

Providing STI Care and other Reproductive Health Services for Populations at High Risk of HIV: Performance Evaluation of an Evening Clinic in Tete Province, Mozambique

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Background

Different models exist to provide HIV/STI services for most-at-risk populations (MARPs). Along the Tete traffic corridor in Mozambique, linking Malawi and Zimbabwe, an evening clinic opening between 16-22h was established targeting female sex workers (FSW) and long-distance truck drivers (LDD) and offering peer education, STI care, HIV testing and family planning. To evaluate this clinic model, we assessed cost, effectiveness and sustainability.

Methods

In 2006-2008, mapping and enumeration of FSW and LDD was conducted; 28 key informants were interviewed; 6 focus group discussions (FGD) were held with Mozambican FSW, Zimbabwean FSW, Mozambican LDD and Malawian LDD; and clinic outputs and costs were analyzed.

Results

An estimated 4,415 FSW work in the area, being 9% of women aged 15-49, and 66 trucks stay overnight near the clinic. On average, 258 clients/month visit the clinic (45% for STI care, 47% for education and counseling and 8% for other services); 32% are FSW and 39% LDD. The average clinic running cost is €789/month, mostly (87%) for human resources. All informants endorsed this clinic concept and the need to expand the services, but acknowledged the public health system cannot absorb the clinic because the concept is still not recognized. FGD participants reported high satisfaction with the services and mentioned good reception by the health staff, short waiting times, proximity and free services as most important. Participants were in favor of expanding the range of services, the geographical coverage and the opening times.

Discussion

Size of the target population, satisfaction of clients, endorsement by health policy makers and reasonable costs justify the existence of a separate clinic for MARPs. Performance can be enhanced by broadening the range of SRHR-HIV/AIDS services, adapting opening times, expanding geographical coverage and targeting additional MARPs. Long-term sustainability can only be ensured by private-public partnerships or continued project-based funding.