

A VISIT TO AKUSE LOCAL PRISON IN THE EASTERN REGION ON 14TH DECEMBER, 2017

Introduction

A team of four representatives of the HIV/TB oversight committee of the Ghana CCM visited the Akuse Prisons on 14th December, 2017 to inform themselves about the HIV and TB prevention activities implemented by PPAG and their impact.

Akuse Prison was established in the year 1911 at a place that served originally as a warehouse for merchant activities. At the time of the visit, the prison had 224 men and 8 female inmates of whom seven (six males and one female) live with HIV. All are receiving treatment at Akuse Government Hospital.

There is one nurse at the prison infirmary that takes care of the health needs of both the male and the female inmates. She keeps the ARVs at the infirmary and make sure that they are administered to the seven PLHIV on a daily basis at the infirmary.

The team also visited the Akuse Government Hospital for more information on referral practices to HIV care after the inmates' discharge.

Site visit participants

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Summary of findings and recommendations

| Finding | Recommendation | To whom |
|---|--|------------------------------|
| Consistent with all other prisons visited: sexual activities in prisons are an exception, hardly possible and subject to sanctions by inmates and officials. Risk of HIV transmission is very low with regular distribution of hygiene kits | Consider reducing HIV testing to two to three occasions (admission, window period and possibly upon release). Train prison infirmary nurses on HTS for them to implement it. | Next PR NACP |
| General finding: Knowledge on HIV and TB among inmates was at a very basic level before imprisonment | Scale up HIV and TB mass education campaigns for general population | GAC NTP |
| High loss to follow up among discharged HIV+ inmates | Review through e-tracker if they are really LTFU | NACP |
| VL results from Koforidua are available after 3-4 months only | Investigate the reasons | NACP |
| Hygiene kits / sanitary pads do not last for three months | Consider bi-monthly intervals | Next PR |
| Need of HIV/TB IEC materials for inmates to re-read | Distribute | Next PR/ GAC |
| Mosquito screens in all windows seem effective in reducing malaria incidence | Consider same for all prisons | NMCP / Prison Services |
| No GHS supplied mRDTs / ACTs, fully depend on donations | Lobby for accreditation of prison infirmaries with NHIS to be able to provide them with health commodities | GHS |
| Some PEs have not received their certificates | Provide asap | PPAG |

Training and PE activities

PPAG started the HIV prevention activities at Akuse Prisons about three years ago and carries out the same activities as in other prisons. Readers interested in more detail are referred to previous site visit reports available on the CCM website. There are currently 15 trained PEs (13 males and 2 females). The last PPAG training on HIV and TB took place earlier this year. Four PEs were newly trained on this occasion as fluctuation is high (most inmates serve rather short sentences of 2-3 years). Seven out of the 15 PEs have been working as such for more than two years. Potential PEs are screened according to the following criteria:

- Confidentiality, secrecy and trustworthy
- Volunteerism
- Good character and behaviour
- Basic level of literacy
- Duration of sentence more than 2 years
- Not in the process of appeal or parole
- Not a remand prisoner

The team was content that PPAG followed the OC recommendation to enhance sensitization on HIV related stigma and discrimination. This topic was explicitly part of the training and a Model of Hope visited the prison for an exchange. Similarly, the prison received a pen drive with short films on HIV (Scenarios of Africa) that are also used for some of the education activities. However, the prison has

only one TV and film shows cannot be offered very often (in 2017, there were two film shows and one drama performance organized by Theater for Social Change).

Peer educators and prison officers confirmed that the distribution of hygiene kits occurs consistently in quarterly intervals. PEs recommended to shorten the intervals as none of the articles lasts for full three months.

HIV transmission in prison and HTS

All key respondents are strongly convinced that sexual activities in prison rarely happen. The nurse stated that she has never heard about homosexual relationships during the entire six years that she has been working at the prison. There are too many inmates in the prisons and no hiding places to have any unnoticed sexual activity. Furthermore, due to the strong taboo and the legal situation related to homosexual activity, any such activity will not only be sanctioned by the prison officials but also by the inmates themselves. There is an inmate led "cell police" and "court" with a judge that meets once a week to discuss all troublesome cases. Nonetheless, the PEs explained that their efforts include education on the risks related to all types of sexual intercourse, including anal sex.

The team asked the PPAG project officer responsible for all prisons in the Southern zone about the number of cases with seroconversion during imprisonment. While he did not have any numbers to quote, he mentioned that he was aware of a few of such cases but thinks that those are most likely related to the window period and not to HIV transmission in prison.

HTS is undertaken in quarterly intervals which the team considers as too frequent as long as hygiene kits are distributed considering the low risk of HIV transmission in prison. The last HTS conducted by PPAG was in September 2017.

HIV related stigma and discrimination

The team had an interesting discussion with the PEs on stigma and discrimination. While there is a stronger focus on HIV related stigma and discrimination in the PE's activities and while PEs believe that their education has significantly reduced its level among the inmates, they pointed out that they would expect rejection and insult of PLHIV who disclose their status at the prison. One member of the CCM team initiated a stigma and discrimination simulation with the PEs which showed clearly that it is still a long way from accepting an HIV positive fellow to accepting an HIV positive in-law. However, during the discussion, the PEs specified that they would expect stigma and discrimination to occur primarily among the newly admitted inmates.

Similarly to other prisons, no PLHIV has disclosed their status to date. Four out of the 15 PEs know the status of at least one PLHIV. Prison officials have been very effective in hiding the status of PLHIV. It was not possible to talk to a PLHIV about their experiences and perceptions as the prison infirmary nurse feared that PLHIV would see a conversation with the CCM team as an unconsented disclosure of their status to third parties, which may affect their trustful relationship.

