



Community Engagement

COMMUNITY ENGAGEMENT, PARTNERSHIPS AND LINKAGES

Community involvement, engagement and effective partnership in public health programs and research has been recognized internationally as the most important factor that ensures relevance of programs and research and minimizes community disruption. It increases research and program benefits to the community, prevents exploitation, assures protection of study participants, creates legitimacy and ensures sharing of responsibilities for study outcomes and program sustainability. Various models for community engagement have been undertaken in developing countries. An example is the Navrongo Health Research Centre model in northern Ghana which has a community strategy that has successfully established and sustained mutual trust between researchers and community for several years. Another interesting case study on community engagement is the CAPRISA model developed by an AIDS research institute in Durban South Africa. In addition to establishing an overarching CAPRISA Community Advisory Board, the model includes community research support groups (CRSG) which are site and study specific bodies for preparing the local community to participate in different projects. Despite the existence of community engagement models and international principles, research organizations in developing countries still encounter challenges in community engagement efforts in populations targeted for health research and programs. These challenges include:

1. Research naive communities. Failure to enlighten such communities is likely to fuel mistrust, particularly with 'foreign' research bodies.
2. Resource constraints and lack of standard guidelines for community engagement in terms of how to initiate motivate and sustain community involvement over the long term.

3. Failure to include a component of service delivery within study design. This is likely to fuel mistrust, particularly with 'foreign' research bodies as accessing good health services rather than responding to questionnaires is the priority for most people.

4. Finally, because there are no benchmarks, it is difficult to evaluate community engagement efforts and determine their impact on research.

As researchers, programmers, policy-makers and funding agencies encounter increasingly complex questions regarding long term health outcomes or adverse reactions to current reproductive health and HIV-related interventions, the demand for an immediate and effective response becomes more urgent due to the continually evolving health situation. Formulating timely, scientifically sound, and effective public health policy and programs requires a solid research foundation and active community involvement. A burning question therefore emerges, namely: *To what extent has the community been involved in programming and research at ICRHK and what is required to enhance this involvement further*



Message from the Country Director



Dr. Marcel Reyners

On behalf of all ICRH Kenya staff: a healthy and prosperous 2009 and success in RH science and care development to all readers of this 4th 2008 newsletter!

This quarterly bulletin summarizes ICRH Kenya's achievements in community development and underscores the necessity of building and maintaining good relationships with the local population invited to participating in research. We recognize the legitimate expectations of these communities to share the results of research and to benefit from experiences and new developments in health care. Excellent communication lines between the researchers and community representatives, grouped in the Community Advisory Boards,

are key in mutual understanding and appreciation and are very helpful in surmounting issues that may arise during projects. Many thanks to Vicky Oyier who coordinated the contributions to this newsletter.

I like to highlight two topics of the last quarter of 2008. First, Stanley Luchters defended successfully his thesis "Opportunities for targeted HIV prevention in Kenya" at Ghent University. Congratulations, Dr. Stanley Luchters, PhD, we are proud of you and wish you a prolific scientific career continuation!

Second, we heard the good news that our grant application "Characterisation of novel microbicide safety biomarkers in East and South Africa" has received the approval of the EDCTP General Assembly. ICRH Kenya will be the coordinating agency of this three-year, multicountry multicentre study assembling research institutions from Belgium, Kenya, The Netherlands, Rwanda, Tanzania, South Africa,

United Kingdom and the United States of America. We wish Dr. Kishor Mandaliya, who is the coordinator, full success in the completion of this huge task and congratulations to all who have contributed to the proposal, with a special mention of Catherine Maternowska and Davy Vanden Broeck, who coordinated the proposal writing and finally won the race against time!



Dr Stanley congratulated by Prof. Marleen Temmerman and Prof. Walter Jaoko

HOW FAR ARE WE?

