

only. Women who reported 1–5 (AOR 11.0, 95% CI 4.3–28.3) or 6–9 recent coital acts (AOR 3.8, 95% CI 1.7–8.8) with other partners were more likely to report consistent condom use with those partners than were women who reported ≥ 10 acts. Having a recent partner delay payment was inversely associated with consistent condom use with helping, other, or all partners.

Conclusion Correlates of consistent condom use differed by partner type. By using a case-crossover design, we were able to identify potentially modifiable factors associated with consistent condom use by FSWs who used condoms consistently with a given partner type during some periods but not others.

P6.15 **SHORT-TERM MOBILITY AND THE RISK OF HIV INFECTION AMONG MARRIED COUPLES IN THE FISHING COMMUNITIES ALONG LAKE VICTORIA, KENYA**

¹Njeri Mbugua, ²Elizabeth Ann Bukusi, ³Isaac Mwanzo, ⁴Zachary A Kwena. ¹Kenya Medical Research Institute/Nairobi University/Kenyatta Hospital/Kenya Women With HIV/AIDS, Nairobi, Kenya; ²Kenya Medical Research Institute/Nairobi University, Nairobi, Kenya; ³Nairobi University/Kenya Medical Research Institute, Nairobi, Kenya; ⁴Nairobi University, Nairobi, Kenya

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Introduction Mobility has long been associated with high HIV prevalence. We sought to assess sex differences in the relationship between mobility and risk for HIV infection among married couples in the fishing communities.

Methods We conducted 1090 gender-matched interviews and rapid HIV testing with 545 couples proportionally representing all the different sizes of the fish-landing beaches in Kisumu County. We contacted a random sample of fishermen as our index participants and asked them to enrol in the study together with their spouses. The consenting couples were separated into different private rooms for concurrent interviews and thereafter reunited for couple rapid HIV counselling and testing. In addition to socio-economic and behavioural data, we collected information on overnight travels and divided couples in 4 groups as follows both partners not mobile, both partners mobile, only woman mobile, and only man mobile. Other than descriptive statistics, we used X^2 and U tests to compare groups of variables and multivariate logistic regression to measure association between mobility and HIV infection.

Results We found significant differences in the number of trips women travelled in the preceding month (mean 4.6, SD 7.1) compared to men (mean 3.3, SD 4.9; $p < 0.01$) and when the women did travel, they were more likely to spend more days away from home than their male partners (mean 5.2 [SD 7.2] versus 3.4 SD 5.6; $p = 0.01$). With an HIV prevalence of 22.7% in women compared to 20.9% among men, mobile women who had non-mobile spouses had 2.1 times the likelihood of HIV infection compared to individuals in couples where both partners were non-mobile.

Conclusion The mobility of fishermen's spouses is associated with HIV infection that is not evident among fishermen themselves. Therefore, interventions in this community could be a combination of sex-specific programming that targets women and combined programming for couples.

P6.16 **EVALUATION OF LAY HCT COUNSELLORS EXPERIENCES OF THEIR SERVICES AT REGION E FACILITIES IN THE CITY OF JOHANNESBURG**

¹Nombuyiselo Hilda Mvulane, ²Shan Naidoo, ³Ndumiso Tshuma. ¹COJ Region E, Johannesburg, South African Republic; ²Wits Public Health Medicine Specialist and Health of Community Health, Johannesburg, South African Republic; ³Community AIDS Response, Johannesburg, South African Republic

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Introduction HIV/AIDS Health Program implemented the Early Warning Indicators Revised SA WHO 90-90-90 Strategy in September 2015 at Region E facilities. This Health Services Research therefore, seeks to assess Lay HIV Counselling and Testing (HCT) Counsellors' experiences of their services. This knowledge is crucial for the HCT Program because Lay HCT Counsellors' role as promoters of behaviour modification in the communities. Research findings would inform service design and allocation of resources for quality improvement and management of the HIV/AIDS Health Program run by Lay HCT Counsellors.

Methods Forty-six Counsellors' were interviewed using a mixed methods approach to collect data. Trained field staff administered a semi-structured questionnaire. The participants were asked to indicate their experiences at Region E health facilities. The study was conducted in March 2016. Double data entry method of data capturing used followed by data coding and analysis using EPI.INFO. Thematic analysis and was conducted.

Results A total of 7 participants were permanently employed. Most (54%) Counsellors worked 6 hours daily and 36 counselled 5–15 clients daily. A total 30% of counsellors were debriefed, 37% appropriately mentored and 59% attended in-service training in HIV/AIDS related issues. There is only one mentor allocated for the whole region. Lay HCT Counsellors also indicated that they would like their stipend to be increased and they would like to be integrated into government structures. They would also like to receive regular debriefing sessions, mentoring session and in-services training. Workload is not evenly distributed and also exceeds what is expected according to their job description, due to shortage of professional nurses.

Conclusion Lay HCT Counsellors challenges should be addressed to enable Region E meet the 90-90-90 set targets together with the provider initiated counselling and testing. Need to increase mentors and Lay HCT Counsellors to focus on HIV/AIDS-related duties.

P6.17 **SYPHILIS RAPID TEST EXTERNAL QUALITY ASSESSMENT: BRAZIL'S EXPERIENCE**

¹Pâmela Cristina Gaspar, ²Alisson Bigolin, ²Hanalydia De Melo Machado, ¹Ana Flávia Pires, ¹Miriam Franchini, ¹Adele Schwartz Benzaken, ²Maria Luiza Bazzo. ¹Department of Surveillance, Prevention and Control of STI, HIV/AIDS and Viral Hepatitis, Brasília, Brazil; ²Federal University of Santa Catarina, Florianópolis, SC, Brazil

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Introduction Policies promoting access to syphilis diagnosis have led to the widespread use of rapid tests (RT) in health facilities of different complexities throughout Brazil. To monitor the quality of the testing procedures, the Ministry of Health introduced the National Program of External Quality Assessment for RT (EQA-RT). This involves healthcare