

transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

P17.39 MONITORING OF THE SCALE-UP OF ANTIRETROVIRAL THERAPY PROGRAMMES IN SRI LANKA: EXPERIENCE FROM A RESOURCE LIMITED AND LOW PREVALENCE SETTING

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Introduction Currently Sri Lanka uses a paper based monitoring and evaluation (M&E) system for the antiretroviral therapy (ART) program which was adapted and modified from the system introduced by the World Health Organization (WHO). These modifications have been adapted keeping in mind that significant disparities exist in different regions in the same country. This paper summarises the findings of the M&E system of the ART program in Sri Lanka where HIV epidemic is considered as low prevalent.

Methods Information sources of the current ART M&E system was reviewed. Data generated by the M&E system is analysed to evaluate the ART program of the country.

Results A cumulative total of 812 people living with HIV (PLHIV) were started on ART since the beginning of the ART program in 2004. Currently there are 647 PLHIV on ART. Of the patients who initiated ART, 75% of PLHIV are on first line ARVs and 5% are switched to second line ARV. The balance 20% comprised of loss-to-follow ups and deaths. The cohorts analysis of PLHIV on ART showed that after 12 months of ART initiation, 91% are Alive and on ART while 86% and 76% are Alive and on ART after 24 months and 60 months respectively.

Conclusion A paper based M&E system can give very useful M&E information in a resource poor and low HIV prevalence setting. However, a development of a suitable online M&E system would greatly improve the data collection process as ART provision is a lifelong monitoring process.

Disclosure of interest statement No grants were received in the development of this study.

P17.40 USING EFFECTIVE SUPPORT GROUP MEETINGS TO IMPROVE AND SUSTAIN SUPPORT GROUP MEMBERSHIP: THE EXPERIENCES AND OUTCOMES OF SUPPORT GROUPS IN NORTH-CENTRAL NIGERIA

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Introduction Sustaining interest and membership of Support Groups (SG) was a huge challenge after the withdrawal of material incentives. SGs were initially provided with material supports as incentives however this was not sustainable. SG membership and meeting attendance dropped drastically to <10% in some cases. This challenge led to an innovation: using effective and activity oriented SG meetings to improve SG membership and attendance in north-central Nigeria.

Methods In 2012, the PEPFAR-USAID funded Pro-ACT project implemented by MSH conducted a data audit to know the

number, frequency of PLWHAs who attend monthly support group meetings (SGM), and activities. Six members from three SGs were trained on conducting effective SGM and facilitating viable income generating activities. The SGM facilitators conducted meetings with specific agenda which incorporated health education, adherence; information sharing, psychosocial support and IGA.

Results A review of the intervention after six months showed an increase in SG membership and attendance from <10% to 70% after the intervention, the trained SG facilitators used a well-organized agenda and completed the SGM within 90 to 120 minutes making SGM more effective, efficient and productive. They facilitators included follow-up visit to members' homes to ensure drug adherence and participation in SG activities. The PLHWAs now have a sense of ownership and belonging of the SG and facilitate their SGM with minimal support. They have also formed a Savings and Loan Association (SLA) in the process of transforming the support group to a CBO and have succeeded in accessing grant worth \$4.5 Million (\$28,125) from FADAMA III Grant.

Conclusion PLHWAs participate more during SGM when given the opportunity to own their SG. Facilitating SGs affords them the opportunities to improve adherence, strengthen group formation and also access local fund for development. Organizations implementing HIV programs need to identify the opportunities of SGs been self-sufficient.

Disclosure of interest statement This work was carried out in Nigeria by Management Sciences for Health on the project Prevention Organizational Strengthening, AIDS, Care and Support (Pro-ACT).

P17.41 HIV AND AIDS PROGRAMMING FOR PEOPLE WITH DISABILITIES ON ANTIRETROVIRAL THERAPY (ART) IN ZAMBIA

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Background People with disabilities are less likely to access antiretroviral therapy (ART) services in health centre facilities and communities, which are often not sensitive to their special needs. This study explored stigma and discrimination, perceptions and local understandings of ART and HIV testing.

Methods Purposive sampling was applied in selection of participants from 3 districts namely, Mazabuka, Kapiri Mponshi and Lusaka. The selection took into consideration the need to reflect geographical, religious, social diversities so that lessons drawn there from are more likely to be applied across Zambia and the region. It was carried out in 15 health facilities, 15 support groups and 4 referral government hospitals. 120 respondents with different degrees of disabilities and 34 able bodied medical personnel were interviewed for this data collection.

Results Only 60% of people with disabilities interviewed in the study reported that they were not satisfied with ART and HIV testing services they received. The assessment found the gap in access to ART services for people with disabilities to be due to stigma, long distance to health facilities and lack of disability guidelines. 50% of the respondents said that ART services are not user friendly for people with disabilities, this was equally supported by 60% of the health care providers interviewed.