The International Centre for Reproductive Health Kenya (ICRHK) has acquired a solid reputation for undertaking long term and rather complex studies in safe motherhood, sexual and reproductive health and HIV/AIDS. The community component at ICRHK as a whole has evolved ever since I first joined the organization as a community project officer for Uzazi Bora, a five year safe motherhood and prevention of mother-to-child transmission of HIV project which covered Kwale and Mombasa districts with five community mobilizers. The role of this team was to sensitize communities on the importance of accessing skilled care and male involvement in safe motherhood. During this period the cohort study for estimation of HIV prevalence amongst female sex workers was also ongoing with five community mobilizers sensitizing the community, recruiting and following up study participants.

Kesho Bora and Adherence studies each had five community tracers who did follow-ups for study participants, while projects like IMPACT had field coordinators who worked with peer educators at the community.

Recruitment of these community workers was conducted by project managers and study coordinators. Recently a document has been developed together with the HR department for selection and recruitment of community mobilizers. Training for the community mobilization staff is based on information that enables them to performing tasks relevant to their studies and projects. In terms of community



House of courage Peer Educators theater group community performance

partnership building, ICRHK has worked well with the local authorities, local leaders, and other local level partners and has also undertaken partnership initiatives in terms of planning for events like workshops and training, planning and managing field activities and national events like world AIDS day. Partnerships with grass root and other stakeholders in and outside the government sector include the community, the youth, various women groups, various partner organizations, government offices, community members involved in studies and programs, local authorities and local leaders. Durability and sustainability of these partnerships is however relative as communities understand and sustain projects unlike research which is expensive and complicated. ICRHK played a pivotal in the organization of a community day in Mombasa city to raise awareness on gender based violence. ICRHK is currently working on strengthening community partnership and linkage with the relevant stakeholders, by improving information and communication.

Victoria Oyier

Interview with Sheikh Fowzy Twaha

National Coordinator of the Council of Imams and Preachers of Kenya (CIPK)

By Victoria Oyier

V.O: What is your current position in the council?

S.F: Presently I am the National Coordinator elected by the Council of Imams which was started in 1997

V.O: Thank you. Could you tell me when you had your first encounter with the International Centre for Reproductive Health in Kenya (ICRH-K) and when you started collaborating with ICRH-K and United Nations Population Fund (UNFPA)

S.F: I started working with UNFPA almost 10 years ago: in 1999 when UNFPA launched a program with the Council to educate the Muslim community on Reproductive Health issues: family planning, condom use, drug abuse, Female Genital Mutilation, early marriage, child education, including girls, and teenage pregnancy. Through funds from UNFPA, the Council was able to educate the community using the Imams through the over 1000 mosques spread along the coast

V.O: How did your interest expand to the Reproductive Health area that ICRH-K concentrates on?

S.F: Previously we worked with Female Sex Workers in Mombasa, giving them counseling and HIV/AIDS education but we did not have adequate resources. UNFPA then requested if we could work with ICRHK on the OKOA JAHAZI which is a project ICRHK proposed to UNFPA for funding and we agreed.

V.O: What made you get involved in its activities?

S.F: Just after the post election violence I had an opportunity to visit the Gender Based Violence and Recovery Clinic at the Coast Provincial General Hospital (CPGH) and I was very impressed with the work the staff did in this new clinic. I enquired more and learned that it was a partnership between CPGH and ICRH-K and so I did a follow-up. Early 2008 I invited ICRH-K to present the GBVRC and related issues at a training we organized for over 150 Imams and Dr. Zoella Pasta and Dr. Marcel accepted my invitation. By the time we were approached to partner with ICRH-K I had already known quite a lot about you and was happy to be involved in the partnership.

V.O: What work have you been involved in with ICRHK/UNFPA?

S.F: Since then I have only worked with ICRHK in the OKOA JAHAZI project that provides alternative income generating activities to female sex workers.

V.O: What is CIPK doing to tackle the AIDS epidemic in Kenya?

S.F: CIPK creates awareness to its faithful through the mosques and local media with funding from agencies like NACC, UNFPA and APHIA II. We also provide training to Traditional Birth Attendants (TBAs) on Prevention of Mother-to-Child Transmission of HIV and proper delivery hygiene. We train youths and the Khadis on HIV/AIDS and issues of counseling, testing and prevention mostly by the consistent and correct use of condoms.

