include programme management and outreach activity costs. Incremental cost-effectiveness analysis allows us to identify the most cost-effective NGO/CBO model for STI service delivery.

Results Most of the NGO/CBOs served more than 2,000 HRIs. However, when standardised to reflect a population of 1,000 HRIs, the programme operated clinic with outreach model was able to deliver STI control services at a lower cost per STI consultation, than alternative models. Incremental cost-effectiveness analysis of alternative STI service models with regards to coverage of STI screening & syphilis testing, show this model to be the most cost-effective model.

Conclusions For larger NGO/CBOs, use of outreach is critical to obtain operational efficiencies. Program operated clinics with outreach were found to be the most cost-effective model, probably due to increased access to scattered high-risk populations through effective outreach activities and continuity of care.

P6.054 **CONDOM AND STI A GAZE WORD - TO PREVENT STIS**

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Background Bangladesh is culturally and religiously conservative. Condom use rate among the married couple is poor. Young people's access to condom is restricted. The perception about condom use in Bangladeshi society is a barrier device to "sexual pleasure". This pervasive claim of "reduced pleasure" is a diverse and complex phenomenon explored through men's statements. Bangladesh has a low HIV prevalence rate with less than 0.1% in the general population, as there are no changes of HIV prevalence the surrogate markers of risk for active syphilis (unsafe sex) and antibodies of HCV - are of relevance. Among female sex workers HIV prevalence in different setting is < 1% except in one border town area.

Bangladesh had received 3 grants on HIV/AIDS from the Global Fund to fight AIDS, Tuberculosis and Malaria in Round 2 from 2004–2009, Round 6 from 2007–2012 and Rolling Continuation Channel (RCC) from 2009–2015 on prevention, care, and treatment for the MARP's.

Methods Three surveys conducted Project baseline survey 2005, end line survey 2008 of Prevention of HIV/AIDS among young people in Bangladesh and Mid-Term Survey 2012 on RCC Program Expanding HIV/AIDS Prevention in Bangladesh funded by the Global Fund.

Results Over the period % of young women and men aged 15–24 yrs who correctly identify at least two ways of preventing HIV transmission knowledge increased over the period 22.6% (2005); 43.8% (2008) and 84.8% (2012) however, % of female sex workers reporting the use of a condom with their most recent client (Street, Residence & Hotel) 66.7% (2006–2007) which is increased 95.5% (2012) in the mid-term survey of RCC programme.

Conclusion The strategic intervention of GFATM funded HIV programme in Bangladesh achieved the remarkable success.

P6.055 **MONITORING HIV RESISTANCE: FIRST BRAZILIAN EXPERIENCE WITH CLINICAL INDICATORS IN A PUBLIC CARE UNIT AT AMAZON STATE**

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Background World Health Organization has provided countries with "Early Warning Indicators" to monitor ART sites and minimise the emergence of drug resistance, using routine information from medical and pharmacy records. In Brazil the percentage of multiexperienced people is about 8%, at brazilian universal free access, which concerns about complications in quality of life related to therapeutic failure. We evaluated two cohorts at a public health care site at Amazonas state,to propose the indicators validation on this population.

Methods Through electronic local system and following the WHO methodology, patients who started ART treatment twelve months ago, and received care at the unit, were selected for WHO sample size indicated. The research resulted in 315 adults.

Results As results were compared to the original WHO indicators for EWI 1 (percentage of ART prescribing practises with appropriate first-line regimen) at the studied site were 91% and 95%, for 2009 and 2010 respectively, WHO recommends 100% for this indicator. EWI 2 (patients lost of follow-up 12 months after ART initiation): 30% (2009) and 36% (2010) (WHO = less than 20%). EWI 3 (patients on appropriate first-line regimen 12 months after ART initiation): 40% (2009) and 49% (2010); (WHO = up to 70%). About 75% picked up ART drugs on time (EWI 4), instead WHO recommends up to 90%.EWI 8 (patients with viral load supression after 12 months of ART): 31% for 2009, and 30% (2010),WHO recommends up to 70%.

Conclusions EWI were implemented in other Latin America countries to determine a valid tool compared to viral load. Brazil does not have yet a national monitoring system to monitor sites. This one, located at an HIV late diagnosis area showed deficit in maintenance in care. The managers need to improve monitoring adherence and prevent HIV resistance by therapeutic failure, since there was not any local indicator which achieved WHO recommendations.

P6.056 **KNOWLEDGE AND ATTITUDE IN RELATION TO HIV/AIDS AMONG NURSES WORKING AT MATERNITY WARD, BPKIHS, NEPAL**

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Background People with HIV frequently encountered discrimination while seeking and receiving health care services. The knowledge and attitude of health care professionals influence the willingness and ability of people with HIV to access care and the quality of care they receive.

Aims To assess the HIV/Aids related knowledge and attitude among nurses working at maternity ward of BPKIHS.

Methods and Materials: A descriptive cross sectional study was conducted in maternity ward of B.P. Koirala Institute of Health Sciences. Purposive sampling technique was used for selection of samples. Data was collected from 56 nurses using pre designed, pre tested and self developed Performa. Data was analysed using descriptive statistics (frequency, percentage and mean) and inferential statistics (Spearman rho correlation test)

Results Regarding the overall knowledge, majority of the respondents (76.78%) had good knowledge; 23.21% had average knowledge and none of them had poor knowledge on HIV/AIDS. Total median score was 27, 25\32 in knowledge and attitude respectively. There was no correlation between knowledge and attitude $(p > 0.05)$

Conclusion It is essential for organising continuous in service education to get informed the nurses so as to create awareness especially on PMTCT concepts and refer, guide and intervene the women living with HIV/AIDS to avail the PMTCT services and influence the nurses to develop positive attitude the people living with HIV/AIDS.

P6.057 **DECREASING THE PROPORTION OF PATIENTS LOST TO FOLLOW-UP AT AN OUT-PATIENT HIV CLINIC IN EASTERN UGANDA**