




सत्यमेव जयते

Ministry of Health & Family Welfare  
Government of India

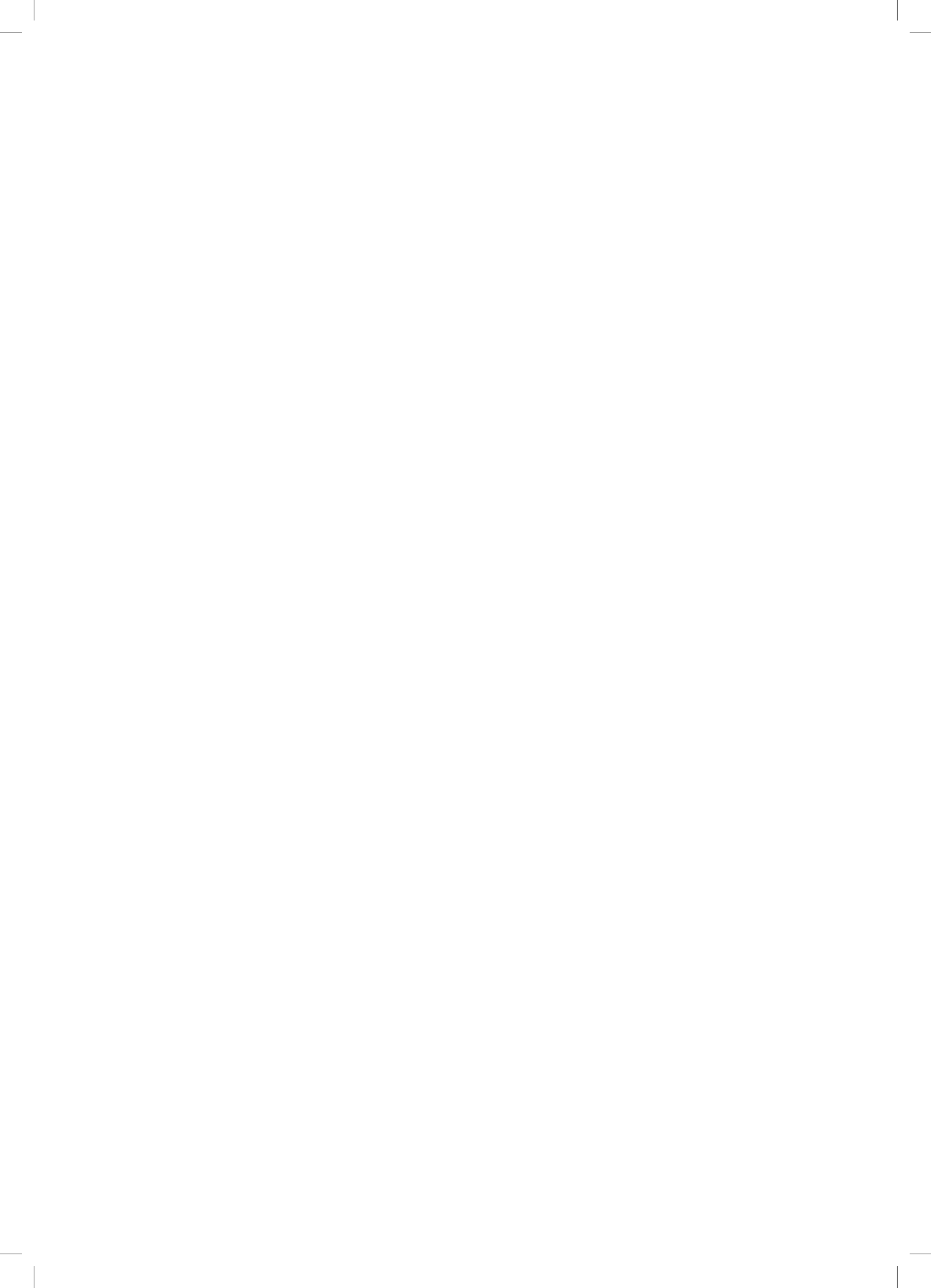


**STRATEGY DOCUMENT  
ON  
PRISON & OTHER CLOSED  
SETTING INTERVENTIONS**



National AIDS Control Organisation  
India's Voice against AIDS  
Ministry of Health & Family Welfare, Government of India  
[www.naco.gov.in](http://www.naco.gov.in)







सत्यमेव जयते

75  
आज़ादी का  
अमृत महोत्सव



राष्ट्रीय एड्स नियंत्रण संगठन  
स्वास्थ्य और परिवार कल्याण मंत्रालय  
भारत सरकार  
National AIDS Control Organisation  
Ministry of Health & Family Welfare  
Government of India