Conclusion In order to improve access to ART services for people with disabilities, there is need for government to develop guidelines on the management of people with disabilities and restructure data collection tools in order to capture and disaggregate data for people with disabilities accessing ART and HIV testing services.

Disclosure of interest statement This study was entirely funded by Zambia Governance Foundation and not any other partners of TALC.

P17.42 SCIENTIFIC PRODUCTION OF NURSING CARE ABOUT THE CHILD BORN EXPOSED TO HIV

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Introduction The vertical HIV transmission occurs from mother to child at the time of pregnancy, labour or postpartum. During postpartum stand out some specific care, such as: administration of chemoprophylaxis with zidovudine in the first two hours to six weeks of life; prophylaxis with trimethoprim-sulfamethoxazole from six weeks to one year; routine clinical/laboratory monitoring; systematic evaluation of the growth/development; immunisation and supply of infant milk formula. This study aimed to evaluate the scientific production of nursing care about the unborn child exposed to HIV.

Methods Integrative Review held in March 2015 in the databases: Latin American and Caribbean Literature in Health Sciences (Lilacs), Medline and Scientific Electronic Library Online (SciELO). The descriptors - Child, HIV, Vertical Transmission of Infectious Disease and Nursing - were combined using the Boolean operators AND and OR.

Results The sample consisted of nine articles in English and Portuguese published from 2006 to 2014. The categories of nursing care were addressed in articles: investigation of maternal perception of this experience; stimulating attachment between mother and child during pregnancy; encouraging verbal and nonverbal communication in maternal care actions - bathing, feeding, changing clothes; assessment of the risks of accidents and other vulnerabilities with focus in the home environment; analysis of vaccination status and awareness of the importance of immunisation; development of management actions of maternal and child care; analysis of the mother's ability to care for and empowerment. The identified care converge with the recommendations found in the literature and surpass the vertical transmission include broad actions to promote for the mother and child health.

Conclusion Research on this approach can contribute to design of nursing care proposals with a focus on providing comprehensive care to children exposed to HIV.

Disclosure of interest statement This study was funded by CAPES (Higher Education Personnel Training Coordination) and CNPq (National Council for Scientific and Technological Development). No pharmaceutical grants were received in the development of this study.

P17.43 KNOWLEDGE, ATTITUDES AND COPING OF HEALTHCARE WORKERS ON HIV/AIDS AND PERSONS LIVING WITH HIV/AIDS (PLWHA) IN A TERTIARY HOSPITAL IN MANILA PHILIPPINES

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Introduction Starting 2006, a number of HIV cases were seen in the Philippines. It is one of nine countries with increasing cases according to USAIDS. Thus, the Filipino healthcare worker must possess accurate knowledge on the transmission, prevention and nature of HIV/AIDS, appropriate attitude and healthy coping with the demands of caring for an HIV/AIDS patient. This study determined the knowledge, attitude and coping of healthcare workers in a tertiary hospital in Manila, Philippines.

Methods A self-administered survey was used to test four concepts: socio-demographic characteristics of healthcare workers, knowledge about HIV/AIDS, attitude towards caring for HIV/AIDS patients and coping.

Results Out of 101 respondents were 41% males and 59% females. Mostly are aged 20–29 years (76%), single (83%), registered nurses (45%) and resident doctors-in-training (30%). Majority were employed in the hospital for 1–5 years (55%). Respondents' knowledge on HIV was insufficient (mean score = 16.69, 76% correct answers, SD = 2.39). Healthcare workers scored highest on transmission and nature of the disease (78–79%) but scored lowest on prevention (72%). Half of respondents disagreed about stigmatising attitudes of HIV patients (45–54%). Majority of respondents' attitudes disagreed on non-caring behaviours for HIV/AIDS patients. Coping views of healthcare workers are medium level (mean score = 3.5). There was significant positive correlation between knowledge and attitude ($r = 0.356$, $a = 0.05$); knowledge and coping ($r = 0.259$, $a = 0.05$); and attitude and coping ($r = 0.709$, $a = 0.05$) of healthcare workers. There was no difference in the knowledge (P two tailed = 0.3, $p = 0.05$), attitudes (P two-tailed = 0.31, $p = 0.05$) and coping (P Two-tailed = 0.69, $p = 0.05$) of respondents working for <1 years and 1–5 years.

Conclusion In conclusion, there is insufficient knowledge on HIV/AIDS of healthcare workers. Implementing strategies like trainings and updates are needed to increase knowledge. Training must focus on knowledge of transmission, prevention, and nature of HIV/AIDS, could result in positive attitudes and healthy coping of healthcare workers.

P17.44 AN ASSESSMENT OF HIV KNOWLEDGE AMONG TRADITIONAL BIRTH ATTENDANTS IN RURAL SETTING IN CHIPATA, ZAMBIA

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