

Holistic Approach to Participant Care

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Teamwork at Zengeza





Introduction

- During study participation, our participants interact with many people
- Male partners, Relatives and Community in general
- Disharmony in the community may arise at any time between participant and any of the people listed above
- May affect participant's physical, mental and social well being
- May even result in **social harm**

Social Harm

- ❑ **Social Harm**—non medical adverse consequence, occurs when a participant experiences difficulties in personal relationships with partner, family members and the community as a result of their participation in the study.
- ❑ To date, no reported social harm at Zengeza
- ❑ Interesting case of discord between participant and family
- ❑ Not related to study participation, hence not a social harm *per se*
- ❑ We therefore just called it “**Participant Harm**”

Participant Harm

Participant 318-30063-8, 23 year old orphan, presented to clinic after month 6 visit with:

- **Suicidal ideation** due to persistent domestic violence
- Verbally abused by husband and in-laws
- Physically abused by paternal grandmother
- Sexually and financially abused by husband
- **Homelessness**
- Evicted by husband and his relatives
- Evicted by paternal grandmother
- **Disowned by relatives**
- Paternal grandmother, *“She is a prostitute like her mother”*
- Paternal uncle, *“Don’t bother me about your marital problems. I will only intervene when I hear that your husband has killed you!”*



Best Practice for Zengeza

- Treat participants as individuals and we accept/address their unique situations.
- Address participant's social, physical, emotional concerns and do not just end with study-specific procedures only.

Participant Harm Management

- ❑ Comprehensive counselling was done .
- ❑ Appropriate medical care was provided.
- ❑ The following referrals were made:
 - The Police – to deal with assault
 - Musasa Organisation against Gender Based Violence
 - Participant started off a small income generating project
 - The Shelter for Abused women – to provide housing and subsistence for participant and her 3 year old asthmatic daughter.
 - The Shelter for Abused women - Medical intervention for the daughter who did not have her medicines



