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 35.8% to 95.3%. 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


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 gynecologists, 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 gynecologists 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.
p < 0.001) and less alcohol use prior to sex (48.2% vs. 72.9%, p < 0.01). Pertaining to partnership characteristics, the previous partner (P2), placed the participant at higher risk for HIV/STI than the current partner (P1); P2 (as compared to P1) reported higher alcohol use prior to sex (65.0% vs. 51.972.9%, p < 0.05) and partner concurrency (55.0% vs. 17.8%, p < 0.05). Characteristic of places differences: P2 was less likely to live in the same town as the respondent, compared to elsewhere on the reservation or outside the reservation (27.5 vs 42.6, p = 0.06). Lastly, sexual intercourse with P2 (compared to P1) usually took place in “riskier” settings such as a car, bar, or outside (35.0% vs. 10.1%, p < 0.01).

Emerging AI adult women in risky partnerships transitioned to a safer partner overtime. Preventing engagement with risky partners would reduce HIV/AIDS risk.

**P4.129**  
**EFFECT OF CHLAMYDIA DIAGNOSIS ON HETEROSEXUAL RELATIONSHIPS**  

1 N O’Farrell, 1H Weiss, 2Ealing Hospital, London, UK; 2London School of Hygiene & Tropical Medicine, London, UK

**Background** Physical violence between sexual partners has received increasing attention in the medical literature in recent years. The aim of this study was to compare the prevalence of physical violence amongst STI clinic attendees with and without Chlamydia, and to estimate whether relationships were more likely to dissolve after a chlamydia diagnosis compared with patients without an STI.

**Methods** This was a retrospective cohort study in which patients diagnosed with Chlamydia at an STI clinic in London, and who had a regular partner at time of diagnosis, were contacted 3–12 months after their diagnosis and asked to complete a questionnaire on relationship history either over the phone or in a face-to-face interview. A comparison group of gender-matched STI clinic attendees without a STI who had attended the same clinic were also interviewed.

**Results** Of 298 subjects enrolled, about half of chlamydia cases and non-cases had broken up with their partner since diagnosis (52% vs 47%; p = 0.42), but cases were more likely to have split up within one week of diagnosis (48% vs 24%; p = 0.003), and somewhat more likely to resume the relationship (24% vs 15%; p = 0.24). The prevalence of reported physical violence in the past year was slightly higher in cases than non cases (9% vs 4%; p = 0.09). The majority of cases saw a health advisor, and these were less likely to report experiencing physical violence than those who had not seen a health advisor (7% vs 12%; p = 0.31).

**Conclusion** Patients with Chlamydia are more likely to suffer relationship breakup soon after diagnosis than STI clinic attendees without a STI. Improved health advice may be needed for Chlamydia cases, including reassurance to the individual about sexual relationships as well as the need for safer sex with new partners.

**P4.130**  
**STRENGTHENING THE CAPACITY OF COMMUNITY BASED ORGANISATIONS TO PROVIDE CARE AND SUPPORT TO VULNERABLE CHILDREN IN SOUTHERN NIGERIA**  

A O Hassan. Association for Reproductive and Family Health, Abuja, Nigeria, Nigeria

**Background** Families act as ‘safety nets’ for vulnerable children. The phenomenal increase of orphans and vulnerable children (OVC) has weakened the traditional system, paving way for Community Based Organizations (CBOs) to mediate using ‘pooled resources’ to provide care and support to OVC. Experience has shown that trained CBOs provide quality services to OVC in a sustainable manner, within the community standards. This intervention supported CBOs to provide OVC with integrated services from April 2011 to October 2012.

**Methods** Eighty-five CBOs in southern Nigeria were selected using adapted organisational capacity assessment tool (OCAT) and National selection criteria. They were trained on the skills for delivery of integrated services to OVC, using the National Plan of Action for OVC and Standard Operational Procedures. The CBOs were supported to conduct needs assessment and enrolment of eligible OVC using the Orphans vulnerability index tool. The eligible vulnerable children received integrated services (education, health, nutrition, protection and psychosocial) through the CBOs and Caregivers.

**Results** Of the 1785 OVC enrolled and served by the CBOs, 1000 (56%) were paternal, 446 (25%)-maternal and 339 (19%) double orphans. The mean age at enrolment was 10 with peak at 6 to 14years (84%). There was un-equal representation, with more females than males (55%-45%). A breakdown of the enrolles on education support, showed that 58.2% were enrolled for primary school education, 39.8% for secondary school and 2% in pre-primary education. Owing to stigma, linked with HIV status disclosures, the status of some OVC could not be ascertained. However, 10% of the 1785 OVC enrolled into the programme were HIV positive.

**Conclusion** The CBOs have increased access of vulnerable children infected or directly affected by HIV to integrated support services. Investment in the CBOs capacity has promoted community ownership of the project and sustainability.

**P4.131**  
**SENSITIZING LOCAL COMMUNITIES TO BASIC INFORMATION ON HIV IN A FAITH BASED COMMUNITY: A CASE STUDY FROM AIZAWL, Mizoram, North East India**  

L Rai. R Sanghunna, R Lalrinzama. Grace Home, Durtlang Aizawl Mizoram, India

**Background** Mizoram shares an international border with Burma and Bangladesh. HIV prevalence rate is 0.81% making it the 3rd highest HIV prevalent area in India. With more than 90% of the 1 million inhabitants Christians, policies of the Presbyterian Church is as important and effective as the local government in fighting HIV. Grace Home is a 30 bedded hospice under the Mizoram Presbyterian Church. The first hospice in Mizoram for HIV and palliative care.

**Methods** A 2 hours programme called ‘Friends on Fridays’ was initiated in Feb.2011 at Grace Home. Held every alternate Friday, along with local PL HIV networks, old patients, inpatients and NGO’s, we invite church leaders especially members of youth fellowships - Presbyterian, Baptist, Salvation Army etc. from different localities of Aizawl. Various issues related to HIV like - ART drugs, adherence, CD4, misconceptions, stigmas and discriminations, palliative care, STI’s are addressed. The importance of condom promotion is imparted in a gentle manner. Condom demonstration is also done to reduce stigma. Talks on various STI besides HIV when having unprotected sex.

**Results** Over a one year period from Feb.2011 to Feb.2012, we were invited at 10 local youth Christian fellowships and 21 women fellowships where various issues related to HIV could be shared in churches all over Aizawl. Feedbacks from such meetings have been encouraging with participants sharing misconceptions being cleared, realising importance of condom, and new level of awareness on various STI beyond HIV etc.

**Conclusions** Issues related to HIV like STI/Condorn is still a challenge in a Church dominated region like Mizoram. Being India’s 3rd highest HIV prevalent region coupled with the influx of migrant population, it is crucial that the Church realise the epidemic. Sensitizing key leaders of churches all over Aizawl through ‘Friends on Fridays’ and subsequently the general population, has been very encouraging.