V.O: What do you think are the most vulnerable groups in the spread of HIV/AIDS?

S.F: Youth in secondary schools are the most at risk because they are easily influenced by their peers and the media and they are easy targets to drug abuse and sexual exploitation.

V.O: What do you think about the collaboration between CIPK and ICRH and what do you think are the possible areas of further collaboration.

S.F: The collaboration with ICRHK was an excellent idea because ICRHK has the expertise and long years of experience and the council has both experience and the ability to mobilize the community effectively through the network of the Muslim faith.

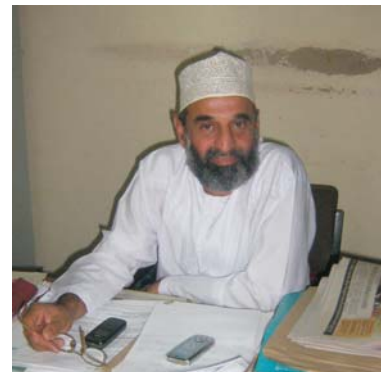
V.O: What can ICRH-K do to strengthen its community involvement activities?

S.F: The most important thing ICRHK can do to strengthen its activities is to expand its activities to the rural areas where there is most need for information and education on sensitive and important reproductive health issues like early marriages, female genital mutilation, early pregnancies, rape and gender violence. Furthermore, ICRH-K should partner with the Ministry of Health to open up more recovery clinics in other areas and create intensive awareness on the rights of women and children because gender and sexual violence is a major problem in the rural areas yet nothing much is being done about it by the community, the government and by other stakeholders. ICRHK needs to consistently provide Reproductive Health education but also come up with new strategies to do this.

V.O: Do you have any last word for ICRHK?

S.F: I would like to request ICRHK to involve CIPK when working with or educating the Muslim community so that the Council can give guidance to enable the planned activities to be successful. Second I would still like to ask the organization to consider expanding to the rural areas where there is real need.

V.O: Thank you very much for taking time to have this one on one interview with me and thank you for your strong support and involvement in our activities at the community



Sheikh Fowzy Twaha
National Coordinator of the Council of
Imams and Preachers of Kenya (CIPK)

ICRH-K Achievements and Best Practices in community engagements

Achievements.

Various programmes and research partnerships have been established over time with local regulatory bodies (NCS, KN), representatives of different public sectors at national, provincial and district level (e.g. the local and provincial administration, district and provincial ministry of health facilities). Linkages have been created with youth groups (e.g. House of theater drama group and Mombasa youth counseling center), women groups (e.g. National maendeleo ya wanawake), implementing agencies (e.g. Action Aid and Danida) and the general community. The Country Directors, with the support from Prof. Dr. Marleen Temmerman, founder of ICRHK, have expanded partnerships with the other international scientific organizations e.g. the International Partnership for Microbicides, EDTCP and Global Campaign for Microbicides), UN bodies and funding agencies (e.g. World Health Organization, UNFPA). ICRHK Kenya has shared its achievements and lessons on community engagement locally as well as internationally during study tours, workshops and scientific conferences.

Community involvement Best Practices at ICRHK.

The sustainability and ownership of projects and studies is enhanced by the following factors:

Formation of community Advisory boards:

Community Advisory Boards are able to run the project after the agency stops the funding. During implementation they are the link between the implementing agency and the community and are fully involved in running it as well as making decisions that affect both the project/study and the community.

Creation of community referral sites like the drop-in center:

These referral site gives the community a sense of belonging to the project/study and provides support to project/study participants.

Fast recruitment of study participants from the community:

This is time saving for the project/study, motivating to the community, builds their confidence in the project/study and creates a sense of belonging.

Good retention of study participants and other project beneficiaries:

This motivates the community and provides support for future recruitments.

Development of community engagement plans:

Provision of effective community participatory health education through community theater:

This provides an opportunity for the community to participate in their own education process as well as to learn more about other reproductive Health issues.