Situation of inmates living with HIV

HIV treatment seems to be well taken care of by the prison infirmary. All PLHIV receive their daily dose before lock-in. There have not been any ART shortages within 2017. The PLHIV are seen at the Akuse Government Hospital. Nowadays, they receive an average of two months stock, which is a big improvement compared to the previous three weeks. No challenges were mentioned in relation to treatment at this hospital, inmates receive the same treatment as everyone else. Transport to the hospital is arranged by the prison whenever necessary and without any problems.

In spite of the significant inflation over the past years, the daily budget for food rations for the inmates has remained at 1.80 GHC per person per day. It is recognized by the Akuse prison officials that this amount is too low generally speaking, even more so for PLHIV. They collaborate with the district to receive fortified flour “once in the blue moon” and do their best to provide PLHIV with extra food ration. In order to not raise suspicion, these HIV+ inmates do extra tasks or are nominated cell leaders. It is accepted by the inmates that extra efforts deserve compensation.

The ART nurse at the Akuse Government Hospital confirmed that VL testing had started in 2016 already. The nurse estimated that out of the 700 ART clients, so far about 550 to 600 have been tested, including all the HIV+ prison inmates. Samples are sent to Koforidua, which supposedly works well, however, it takes usually three to four months before the results are in, which seems unnecessarily long. Her assertions were confirmed by the Medical Superintendent of the Akuse Government Hospital – Dr. Tijani.

Continuity of ART upon release

Before PLHIV are released, they are counselled by the nurse in charge at the Akuse Government Hospital about the importance of continuous HIV treatment. They are given a choice of ART centers in the proximity of their destination and the selected ART center is informed about the upcoming transfer. Discharged PLHIV receive an ARV ration for about three months, which should allow them to settle before the necessity to replenish arises. PLHIV are requested to call from the new ART center, so that the Akuse ART nurse can confirm ART continuation with the new ART nurse. The Akuse ART nurse follows up on those for whom she has not had feedback but many of the previous inmates cannot be tracked down. She estimates that 40% can be considered as lost to follow up.

Possible reasons as given by various key respondents include:

- Do not want family to find out about HIV infection and hence lack support
- Are rejected by family members for their criminal record
- General challenges to gain ground in their new life, affecting availability of T&T among others
- May end up at a different place than originally planned and lack information on local ART facilities

Tuberculosis

The Akuse Prison has not had any inmates with tuberculosis for the past two years. PEs inform their fellows on TB. The team got a short presentation on the main messages to be put across. TB screening is done quarterly alongside with quarterly HIV testing services but screening and testing is also undertaken in the meantime for suspected cases. Akuse Government Hospital does microscopy only. While it was pointed out that the collaboration with the District NTP officer is weak, the collaboration with the Akuse Government Hospital was described as without difficulties. Sputum containers have been available in sufficient quantities at all times in 2017.

Malaria

It is estimated by the Akuse Prison Infirmary Nurse that about 20% of inmates develop malaria at least once per year. This low percentage could possibly be attributed to the fact that all the cell windows are covered with mosquito screens that prevent the mosquitoes from entering after 5:30pm when the cells are locked. The facility experiences regular shortage of mRDTs but had stock of ACTs at the time of the visit (the team saw a carton box of Danmethar AL 20/120). There is no mechanism in place to receive RDTs or ACTs from GHS. The prison infirmary depends fully on donations from churches and NGOs. Fumigation is done once a year by a company contracted by the Prison Services to control all insects but has not been done yet in 2017. The infirmary indicated the urgent need of infrared thermometers to measure the inmates' temperature.

Impact and challenges of the PE activities

Since the PEs pointed out that the main impact of the project is the awareness on HIV and TB, the CCM team asked the PEs about their level of HIV related knowledge before coming to Akuse prison. The team was surprised to learn that none out of 15 PEs declared to have had any knowledge beyond sexual transmission and fatality. Their experience is that the situation is hardly different for other inmates. There is a lot of false information among the inmates that is corrected over time by the PEs. A simulation of a 1-on-1 sensitization showed that the PEs have accumulated a lot of knowledge through the PPAG program that they share with their fellow inmates.

While the PEs declared that they thoroughly enjoy working as PEs, their work is not without challenges. The lack of adequate food affects the availability of the inmates for discussions as hungry people do not like to talk. Some inmates reproach the PEs to "chop" and challenge their motives of being a PE. Depression is common among the inmates as many are rejected by their families. Nonetheless, the PEs are able to reach out to every single one of them during each quarter. The average conversation time is around 10-15 min. The PEs pointed out a need for IEC materials as some inmates would like to re-read the information.

Key Respondents

| No. | Name | Position | Number |
|-----|------------------------|---|-------------|
| 1 | Edward Fiiifi Acquah | Assistant Director | 020-9211328 |
| 2 | ASP Issifu Abudallah | Welfare | 020-5651179 |
| 3. | Patience Ameka | Infirmity Nurse | 024-2560282 |
| 4. | Ellen Y Ekar | Focal Person | 024-4782064 |
| 5. | Akoto Baffour Nyamekye | PPAG Project Officer / M&E | 050-1380766 |
| 6. | Joana T. Preko | ART nurse at Akuse Gov. Hosp. | 020-8555571 |
| 7. | Dr. Tijani | Medical Superintendent Akuse Government Hospital | |
| 8. | 15 peer educators | | |