

V Bhargava, ²A S Chauhan, ³S Pati, ⁴V S Shekhawat. ¹Program Officer, Technical Support Unit of Delhi State AIDS Control Society, National AIDS Control Organization, New Delhi, India; ²Team Leader, International Clinical Epidemiological Network, New Delhi, India; ³Additional Professor, Public Health Foundation of India, Bhubaneswar, India; ⁴Project Associate, The Action Research Unit [TARU], Surat, India

Background A significant high proportion of men engage in sexual relationships with other men has been observed in the country, which has direct linkage with the physical and the mental health status of this population. The population is more at risk when it is associated with migrant MSMs, having the characteristics of bridge population, due to associated migrant as well as MSM health related issues. Due to their unique health care needs, the population repeatedly remains devoid of basic health care services. The purpose of the study is to highlight their overlooked health issues, barriers to care and stigma associated with migrant MSMs.

Methods A cross-sectional qualitative in-depth interviews were conducted with 62 migrated MSMs in New Delhi in the Month of November-December 2012. The snow - bowling method is used to track the hidden population. Interviews were based on pre decided themes of health Issues, service availability, barriers to care and stigma associated. Data was analysed by using thematic framework approach. New emerging issues verbatim were highlighted and the case narrative has been done.

Results The majority of the participants of the study reported that they were not aware about the health care service availability even if they are willing to get screened. Most of the participants perceived that they are suffering with the mental disorders but because of stigma associated, along with the other healthcare need, they couldn't able to avail the mental health services. Occupational hazard was also reported in the majority of the cases.

Conclusion Special attention to mental health care is required along with a comprehensive package also dealing with the physical as well as the social well being of MSMs. Special attention is required for their screening since the population being migrant is much more at risk when compared to migrant and MSM individually.

P6.048 REORIENTING PUBLIC SEXUAL HEALTH SERVICE TO PRIORITY POPULATIONS, STIS AND ISSUES IN NEW SOUTH WALES, AUSTRALIA, 2006–2012

doi:10.1136/sextrans-2013-051184.1201

¹C Bourne, ¹C Murray. ¹NSW STI Programs Unit, Sydney, Australia; ²School of Public Health and Community Medicine, University of NSW, Sydney, Australia

Background Reorientation of publically funded sexual health services (PFSHS) to improve access to priority populations was a key objective of the 2006 New South Wales (NSW). STI Strategy. A network of 13 PFSHS was established across NSW in mid 1990s to support STI/HIV care and prevention without a strategic framework. Priority populations identified in the Strategy now include Aboriginal people, men who have sex with men, young people, sex workers, people with HIV/AIDS, and people who inject drugs.

Methods A multidisciplinary PFSHS working group was established within the new NSW STI Programs Unit in 2007. The group coordinated the identification of need, development and promotion of resources, support tools, online and in-persons learning packages for PFSHS staff. Recognised training providers were identified to host and assist with training coordination and evaluation.

Results Many PFSHS were unfamiliar with population health principles and their role in supporting local priority populations. Defining local roles in providing sexual health services to large numbers of young people not in other priority populations was particularly challenging. A 'road show' describing STIPU's role and population health principles training was undertaken in 2007–08.

Resources developed included priority population estimation and target calculators; a roles and responsibilities statement; a priority youth discussion paper; online priority population triage training; a state-wide standard operating procedures manual. Annual reports describing priority populations accessing PFSHS, outreach clinical service and educational activities assisted with implementation evaluation. From 2006–2011, NSW PFSHS increased proportions of clinical services to Aboriginal people, men who have sex with men, people with HIV; increased triaging; increased educational activities to local communities; and increased clinical outreach activities to priority populations.

Conclusion Fears of annual reports jeopardising funding arrangements were unfounded and proved supportive of local reorientation efforts by revealing service gaps. Appropriate reorientation to priority populations is occurring in NSW PFSHS.

P6.049 PHC COORDINATORS' STI AND HIV - AIDS TECHNICAL ASSISTANCE

doi:10.1136/sextrans-2013-051184.1202

I K Dwi Harjanti, V Fardhiani. FHI 360, Jakarta Pusat, Indonesia

PHC Coordinators' STI and HIV – AIDS Technical Assistance

Background Technical teams (TA) from Indonesia FHI 360 visits to 25 health centres in four provinces in the Indonesian capital. In order to assure and improve the quality and quantity of STI and HIV-AIDS services to be Able to provide comprehensive and sustainable service. As the follow-up of previous series of events in STI and HIV-AIDS; such as HSS, QA/QI, clinical trainings on STI and HIV-AIDS. To get the baseline data for management condom.

Methods TA team consists of HIV-AIDS coordinator at Provincial Health Officer and District Health Officer, SUM 1, and some other partners such as WHO. TAs were done by direct observation, role play, staff interview, management interview, and document checking.

Results 22 out of 25 PHCs give STI & HCT service. 9% of the PHCs with STI&HCT service, had met the minimum criteria for Management Component. 64% of PHCs have written assignment with job description for the STI Team. 36% of PHCs have written STI and HIV service flow and SOP. 86% PHCs have the latest STI&HCT guidelines from MoH. Most of the PHCs already do Universal Precaution, but only 36% of PHCs have PEP treatment flow.

Conclusion Encourage STI, PITC and VCT implementation at the PHCs with trained staffs. Prepare new staff to replace staff who will retire or move. Use all the latest form for recording and reporting HCT activities, and fill the form completely. Distribute guidelines to the PHCs. Re-set the counselling room and prepare counselling kit. Help the PHCs in developing internal referral flow between services. Increase the capacity of counsellor for other skill. Encourage counsellor to do condom use demonstration during counselling session.

P6.050 EVALUATION OF COMPLIANCE WITH PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV NATIONAL PROTOCOL IN PMTCT SITES IN KINSHASA, DEMOCRATIC REPUBLIC OF CONGO

doi:10.1136/sextrans-2013-051184.1203

R M Amboko. University of Kwazulu natal, Durban, South Africa

Background Nearly 91% of all pregnant women living with HIV worldwide live in 25 countries, including the Democratic Republic of Congo (DRC). Even although the DRC implemented the PMTCT programme in 2001, the prevalence of HIV in pregnant women was