Methods In order to reduce stigmatisation and increase uptake of HIV screening and treatment services at three clinics in Northern Nigeria, the MSH PrO-ACT project implemented the following interventions

- Amalgamation of clinic space to ensure that HIV positive clients are attended to at the same clinic as other patients.
- Training of health care providers on patient confidentiality protection.
- Ensured that the same doctor attends to all patients irrespective of their HIV status.
- Blood samples for all patients visiting the laboratory are collected at the same phlebotomy point irrespective of their HIV status.
- Initiated focus group discussions on stigmatisation within the community and health facilities to promote a change in attitude towards PLWHA.
- Initiated support group meetings for PLWHA in order to encourage open discussions on stigma and partner disclosure.

Results At the end of twelve months, 12,436 (Male- 3,616, Female-8,820) clients were counselled and tested for HIV and the number who accessed laboratory services for CD4 count monitoring increased from 53.8% to 93.3%. The number of partner testing also increased from 35% to 68%. In addition, health worker attitude towards PLWHA improved significantly as workers now report a stronger belief in patient confidentiality protection.

Conclusion Integration of HIV related services into existing health systems has helped reduce stigmatisation of PLWHA. However, a lot more still needs to be done in enlightening and equipping health care providers in the fight against stigma in rural communities.

P4.126 AVAILABILITY OF SERVICES FOR DISCORDANT COUPLES TO PREVENT HIV AND STIS

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Introduction A survey was conducted in the three regions of Russia, Orel, Bryansk and Voronezh from 2008 to 2012. 64 HIV-negative partners living more than a year in a HIV discordant-couple relationship were enrolled in the survey. The main purpose of the survey was to assess the disparities of medical services for discordant couples over a four year period.

Method survey/questionnaire. Participants were collected from a social networking structure and support groups.

Results The majority of the discordant couples did not receive complete health services. 72% of the discordant couples had consultation for prevention of HIV transmission with their gynocologists, but only 38% had consultation about family planning. The medical providers can generally advice on common HIV prevention, but are not equipped with specialty advice and communication tools. For example, 86% of discordant couples tell their gynocologists that they use condoms. When speaking openly with peer-consultants, the expression of condom use decreased to 23%.

Today, 74% of them have ceased to be discordant because the HIV negative partner seroconverted. Out of the 74%, 13% of the relationships ended.

In general the Russian health care system has difficulties training professionals about HIV prevention and treatment. Not only are doctors not trained with comprehensive information, but communication is limited. The average conversation with a doctor is only 12 minutes. Only 47% of discordant couples have the opportunity to go to the doctor for important recommendations once a week. Only 26% of the couples had the possibility to access emergency medical advice. Services are critical at the moment of an immediate engagement with a risk behaviour.

P4.127 RED RIBBON CLUBS (RRCS): A LOW COST COMMUNITY LED STRUCTURAL INTERVENTION TO REACH OUT THE YOUTH TO INITIATE DIALOGUE ON SEX & SEXUALITY & TO CONTROL THE SPREAD STI/HIV AND OTHER COMMUNICABLE DISEASES IN RURAL SETTING

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The focus on rural areas was on account of many reasons including principally the higher HIV prevalence in rural areas, migration, strong presence of rural sex work and widespread social stigma. Over 57% of the HIV infected persons in India live in the rural areas.

A need was clearly felt to targeting youth and the adolescent. There is robust evidence that nearly one third of new infections are among young people in the ages 15–29. Young people, particularly those in rural areas, stand at persistent risk of contracting HIV due to lack of proper information and social taboos prohibiting discussion on matters of sex and sexual health.

As part of the Link Worker Scheme, young people in the villages have been motivated to form RRC and take lead in creating awareness on HIV/AIDS in the community. Over 400 RRCs are functional and acts as an Information Hub to impart knowledge and skills among the village youth on STI/HIV/AIDS prevention, risk reduction and access to other social security schemes. RRCs are functioning in existing Youth Clubs, local govt. office, Health Centers, Rural Library, Road side hotel in order to sustain awareness and raise demand for services. Series of mid media activities like local folk song, dance, theatre etc. engaging the local youth based on their talents. Over 3600 community volunteers have been identified, mobilised and trained to work as volunteers and become a member of respective RRC and further provide training. RRC members has reached over 240,000 (38% female) vulnerable youth and adolescents including HRGs.

This is a most sustainable model for setting up RRC engaging the youth from villages, who can take lead, exchange information and share ideas to initiate dialogue on sex & sexuality to prevent RTI/STI and other communicable diseases and continue the activities beyond the project period.

P4.128 AMERICAN INDIAN EMERGING ADULTS: PARTNERSHIP FORMATION AND HIV RISK AND PROTECTIVE FACTORS

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Multiple challenges such as high rates of discrimination, poverty and traumatic events, expose American Indian (AI) women to high-risk sexual partnerships placing them at an increased risk for HIV/STI. Characterizing sexual partner networks, or who is partnering with whom, and how partnerships change over time, is essential for translating the concept of sexual health beyond the individual to the partnership and the population of connected emerging adults.

We interviewed 129 AI women age 15–35 years residing on a rural reservation with 189 unique partnerships to understand patterns of relationship formation and dissolution and how these partnerships differ in terms of socio-demographic characteristics, sexual risk behaviour within partnerships, and characteristics of place (e.g., where partners met, where they most often have sex, where the partner lives) to inform prevention interventions.

Of the 129 sexually active AI women, 37% reported > 1 partner in the past 6 months. Women reporting one partner (compared to > 1 partner) report lower 12-months binge drinking: 25.9% vs. 58.3%,