## Factors of Retention & How They are Addressed

| Who is enrolled in the trial? | • Extensive locator information and pre-screening  
• Is this participant the right fit?? |
|-------------------------------|--------------------------------------------------------------------------------------------------|
| Is the clinic a place where ppts want to be? | • Suggestion boxes  
• 1-on-1 check in with CHWs  
• Friendly environment |
| Reminder systems | • Participant Tracking Database  
• Site-specific systems (SMS, diaries)  
• Multiple staff cadres participating |
Factors of Retention & How They are Addressed

Accommodate participants who work or go to school

- Saturday clinics, early mornings, later evenings offered as needed

Off-site visits?

- MRC, Cape Town, Uganda, and eThekwini are approved to conduct these
Tools for Retention

- Retention report and retention graphs on Atlas (updated daily)
- Missed visit report (monthly distribution to sites)
- Participant tracking database
- Site-specific tools(trackers
- ‘Retention Check-in’ as a counseling component
Missed Visit Report

- A cumulative summary of all visits missed at the CRS, by PTID
- Draws attention to chronic defaulters, as well as those who miss intermittently/periodically
- Sent monthly to sites; followed up via priority emails and implementation calls
So how are things looking?
Current Retention Rates

As of Feb 6, 2013:
Month 1: 98%; range (93-100%)
Month 2: 96%; range (90-100%)
Month 3: 97%; range (90-100%)
Month 4: 97%; range (83-100%)
Month 5: 100%
Reasons for Missed Visits
(n=19 per Jan 15th Missed Visit Report)

- Visiting family/partner for holidays and/or relocation (6)- some remain unresolved
- Work challenges (5)- since resolved
- Partner challenges (2)- since resolved
- Planned extended leave (2)- product was provided in advance
Reasons for Missed Visits

- Associated ring use with bladder infection and does not want to participate (1)- unresolved
- Did not want to come due to blood draws (1)- since resolved
- General reluctance (1)- since resolved with counseling
- Studying (1)- since resolved
We know participants may miss a visit...

The key questions are:

1. Are they in the clinic for the following visit, or is it missed again?
2. Do they have access to study product when they miss a visit?
Access to study product is KEY

As of 6 Feb: 52 missed visits in ASPIRE, 9 participants had extra product with them (17%)

Product availability is critical- but it many cases requires foresight that the participant might not be able to come back- can this be increased so more participants are provided with extra product ahead of time?
Retention is not the job of outreach teams alone

- At eThekwini there are daily meetings held with IoR, SC, retention team and data team to review reports and discuss retention activities for the day.
- At Cape Town the pharmacist plays a role in tracking visits, along with the SC and outreach team.
- With the utilization of the tracking database, the data team should be intimately involved in the process.
- ALL site staff influence the participant’s willingness to return to the clinic.