only. Women who reported 1–5 (AOR 11.0, 95% CI 4.3–28.3) or 6–9 recent coital acts (AOR 3.8, 95% CI 1.7–8.8) with other partners were more likely to report consistent condom use with those partners than were women who reported ≥10 acts. Having a recent partner delay payment was inversely associated with consistent condom use with helping, other, or all partners.

Conclusion Correlates of consistent condom use differed by partner type. By using a case-crossover design, we were able to identify potentially modifiable factors associated with consistent condom use by FSWs who used condoms consistently with other partners were more likely to report consistent condom use with women who had non-mobile spouses had 2.1 times the likelihood of HIV infection compared to individuals in couples

**P6.16** EVALUATION OF LAY HCT COUNSELLORS EXPERIENCES OF THEIR SERVICES AT REGION E FACILITIES IN THE CITY OF JOHANNESBURG

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Introduction HIV/AIDS Health Program implemented the Early Warning Indicators Revised SA WHO 90-90-90 Strategy in September 2015 at Region E facilities. This Health Services Research therefore, seeks to assess Lay HIV Counselling and Testing (HCT) Counsellors’ experiences of their services. This knowledge is crucial for the HCT Program because Lay HCT Counsellors’ role as promoters of behaviour modification in the communities. Research findings would inform service design and allocation of resources for quality improvement and management of the HIV/AIDS Health Program run by Lay HCT Counsellors.

Methods Forty-six Counsellors’ were interviewed using a mixed methods approach to collect data. Trained field staff administered a semi-structured questionnaire. The participants were asked to indicate their experiences at Region E health facilities. The study was conducted in March 2016. Double data entry method of data capturing used followed by data coding and analysis using EPIINFO. Thematic analysis and was conducted.

Results A total of 7 participants were permanently employed. Most (54%) Counsellors worked 6 hours daily and 36 counselled 5–15 clients daily. A total 30% of counsellors were debriefed, 37% appropriately mentored and 59% attended in-service training in HIV/AIDS related issues. There is only one mentor allocated for the whole region. Lay HCT Counsellors also indicated that they would like their stipend to be increased and they would like to be integrated into government structures. They would also like to receive regular debriefing sessions, mentoring session and in-services training. Workload is not evenly distributed and also exceeds what is expected according to their job description, due to shortage of professional nurses.

Conclusion Lay HCT Counsellors challenges should be addressed to enable Region E meet the 90-90-90 set targets together with the provider initiated counselling and testing. Need to increase mentors and Lay HCT Counsellors to focus on HIV/AIDS-related duties.

**P6.17** SYPHILIS RAPID TEST EXTERNAL QUALITY ASSESSMENT: BRAZIL’S EXPERIENCE

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Introduction Policies promoting access to syphilis diagnosis have led to the widespread use of rapid tests (RT) in health facilities of different complexities throughout Brazil. To monitor the quality of the testing procedures, the Ministry of Health introduced the National Program of External Quality Assessment for RT (EQA-RT). This involves healthcare