



HIV Prevention, Care and Treatment Services in Prisons of North-Eastern States of India



Centers for Disease Control and Prevention



THE SCIENCE OF IMPROVING LIVES



ABOUT THE PROJECT

The prevalence of HIV, and other blood borne viruses in prison populations is many times higher than the general population. Drug users are often over-represented in prison populations and may continue using drugs while incarcerated. A significant proportion of drug users have a history of incarceration, often for drug-related crimes. The high prevalence of HIV infection and drug dependence among prisoners, combined with the sharing of injecting drug equipment, contributes substantially to the transmission of HIV. The spread of HIV in prison has significant public health implications as almost all prisoners return to their community thereby facilitating the spread of HIV infection to the general community.

HIV transmission in prison is not easy to document due to uncertainties regarding precise date of infection, the rapid turnover of inmates, low levels of HIV testing and inmates' reluctance to report risk behaviours to prison authorities. Thus, scaling-up comprehensive HIV prevention, treatment and care services to those who are living in prisons will help curbing the HIV epidemic among this population.

FHI 360 has been awarded a five year (2015-2020) project titled "Project Sunrise" by the Centers for Disease Control and Prevention (CDC) under the President's Emergency Program for AIDS Relief (PEPFAR). The project aims to complement the ongoing National AIDS Control Programme (NACP) in improving coverage, quality and scale of HIV interventions in the North-Eastern (NE) states among People Who Inject Drugs (PWID). As part of this effort, Project Sunrise will implement HIV prevention, care and treatment services for people living in prisons in close coordination with State AIDS Control society and state prison department in the NE States.

GOAL AND STRATEGIES

Goal

To improve access and quality of HIV prevention, care and treatment services for people living in Prison settings.

