SITE VISIT TO NSAWAM PRISONS - PPAG

1. INTRODUCTION

The HIV/TB oversight committee paid a working visit to inmates of the Nsawam male and female prisons on December 15, 2016 to familiarize itself with the work of PPAG, one of the Global Fund Principal Recipients. The team arrived at 9:40am, spent most of the day in the male prison and only one hour in the female prison and left around 4:30pm.

2. CCM OVERSIGHT TEAM

1. Evans Opata
2. Genevieve Dorbayi
3. Mac-Darling Cobbinah
4. Jonathan Tetteh-Kwao Teye
5. Annekatrin El Oumrany

3. OBJECTIVES OF THE VISIT

- Get firsthand information on the grant implementation in Ghana's largest prison (male)
- Hear about the experiences of peer educators (who are at the same time inmates), inmates, and prison authorities
- Learn about HIV and TB treatment in Nsawam prisons
- Inquire about challenges and possibilities to improve impact

4. SUMMARY OF CHALLENGES AND RECOMMENDATIONS

Challenges	Recommendation	To whom
Charges at Nsawam Government Hospital for lab exams and X-Rays result in treatment delays (pp. 3 and 5)	Follow up	NACP
Inadequacy of food for PLHIV potentially affects treatment adherence (p. 4)	Review options to provide more nutritious food to PLHIV	Prison Services, UNAIDS
Fear of HIV related stigma among inmates (male prison only, p. 4)	Enhance stigma reduction activities	PPAG
Stigma against inmates at Nsawam Government Hospital (p. 4)	Incorporate human rights approach into trainings of healthcare workers	GHS, NACP, NTP
No STI medication and RDTs and ACTs only randomly available at the level of the infirmary (pp. 4 and 5)	Identify a solution for those commodities that are reimbursed by NHIS	Prison Services, GHS, NMCP
Need for PE refresher trainer (p. 5)	Consider annual refresher trainings	PPAG
HIV fatigue among inmates (p. 5)	Consider different methodologies, e.g. events such as World AIDS Day, pen drives with films on HIV, STIs and TB / training materials in various languages	PPAG

Challenges	Recommendation	To whom
More IEC materials desired, preferably in different languages (p. 6)	Review availability of materials with GAC and NTP	PPAG
Perceived obligation to participate in each HTS session (p. 6)	Review HTS strategy and consider alternatives	PPAG
Certificates for PEs not yet made available (p. 7)	Provide PEs with certificates	PPAG

5. OVERVIEW ON PPAG AND THE PRISONS VISITED

The Nsawam male prison is the largest prison in Ghana with currently 3,382 inmates (reduction after amnesty). In each cell, there are around 45 inmates. The male prison entails a high security part that is also included in the HIV/TB prevention activities. The female prison is located on the same premises but is much smaller with 68 inmates at the time of the visit. There are about 18 women in each cell. All prison officers in direct contact with the female inmates are female so that the likelihood of sexual harassment is minimized.

PPAG has been running HIV prevention activities in both prisons since 2010. TB was added under the NFM. Out of about 50 peer educators present during the CCM site visit, most have started in 2015. However, roughly one quarter of them have PE experience of several years.

Prison	Number of inmates	Number of initially recruited Peer Educators	Number of active Peer Educators	Ratio
Male	3382	133	117	25:1
Female	68	8	8	8:1

While the CCM team did not have the possibility to look at the cells, they were surprised about the outside space available at both prisons, including a football field at the main prison. Inmates spend most of the day outside and are involved in works that keep the prison running. At 5pm they are locked in their cells; the doors reopen at 6am. If someone gets sick during night hours, officers are available to assist at all times. No ambulance is available to the prison.

Since the team spent most of the day at the male prison, most of the following information relates to the male one.

The work of PPAG is highly appreciated by the prison officers and the Deputy Director. PPAG staff is considered of great assistance to the prison and was praised for their reliability and punctuality. According to the officers, PPAG staff is very well received by the inmates as well. Some officers pointed out that they would be interested in HIV and TB education themselves (nurses are involved in the PPAG trainings).

