenal (HPA) axis, both of which are involved in the body's stress response and are often dysregulated in trauma survivors. Research using magnetic resonance imaging (MRI) has also documented adaptive changes in the amygdala, anterior cingulate cortex, and other brain areas related to emotion regulation and fear among yoga and meditation practitioners.
- ▶ **Increased interoceptive awareness:** Yoga is associated with a heightened awareness of one's bodily sensations and internal state (including emotions), which may facilitate emotion regulation, relationship building, and other positive shifts.
- ▶ **Psychological changes:** Studies of trauma-informed yoga and mindfulness programmes have consistently documented improvements in self-esteem, self-acceptance, and personal agency.
- ▶ **Social support:** When delivered in a group setting, several studies have found that participation in yoga programmes strengthens interpersonal relationships and perceptions of community support.

Drawing on this literature—as well as HaRT’s own learning and research—Move with HaRT’s theory of change (see Figure 1) posits that, when implemented with fidelity to its core components, the programme catalyses four interrelated mechanisms (i.e., pathways) to healing:

Figure 1. Move with HaRT: Theory of change.



- ▶ **Safety and Belonging**, which refers to experiencing a greater sense of safety, autonomy, trust, and belonging —connection to something beyond one’s individual self.
- ▶ **Positive Embodiment**, conceptualised as enhanced interoception, proprioception, and overall mindfulness. Positive embodiment extends this awareness to taking action that cares for the body.
- ▶ **Physiological Changes**, including improved muscular flexibility, relaxation, and regulation of the neurobiological stress response (primarily through the autonomic nervous system and HPA axis).
- ▶ **Emotional and Cognitive Processing**, or the ability to be aware of – and skillfully navigate – one’s emotional and mental state, for example, through introspective engagement and reframing of negative self-talk.

These mechanisms may not manifest for all participants; however, these positive shifts are hypothesised to have a synergistic effect and contribute to positive outcomes across social, physical, and psychological domains. In the longer term, programme outcomes are expected to enhance holistic well-being and resilience, which will subsequently reduce the risk of GBV.

PROGRAMME ACTIVITIES

As noted in Figure 1, Move with HaRT uses a flexible curriculum delivered by a trained HaRT facilitator. The programme comprises 12 sessions delivered over three months to a closed group of up to 15 participants (see Figure 2). The content is organised around three aspirational themes: **Safety in the Body** (Sessions 1-4), **Radical Self-Love** (Sessions 5-8), and **Compassion in Action** (Sessions 9-12). Each session integrates various somatic practices (yoga poses, breathing exercises, mindfulness techniques, and guided visualisations), along with facilitated discussion and suggested self-practices. HaRT’s trauma-informed principles are applied throughout (see Box 2). The core programme activities are described below.

1 HaRT Facilitator Selection, Training, and Ongoing Support

As with all group-based programming, the facilitator’s role is vital in ensuring programme fidelity, safety, and space for critical reflection (see, Prevention Collaborative’s brief on [Training and Mentoring Community Facilitators to Lead Critical Reflection Groups for Preventing Violence Against Women](#)). For Move with HaRT, there are additional considerations due to the somatic and mental health components, including:

Figure 2. Monthly curriculum.



- ▶ Physical fitness to provide audible guidance while performing dynamic movements.
- ▶ Ability to demonstrate simple yoga and breath practices.
- ▶ Basic understanding of body alignment principles (such as to reduce the risk of any injury or muscular pain).
- ▶ Responsive and empathetic interpersonal facilitation skills.
- ▶ Sufficient mental health knowledge to appropriately respond, refer, and accompany participants in crisis (when needed).

Organisationally, HaRT has successfully recruited and trained facilitators from various backgrounds and education levels—including social work, counselling, yoga and dance, and public health. For facilitators without prior yoga experience, HaRT recommends they first engage with Move with HaRT as participants to determine their suitability and comfort with the role.

All facilitators undergo intensive training, which includes:

- ▶ An overview of trauma and trauma symptoms.
- ▶ A summary of GBV and feminist approaches to GBV programming.
- ▶ An in-depth curriculum review and practice.
- ▶ Skill-building around trauma-informed facilitation and holding difficult emotions.

