# Challenges with tracing women who do not revisit targeted health services for female sex workers in Zimbabwe, and recommendations for future practice

F. Machingura[1], M. Makamba[1], G. Maringwa[1], T. Hartney[2], G. Jamali[1], A.Mushonga[1], S.Mkwananzi[1], T. Pliakas[2], S. T. Chabata[1], E.Matsikire[1], J. Dirawo[1], R. Makandwa[1], P. Matambanadzo[1], A. Phillips[3], B.Rice[2], J.R. Hargreaves[2], & F. Cowan[4]

*[1]Centre for Sexual Health and HIV/AIDS Research Zimbabwe, [2]London School of Hygiene & Tropical Medicine, London, UK, [3]University College London, London, UK, [4]Liverpool School of Tropical Medicine, Liverpool, UK,*

*Poster developed with peer support from Sarah Bourdin (LSHTM)*

## BACKGROUND

Zimbabwe's National Sex Worker programme, "Sisters," offers HIV-related services. Many female sex workers (FSWs) accessing these services do so only once. As reasons for non-return are not known, we developed a pragmatic approach to tracing FSWs to support continuity of care.

## DESCRIPTION

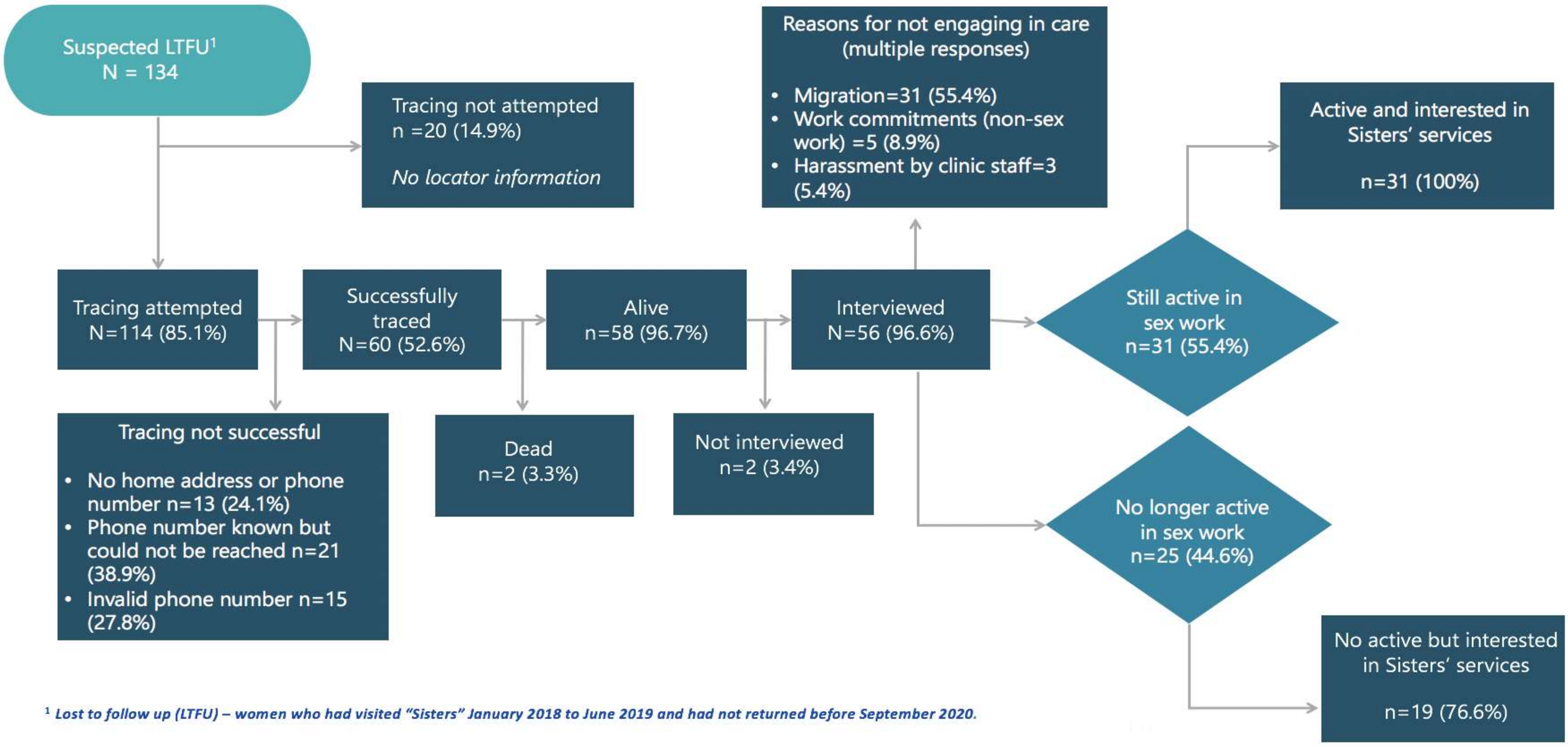
- We identified FSWs who had visited "Sisters" January 2018 to June 2019 and had not returned before September 2020.
- Programme staff spent 106 person-days tracing 134 eligible FSWs.

## CONCLUSIONS

Peer-led interventions, such as microplanning, that enhance contact between FSWs and trained peer educators can increase the likelihood women will be retained in the programme, whereas enhanced record-keeping and communication can improve ability to trace women lost to the programme.

## CHALLENGES TO EFFECTIVE TRACING

- Perceptions of breach of anonymity through discursive engagement among FSWs making women distrustful of Tracers, "I'd forgotten that I gave you my address?" "Attending Sisters (Clinic) risks disclosure, who gave you my address."
- Shame associated with transitions into and out of sex-work, "Sometimes I'm not selling sex, So I don't want to be associated with sex work…
- Clinic-level barriers including service disruptions due to Covid travel restrictions,
- Suboptimal clinic record-keeping (e.g. a woman having duplicate IDs),
- Extensive travel-time for tracers to visit FSWs,
- Poor communication between the tracing team and clinic staff resulting in referred FSWs experiencing Long clinic waiting times following successful tracing.




[1] *Lost to follow up (LTFU) – women who had visited "Sisters" January 2018 to June 2019 and had not returned before September 2020.*