# Screening for the VOICE Study at eThekwini Site: Lessons Learnt and Implications for Retention in Future Studies

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# **CAPRISA ETHEKWINI SITE**











#### **BACKGROUND**

Accrual target

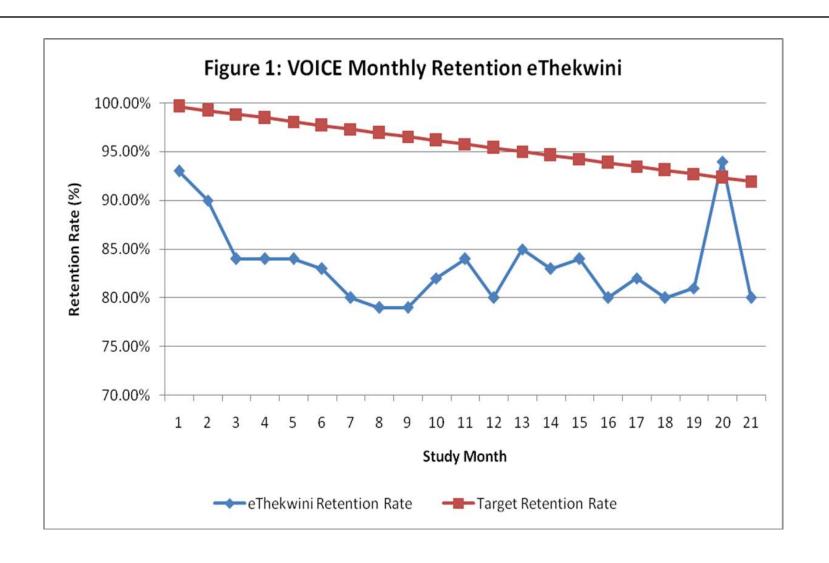
□ 360 enrolled

#### **BACKGROUND**

Target population: Students, employed and unemployed women.

- First screening = 12 May 2010
- □ First enrolment = 20 May 2010
- Volunteers were recruited from tertiary institutions, STI clinics, family planning clinics, and primary health care clinics, community-based locations (communal meeting points, etc) in Durban Central and surrounding areas.

## RETENTION AT THE ETHEKWINI SITE



## RETENTION CHALLENGES & RESOLUTION

Monthly full day Saturday clinics/Early morning, late afternoon clinics: This strategy was introduced to accommodate employed and full time students.

 Additional local IRB approved transport reimbursement for relocated participants.

## RETENTION CHALLENGES & RESOLUTION

SMS reminders of appointments: Participants indicated that they appreciate the reminders. Following the reminders participants often contact the clinic to reschedule appointments in the event of other commitments.

IRB approved milestone awards to show appreciation for participant commitment.

## RETENTION CHALLENGES & RESOLUTION

Daily retention meetings: Retention team, CLO, loR, study co-ordinator and Sister in Charge meet daily and discuss each participant that has missed an appointment, strategies to resolve the missed appointment are discussed and implemented before it becomes a missed visit.

## RETENTION AT THE ETHEKWINI SITE

Study team developed strategies to improve retention.....



But were there indicators during the screening process of future potential retention problems?

## 1. NON-ADHERENCE TO VISIT DATES

Participants were given appointment dates for Screening Part 2 and enrollment. Participants disregarded the scheduled visit date and returned on another date. In addition, clinic staff were not contacted to make alternate appointments.

Lesson learnt: Participants that disregard scheduled appointment dates without consulting study staff may pose a problem to adhering to scheduled visit dates every month once enrolled.

## 2. NOT COMPLETING TREATMENT



"It tastes good and is guaranteed to improve memory but I can't remember to take it."

## 2. NOT COMPLETING TREATMENT

Many participants diagnosed with an STI returned for enrolment and reported that they did not complete the treatment regimen. Participants were counselled on the importance of completing the treatment and given a new return date for enrolment.

Lesson learnt: Participants reporting defaulting on treatment may not be the suitable candidates to use a study product DAILY.

## 3. TIME BET SCREENING & ENROLMENT

- In an effort to reach monthly accrual targets, participants were booked for enrolment within a short timeframe from screening part 1.
- Lesson learnt: Participants need time to think over the information that was given to them. Also, a longer time between screening and enrolment can indicate their commitment and availability at a different time in the month.

#### 4. MOBILE POPULATION

- Participants reported that they are currently residing in Durban and are looking for employment, therefore they are available for study visits since they plan to remain in Durban.
- □ Lesson learnt: It must be taken into consideration that when employment is found, participants are then unavailable to attend study visits due to working 6 − 7 days a week. In addition, if employment is not found, women leave and go back "home" which is out of Durban.

## 5. RECRUITMENT SOURCES

- Recruitment from tertiary institutions. Students were recruited that did not necessarily reside in Durban but were attending tertiary institutions in Durban. Some of these students were completing a short course ie. 6 months or a year. Others who intended to study for longer periods ie. 3 years, had to drop out due to financial reasons.
- Lesson learnt: Establish whether students that are being recruited can be retained for study duration, more detailed questions should be asked.

# TAKE HOME MESSAGE

Quality is better than quantity!



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- CAPRISA staff
- VOICE study participants





## **THANK YOU**

# **QUESTIONS?**