6. INFIRMARY

The male prison has an infirmary including a lab and a ward to admit sick inmates and serves as a DOTS center. It is run by a physician assistant with the help of a few nurses. There is no doctor at the prison and the team was informed that the Prison Services do not have a single doctor in either of the 43 prisons who could take care of the inmates. Roughly once a month a medical team, usually upon initiative of a civil society organization, provides medical services to the inmates. The lack is also partly compensated by medical professionals among the inmates, however, their scope of services is obviously limited. In case a hospital visit becomes necessary, transport is supposedly not an issue.

7. THE THREE DISEASES AT NSAWAM PRISONS

7.1 HIV

HIV testing is done on a quarterly basis thereby proceeding block by block. Peer educator assist in the organization of the HTS but are not involved in the counselling. It is not possible to establish how many inmates have been infected in prison. Peer educators pointed out that the number of prison based infection should have gone down significantly ever since PPAG started its activities. The team asked about sexual relationships and was informed that those exist but are not tolerated. Inmates as well as prison officers explained that those caught in the act must be protected by the officers from lynch law and must be taken out of the cells for some time to ensure their safety. Beyond the fact that “unnatural carnal knowledge” is illegal and sanctioned by the prison officers, all stakeholders insisted that offering condoms in prisons would not be well taken.

Treatment: Reactive cases in HTS sessions are taken to Nsawam Government Hospital (with one exception who is a native of Nsawam and did not want to be seen at the local ART clinic who is treated at Korle Bu) for confirmation tests and those positive go through a number of lab tests and are then put on treatment. While those tests are supposed to be provided free of charge for NHIS insured clients, the Nsawam lab charges every client 10 GHS, independent from the condition or insurance status. Inmates who are not NHIS insured will have to cover the cost of the lab tests themselves (up to 230 GHS) which may delay treatment significantly. All female inmates and an estimated 70-80% of the male inmates are NHIS insured. Two reasons were provided on the outstanding insurance of the remaining 20%. While the infirmary stated that NHIS has only biannual enrollment and renewal sessions resulting in insurance gaps, the staff officer added that the more important reason is that many inmates are in the prison under a false name. Since NHIS membership is based on biometric features, these false names would be detected, so inmates may prefer to stay without insurance in spite of the existing offer and the consequences. Furthermore, not all inmates get registered with NHIS. Remands who are under the authority of the Police and not the Prison Services, are one of those exception groups. If inmates cannot pay for their lab tests and other services, treatment tends to be significantly delayed. Sometimes the infirmary is able to convince the hospital to provide certain services free of charge, sometimes PPAG provides financial assistance.

PLHIV: There are currently 57 PLHIV among the male inmates. There have not been any ART shortages. PLHIV receive the drugs, fill them into differently labeled containers and keep them in their cells. This way they can ensure themselves to take their drugs as prescribed[1]. While no precise information was available, the physician assistant pointed out that the usual ART supply lasts between 1-3 months. Future appointments are entered in a book at the infirmary but inmates also remind the infirmary pro-actively if their appointments are due. The adequacy of food is a challenge for PLHIV in both prisons that is not addressed yet. There is still the same 1.80 GHS daily budget for the food of each inmate. PLHIV receive the same food as everyone else. Prison officers still believe that all PLHIV take their ARVs as prescribed even though their only means of verifying is the stabilization and improvement of the PLHIV's health status under treatment.