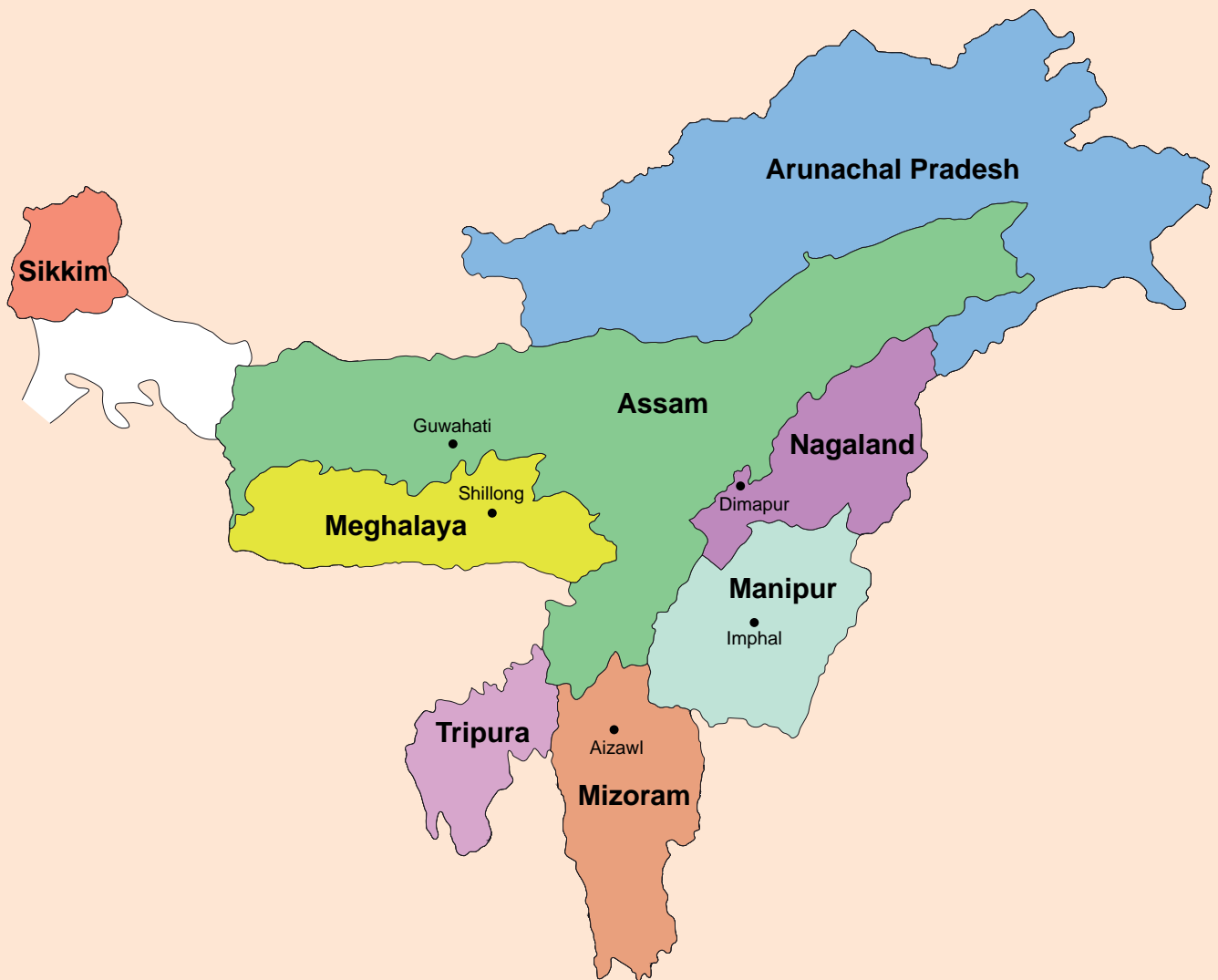




Key Strategies

- Implement the key eligible HIV interventions deploying peer-led model in close coordination with State prison department and State AIDS Control Society
- Organize site-specific sensitization workshops for prison officials including medical professionals
- Enhance HIV testing and treatment facilities through establishing facility integrated Integrated Counselling and Testing Centre (ICTC) and link-ART centres within prison settings
- Establish referral and linkages for HIV prevention and treatment services available in community
- Enhance provision for prevention, diagnosis and treatment for STI/RTI and tuberculosis
- Advocate for drug treatment facility i.e., Opioid Substitution Therapy (OST) in coordination with SACS and prison medical facility
- Institutional mechanism in coordination with SACS/Targeted Intervention NGOs/ State prison department/ line Ministries to ensure continuum of care and post-release social reintegration of prisoners
- Sensitize civil society organizations including NGOs/CBOs implementing targeted intervention project in respective project sites on the significance of referral and linkages to various HIV prevention and treatment services for people released from prison
- Develop prison specific Information, Education and Communication (IEC) material
- Generate strategic information to develop evidence-informed programming





Geography

The project will cover all the Central Jails and select sub-jails/ district jails in a phased manner from the following States:

1. Manipur
2. Mizoram
3. Nagaland
4. Meghalaya
5. Assam
6. Tripura
7. Sikkim
8. Arunachal Pradesh

KEY ACTIVITIES OF PRISON HIV PROJECT

1. Information, Education and Communication

Peer-led intervention will be set up through identified peer leader and volunteers. Information and education about HIV, sexually transmitted infections, viral hepatitis and tuberculosis will be provided by having regular one-on-one interaction, one-to-group discussion.

2. HIV Testing and Counselling

HIV testing and counselling services will be provided through mobile ICTC, health camps and establishing Facility-ICTC within the prison settings in coordination with SACS.

3. Treatment, care and support

The project will facilitate provision of HIV treatment, including antiretroviral therapy, care and support to people living with HIV in prisons through establishing link ART centers.

4. Prevention, Diagnosis and Treatment of Tuberculosis

The project staff will advocate with Prison authorities and Revised National Tuberculosis Control Program (RNTCP) for establishing tuberculosis prevention, diagnosis and treatment facilities within prison settings.

