Network, literature research, workshops and interviews for the recording of a documentary video.

**Results**
- Four workshops carried out in 4 Brazilian states
- 4,000 initial copies made of a video to showing that candomble religion is a field of knowledge that can offer productive ideas concerning the promotion of health, cultural resistance and development of public health policies.
- Campaigns coordinated with the terreiros for reducing stigmatisation and discrimination, promoting the right to healthcare and civil rights, and improving the quality of life of those living with HIV/AIDS.

**Conclusion**
The importance of STD/AIDS prevention, not only through government policies but also by taking into consideration the knowledge, teachings and care provided in the "terreiros", and by recognising their contribution to the physical, psychological and spiritual health of the participants, based on talks by "the people of the saint" (povo de santo) religious leaders, and their songs, myths and proverbs, all contributing to the promotion of health and STD/AIDS prevention.

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**P5.047 HIV/AIDS PREVENTION IN THE SLUMS OF DELHI, INDIA: TARGETED INTERVENTIONS**

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India has been at the centre stage of global economic growth in the recent years. It has made an impact in urban India with visible signs; however, vast parts of metropolitan India still remain underdeveloped and impoverished. Large numbers of people live in difficult conditions and are deprived of basic healthcare in many urban quarters, especially the western suburbs of Delhi, which have large slum areas. These slums have a high percentage of migrant workers with low levels of awareness on HIV/AIDS. Although the HIV prevalence is low, yet in terms of individuals infected, the slums are home to a very large and rapidly growing number of people living with HIV.

Cygnus Medicare, a newly emerging healthcare organisation dedicated to providing world class healthcare in resource-limited settings, has been working in Delhi and Haryana for last several years with a strong public health approach. It runs seven fully equipped hospitals where poor people are treated at subsidised rates and special programmes; (1) Knowledge and skills-building to educate migrants on HIV/STI prevention.

The organisation also has an outreach component of service delivery, through which remote slum areas are regularly visited by mobile medical vans to provide curative, diagnostic and educational services to the community.

The response and acceptance to the programme so far has been very positive. Over the last three years, there has been a large increase in the number of people attending the clinics and camps.

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**P5.048 REACHING WOMEN THROUGH THE INTEGRATION OF HIV TESTING INTO PUBLIC SERVICE SITES: EXPERIENCES FROM THE DEPARTMENT OF MOTOR VEHICLES AND INCOME MAINTENANCE CENTER IN WASHINGTON, DC**

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Background Washington DC has an estimated HIV prevalence rate of 2.2% and only 50% may be aware of their infection. Using large volume public service venues may promote HIV testing and directly increase access to HIV testing, thereby increasing the number of residents who know their HIV status. Family and Medical Counseling Service, Inc. (FMCS) implemented a novel programme to provide HIV testing at the Department of Motor Vehicles (DMV) which provides driver’s licence and automobile tag services to over 150,000 residents annually. In 2011, we replicated this programme model in the Income Maintenance Center (IMC), the government office that provides residents with public benefits including financial assistance and health insurance.

**Methods**
Dedicated project staff discusses the importance of HIV testing and offer the test to everyone awaiting DMV and IMC services. HIV testing is conducted in private offices inside the DMV and IMC, and all who test positive are immediately referred to care. We present data describing the HIV testing outcomes from the programme.

**Results**
From October 2010 to October 2012, 247,055 individuals were offered an HIV test, 23,111 (9%) accepted, 21,283 (93%) were tested, and 113 (0.5%) were positive. The majority of those tested were women 14,667 (69%) between the ages of 23–40 (5,463 or 57%). Of those tested, 33% (7,023) were first time testers. Women accounted for 54% (5,792) of all first time testers.

**Conclusions**
Conducting HIV testing in high volume non-clinical settings, such as the DMV and IMC, is a feasible strategy to engage women in HIV counselling and testing services, including those who have never tested before. Expansion of this programme model to similar public service sites may be necessary to increase access to HIV testing services, encourage routine screening and increase the percentage of individuals in the general population who know their HIV status.

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**P5.049 CREATING ONLINE COMMUNITIES OF PRACTICE TO SUPPORT UPTAKE AND SUSTAINABILITY OF EVIDENCE-BASED HIV/STI PREVENTION PROGRAMMES**

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**Background**
Online communities of practise have the potential to address multiple barriers to the broader dissemination and maintenance of evidence-based HIV/STI interventions. Addressing these barriers is critical to narrowing the gap between what researchers have identified as best practices and what gets delivered in communities to curb the spread of disease. Yet there are few models grounded in implementation science that are useful for guiding the development of online communities that can support high-impact HIV/STI prevention.

**Methods**
The APPLES dissemination model is used to identify goals and specific objectives of an online community of practise; this integrated theoretical model focuses on achieving adoption/adaptation; priority population identification and penetration; longevity; evaluation, and sustainability. A case example is used to discuss how the APPLES model can guide development of an international online community of practise.

**Results**
Drawing on the APPLES model, key components of an online community to promote high-impact condom distribution were identified. These include: (1) Knowledge and skills-building to address specific APPLES goals and objectives, such as identification and outreach to the highest-risk, highest-impact population segments; (2) Knowledge-sharing and network engagement to identify implementation solutions over the life course of intervention delivery; and (3) Online expert coaching and technical assistance. Components are matched to multimedia activities that encourage both individual learning and community engagement. Challenges to marketing and maintenance are also considered in the development