BOX 2: HaRT'S PRINCIPLES OF TRAUMA-INFORMED FACILITATION

- ▶ Promote physical and psychological safety (including adherence to referral protocols.)
- ▶ Practice calm, inclusive, and non-judgmental communication.
- ▶ Invite self-awareness and choice throughout all activities.
- ▶ Affirm internal strengths and capacity for healing.
- ▶ Strive to balance power and enhance mutuality.
- ▶ Embed structured support and collective care for facilitators/staff.

Refresher training and ongoing facilitator support are also essential. These provide structured space to learn from facilitator experiences (and tweak the curriculum as needed), support facilitators in processing any emotional difficulties or otherwise challenging experiences and deepen facilitation skills and familiarity with the curriculum. HaRT typically conducts weekly practice and debrief sessions with the facilitation team, alongside one-to-one supervisory calls as needed. Collective care activities for facilitators are also prioritised, as well as individual engagement with the programme content.

2 Partner Identification and Orientation

HaRT implements Move with HaRT in collaboration with values-aligned partners who work with survivors of GBV and/or community activists. While each partnership is distinct, most partnerships to date involve HaRT leading session delivery, supporting HaRT facilitators, conducting programme monitoring and evaluation (M&E), and leading any additional research activities.

Programme partners are typically responsible for recruiting potential participants from their existing programming, organising logistics (such as space, snacks), and providing ongoing referral support throughout the programme. Move with HaRT is designed to be inclusive of all self-identifying women and girls 14 and above, regardless of sexual identity, religious background, mental health status, or body type. However, due to the physical demands of the programme and because facilitators are not trained counsellors or mental health providers, all potential participants are expected to have sufficient mobility necessary to perform basic tasks (such as walking, standing, sitting) and cognitive ability to provide informed consent.

As previously mentioned, partners support Move with HaRT by mobilising participants for the weekly sessions and handling onsite referrals, including immediate counselling, follow-up support, and onward referrals as needed. Before the programme starts, HaRT and its programming partners jointly develop a detailed Memorandum of Understanding to clarify all roles, responsibilities, and budgetary implications.

More recently, HaRT has formalised a partner orientation process in which a facilitator delivers one or two Move with HaRT sessions to all interested staff prior to beginning programming with survivors. This allows staff to experience the programme first-hand and gain a deeper understanding of its themes and practices. Including this orientation has improved how partners better prioritise Move with HaRT and enhanced staff involvement in the recruitment and engagement of participants.

3 Info Session for Potential Participants

Joining Move with HaRT is always voluntary, and participants can leave the programme at any time. However, HaRT also takes steps to ensure potential participants have accurate information about the programme and can make a fully informed decision. This is especially important in Uganda and other religious settings where yoga and meditation are sometimes stigmatised or believed to be a form of witchcraft. To address these misconceptions, all potential participants are invited to attend an Info Session where facilitators carefully walk through the programme (including why it was created, how it works, and feedback from prior participants). During this Info Session, team members use a set of talking points developed by the Uganda team, demonstrate a few practices, and provide space for interested

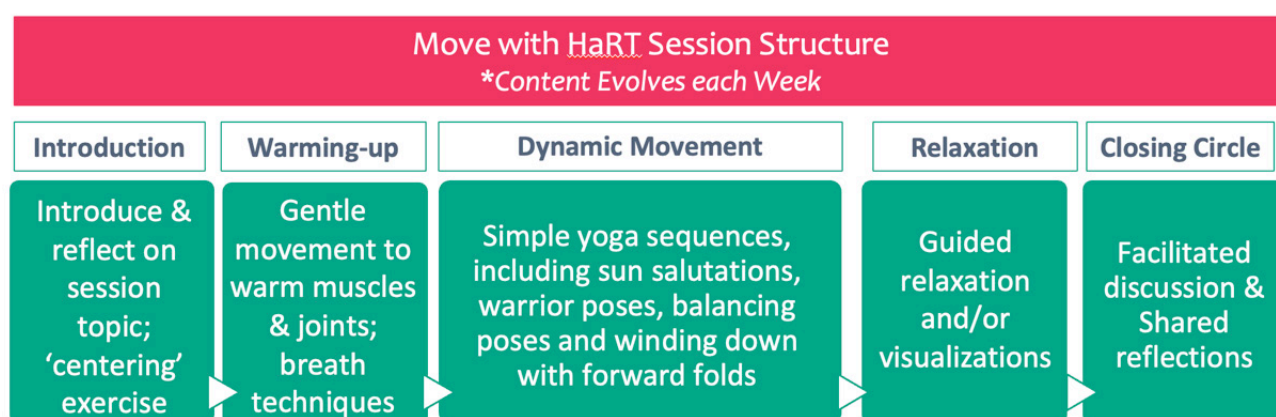
participants to raise any questions or concerns. The Info Session also offers an opportunity to ask participants for their preferred day and time for the sessions, as well as to identify any potential barriers to their participation.