Stigma is not a problem according to the peer educators. There are strict rules in the prison, enforced by the inmates, incl. those to not insult others for whatever reason or to fight. The male PEs shared a few experiences with the CCM team how their education could overcome stigma. Some PLHIV disclosed their status to peer educators but there has not been public disclosure at the male prison. Contrary to the Koforidua prison, no PLHIV approached by the Physician Assistant was willing to talk to the CCM team. Most PEs were however still aware of at least one PLHIV, even though the staff officer suggests that this "awareness" may be based on speculation rather than actual disclosure. Some PEs even proposed to keep the status secret since other inmates would be concerned about daily contacts, e.g. using the same toilet. This was actually confirmed by an inmate who requested disclosure of all PLHIV in order to be able to protect himself. He has been in the prison for the past five years but has only interacted with the PEs for the past 12 months. When the team asked inmates if they would disclose their status and to whom, about half of the respondents replied that they fear rejection from their fellow inmates. This situation is entirely different in the female prison where the status of one peer educator and few other inmates is well known and tolerated. The female PEs however indicated that this is the result of intensive and ongoing stigma counselling, which is one of the most important issues on their agenda. Stigma against prison inmates (not necessarily PLHIV) however seems to be a bigger problem at Nsawam hospital. Apparently inmates experienced a number of unpleasant situations. Prison officers feel unease when having to approach the VCT facilities at Nsawam hospital at a particular place that is reserved for family planning and HIV treatment. Being seen there might lead to wrong conclusions that prison officers are afraid of. They also consider it desirable to have a better collaboration with Nsawam Government Hospital that results in shortening of the waiting time.

STI: While a number of inmates import STIs into the prison, their chances of being treated are rather slim. STI medication is not available at the level of the infirmary so that the concerned inmates can only hope that the STI heals by itself.

[1] In other prisons, the daily dose of the drugs is handed out by a nurse. All inmates who need medication of all kinds have a daily appointment with the nurse.

7.2 Tuberculosis

Currently the male prison has 7 TB patients on treatment. There is no MDR-TB patient. The female prison did not have a single TB case at the time of the visit. There was a case in the past about which the women seemed to be quite relaxed.

TB screening is not carried out as mass screening. Only coughing inmates are screened currently using the NTP screening tool. Once an inmate is tested positive, his contacts are screened as well. PPAG also screens all HIV positive inmates for TB on the day of their biannual HTS sessions. As the male prison serves as a DOTS facility and has a lab, all TB treatment can be done locally. X-Rays have to be done at the Nsawam Government Hospital that charges 15 GHS from each patient independently of the medical condition or NHIS insurance status which have to be provided by the inmate. The TB medicine is supplied by the TB coordinator and supply has been stable. Drugs are handed out to the patients at the infirmary.

TB is not supposed to be associated with a high level of stigma as coughing inmates are screened and tested quickly and admitted at the ward during the full intensive phase of treatment (two weeks). The prison has Tom Brown available as nutritional support for TB patients only during the entire duration of their treatment, a cornmeal porridge supplied by the World Food Program.

7.3 Malaria

Malaria is a major condition at the male prison, however, it can be diagnosed and treated at the lab / infirmary. RDTs and ACTs are usually available at the male prison, while the female prison depends on donations. Inmates who are suspected of having malaria have to be tested and treated at Nsawam Government Hospital most of the time.

7.4 Care continuum

When an inmate who has HIV or TB is released, the nurse will ask for the hospital the inmate intends to attend for the continuation of his treatment. A referral sheet is issued with a note that the hospital shall inform the prison once the former inmate reports. If this confirmation is outstanding, the prison will follow up with the hospital and the former inmate him/herself.

8. PEER EDUCATION

Peer educators received training on HIV, STIs and TB organized by PPAG in the beginning of the NFM. Peer educators were now requesting a refresher training. They talk to their fellow inmates One-on-One, interact in small group discussion and partly also large group discussions. Even though sexual relationships are not tolerated, anal sex is part of the discussions as inmates confirmed. Inmates estimate that in an average quarter they are approached about 2-3 times by a peer educator. The female PEs estimate that they contact each inmate about 4-5 times during an average quarter. The familiar atmosphere and the much lower number of inmates per PE in their very small prison make the contact a lot easier.

PEs as well as inmates confirmed that a certain HIV fatigue surfaces with some inmates, which makes it difficult to have additional talks with them. A greater variation of methodologies has been

proposed. Peer educators have received training materials that they can use during their discussions but mentioned that these are too small to be used in slightly bigger groups. Both male and female peer educators suggested to put the materials on a pen drive, preferably combined with films on the same topics, so PEs can display them on a TV. The staff officer however explained that those pen drives could not be handed out to the PEs permanently. He would accept them in his prison under the condition that they are kept by the officers and only handed out to PEs for the duration of their discussion, otherwise the pen drives risk to be abused for other "data".