5. Prevention of Parent-To-Child Transmission (PPTCT) of HIV

The project in coordination with SACS will set up a mechanism for ensuring women living with HIV, pregnant women and breastfeeding mothers in prisons have access to the full range of prevention of mother-to-child HIV transmission interventions.

6. Prevention and Treatment of Sexually Transmitted Infections

The project staff in coordination with SACS and prison medical facility will facilitate setting up a system for prevention, early diagnosis and treatment of sexually transmitted infections.

7. Drug Dependence Treatment Including OST

The project will advocate for strengthening linkages to Integrated Rehabilitation Centers for Addicts (IRCA) in collaboration with Ministry of Social Justice and Empowerment (MSJE) and Drug De-Addiction Programme (DDAP) of Ministry of Health and Family Welfare (MOHFW). The provision for OST will be made available by establishing satellite OST centers in coordination with SACS.

8. Referral to Screening and Treatment of Hepatitis

Prison inmates with injecting practice will be referred for screening and treatment of hepatitis with the help of IDU targeted intervention (TI) NGO working in the community. The project will advocate with State Medical Department/Health System to provide diagnosis and treatment facility within prison settings.

9. Raising Awareness on HIV Transmission through Medical or Dental Services

Prison medical professionals will be sensitized to strictly follow the infection-control and safe-injection protocols recommend by World Health Organization (WHO) to minimize the risk of blood borne infections.

10. Raising Awareness on Transmission of HIV through Tattooing, Piercing and Other Forms of Skin Penetration

Prison authorities will be sensitized to focus on implementing initiatives aimed at reducing the sharing and reuse of equipment used for tattooing, piercing and other forms of skin penetration.

Referral & Linkages for Health and Other Services

A mechanism will be created for ensuring access to the following services through establishment of referral & linkages:

- Drug treatment (de-addiction and rehabilitation through MSJE and MOHFW)
- Reproductive health services for female prisoners, including female injecting drug users and spouses of male injecting drug users
- Psychosocial support and counselling
- Vocational training/income generation
- Social and legal support services
- Access to other government department services (e.g. BPL, nutritional supplements)

The project in coordination with SACS will establish an institutional mechanism through TI-NGOs supported by NACP and other welfare institutions supported by various Ministries and Departments to ensure continuum of care and social reintegration.

Project outputs

- Formation of State level working committee on prison HIV and law enforcement
- Peer-led model established to implement behavior change communication (BCC) activities
- Increased knowledge level among prison inmates on HIV, TB, STI and Hepatitis
- Prison officials sensitized on drug use and HIV
- Prison specific IEC/BCC materials developed
- Increased access to HIV testing and treatment services
- OST service established in select prison sites
- Enhanced referral and linkages to access HIV prevention and treatment services available in the community
- Established institutional mechanism to ensure continuum of care
- Established high level of coordination to ensure social reintegration of released prisoners
- Prison specific strategic information generated

Project outcome

- 90% of inmates most at risk tested for HIV
- 90 % inmates provided HIV prevention information
- 90% of those inmates tested positive have access to ART services

Key stakeholders

- National AIDS Control Organization (NACO)
- State AIDS Control Society (SACS)
- FHI 360
- State Prison Department
- State Health Mission
- Line Ministries and Departments
- North Eastern Council
- Narcotics Control Bureau
- Centers for Disease Control and Prevention
- TI-NGOs partners
- CBOs/ Faith based organizations (FBOs)
- Community Networks/ Forums