4 Programme Implementation

HaRT facilitators deliver the programme, typically through weekly sessions that run between 90 minutes and two hours. Each session follows the same structure and sequence (see Figure 3), beginning with contemplation on the session topic, followed by a warmup and more dynamic movements, and ending with a final rest that includes guided relaxation and/or visualisation.

The group then forms a 'Closing Circle' and engages in an interactive discussion designed to support participants to reflect on the session, connect it to their personal lives, and offer peer-to-peer support.

Figure 3. Session Structure.



Programming implementation is further enhanced by:

- ▶ **Water and Snacks**, provided during every session to nourish participants and create a bonding moment, typically shared during the Closing Circle.
- ▶ **Childcare**, offered during each session to ensure that mothers can be fully present and engaged.
- ▶ A **Commitment Letter**, read aloud and co-signed by the facilitator and each participant at the end of Session three. This letter promotes individual and group accountability and reinforces core values such as curiosity (rather than judgement), individual choice, and listening to one's body.
- ▶ **Affirmation Cards** (small cards with printed affirmations –see Figure 4 for an example), distributed to each participant at the conclusion of Session four.
- ▶ A **Group Celebration** at the end of the programme, tailored to each group and partner organisation.

- ▶ A **Self-Practice Handbook** for each participant, which includes a summary of all 12 session topics and key poses.
- ▶ **Transport Reimbursements** provided when deemed necessary and appropriate.

5 Monitoring & Evaluation (M&E)

Basic M&E for every Move with HaRT session includes an attendance form with multiple-choice and open-ended questions to be completed by the facilitator. This form documents any referrals, substantial interruptions or deviations from the session curriculum, and impressions of key challenges and successes. In addition, another HaRT team member periodically joins the sessions to conduct a fidelity assessment and capture structured observations related to group energy, interpersonal dynamics, use of trauma-informed language, and more. Notes from the attendance form, along with overall reflections, are unpacked and documented during weekly debrief sessions with other HaRT team members. These sessions support team troubleshooting and identifying any follow-up actions. Deeper investments in learning and research are described below.

Figure 4. Example of affirmation cards



PROGRAMME ADAPTATION

In 2022, HaRT, the Eleison Foundation, and the University of Alabama collaborated on a multi-stage adaptation and pilot of Move with HaRT for survivors of human trafficking and GBV in Cebu City, Philippines. Shared values guided the collaboration between the organisations, specifically a focus on trauma-informed care, survivor-centeredness, and holistic healing.

The adaptation followed a structured process broadly aligned with the four-phase Ecological Validity Model⁸ for cultural adaptation, which includes:

1. Expert consultation and stage setting.
2. Initial content adaptation.
3. Iterative content adaptation with community members.
4. Final adaptation with community feedback meetings.

The adaptation occurred through the following steps:⁹

- ▶ Eleison staff and select community partners participated in the full Move with HaRT programme (facilitated virtually) to assess cultural appropriateness and identify

necessary modifications for the Cebu context. Systematic feedback was collected throughout via weekly open-ended questionnaires and two focus group discussions after the programme concluded.

- ▶ Eleison staff reviewed all written feedback and identified areas for adaptation, which were then discussed and finalised with the HaRT team.
- ▶ The Move with HaRT curriculum underwent an initial revision based on identified areas. This included reducing the number of yoga poses per week, simplifying language, and changing the overall Month three theme from **‘Compassion in Action’** to **‘Healthy Relationships’**, with new content added on setting boundaries.
- ▶ Input from community members was gathered by testing content with members of Eleison’s Client Advisory Board.
- ▶ The final adapted curriculum—called ‘HaRT Cebu’—was formally piloted with three cohorts of human trafficking survivors (see Learning & Research below for evaluation details).

