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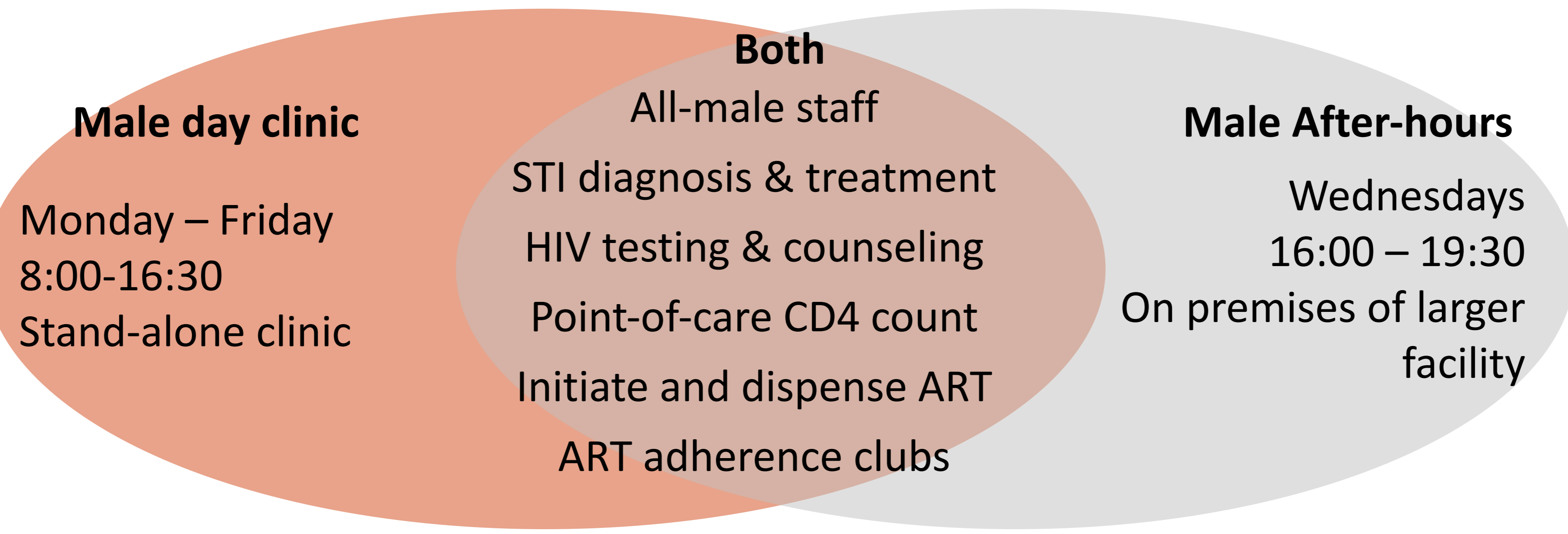
## Introduction

- In large African programs, disproportionately fewer men initiate ART, and they do so at a more advanced disease stage.
- Since 2014 MSF, the City of Cape Town and the Western Cape Provincial Department of Health, run two male services in Site B: a day clinic and an after-hours clinic
- Setting: Khayelitsha, a high HIV-prevalence township, Cape Town

## Methods

- Data collected from routine records, June 2014 -September 2016
- Retention defined as the % remaining in care, excluding those transferring to another clinic
- Transfer-ins initiated elsewhere and transferred to clinic
- Eligibility criteria defined by South African national guidelines
- Ethical approval was obtained from the University of Cape Town.

## Description of Services



## Results

### Clinic Characteristics

	Day Clinic	After-hours
Median visits per month (IQR)	<b>529 (475-579)</b>	75 (21-110)
% of visits addressing STIs	<b>45%</b>	21%
Median HCT/month (IQR)	291 (238-319)	25 (10-35)
% positive	5.9%	<b>8.5%</b>
Median CD4 count at test (IQR)	<b>384 (268-511)</b>	330 (241-453)

### ART Initiation

% of eligible initiating	70%	<b>91%</b>
Median Age at initiation (IQR)	31.8 (27.6-38.2)	<b>34 (29.5-38.5)</b>
Total initiated by end 2015	210	52
% retained at 6 months	88%	<b>98%</b>

### Transfer-ins

% of cohort transferred in	8%	<b>43%</b>
Median years on ART at transfer	1.9	3.5
Transferred in by end 2015	22	61
% retained at 6 months	91%	89%

### Summary

#### Day clinic has higher:

- monthly visits
- % STI-related visits (p<0.001)
- CD4 count at testing (p=0.14)

#### After-hours clinic has higher:

- HIV positivity (p=0.004)
- rate of ART initiation (p<0.001)
- age at initiation (0.004)
- Retention among initiates (p=0.02)
- % transfer-ins (p<0.001)

## Conclusions

- While the day clinic had more, and younger, clients, the after-hours clinic attracted a different population, and had higher initiation and retention rates. STI care is an excellent opportunity to link men to HIV services.
- Given these contrasting successes, further research should investigate whether aspects of both services could be rolled out to attract more men to HIV services.