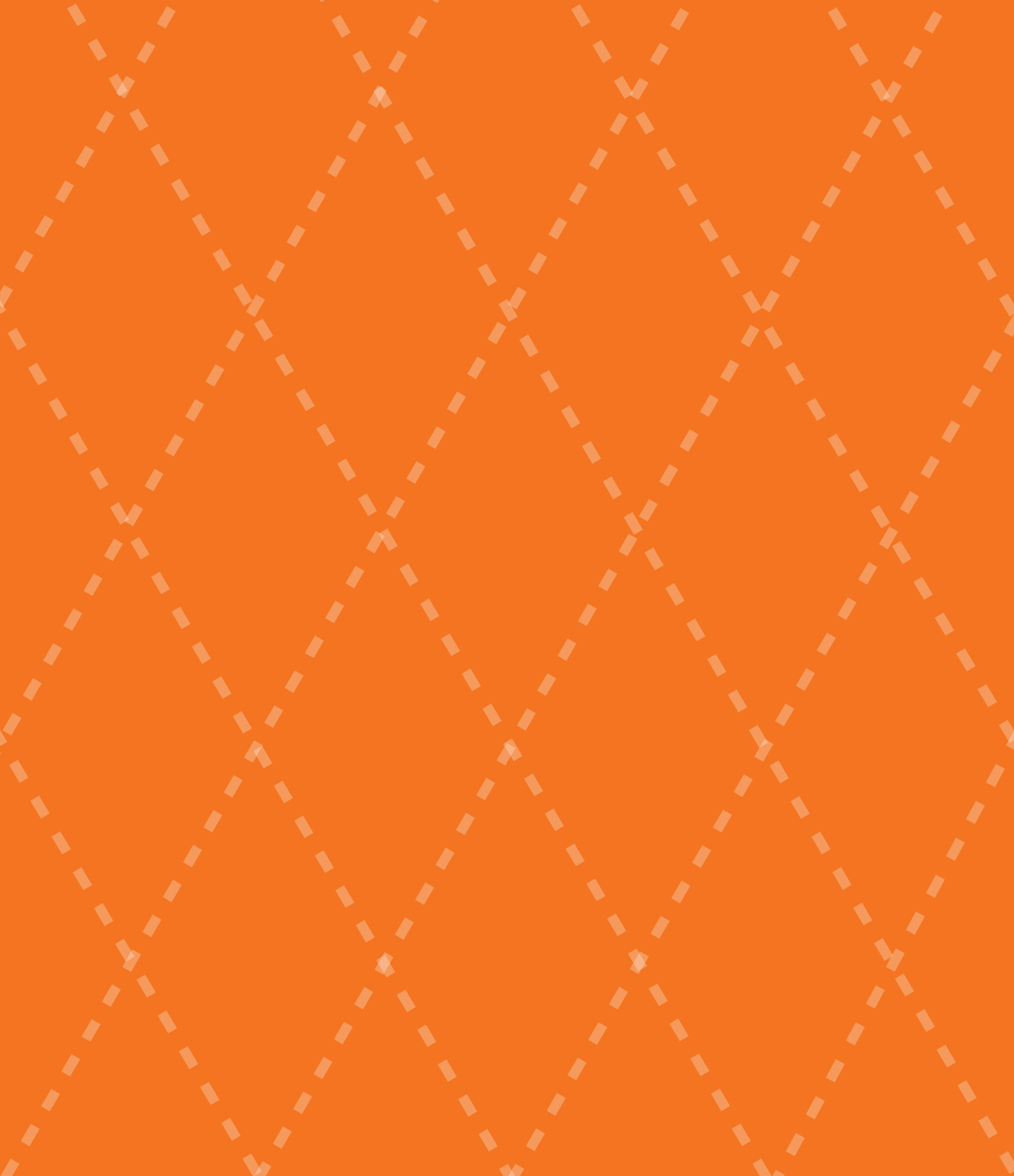


Photo Credits: FHI 360; Indian Network for People Living with HIV/AIDS (INP+); Guardian Angel, Dimapur, Nagaland; Salvatus Christian Society, Zunheboto, Nagaland; International Border Areas Welfare Organization, Kiphire, Nagaland