



MTN-016

Unique Strategies for Retaining a Unique
Population within the EMRACE trial

September 2012

Zimbabwe

Seke South

Locale and population

- Located 30 km from Harare CBD
- Population tends to be comprised of both mobile and stable families.
- Deliver at about 4 clinics, 1-10 km from site
- Distance women come to attend clinic ranges from 1- 10 kms. Most take 1 alternative transport.
- Attitude toward participation/access to medical care during pregnancy/ for infant: Some felt that they needed to be assisted with their maternity fees by virtue of being in the study. They however felt quite happy to bring their babies to the study Paediatrician.

Zimbabwe

Seke South

# Women enrolled/ Infants delivered	13 women were enrolled and 12 infants delivered
# of woman/ infant visits remaining	Infant visits remaining for Month 6 - 5 Month 12- 9 There currently is no withdrawal of consent and we have no relocations out of range. Our scheduling of participants on “reserved” days streamlines their visits in a manner which has favored retention.
Date of last expected Infant 12 Month Visit	21 Aug 13

Zimbabwe

Spilhaus

Locale and population

- Located 8 km from the CBD
- Population tends to be comprised of mostly stable families (2 of 9 participants toggle between their rural and urban homes), mostly within 10 km radius.
- Deliver at 13 City Council Clinics within 10km radius from site
- Attitude toward participation: mostly happy to attend with a feeling of benefit from being attended to free of charge whenever they (and their babies) had ailments outside study schedules.

Zimbabwe

Spilhaus

Locale and population	- Access to local medical care during pregnancy and later for infant: initially concern was expressed regarding maternity fees (50 USD) which most felt was steep. During the course of the study, however, the government scrapped maternity fees in all public institutions. Access to study Paeditrician/doctors at no cost was a plus for all participants.
# Women enrolled/ Infants delivered	9 women enrolled and 9 infants.
# of woman/ infant visits remaining	Infant 6 months visit -6 Infant 12 months visit-6
Date of last expected Infant 12 Month Visit	22 August 2013

Zimbabwe

Zengeza

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|-----------------------|---|
| Locale and population | <ul style="list-style-type: none">- Located 23km from CBC- Population tends to be comprised of necessitating frequent visitations. Stable and mobile families (cross border traders, rural homes and some with husbands living outside our borders).- Deliver at x4 local clinics within 10km of Chitungwiza. About 30% of participants delivered outside our area, the furthest was about 500km away from site.- Attitude toward participation: Most participants were happy to attend and did not appear to be additionally burdened |
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Zimbabwe

Zengeza

Locale and population	<ul style="list-style-type: none">- Distance women come to attend clinic Ranges from 1- 10 kms. Most take 1 alternative transport.- Access to local medical care during pregnancy and later for infant Some felt that they needed to be assisted with their maternity fees by virtue of being in the study. 1 husband refused permission for the initial newborn visit citing non payment of fees by the study. They however felt quite happy to bring their babies to the study Pediatrician.
# Women enrolled/ Infants delivered	12 women enrolled with 11 infants delivered(including 1 stillbirth)

Zimbabwe

Zengeza

of woman/ infant visits remaining

There currently is no withdrawal of consent and we have no relocations out of range. We have one participant who is bringing in her infant from about 500km away. We have a well motivated participant base who get in touch with us on their own volition. Their male partners are equally well motivated.

Infant Month 6 visits: 2

Infant Month 12 visits: 2

Date of last expected Infant 12 Month Visit

21 June 2013



Mother Retention

- Women exiting VOICE who have not yet delivered
 - Increase telephone contact
- Chronic defaulters
 - Ask permission for phone check-ins
 - Determine if consent is being withdrawn
 - Could return and join/have visit up to infant's first birthday
 - Transfer to another site?




Infant Retention

- Infant visits are unique from each other
 - Newborn/initial-moms with recent episiotomies/ c-sections not so eager to travel, especially with multiple connections/crowded public transport
 - Month 1 – may be in rural areas with family
 - Month 6 – large time gap since last visit
 - Month 12 – large time gap since last visit/final visit could be easy to dismiss



Infant Retention

- Retention SOP, sections 2.4 and 2.6



Retention Options – a cocktail approach

Challenge #1: Identifying delivery


- Mom calls/ family or friend pre-identified calls – site to follow up at hospital
- Site team calls daily for a check in (with mom's assent)

Some sites give modest amount of air time for cell phones

- KEY: mom's buy-in – could she identify a family member or friend she could assign the task of contacting the site?


Retention Options – a cocktail approach

- Challenge #2: Newborn Visit in 10 days of birth
 - Transport options:
 - collect M-I pair at discharge, bring to clinic for visit, and then take home
 - Collect M-I pair from home and retrieve for site visit
 - KEY: mom's buy-in/engagement
 - Discuss at IC, each visit, and as EDD approaches that this is a big ask and we appreciate her commitment



Retention Options – a cocktail approach

- Challenge #2: Newborn Visit in 10 days of birth
 - Off site visit options:
 - Conduct Newborn Visit at place of delivery prior to discharge, as visitor of the mother rather than as “clinician”
 - Conduct Newborn Visit at home
 - KEY: mom’s buy-in/engagement
 - Pre-plan with mother and review at subsequent visits/telephone contacts



Retention Options – a cocktail approach

□ Challenge #3: Month 1 Visit

With a window of +/- 2 weeks

- Off site visit options: currently not available
- Other options?
- KEY: mom's buy-in/engagement
 - Pre-plan with mother and review at subsequent visits/telephone contacts

Retention Options – a cocktail approach

□ Challenge #4: Months 6 & 12 Visits

With a window of +/- 1 month

- Off site visit options: currently not available
- Keep in contact with mom – locator info current?
- If she relocates, is she near another site?
- KEY: mom's buy-in/engagement
 - Pre-plan with mother and review at subsequent visits/telephone contacts