Background A significant high proportion of men engage in sexual relationships with other men has been observed in the country, which has direct linkage with the physical and the mental health status of this population. The population is more at risk when it is associated with migrant MSMs, having the characteristics of bridge population, due to associated migrant as well as MSM health related issues. Due to their unique health care needs, the population repeatedly remains devoid of basic health care services. The purpose of the study is to highlight their overlooked health issues, barriers to care and stigma associated with migrant MSMs.

Methods A cross-sectional qualitative in-depth interviews were conducted with 62 migrated MSMs in New Delhi in the Month of November-December 2012. The snow-balling method is used to track the hidden population. Interviews were based on pre decided themes of health issues, service availability, barriers to care and stigma associated. Data was analysed by using thematic framework approach. New emerging issues verbatim were highlighted and the case narrative has been done.

Results The majority of the participants of the study reported that they were not aware about the health care service availability even if they are willing to get screened. Most of the participants perceived that they are suffering with the mental disorders but because of stigma associated, along with the other healthcare need, they couldn’t able to avail the mental health services. Occupational hazard was also reported in the majority of the cases.

Conclusion Special attention to mental health care is required along with a comprehensive package also dealing with the physical as well as the social well being of MSMs. Special attention is required for their screening since the population being migrant is much more at risk when compared to migrant and MSM individually.

Poster presentations

P6.049 | PHC COORDINATORS’ STI AND HIV - AIDS TECHNICAL ASSISTANCE

I K Dwi Harjanti, Y Fardhindiani. FHI 360, Jakarta Posat, Indonesia

PHC Coordinators’ STI and HIV – AIDS Technical Assistance

Background Technical teams (TA) from Indonesia FHI 360 visits to 25 health centres in four provinces in the Indonesian capital. In order to assure and improve the quality and quantity of STI and HIV-AIDS services to be Able to provide comprehensive and sustainable service. As the follow-up of previous series of events in STI and HIV-AIDS; such as HSS, QA/QI, clinical trainings on STI and HIV-AIDS. To get the baseline data for management condom.

Methods TA team consists of HIV-AIDS coordinator at Provincial Health Officer and District Health Officer, SUM 1, and some other partners such as WHO. TAs were done by direct observation, role play, staff interview, management interview, and document checking.

Results 22 out of 25 PHCs give STI & HCT service. 9% of the PHCs with ST1&HCT service, had met the minimum criteria for Management Component. 64% of PHCs have written assignment with job description for the STI Team. 36% of PHCs have written STI and HIV service flow and SOP. 86% PHCs have the latest STI&HCT guidelines from MoH. Most of the PHCs already do Universal Precaution, but only 36% of PHCs have PEP treatment flow.

Conclusion Encourage STI, PITC and VCT implementation at the PHCs with trained staffs. Prepare new staff to replace staff who will retire or move. Use all the latest form for recording and reporting HCT activities, and fill the form completely. Distribute guidelines to the PHCs. Re-set the counselling room and prepare counselling kit. Help the PHCs in developing internal referral flow between services. Increase the capacity of counsellor for other skill. Encourage counsellor to do condom use demonstration during counselling session.

P6.050 | EVALUATION OF COMPLIANCE WITH PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV NATIONAL PROTOCOL IN PMTCT SITES IN KINSHASA, DEMOCRATIC REPUBLIC OF CONGO

R M Ambako. University of KwaZulu Natal, Durban, South Africa

Background Nearly 91% of all pregnant women living with HIV worldwide live in 25 countries, including the Democratic Republic of Congo (DRC). Even although the DRC implemented the PMTCT programme in 2001, the prevalence of HIV in pregnant women was...
4.3% in 2009 and the prevalence of HIV in newborns was 23.3% in 2010. To date, no study has been done in the DRC, specifically Kinshasa, to explore the PMTCT national protocol.

**Purpose** The study aimed at evaluating compliance with the PMTCT national protocol in the selected PMTCT sites of Kinshasa.

**Methodology** A quantitative approach was employed in this study with a total of 76 health care providers, specifically nurses, and 179 records of HIV+ women in 18 PMTCT sites selected in Kinshasa. A health care provider self-reporting questionnaire and review of the records of HIV+ women were used for compliance assessment. Data collected was analysed using the SSPS package, Version 19.0 and MS Excel 2007.

**Results** This study found that nurses and HIV+ women were non-compliant (less than 80%) with the PMTCT national protocol. The score of compliance/non-compliance decreased through the continuum of PMTCT care with a peak in labour and delivery for HIV+ women. Some factors were associated with nurses and HIV+ women’s compliance or non-compliance with PMTCT national protocol.

**Conclusion** The non-compliance of nurses and HIV+ women found in this study goes beyond the improvement of compliance with PMTCT national protocol and necessitates full and sustainable integration of PMTCT in maternal, newborn and child health services.

**Conclusion** Preventive programmes cost the government much lower than HIV and HCV treatment and can be considered rather effective.

**Methods**

- **Background** In 2011 the NGO “AntiAIDS-Siberia” estimated the cost-effectiveness of the complex HIV programme among the IDU in Barnaul. The NGO “AntiAIDS-Siberia” estimated the cost-effectiveness of the complex HIV programme among the IDU in Barnaul.

- **Methods**
  - descriptive and analytical method of epidemiological analysis of HIV sickness rate;
  - bio-behavioural survey among the IDU in Barnaul, 2011;
  - mathematical analysis of HIV treatment costs in compliance with the standards.

**Results** Different preventive components such as voluntary counselling and testing, social and medical support of the IDU, condom and injecting equipment distribution and safe skills building have been implemented in Barnaul. The average cost of HIV-prevention programme among the IDU in Barnaul is $53000 per year. At the average 1500 IDU are covered by PP per year, so the average expenditure for PP is $23 per 1 client. Average annual cost of ART per patient is $11356, cost of HCV treatment (Pegasys + Ribavirin) - $19000.

According to the results of bio-behavioural survey 3 out of 150 PP clients are HIV positive (2%), 121 (80.7%) have HCV. In comparison group 31 out of 150 have HIV (20.7%), 130 (86.7%) have HCV. If we extrapolate from the data to all IDU covered by PP in 2011, we can conclude that PP help to prevent 280 IDU from infecting HIV and HCV. It saves $3000000 per year in the budget, which are needed to provide ART and HC treatment. At an average 1 HIV IDU infects 4 partners during a year. Prevention of 1120 cases saves $3000000 per year in the budget which is needed to provide ART.

**Conclusion** Preventive programmes cost the government much lower than HIV and HCV treatment and can be considered rather effective.