

Strategies to identify and reach high risk young women with DREAMS services in two cities in Zimbabwe

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Background

- Adolescence and sex work are independent risk factors for HIV.
- Where sex work is illegal, young women who sell sex (YWSS) are particularly hidden and hard to reach with HIV prevention and care services.
- There is need for specialised methods to identify and reach these vulnerable young women.
- The DREAMS Partnership aims to reduce risk of HIV acquisition among the most vulnerable adolescent girls and young women, in 10 sub-Saharan African countries.
- We describe two methods used to identify and refer YWSS for DREAMS services in two big cities in Zimbabwe.

Methods

- We used two approaches to identify hard to reach YWSS: 1) **respondent-driven sampling surveys (RDS)** and 2) **peer outreach**.
- For **RDS**, we conducted detailed mapping to understand sex work typology and geography, and then purposively selected 20 participants ('seeds') to initiate RDS recruitment.
- Seeds were then given two recruitment coupons to pass on to peers.
- Women receiving a coupon ('recruits') who attended the interview were also given two coupons to give out to YWSS in their location.
- We used an in-house coupon manager software to track coupons and all coupons were verified and redeemed only once.
- Six iterations ('waves') of this process were performed for each survey.
- YWSS survey participants were referred for DREAMS services.
- For **peer outreach**, we reached women through 18 trained and age-matched, supported peer educators using youth tailored community mobilisation.
- Peer educators identified YWSS by referrals from friends, through working at hotspots including secondary schools, colleges, bars, home etc.
- In both approaches we used unique identifier codes (UICs) that combine personal information to track YWSS across services provided by DREAMS implementing partners.

Lessons Learned

- From April to July 2017, 1204 YWSS were referred through RDS.
- From August 2016 to June 2018, 6104 YWSS were referred through peer outreach.
- 465 (39%) and 951 (16%) accessed DREAMS services at least once among YWSS referred through RDS and peer outreach, respectively (Table).

Table: Characteristics of YWSS who reached DREAMS services at least once

Characteristic	Referred through RDS (N=465)		Referred through peer outreach (N=951)		
	n	% ^a	n	%	
Age	≤19	157	35.2	441	46.4
	20-24	308	64.8	510	53.6
Educational attainment	Primary school or less	41	7.2	88	9.9
	Some secondary school or more	424	92.8	803	90.1
HIV status	Negative	388	86.5	641	87.6
	Positive	75	13.5	91	12.4
Aware of HIV status ^b	No	166	36.0	587	61.7
	Yes	299	64.0	364	38.3
Condom use at last sex with any partner	No	149	31.0	321	39.3
	Yes	316	69.0	495	60.7

- There were challenges tracking YWSS across DREAMS programs because some YWSS intentionally altered information used to generate their UIC.
- Also with these strategies, we could not capture information on YWSS who refused to be recruited through RDS or referred through peer outreach.

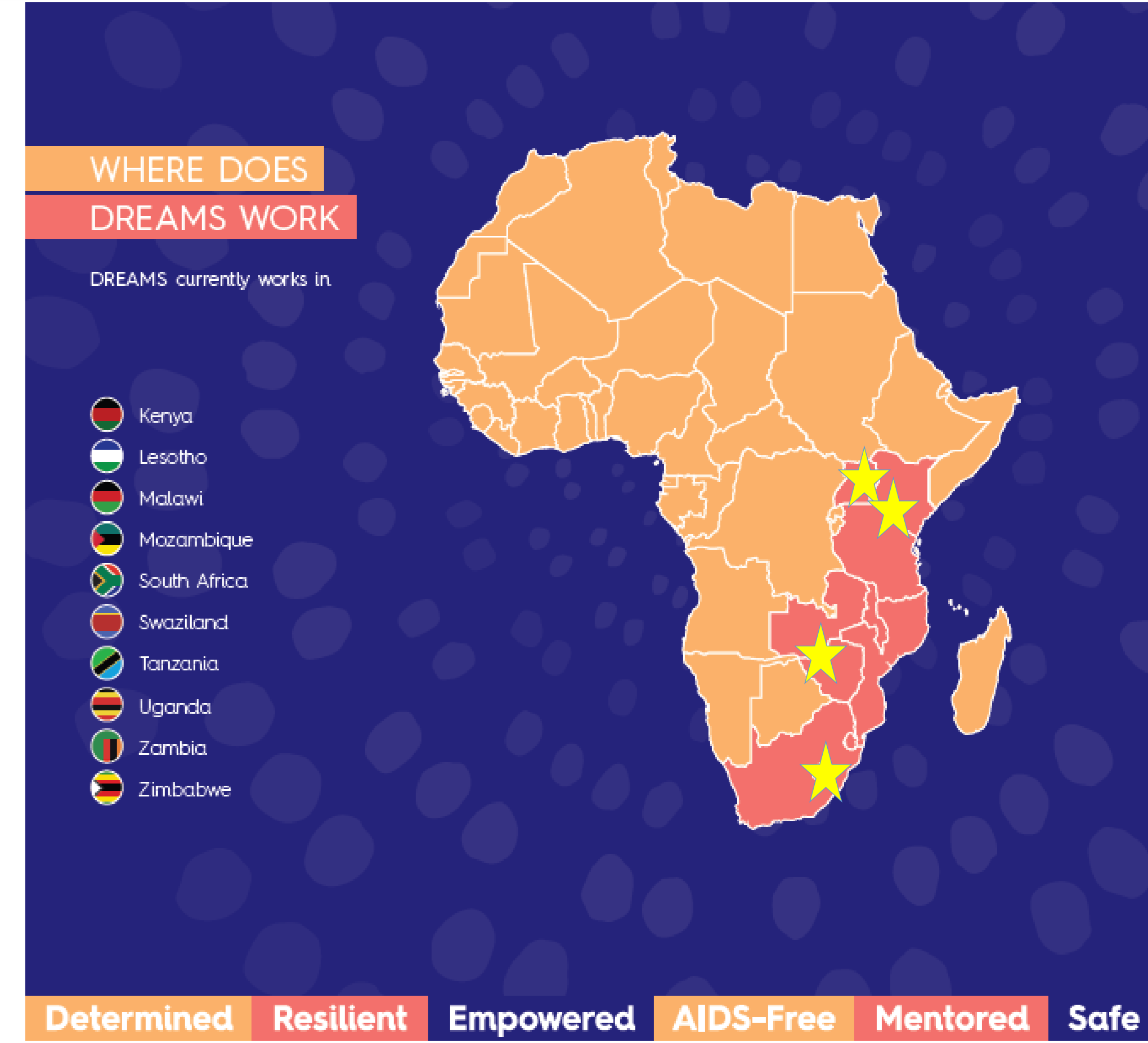


Figure: Sites for BMGF-funded impact evaluations of DREAMS, including Zimbabwe

Conclusion

- Peer referral - whether through RDS or supported programming - is able to identify high risk young women and refer them to services.
- Peer educators were more likely to reach younger YWSS and those not aware of HIV status compared with RDS.
- There is need to use robust UIC to ease tracking of individuals and to avoid double counting.
- Need methods that can capture information on refusals.

