UCT CTU 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 4\textsuperscript{th} to 5\textsuperscript{th} 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 reached MSM in over 7 communities
- Focus on capacity building, peer leadership, and community-building
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.
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

100+    →    60    →    30    →    Screening

Accessible    Eligible and Interested    Eligible, Interested, and Ideal    Screening and Enrollment
Any Questions?