“The thing that gave me encouragement, Miss, was the warrior pose, Miss, because whatever happened in my past or what will happen in the future, it is important to be a warrior to face them in your life, Miss, that you wouldn’t fall. It’s like you have to keep your stance ... keep a strong stance on the ground, and that you have to strengthen your feet to stand up to the challenges.”

—HaRT Cebu Participant, Philippines 2023

LEARNING AND RESEARCH

As a learning organisation, HaRT has embedded continuous learning throughout the development and implementation of Move with HaRT. In addition to the basic programme monitoring described above, HaRT convenes a Survivor Advisory Group in Uganda to provide guidance and insight and has engaged in several in-depth learning partnerships.

HaRT has also developed and protocolised its feminist approach to research, which centers safety, well-being and care of both participants and the research team.¹⁰

An overview of HaRT’s learning journey is provided below.



Date & Location	Aim	Description	Key Findings
2017 – Uganda	Initial assessment to explore cultural resonance and feasibility.	Internal learning assessment involving pre-/post- self-administered questionnaires and facilitator feedback.	Promising indications of programme resonance and acceptability; however, consistent attendance was identified as a potential challenge. ¹¹
2020 – Uganda	Mixed-methods pilot to explore mental health outcomes.	Partnership with University of Alabama; quasi-experimental study involving six rounds of survey data and two rounds of qualitative interviews.	Statistically significant improvements in depression, anxiety, and PTSD compared to a non-randomised comparison group. Qualitative findings identified a range of perceived physical, emotional, and social changes (Carlson et al. 2022).
2020-2021	Curriculum revision.	Technical review of the Move with HaRT curriculum by five external experts, including mental health clinicians, trauma-informed yoga teachers, and violence prevention experts. The HaRT team also integrated internal practice-based learning to inform the revision process.	Several important revisions were made to enhance trauma-informed language, promote emotional safety, and systemise session structures to facilitate rigorous evaluation, testing, and delivery in diverse contexts.
2021 -2022 Philippines	Socio-cultural adaptation and pilot evaluation.	Partnership with the Eleison Foundation and the University of Alabama; year-long adaptation process and a non-experimental mixed-methods study including three rounds of survey data and one round of qualitative interviews.	Quantitative findings showed significant reductions in symptoms of depression, anxiety, and PTSD among survivors. ¹² Qualitative findings indicated strong support and perceived relevance of the programme, as well as changes broadly supportive of the programme's theory of change.
2024 – 2024 Uganda	Rigorous impact study (SHiNE – Sharing HaRT in New Expanses).	Partnership with the University of Alabama, IPA-Uganda, seven programme partners, and HaRT's Survivor Advisory Group. Randomised controlled trial involving three rounds of survey data and one round of qualitative interviews (n=320).	Research ongoing; study registered at ClinicalTrials.gov

PROGRAMMING LESSONS

Move with HaRT has evolved in many important ways over the past eight years, largely in response to HaRT's research and practice-based learning. Several key lessons are shared below in the hope that these insights are useful for other organisations considering implementing Move with HaRT or similar programmes.

