**Background** Efforts to provide screening or treatment of sexually transmitted infections (STIs) among female sex workers (FSWs) require adequate access and uptake of STI-specific health services; this is especially relevant for female sex workers who migrate for work. We examined the patterns of STI clinic use among non-migrant and migrant FSWs in Karnataka, India.

**Methods** We used baseline data on 728 non-migrant and 533 migrant FSWs enrolled in a cohort study of FSWs in Karnataka in 2008. The pattern of local (defined as the FSW’s place of origin) and destination STI clinic utilisation by migration status of FSWs was examined using univariate and multivariate logistic regression.

**Results** Overall, 77.9% and 64.3% of non-migrant and migrant FSWs had ever attended a local STI clinic (p < 0.001). Irrespective of migration status, local sex work was associated with local STI clinic attendance (AOR, 2.9; 95% CI: 2.3–3.7), and did not vary by other characteristics of sex work. Local clinic attendance was also higher among FSWs who demonstrated awareness of local HIV/STI prevention programmes (AOR 4.7; 95% CI: 3.3–6.5). Only 33.0% of migrant FSWs who engaged in local sex work had attended an STI clinic in their destination city, compared to 63.8% of migrant FSWs who did not participate in local sex work (p < 0.001). However, multivariate analysis indicated that the association between local sex work and a destination clinic visit was mediated by a lack of awareness of prevention programmes at destination and shorter (< 1 month) destination visits. Local clinic attendance remained independently associated with destination clinic visits (AOR 2.9; 95% CI: 1.6–4.2).

**Conclusion** Although local STI clinic attendance by FSWs is high, destination clinic visits among migrant FSWs remains low in the presence of local sex work. The findings call for linkages between local and destination HIV/STI prevention programmes to optimise STI-service delivery to migrant FSWs.

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**P2.151 IMPROVING HAART ENROLLMENT IN ELIGIBLE HIV PATIENTS IN RURAL HAITI**

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**Background** In La Colline Health Care Centre, a resource-poor setting in rural Haiti, the HIV/TB department was faced with low performance in HAART enrollment for eligible HIV patients. HIVQUAL (HIV-Quality) reports generated by our EMR (electronic Medical Record) showed 51.2% ART enrollment for the Oct 2011-March 2012 semester, which further dropped to 35% by May 2012; meaning that 67% of patients who needed treatment during that period, did not receive it. A 5-months Quality Improvement project was initiated, from May to September 2012 to find solutions to that problem.

**Methods** Quality Improvement methods and tools were used to hasten HAART initiation in eligible HIV patients. The project team used the Ishikawa diagram to evaluate the problem and was able to divide the possible causes into 4 groups: those related to people, to environment, to equipment and to procedures. Using Plan-Do-Study-Act cycles, we considered and tested five interventions. Two of them resulted in most of the improvement: Patient tracking by the community team and obtaining CD4 exam results the same day. Our goal was to reach 80% HAART enrollment within 6 months.

**Results** Periodic monitoring of the HAART enrollment indicator via EMR’s HIVQUAL report, revealed a progressive improvement in the proportion of eligible HIV patients initiated on HAART, going from 33% to 45.9%, 63.85% and 84.6%, after respectively the second, third and fourth interventions. The project ended in September 2012, with 90.2% of eligible HIV patients, receiving HAART.

**Conclusion** The staff responded positively to the initiative and the changes. The best impact is for the patients who now can benefit from early access to antiretroviral treatment, thus, avoiding some complications of the disease, which can be fatal. This activity contributed to achieving better health care for our HIV patients and a stronger HIV management system.