



UCTCTU Groote Schuur Hospital CRS Update for MTN-017

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Community Engagement



Presentation Outline

- Study Progress
- Introduction sessions to study and ICF
- Community Engagement
- Accrual and Retention lessons learnt
- Enrolment



Study Progress

- Site Specific Training conducted on 4th to 5th February
- Edging closer to site activation
- Final requirements:
 - Completion of the signature log
 - DCI and PK online data entry receipt to be confirmed by SCHARP
 - MTN PITT Core regulatory sign off



Intro to study and ICF

- Prescreen visits will occur according to our Ethics approved prescreening protocol.
- The purpose is to identify any potential barriers to their participation and retention.
- Participants will
 - complete a pre-screen questionnaire
 - Be evaluated for eligibility as per pre screening guidelines
 - Participants will be asked to bring proof of date of birth ID by means ID, birth certificate, passport etc
- Participants will attend numerous confidential face to face or small group meeting and education sessions with other interested individuals prior to screening



Intro to Study and ICF

- Sufficient discussions and assessments of understanding will be made before informed consent is signed.
- Participants will also be provided with additional study material e.g Fact Sheet

Community Engagement

- DTHF has worked actively with the MSM community since 2008
- Outreach Programming has reach MSM in over 7 communities
- Focus on capacity building, peer leadership, and community-building



Community Engagement

- Currently facilitate MSM groups in six township communities.
- About 20-40 MSM participants in each group.
- Groups meet weekly/bi-weekly and engage in facilitated discussions.
- Social activities are facilitated and inter-group events are held monthly.



Community Engagement

- The MTN 017 DTHF Team have been working within this community structure to engage MSM about rectal microbicides and this study since 2012.
- Staff engage on multiple levels with participants to transition relationships from the community to the clinic.
- While our efforts focus on the individual, our community education includes multiple strategies: Community Leaders, CAB, Stakeholders and Organizations

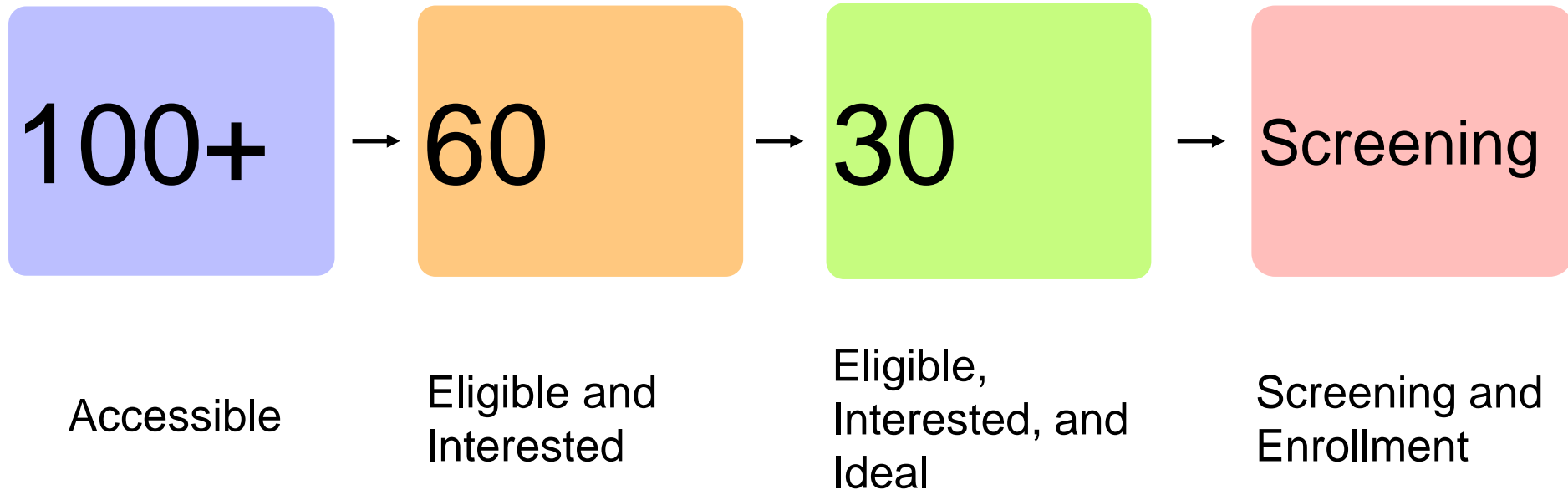
Accrual and Retention Lessons Learned

- Multiple methods of contact with a participant prior to enrollment is essential in order to gauge their commitment to the study, which include
 - community meetings,
 - social events
 - clinic information sessions.
 - Obtaining multiple contact numbers for each participant
- Person to person strategies have proven the most effective; however, multiple strategies must be implemented simultaneously, rigorously monitored, and adjusted as needed.
- A large team of outreach workers who are able to rotate their involvement with the study is essential. This also promotes a wider reach in terms of diversity in community and social networks.
- A commission-based system has been developed in order to invest resources into most successful recruiters.

Accrual and Retention Lessons Learned

- Establishing a true relationship of partnership with the MSM community is absolutely necessary.
- Community activities are always focused on capacity building, education and growth, not on recruitment.
- Creating relationships and understanding between community members and the site is always the primary goal, recruitment is a byproduct.
- Ensure that attendance of clinic visits is facilitated for employed people

Participant Accrual





Any Questions?