Addressing Logistical Considerations

- ▶ **Venue:** Programme learning has repeatedly emphasised the importance of delivering Move with HaRT in a venue that is private (i.e no onlookers or intruders), clean, dry during the rainy season, sufficiently warm (or cool), and available consistently at the same time and day each week. Another consideration is size, as the space should accommodate the group with space around each exercise mat to ensure everyone feels comfortable.
- ▶ **Group Size:** HaRT recommends anywhere from eight to 12 participants (maximum 15) per cohort. We have found that this size allows for a collective experience while enabling effective trauma-informed facilitation and careful observation of each participant.
- ▶ **Water and Snacks:** Offering water and a snack at the end of each session (or during the Closing Circle) is an integral part of the Move with HaRT programme. This serves several purposes. First, participants may be experiencing food insecurity or, due to trauma symptoms, may not be attuned to their own sensations of thirst, hunger, or low energy. Providing snacks and water enhances safety by ensuring participants are not overly depleted by the physical practice. Second, in many cultures, sharing food is a form of social bonding. Thus, enjoying food together can help deepen interpersonal connections, contributing to the 'safety and belonging' mechanisms hypothesised in the programme's theory of change.
- ▶ **Referrals:** All sessions require onsite support by a partner staff in case immediate referrals are needed by the HaRT facilitator. This should be carefully planned, budgeted for, and documented in the MoU with the partner organisation.
- ▶ **Childcare:** It is essential for participating mothers to have the option to leave their child/children in the care of a trustworthy and responsible individual while participating in the sessions. However, programme learning also shows that some mothers (particularly with young children) feel more comfortable having their child in the practice venue. Additionally, women or girls with young children may need to breastfeed during the session. In such cases, it is recommended to inform the entire group that some members may be leaving and rejoining the session for this purpose.
- ▶ **Transport:** When deemed appropriate by the partner organisation, transport reimbursements can be offered. The amount should consider both the actual transport cost incurred and any 'opportunity costs' such as lost income during this time. HaRT has found that, for simplicity, offering a standard reimbursement to all participants is easier to manage than allocating different amounts based on home location (provided the amount is fair and does not manipulate participants' decision to join the programme).

- ▶ **Attendance:** Attendance is a frequent challenge in any community-based activity. While some participants may lack motivation or fail to prioritise sessions, absences are more often due to external circumstances such as the need to care for a child or family member or competing commitments (including employment). With proactive planning, however, the HaRT team has achieved robust attendance. For example, the average completion rate during the SHiNE randomised controlled trial was 10.6 sessions (88.5%) among 175 participants. Innovations to boost attendance include:
 - ▶ Providing childcare and transport reimbursement to mitigate common barriers to participation.
 - ▶ Introducing the Commitment Letter after Session three (as described under Programme Activities).
 - ▶ Assigning a staff member (or a Move with HaRT participant) to support mobilisation efforts each week (such as making reminder calls/texts, stopping by participants home.)
 - ▶ Planning (and budgeting) for at least one make-up session is helpful to maximise exposure to all 12 sessions.
- ▶ **Mats/Storage:** Storing up to 15 exercise mats requires considerable space, and it is recommended that this be discussed in advance with partners and included in the MoU. Clear discussions should also be held early on to determine whether the mats will be retained by partner organisations for future groups or given to individual participants.

Enhancing Implementation Quality

- ▶ **Debrief and Practice Sessions:** As described above, holding regular debrief and practice sessions with the facilitation team is key. Not only does this ensure that facilitators fully understand the curriculum and are prepared for each session, but it also provides space to integrate learning, troubleshoot emerging issues, and offer emotional support and a space to process intense emotional experiences as a team.
- ▶ **Refresher Trainings:** In addition to weekly sessions with the team, more in-depth refresher training is sometimes needed. HaRT has found that additional (and ongoing) support for how to skillfully hold strong emotions as a facilitator, and when and how to establish boundaries with participants, is particularly useful.
- ▶ **Participant Leadership:** Discussing and agreeing on leadership roles for Move with HaRT participants helps to strengthen meaningful engagement and commitment to the programme. For example, some participants may take on roles such as cleaning the space, setting up the exercise mats, or mobilising other participants. HaRT has also experimented with inviting participants to demonstrate poses or read from the curriculum on some occasions, which is typically well received. It is recommended to rotate leadership roles to avoid creating conflict or resentment within the group.
- ▶ **Partner Engagement:** It is critical for programme partners to have an in-depth understanding of Move with HaRT and to play an active role in encouraging participants

and prioritising sessions as part of their existing programming. As described above, the partner orientation session is a valuable part of the programme. Whenever possible, regular check-ins with partners are also recommended, and one specific staff member should be designated as the main contact person for the programme.