Multi disciplinary approach:

ICRHK recognizes and employs a multi disciplinary approach in tackling community issues related to sexual and reproductive health, by integrating medical analysis with social, cultural and economic considerations. ICRHK also contributes to the improved accessibility of a wide range of sexual and reproductive health services through referrals to various health facilities.

Gender Equality:

ICRHK pays particular attention to the impact of gender inequality on individual's sexual and reproductive health, by enhancing access to sexual and reproductive health services for vulnerable groups of society.

Empowerment of valuable or disadvantaged groups:

ICRHK is committed to the empowerment of disadvantaged community groups such as the poor, women, adolescents and sex workers by providing them with the means of making informed and responsible decisions concerning their sexual and reproductive health.



Animation during community mobilization activities

International Networks for Community Involvement

Community involvement is essential for research and programs because health policy is often dictated by public opinion. Clinical trials, research and other prevention interventions are most likely to succeed when all parties concerned, (study participants, researchers, government, microbicides developers, community leaders, CAB/CAG, advocates and the community-at-large) regard the process as a collaborative one. An aware, knowledgeable, and engaged community throughout the research or intervention process and beyond is imperative for successful conduct of trials and interventions. Programs and research centers must therefore create formalized community advisory mechanism to help them quickly consult with a diverse representation of the general population but these should not replace on-going and continued consultation with various stakeholders in the general population. Providing communities with the tools for engagement and a true partnership between researchers, implementers and the community requires that communities have access to up-to-date, culturally, and linguistically appropriate educational information. Various programs and research partnerships have been established over time. Some of the partners currently working with ICRHK to strengthen its community engagement component include:

International Partnership for Microbicides (IPM)

The need to engage local communities and build general community support for research and study participants has necessitated IPM to partner with research sites conducting research at different levels through community liaison officers from these sites with an aim of building the capacity of the older sites and bringing the newer sites up to speed with the experienced sites. IPM together with the Community Liaison Officer have developed a community engagement plan that puts in place support structure for all IPM research centers. These are useful tools being developed in consultation with the site educators and recruiters in order to help research sites to define, create, and evaluate their own community engagement and recruitment and retention programs. These documents will set the stage for sites to build a foundation that will prepare them to run larger phase III trials.

Other plans for IPM community engagement includes:

1. Developing Community Engagement Plans with an aim of engaging the larger community to build general support for IPM microbicides trials and trial participants.
2. Conduct workshops to strengthen international networks for sharing with other community liaison partners
3. As new sites come up in other parts of the world, there is need to install a basic community engagement process which includes: community consultation, recruitment and retention plans and basic community awareness.
4. Community mapping by creating a template that will help newly identified sites and older sites do an early formative research assessment of their communities around political will, social will and basic infrastructure to help support recruitment and retention activities. A grant proposal will be included for quantitative and qualitative research around community engagement, participant support and male involvement.
5. Conduct Site Specific Community Engagement training for community educators, recruiters and counselors with an aim of building the capacity of these site staff to work with the general community, the Community Advisory Boards (CABs) and the trial participant population.
6. Provide training to CAB members from all study sites on the basics of microbicides and the specific trials IPM will be conducting, on research, and other topics. This is a train-the-trainer model by which CAB representatives will be trained to go back to their local CABs and provide updates and training

Website: www.ipm-microbicides.org

Global Campaign for Microbicides (GCM)

The Global Campaign for Microbicides promotes community oriented approach to accelerating research, development and access to microbicides. In addition to the goals of raising awareness and mobilizing political support for increased funding for microbicides research, female condom and cervical barrier methods, mobilizing resources and informing policy makers, the GCM works to create a supportive policy environment for the timely development, introduction and use of new prevention technologies. GCM ensure that as microbicides research proceeds, the public interest is protected and the rights and interests of trial participants, users, and communities are fully represented and respected.