Participant Harm Management

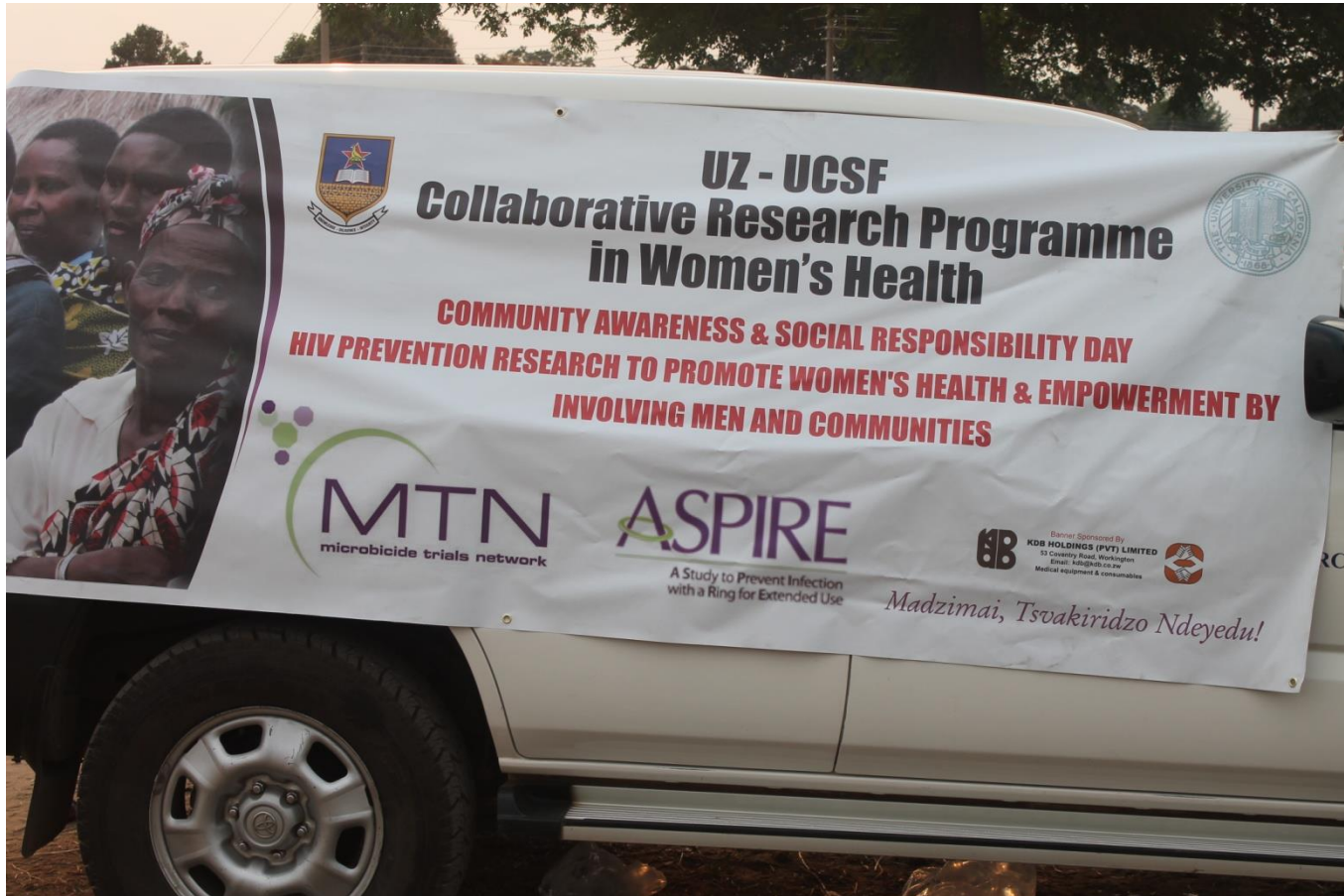
- The Shelter for Abused women – located at an undisclosed site for the women’s safety
- Our plan was for The Shelter to bring participant to Musasa who would bring participant to site for study visits
- Courtesy calls were made by the study team to follow up the referrals.
- Participant now re-united with family and back in the family home
- We are not only concerned about the needs of our participants, but also of the well being of the community where our studies are conducted



Next Steps

- After this case, site staff realised that community strife probably arising from general ill-health, lack of health information and lack of recreation in Chitungwiza
- This could adversely affect ASPIRE
- We decided to improve community health by engaging organisations providing psychosocial services at a larger scale
- To target the Chitungwiza community
- We incorporated Social Responsibility Day (SRD) activities into the previously planned Community Awareness Campaign (CAC)

Informative Banner



SRD and CAC

- Education and Recreation – Drama, Disco, Netball and soccer matches
- Overview of ASPIRE, dispelling of myths/misconceptions – by ASPIRE staff and CAB Members
- Free medical consultations and examinations
- Musasa overview of services offered – GBV
- Population Services International – HTC, FP Services
- Earth link – load shedding/rainy season approaching, discussed electrical safety in the home
- Local leaders – “*Stop Littering!*”
- This event was wholly sponsored by our partners

Man-to-man chat at half-time!



Women's Break Out Session



Achievements

- Attended by about 300 men and women of all ages
- 52 received free medical consultations/examinations
- 83 clients accessed HTC services.
- 6 couple-clients went through HTC including 2 pregnant.
- 10 clients tested HIV positive and 8 of them had CD4 tests done on site, with appropriate referrals.
- 80 clients received family planning counselling and services.
- Prevalence rate -12%.
- 50 HIV negative women were seen, encouraged to visit ASPIRE clinics to find out more about the study



Conclusion

- Healthy, happy and informed community will positively affect ASPIRE via:
- Timely accrual
- Good adherence
- Remarkable retention



Acknowledgements

- Chitungwiza Community
- CAB
- Staff
- Study participants
- FHI
- NIH



Discussion

How are other ASPIRE Sites Managing similar scenarios?

Are shelters available and functional in your research communities?

Thank you!!

