

2015

Working Visit Report



Damaris Forson & Committee members
TB/HIV Oversight Committee
11/16/2015

INTRODUCTION

The HIV/TB oversight committee paid a working visit to inmates of the James camp prison in Accra on November 5, 2015 to familiarize itself with the work of PPAG, one of the Global Fund (GF) Principal Recipients (PR).

CCM OVERSIGHT TEAM

1. Evans Opata
2. Dr. Naa Ashiley Vanderpuye
3. Mac-Darling Cobbinah
4. Damaris Forson
5. Annekatrin El Oumrany (Was on hand but could not enter prison due to lack of official clearance because of her non-Ghanaian status. Situation to be rectified with subsequent prison visits)

OBJECTIVES OF THE VISIT

- Witness a drama performance, prepared and directed by the PPAG sub recipient “Theater for social change” that sensitizes prison inmates on HIV/AIDS
- Interact with prison inmates
- Hold discussions with peer educators (who are at the same time inmates), prison authorities, incl. the nurse and welfare officer as well as with Anne-Marie Affainie-Godwyll, the programme coordinator of the Global Fund supported project

IN-BRIEFING

The team was met on arrival by Anne-Marie Affainie-Godwyll who took us through what PPAG does and how it utilizes its grants. PPAG as a GF PR has been working with the prisons since 2010 in HIV prevention activities. HIV programmes and activities are zoned into three sectors namely the Northern, Middle and Southern zones. Each zone is coordinated by a Project officer and an M&E person. PPAG expects to reach inmates in a minimum of 35 prisons and maximum 43 prisons with HIV/AIDS prevention messages under the NFM. This year PPAG expects to cover 8 prisons. PPAG works with a sub-recipient called “Theater for social change” that sensitizes prison inmates on HIV/AIDS through drama and theater. Each prison is expected to benefit from at least one theatre show in a year. The plays are customized, in that whatever habits pertain in a particular prison that could promote transmission of HIV/AIDS is used as the theme in the theatre plays for that particular prison.

Film shows have also been used in the past (including the just ended GF grant) to relay HIV prevention messages to prison inmates. The CCM programme officer (Annekatrine) indicated she had some open source films on HIV and condom use, copies of which she could make available to PPAG for the benefit of inmates.

The PPAG has also been working with peer educators in the various prisons. The peer educators are prison inmates who volunteered themselves and were subsequently screened and trained at the beginning of the NFM implementation. However because of attrition rate, the PPAG expects to conduct at least one refresher training before the end of the grant. The trained peer educators are given a starter kit which contains training manual and ICC materials. The ICC materials which are meant for inmates reached by the peer educators gives information on what the disease is, how it can be prevented, what to do if you are diagnosed or how to support someone who has the disease. The peer educators also distribute hygiene kits to inmates.

After the initial checks and clearance at the prison gate, the programme coordinator of the Global Fund supported project, Anne-Marie introduced us to the PPAG project officer for the southern zone Innocent Awumee and the nurse at the infirmary (Sgt. Mabel Asomaning) who led the team to the chapel where the male inmates were gathered.

After initial welcome and introductions of the team by the country director of the Theater for social change Johnson Kefome, the inmates proceeded to perform a play centered on the sharing of blades in prison.

INTERACTIVE THEATRE PERFORMANCE

The cast was made up of mainly peer educators who were themselves inmates. The play depicted the lead character that was expected to get a haircut and a clean shave for an upcoming parade where inmates were expected to look clean and well shaven. Unfortunately he had no money to afford a good barbering service; neither could he get access to an unused or sterile blade, leading to him contracting HIV, because the barber he went to used a blade that he had previously used on a client with both of them sustaining deep cuts. The lead character later on fell sick and was diagnosed with HIV. He confided in a friend (also an inmate) who unfortunately goes to tell other inmates leading to his stigmatization because all the other inmates refused to go near him for fear of contracting HIV.

After the theatre performance, inmates/audience were given the opportunity to make suggestions to how they would have behaved differently from the lead actor to prevent contracting HIV. The audience intervention was a touch tag in that the scenes of the play where the audience needed to make interventions were re-enacted and the lead actor is substituted by the one who wants to make the intervention right at the point where the intervention needs to be made. The audience (inmates) proposed strategies that could work within the prison to prevent HIV transmission.

The main interventions proposed by the inmates were

Prevention:

1. The lead role should have informed the Officer in charge that he had no money to afford barbering services.
2. To inform his cell leader that he had no money
3. To refuse to cut his hair and suffer any punishment that comes with it
4. To convince a friend to lend him some money or alternatively convince the barber to use a sterile/unused blade although he had no money.