GCM works primarily through the shared commitment and collective agenda of its 200 endorsing groups worldwide, of whom 55 serve as active Campaign partners. It amplifies the voices of these advocates by equipping them with a growing body of free resources and materials, supporting their efforts through sub-grants and offering guidance for effective awareness-raising, media cultivation and lobbying strategies. The choice of when and where to develop local partnerships is guided by two primary concerns: the need to cultivate local constituencies to support the field's wider legislative and parliamentary agendas, and the need to create a supportive policy/stakeholder environment in countries hosting clinical trials. Some of the materials available for awareness creation and advocacy include:

- High quality materials such as fact sheets, standardized presentations (including slides and script), talking points, and policy briefs. Use of GCM materials (translated and locally adapted as necessary) helps to unify the voice of the microbicides advocacy community worldwide and assure that the quality and accuracy of our information is maintained.
- An electronic newsletter, called "GC News", designed to inform, promote dialogue and build an integrated microbicides advocacy movement
- A short film, called In Women's Hands that demonstrates the need for microbicides worldwide. Available in 11 minute and 26 minute version on the website for a small fee (free to those who can't pay)
- A web site that offers, through a single source, access to information, commentary and materials. All the materials listed above can be downloaded from the web site and most are available in a variety of languages. The web site's "regional" pages also enable users to read about activities in their region and about how they can communicate with local microbicides advocates
- Sub-grants (to the extent possible given our very limited budget) to support activities including expenses associated with cultivation of allies and potential allies, materials development, outreach to policy-makers, public education and constituent mobilization.

Website: www.global-campaign.org

Other potential partners for future collaboration are EDTCP and AVAC.



Community education meeting



A Safety and Acceptability Study of a Vaginal Ring Microbicides Delivery Method for the Prevention of HIV Infection in Women

Background: There is an urgent need for female-controlled methods for HIV prevention. To date, candidate vaginal microbicide have been formulated predominantly as gels, films and suppositories. However, data suggests that compliance may be a critical factor in microbicide efficacy due to issues of gel acceptability and the fact that most gels are coitally dependant. This was a study aimed at assessing the safety and acceptability of a silicone elastomer vaginal ring intended as a microbicide delivery method for the prevention of HIV infection when inserted in place for a 12 weeks period.

Aim and Design: This was an open label crossover study conducted at 5 sites in South Africa, Tanzania and Kenya amongst 200 healthy sexually active women aged 18-35 years. Fifty participants were enrolled per site to undergo two regimens over a 24 week period: vaginal ring and observational study (no vaginal ring). In Kenya, the study was carried out by ICRH at Mvita Municipal clinic in Mombasa.

Community strategies: During the ring study the community mobilizers conducted several community activities which were aimed at Preparing the community, recruiting and retaining clients and these included meetings with community leaders at the chief barazas, Women Groups, Churches, Free Health days, CBO/Youth groups, Health Facilities, use of participatory theater, creation of community advisory boards

Sponsor: International Partnership for Microbicides (IPM)

ICRH Project Manager: Wilkister Bosire(bosire.wilkister@icrkh.org)

ICRH PI: Stanley Luchters (stanley.luchters@icrkh.org)

The trained peer educators conduct participatory peer education sessions on HIV prevention, care and support, TB, RH/FP, Malaria and make referrals for related services. Counseling and testing for HIV and STI treatment and community educational outreaches for FSW and MSM peers and clients are conducted every month. Over 100 targeted condom outlets have had dispensers installed and are regularly supplied with male condoms in the intervention sites around the community.

Sponsor: USAID through Family Health International.

ICRH Project Manager: Nzioki Kingola (Nzioki.kingola@icrkh.org)



APHIA II Peer educators meeting



Community mobilization activity at Bamburi Mombasa

APHIA II (AIDS, Population and Health Integrated Assistance program)

Background: Mombasa is a port town serving the commercial and agricultural hinterland of Kenya, and is an entry port to the northern corridor. Mombasa and the neighboring districts along the coastal belt are also tourist destinations. As a result, these districts host a large number of sex workers. ICRH is the implementing partner and provides technical assistance in peer-led HIV prevention activities involving the most-at-risk populations, specifically female and male sex workers, their clients and children.

Aim: The overall goal of the programme is to increase adoption of healthier behaviors and utilization of high quality HIV/AIDS, TB, RH/FP, Malaria and MCH services in Coast Province. The project objectives are to extend prevention interventions to the most-at-risk populations through strategic behavior change communication, improvement in access to services and reduction in practices that perpetuate gender-based violence.