The female PEs also suggested to celebrate World HIV and Tuberculosis Days at the prison to raise the awareness on both conditions and to offer a different methodology to keep up the inmates' interest.

The CCM team asked the staff officer about his opinion in the context of tackling stigma with the help of external Models of Hope. He seemed rather resistant until he understood that no HIV+ inmate is expected to disclose his or her status. Should this activity be approved, this fact needs to be particularly emphasized in the presentation of this project to the prison officers.

8.1 Challenges

Peer educators explained that due to the work, inmates tend to have little time for sensitization activities and are often not in the mood to talk. Others feel bothered by the repeating HIV and TB messages. Therefore, messages must be given in a nutshell during the time that an inmate is willing to listen. The staff officer pointed out that inmates tend to be a very special target group. They are often rejected by society, have hardly experienced trust themselves and would not trust others easily. Therefore, they verify the information with several other inmates and other peer educators before they accept the sensitization messages. The female PEs confirmed that during the day there is not much time for peer education, however, they have all night long to discuss the topics with their cell mates. However, since there is not a peer educator in every single cell, some inmates have better chances of receiving comprehensive information than others.

Many inmates believe that PEs enjoy special benefits that they keep to themselves and distrust the PEs' information for exactly this reason. Insults are part of the PEs' lives. While language barriers can be handled with the help of others, they make peer education more cumbersome, especially since it can hardly be verified if the translation is accurate and provides the key messages as desired. IEC materials in local languages would be highly appreciated. Many of the inmate's crimes are related to drug trafficking, which means that there are many foreigners among the inmates. French IEC materials would therefore be useful as well.

HTS coverage is very high at Nsawam prison, however, some inmates feel obliged to participate. While PPAG hands out the hygiene kits to all inmates, some PEs seem to explain that only those inmates receive hygiene kits who agree to get tested. One inmate asked why he had to participate in all those HTS sessions when he tested negative in the past and has not taken any risks ever since. PLHIV are encouraged to retest to avoid rumors about their status. It does not seem cost effective to test every inmate every half year; especially with the distribution of hygiene kits and the proscription of sexual relationships, the risk of an HIV infection in the prison setting seems small. It is suggested to consider alternatives, such as testing upon imprisonment and after half a year (window period),

followed by HTS after prolonged intervals and upon release. The female PEs are suggesting a small motivation for other inmates to get tested.

As it can be expected, inmates consider the allowance of about 50 GHS per year and the food packages as insufficient compensation for the challenges experienced in relation to peer education. Some male peer educators have supposedly dropped out for this reason. They are requesting provisions and awards to sustain their motivation. The female PEs would be glad about additional t-shirts or caps. Another request concerns the PE certificates for which they have been waiting for one year now. Some PEs have been released without receiving the certificate while this certificate would have enabled them to have better chances on the job market.

8.2 Impact

The CCM team asked PEs as well as inmates for what they believe is the biggest impact of their activities. Both groups pointed out that they have been able to raise the awareness on health issues that only few had been interested in before. A male inmate testified that because of the peer education he feels empowered and "I now use my own blade without sharing". Many inmates have become grateful over time for the opportunity to get tested and some are determined to have their whole family tested once they are released.

9. LIST OF CONTACT PERSONS

	Name	Designation	Organization	Contact no
1.	Akoto Baffour Nyamekye	Project Officer/ M&E Officer	PPAG	0501380766
2.	Kenneth Ofori Darkwa	Assistant Project Officer	PPAG	0266677058
3.	ASP Peter Dakurah	Physician Assistant	Nsawam Male Prison	0299321014
4.	Sgt. Abu Yakubu	Nurse	Nsawam Male Prison	0208594059
5.	ASP Rockson Tater	Staff Officer	Nsawam Male Prison	0244726115
6.	About 60 male peer educators		Nsawam Male Prison	
7.	About 30 male inmates		Nsawam Male Prison	
8.	Theresa Nettey	Nurse in-charge	Nsawam Female Prison	0243253913
9.	Joan N. Akrong	Female Focal Person	Nsawam Female Prison	0503916826
10.	8 female peer educators		Nsawam Female Prison	