- ▶ **Agility:** While fidelity to the core programme components is important, HaRT appreciates that some groups may require adjustments to the curriculum. Sometimes, facilitators also introduce innovations more organically. When these work well, it is useful to share them during debriefs and experiment with other cohorts.
- ▶ **Co-Facilitation:** The SHiNE randomised controlled trial in Uganda demonstrated the value of having a co-facilitator where more than one HaRT team member is present for a session, especially for new facilitators. When co-facilitation occurs, the roles should be discussed and clearly defined in advance (see Box 3).
- ▶ **Collective Care:** Embedding collective care for the HaRT team and (ideally) for partners is part of HaRT's feminist approach. This can take many forms, but requires intentional planning and budgeting. Drawing on ideas from the Move with HaRT curriculum itself—for example, inviting the team to journal on session topics or opening meetings with a guided visualisation—can enhance care and deepen the teams' personal connection with the content.

BOX 3: WHAT IS THE ROLE OF A HaRT CO-FACILITATOR?

- ▶ **Serve as a support system:** A co-facilitator can lead part of a session to provide the lead facilitator with a break. They can also help set up the venue and manage any distractions during the session (for example, if someone knocks at the door or enters the space).
- ▶ **Emphasise and deepen engagement:** When invited by the lead facilitator, a co-facilitator can provide additional examples or add anything that may have been left out.
- ▶ **Be the 'eyes and ears':** A co-facilitator can observe the group's energy levels and non-verbal communication that the lead facilitator might not notice. If a participant becomes emotionally overloaded, the co-facilitator can step in to support her.
- ▶ **Share a mini-debrief post-session:** Co-facilitators can provide compassionate feedback, emotional processing, and support skill-building immediately after a session, without waiting for the full group debrief.
- ▶ **Document participant input:** Another helpful role of the co-facilitator is to document any questions, requests, or feedback from participants after a session. HaRT has found that post-session feedback (noted as direct quotations as closely as possible) offers some of the most powerful learning about the programme as it captures the immediate perspectives of participants after each session.

Contextual Challenges to Consider

- ▶ **Survivor Needs and Priorities:** Survivors often have acute needs and priorities that cannot be addressed by the Move with HaRT programme, such as safe housing, food security, or safe employment. Some participants may also be experiencing ongoing violence from intimate partners or others. It is important to work with the programme partner to understand the unique needs of each community, identify what additional support may be possible, and carefully consider whether (or not) Move with HaRT is appropriate in that context. If the programme does proceed, it is equally important to discuss its limitations transparently with participants and to avoid raising unrealistic expectations (for example around financial benefits).
- ▶ **Family and Community Involvement:** HaRT has also learned that community or family members can sometimes be a barrier to meaningful participant engagement. For example, family members may not see the programme as a priority or may misperceive its purpose. Outreach to community leaders and family members of participants may help provide accurate information and build support for participation in Move with HaRT.
- ▶ **Crisis Referrals:** Specialised mental health services are often unavailable or inaccessible in settings where HaRT has been implemented. Ideally, the partner organisation can provide basic counselling and referral support. However, in cases of acute mental health crisis, it is important to identify available services in advance and allocate an urgent action budget. As part of its trauma-informed research protocol, HaRT also provides partner organisations with training and ongoing support in suicide risk prevention.

HaRT RESOURCES

- ▶ Blog - Program innovations in VAWG prevention: Making the case for mind-body approaches <https://www.svri.org/program-innovations-in-vawg-prevention-making-the-case-for-mind-body-approaches/>
 - ▶ Blog - Trauma-informed Phone Interviews on Sensitive Topics: Learning from the COVID-19 lockdown in Uganda <https://www.svri.org/trauma-informed-phone-interviews-on-sensitive-topics-learning-from-the-covid-19-lockdown-in-uganda/>
 - ▶ Evaluating a mind-body intervention with human trafficking survivors in Uganda https://movewithhart.org/wp-content/uploads/2025/04/Carlson_5.3_Mental-health_HaRTUganda-1.pdf
 - ▶ Research with HaRT: Promoting Researcher Wellbeing Through Self and Collective Care https://movewithhart.org/wp-content/uploads/2024/02/Researching_with_HaRT_final.pdf
 - ▶ Zine - Embody our Activism: A collective exploration with activists from Uganda <https://movewithhart.org/wp-content/uploads/2024/08/Embody-Our-Activism-FINAL.pdf>
 - ▶ Visit www.MoveWithHart.org for HaRT's latest news, updates and resources.
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