Community strategies: The strategies and activities used in this project include using volunteer FSW and MSM in Mombasa, Malindi Kwale, and Lamu districts who are trained as peer educators. FSW and MSM drop-in centers have been opened to sex workers and their peers in Mombasa and Malindi to access condoms, BCC materials, VCT and STI screening and referral services. In addition, FSW and MSM peer educators have been trained as VCT counselors and are currently attached to various drop-in centers and MCC/MOH health facilities.

The PASER monitoring study

Background: In Africa the emergence of HIV drug resistance (HIVDR) may be increased by insufficient health care infrastructure and inadequately trained medical personnel, both due to lack of funds. Unless an effort is undertaken to support the needed infrastructure, treatment programmes may fail due to widespread HIVDR, thus limiting future therapy options. HIVDR is one of the most important determinants of long term treatment success. It is vital to increase knowledge on HIVDR and its patterns, over time. However, few countries in Africa have either the technical expertise or the financial resources to undertake the required monitoring and surveillance to provide this essential information.

Aim and Design: A prospective, multi-centre, observational cohort study in 15 geographic settings in Sub-Saharan Africa. Each clinical centre will enroll 240 HIV infected adults starting first-line or switching to second-line (Highly Active Anti-Retroviral Therapy) HAART. Cross-sectional genotypic HIVDR testing will be performed at baseline, 12 and 24 months follow-up, when switching HAART regimen due to treatment failure, and at endline. Follow-up is between 24 and 48 months. The study also aims to build capacity on monitoring and surveillance of HIVDR in Sub-Saharan Africa

Community Strategies

Community mobilization for CPGH CCC clients is the responsibility of the Home Based Care desk. The CCC is linked with two PLHA support groups. One comprises of PLHA alone while the other one targets PLHA and their caregivers i.e. for persons infected and affected by HIV/AIDS. Care givers in the latter support group include collaborators from the Gender Based Violence and Recovery Centre and the MCH. The PASER-M study has recruited a community health worker to follow up participants.

Mobilization entails a variety of mechanisms for tracing participants who have not adhered to their appointments, as follows:

- 58% of our traceable through phone tracing
- 12% through prescription refills and routine clinic visits
- 30% through home visits

Through community mobilization activities, the team has been able to:



- Identify defaulters who are then restarted on therapy
- Confirm unreported mortality cases in a timely manner
- Facilitate continuity of patient management and care process
- Serve as a link between the patient in the community and the patient at the clinic.

Since the PASER M study was initiated in October 2007, participant retention is 93%, which exceeds the average retention rates for public HIV treatment facilities (about 85%).

Lessons Learnt

Community mobilization for PASER-M has revealed the following important lessons for enhancing HIV quality of care and future HIV DR monitoring:

- Ongoing and intensive counseling is very essential for ensuring effective communication, securing client confidence and minimizing distortion or omission of information
- The provider has to maintain a positive attitude while on duty
- There is need for focus group discussions to deliberate on possible solutions to barriers
- Routine in-depth interview would serve as a feedback mechanism
- Strengthening linkages between CCC with other facility and community based systems and institutions will ensure a strong comprehensive programme.

Sponsor: PharmAccess Foundation, the Netherlands

ICRH Project Manager: Irene Jao (irene.jao@icrhk.org)

ICRH PI: Dr. Saade Abdalla (Saade.Abdallah@icrhk.org)

Sponsor: PharmAccess Foundation, the Netherlands

Impact of triple ART during pregnancy and breastfeeding on mother-to-child transmission of HIV and mother's health: "The Kesho Bora study"

Background: The Kesho Bora study is a multi-centre study in 5 sites in 3 countries, primarily designed as a randomized controlled trial (RCT). Women with clinical HIV stages 1, 2 or 3, with CD4+ cell counts between 200 and 500 cells/mm³, with no contraindication and willing to be randomized receive one of two different regimens for the prevention of MTCT of HIV:

The primary objective of the RCT is to assess the efficacy and safety of the triple-ARV MTCT-prophylaxis regimen compared with the short-course MTCT-prophylaxis regimen.

