

All-Embracing Best Practices

- Planning meticulously, documented and reviewed (what, who, how, when)
- Standard Operating Procedures (easily understandable and accessible)
- Know your audience through community mapping (ongoing exercise and multiple approaches)
- Integrated approach of studies and protocols
- Involve all site staff in planning and continuous update
- Budget clarity, availability and accessibility (accountability framework)
- Happy staff (team building, open environment for reasonable registering staff unhappiness, conflict resolution)
- Documenting for best practice records and publications

Community Engagement

- Internal stakeholders and establishment of relationships/holders and different levels (health departments and other affiliated intuitions, CBO's, traditional healers, maintained through study advisory group and cab)
- Regular study updates/feedback on progress of the study/community education. This should be communicated to community stake holders and other involved in the study.
- Participate in national health activities such as cancer awareness, breastfeeding awareness, and health talk at schools.
- Be respectful and try to honor all request for participation and or speakers even if these things might not be a part of the study mandate.
- Formative research – factors that could impact the study implementation and knowledge of the community – related to study
- Perform stakeholder mapping exercises to identify supporters and those who might oppose the research.
- Engage relevant departments within in the Department of Health about new studies prior to submission to the Ethics Review Committee.
- Develop CE work plan to streamline community engagement activities to avoid confusion inside and outside of the institution.
- Special consideration should be given to male involvement planning in an effort to create and enabling environment for enrolling women.

Community Engagement Key Points

1. Develop a comprehensive community engagement work plan inclusive of community mapping, CAB utilization, recruitment, and retention strategies
2. Male involvement strategies should be at the forefront of planning and not an after thought
3. Establish reciprocal relationships with key stakeholders

Recruitment

- Proper identification and recruitment of staff
- Appropriately trained staff (investment in appropriate training methodology, also continuous and less punitive)
- Recruitment and retention plan

- What study
- Inclusion and exclusion for eligibility (develop check list for community pre-screening)
- Target number
- Recruitment period
- Update intervals (within CE team and general site team)
- Link stakeholder relations with community education and recruitment
- Population targeted needs assessment (school children, sex workers, fishing communities, unemployed youth etc.)
- Conduct focus groups to gather information and strategize recruitment/retention tactics
- Targets per protocol or study
- Recruitment strategies
 - One on one
 - Group events
 - Peer to peer / snow balling
 - Participant ambassadors
 - Information posters and leaflets
 - Social media
- Partner with local testing centers for other screenings and referrals
- Have referral systems from study to study or to external resources (directory of resources)
- Develop a database of individuals who have shown interest in study participation

Recruitment Key Points

1. Train staff who will understand the culture of their communities and the study in general and all other studies
2. Having staff who are knowledgeable about all studies so that they can link participants to respective studies.
3. Intensive community education
4. Networks e.g. Snowballing social networks, sex networks
5. Keep the data base of those interested to participate in studies

Retention

- Teamwork—Everybody's Responsibility
 - Participant internal support systems
 - Courtesy calls
 - Reminders
 - Conducive environment—non-judgmental
 - TV, receptions and waiting area
- Community Support and systems
 - Community mobilization structures
 - Peer support structures
- Location form update
 - GPS coordinates—locator verification
- Comprehensive community evaluation
- Community pre-screening

- Pre-screening check card
- Site Pre-screening
- Reasonable participant waiting times
 - Time tracker
- Identify participants who display a pattern of missed appointments
 - Schedule appropriately and develop support systems
- Continuous participant engagement
 - Support groups
- Retention meetings
 - Acknowledgement—taken of appreciation—reaching milestones
 - Birthday recognition cards
- Reminders a week/ 3 day/ on the day/ sms
- Volunteer/ Peer escorts participants of the clinic
- Suggestion box—reviewed weekly
- Male involvement
- Open lines of communication—staff and participants
- Case Management system of participants
 - Assign specific number of participants to particular staff members
- Customer care training to all staff
- Telerevits—reminder/ call backs
- 24 hr line got please call/ sms/ calls
- Flexible visits e.g. after hours and weekend clinics
- Staff retention meetings
 - Weekly
 - Review retention and staff support
- Offering transport in special cases
- Stakeholders involvement
 - Community dialogues
- Effective scheduling— teamwork
- Refreshments during visits primary
- Provision of health care services to participants and family members.

Retention Key Points

1. Retention starts at recruitment
2. Retention officer—interview participants to review participant conduct
3. Reward good customer care.

Results Dissemination

- Proper Preparation
 - Messaging (content)
 - Community dialogues
 - Disseminate results in stages
 - Staff

- CAB
- Participants
- Community
- Media
- Engaging the media as a key stakeholder
- Proper Preparation
 - Go back to cab for best ways of disseminating the results.
 - Explain to cab the possible outcomes of the study and what it means
 - Cross-cab sharing and learning
- Dissemination stages
 - who is who
 - each site has key stakeholders
 - dissemination of results should be done in a sensitive order
 - confidentiality aspect of results should be maintained

Results dissemination Key Points

1. inform IRB
2. Develop a plan well before the dissemination of results
3. Dissemination of results to participants prior to release to the public
4. Inform participants that the results might be published in media before the site contact the volunteer