Stigmatization

1. The inmates felt it was not necessary for the lead actor to have willingly divulged his HIV status to his friend.
2. If his friend wanted to know his health status, he was not obliged to disclose his HIV status
3. Educating his colleagues to understand how HIV is transmitted could have resulted in less stigma

POST DRAMA DISCUSSION

The inmates said the re-use of blades was a reality in the prisons. This is because most of them could not afford the services of a professional barber. They were therefore of the view that, the James camp prison should be supported to build a well equipped barbering shop where inmates can obtain free services. Some were also of the view that new blades should be bought on a regular basis and given to the officer in charge for safe keeping.

Some inmates also wanted to know why the play focused solely on the sharing of blades when HIV is not solely transmitted through this route. It was explained that considering their current location that is the real threat to which they agreed. Furthermore their interactions with the peer educators either on a one on one basis or as small group discussions were also an avenue to be reached with other HIV messages.

Other inmates also wanted to know why PPAG has turned its attention to the prisons with HIV prevention strategies. PPAG addressed this issue by making them aware that they are considered a special (key)population because of the unique circumstance in which they currently find themselves and wanted to ensure that no segment of the society was left out on HIV prevention activities.

INTERACTION WITH PEER EDUCATORS (VOLUNTEER INMATES)

The team's interaction with the 14 peer educators was quite an interesting one. All the peer educators with the exception of 1 were new to the programme. When asked what motivated them to want to volunteer themselves they said they wanted to learn something new. Some also said they had known about HIV all along but were never motivated to get tested, however when they joined this programme they got more education and were eager to know their status. They also indicated that their experience so far has been very good and most of their colleagues have been cordial with them with the exception of a few older inmates who feel they have nothing to lose at their age.

The peer educators however felt there was the need to intensify TB education amongst inmates. Although they said there was a nurse who usually came from the Maamobi polyclinic to address TB issues inmates felt this was not adequate. PPAG assured inmates that TB screening will soon be integrated with HIV testing and counseling services. To this end the programme will be making contacts with National TB programme(NTP) for its TB screening protocol (which usually involved the administering of a simple questionnaire) , to be included in the training manuals.

Challenge: Peer educators were not happy that they were not informed on time anytime there was going to be a meeting. The Project officer for the southern sector apologized and said prison authorities were usually informed on time but due to the prisons hierarchy structure and command it sometimes took a while to clear the various hurdles for information to get down to them. Moving forward he

promised to share the yearly work plan with the peer educators to inform them of scheduled meetings. He also wanted them to note that on a monthly basis they were required to submit reports and expect to meet the PPAG team on a quarterly basis.

INTERACTION WITH PR(PPAG) AND SR(THEATER FOR CHANGE)

The collaboration between the main PR (PPAG) and its SR which started about some five years ago was said to very cordial by both parties. They indicated that they undertake activities such as monitoring together and have good working relations with all the prisons they interact with. They also indicated that the prisons have strict protocols that must be adhered to at all times, for smooth project implementation.

Challenge: PPAG indicated that the first disbursement under the NFM delayed and this subsequently caused a delay in release of funds to the SR as well. PPAG is hopeful that subsequent disbursements will be released in a timely manner in order not to adversely affect programme implementation. Theatre for change also suggested exploring the possibility of allocating some buffer funds to cater for any delays in the release of funds.

PPAG also indicated that the procurement of training manuals for the peer educators also suffered a glitch when the manager of their publications unit responsible for printing these materials resigned together with his deputy. They therefore had to go through the process of outsourcing the printing of these materials which caused some delays.

INTERACTION WITH STAFF OF INFIRMARY

Infirmary suggested that Inmates that are counseled and tested for HIV are usually obtained through outreach programmes organized by PPAG or are referred by peer educators. Currently its only screening that is done. Clients who test positive on screening are referred to the government hospitals mainly Police hospital for confirmatory and other ART services where applicable. Under the NFM however, PPAG expects confirmatory tests to be done on site as well and as such steps will be taken to request for the confirmatory test kit oraquick for the prison . Under the previous grant, mobilizing funds to transport inmate to the referral site to access services such as ART and laboratory was a challenge. However under the NFM funds are available to transport inmates. The programme has not experienced any shortage of test kits (first response) so far and there was also no stock out on the day of visit.

The visit ended with a short debrief of the second officer in charge of the James camp prison Chief superintendent of prisons Francis Hiagbe.

LIST OF CONTACT PERSONS

	Name	Designation	Organization	Contact no
1.	Anne-Marie Affainie-Godwyll	Programme Coordinator-Global Fund Programme	PPAG	0573133954
2.	Innocent Awumey	Project officer for southern zone	PPAG	0242510598
3.	Johnson Kefome	Country Director	Theater for social change	0574102240
4.	Nii Kwartelai Quartey	Project officer	Theater for social change	0577707002
5.	Sgt. Mabel Asomaning	Nurse at infirmary	James Camp Prison	
6.	CSP. Francis Hiagbe	Chief supt of prisons (Second Officer in charge)	James Camp Prison	
7.	ADP Robert Asamoah-Fenning	Asst Director of prisons (Officer in charge)	James Camp Prison	