Mombasa site: The Mombasa site is located within the Coast Provincial General Hospital (CPGH). The first participant was enrolled on 31 March 2005. To date, 309 participants have been enrolled and all of the 309 participants have delivered. The average age for the study participants is 27.7 years; the range is 17-42 years.

The catchment area is described as 30 km radius of Mombasa Island and with transport not exceeding 30/=. This catchment criteria was designed for easy accessibility during client home visits

Community strategies: Although the study may not be described as a community programme, the study staff together with the study participants has initiated projects at the community level, which has brought study staff nearer to the communities where the study participants live. The study staffs have come to understand and support the participants' needs in this urban-rural set-up. Among the staff are 5 tracers who have remained vibrant in supporting the study participants at the community level through their daily follow-up and tracing activities.

Services provided at the household level include:

Counseling: Regular scheduled counseling sessions are conducted using a structured counseling questionnaire. The information include: how HIV infection affects their health, management of HIV, PMTCT, Adherence to ARVs with a lot of emphasis laid on good nutrition. The staffs have realized the importance of community involvement and have encouraged the study participants to start Income Generating Activities that provide them with money to support their nutritional requirements. The study staff also take time to share experiences, encourage and support the participants emotionally.

ICRH Coordinator: Eunice Irungu (Eunice.irungu@icrhk.org)

ICRH PI: Marcel Reyners (marcel.reyners@icrhk.org)

Mombasa cohort study for estimation of HIV-1 incidence among female sex workers

Background: This was a cohort study conducted among 400 HIV-uninfected female volunteers with high risk behavior for HIV-1 infection, 16 years of age or older, who were sexually active and reported that they had received money in exchange for sex as part of their livelihood over the last 6 months prior to recruitment into the study with the aim of

evaluating the feasibility of establishing a new site for Microbicide clinical trials in Mombasa District, Kenya.

Aim: The primary objectives of this study were to:

- Estimate the annual HIV-1 incidence among women at high risk for HIV-1 in Mombasa
- Estimate rate of accrual into a HIV-preventive research study among women with high risk behavior for HIV in Mombasa district, Kenya.
- Estimate rate of retention in a HIV-preventive research study among women with high risk behavior for HIV in Mombasa district, Kenya.
- Describe demographic characteristics, HIV behavioral risk behaviors, contraceptive use and pregnancy rates, STI/RTI prevalence and symptoms, vaginal hygiene practices, and use of vaginally applied products among women with high risk behavior for HIV in Mombasa.
- Determine the feasibility of setting up a cohort and a site for conducting HIV prevention clinical trials using vaginal microbicide products.

Community strategies: The main activities conducted in this study were leaders' sensitization meetings and awareness creation for the owners of the hot spots from where study participants were recruited

Sponsor: International Partnership for Microbicides (IPM)

ICRH Coordinator: Wilkister Bosire (wilkister.bosire@icrhk.org)

ICRH PI: Stanley Luchters (Stanley.luchters@icrhk.org)

Rescue, Rehabilitation and Reintegration of sexually exploited children and youths (RESECY)

Background: A UNICEF study "The extent and effect of sex tourism and sexual exploitation of child on the Kenyan Coast" was conducted in 2001 and released in 2006. The Study indicates that up to 30% of all the 12 and 18 year olds living in the coastal area of Malindi, Mombasa, Kilifi and Diani are involved in casual sex work. Overall, a majority of the clients of child sex workers consulted for the survey were Kenyans, but tourists exploiting the children come from many other countries. (C.S. Jones, A. Ferguson, A. Mirikau, J. Dunn). The most affected district in Coast Province is Mombasa Urban Council, which is a cosmopolitan city and so far the epicenter of Kenyan Tourism industry, commanding up to 60% of this trade and the gate way to east and central Africa through which there is also drug and human trafficking going on.

Surveys carried out in Mombasa reveal that most of the young boys and girls engage in commercial sex in search for money which lead to school dropout, idleness and anti social activities such as drug abuse. Peer pressure also contributes to the youths taking of illicit brews which results in lack of self control and careless sexual activities that make them vulnerable to sexual exploitation

Aim and Design: To have an informed community contributing to the rescue rehabilitation and reintegration of sexual exploited children and youths in Kisauni and island divisions of Mombasa district.

There are basically two implementation strategies for this project

- Community sensitization and awareness creation for community leaders, women group leaders, religious leaders, representatives and decision makers, peer educators and the general community
- Rescue, rehabilitation and reintegration of sexually exploited children and youths through community participation in identification of the target groups, network with peer educators, street walks to identify and rescue children in sex trade.

Sponsor: DANIDA

ICRH Coordinator: Victoria Oyier (Vicky.Oyier@icrhk.org)

ICRH Program manager: Nzioki Kingola (Nzioki.kingola@icrhk.org)



Sensitization meeting for women group leaders

Critical Gaps that hinder community engagement

Community involvement focuses on social, structural, physical and environmental inequities through active involvement of community members, organizational representatives, and researchers in all aspects of programmes research. All these partners contribute their expertise to enhance understanding and integrate the community's knowledge of a given phenomenon gained with action to benefit the community. Despite the achievements made and the successful completion of studies and programmes, there still exist critical gaps that need to be addressed in order to strengthen community involvement and partnership and strengthen the social, structural, physical and environmental aspects of the community. These include;

1. Lack of formal acknowledgment of community participation and involvement as an important aspect of research in developing countries.
2. Lack of systems to assess community perception of the programme/research institutions effectiveness in linkage and partnership.
3. Lack of organizational marketing, budgetary allocations and fund raising dedicated to supporting institutional engagement with community.
4. Lack of definition and institutional planning for linkage and partnership in the strategic plans of the institution.
5. Inadequate staff specifically for community engagement , linkage and partnership.
6. Lack of active community and partner involvement in institutional planning.
7. Inadequate collaborative interactions with community for the mutually beneficial exchange, exploration, and application of knowledge, information, and resources (research, capacity building, economic development, etc.).
8. Resource constraints and lack of standard guidelines for community engagement in terms of how to initiate, motivate and sustain community participation process over the long term.
9. Communities research naïve. Failure to enlighten such communities and failure to include a component of service delivery within a programme or study design is likely to fuel mistrust, particularly with 'foreign' research bodies.

Practical recommendations and strategies proposed for future strengthening of linkages and partnerships at the individual, organizational and partnership level.

ICRH recognizes that linkages and partnership is a priority in its mission statement but there is need to formally acknowledge this by:

1. Considering community engagement, linkages and partnership building as a priority and mandate of ICRH Kenya and planning and budgeting for it in future strategic plans and proposals.
2. Incorporating community engagement, linkages and partnership building in every research protocol and project proposal.
3. Cultivating and maintaining partnerships and linkages beyond the study and project period through formation of Community Advisory Boards (CAB).
4. Monitoring, evaluating and documenting the community engagement, linkages and partnership building efforts for different

projects as case studies to identify best practices and lessons learnt.

5. Develop a Community partner feedback form that is used to garner responses from the community and other partners.
6. Based on M&E findings standardize the approach for initiation, implementation and adaptation of community engagement and partnership building strategies for different communities.
7. Over time use these insights to facilitate the development of local research guidelines for community engagement.
8. Develop standard orientation and training packages for community engagement and partnership building.
9. Expand the current focus of community involvement to include collaborative interactions with community for the mutually beneficial exchange, exploration, and application of health research knowledge, information, and resources (research, capacity building, economic development, etc.)
10. There needs to be recruitment policies that encourage the hiring of field staff with expertise in and commitment to community engagement and partnership building.
11. Support professional development for community liaison staff to advance their skills in this critical field, including development of IEC materials on future microbicides trials.
12. Community leaders should have a chance to express the community "voice" during institutional planning for community linkages and partnership.
13. The organization should develop adequate IEC materials for community education on various reproductive health subjects.



Audience, most youth and adolescence, attentively listening to community education and awareness rising session