वी. हेकाली झिमोमी, भा.प्र.से.  
अपर सचिव एवं महानिदेशक  
V. Hekali Zhimomi, IAS  
Additional Secretary & Director General



### FOREWORD

Incarcerated population are often at a higher risk of contracting and transmitting HIV due to a combination of factors, including limited access to prevention services, higher prevalence rates and increased risk behaviors such as sharing of needles and unprotected sex. The purpose of this Strategy Document is to provide a framework for effective prevention and treatment strategies in prisons and other closed settings, thereby reducing the burden of HIV, TB, STI and Viral Hepatitis among incarcerated populations and the community at large.

Under NACP V (2021-29) one of the goals is to reduce annual infections by 80% and one of the strategies is to universalize the NACP intervention in prisons and other closed settings through a mix of service delivery models. Hence, NACP V will cover each incarcerated person across country through a mix of facility and outreach-based services. It is intended to strengthen the intervention and focus on both preventions and to achieve the first 95.

The development of separate strategies for the convicted and the under-trial inmates is the need of the hour. Basket of services for the permanent inmates will be offered for HIV, TB, STI and Viral Hepatitis, while under-trials will be provided prevention services akin to "bridge populations" who carry infections in and out of prisons, including BCC, Outreach, Linkages etc. in addition to services for convicts.

This Strategy Document serves as a comprehensive guide and framework for intervention in prison and other closed settings. This strategy document designed to guide healthcare providers, policymakers and other stakeholders in preventing and managing HIV and other infectious diseases to incarcerated population. To ensure sustainability of the project activity, it is vital to build ownership among SACS, district health functionaries and other state level stakeholders.

I urge all stakeholders involved in HIV prevention and care in closed settings to familiarize themselves with the guidance provided in this Strategy Document and to work collaboratively to ensure that the right to health and dignity of incarcerated populations are upheld. By adhering to this document, we can make significant progress towards achieving global targets for HIV prevention, treatment, care and ultimately ending the HIV epidemic.

  
(V. Hekali Zhimomi)

6th Floor, Chandralok Building, 36 Janpath, New Delhi-110001 Tel.: 011-23325331 Fax : 011-23351700  
E-mail : dgoffice@naco.gov.in

**अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ**  
**Know you HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing**

निधि केसरवानी, भा.प्र.से.  
निदेशक

Nidhi Kesarwani, I.A.S.  
Director



### PREFACE

As the HIV epidemic continues to affect people worldwide, it is critical that we focus on ensuring access to HIV prevention, treatment, and care for all, including those living in closed settings such as prisons and other institutional settings. These individuals often face unique challenges in accessing HIV services, and it is our responsibility as healthcare providers and policymakers to ensure that their needs are addressed.

The National AIDS and STD Control Programme in consultation with UNAIDS, WHO, UNODC and other key stakeholders have been implementing selected comprehensive package of services as recommended by UN agencies in 1150 prisons across the country. Further, 433 interventions in Other Closed Settings (Swadhar Homes, Ujjwala Homes and Short-stay Homes) have also been implemented with a prescribed package of services, currently utilized at a sub-optimal level which can be enhanced further with joint efforts of all stakeholders under NACP.

Under the NACP phase V, the Prison & Other Closed Settings Intervention is shifting from project mode to program mode and convicts and under-trials are no longer the only primary targets, rather the Prison and Other Closed Settings authorities, health care staffs and their families are also included in the program with the mantra - 'Break the Silos and Build Synergy' of phase V as a guiding theme across the program.

During implementation of intervention in the country, it is observed that strategies for convicted inmates and under-trials need to be differentiated. Life imprisoned inmates resides in a closed environment for a longer period, except for Parole and Furlow, require confined package of services compare to under-trial inmates.

The revised Strategy Document for HIV intervention in prison and other closed settings for under trials and convicts inmates is a valuable tool for guiding interventions in these settings and continuity of care upon release. This document provides a framework for effective HIV prevention and treatment strategies that take into account the specific challenges faced by incarcerated populations, including limited access to healthcare, high rates of HIV transmission, and stigma and discrimination.

I commend the efforts of all those involved in developing the Strategy Document and express my sincere gratitude to everyone who contributed their expertise, insights and dedication to this crucial endeavor.

  
(Nidhi Kesarwani)



डॉ. शोभिनी राजन  
मुख्य चिकित्सा अधिकारी (एसएजी)

**Dr. Shobini Rajan, M.D. (Pathology)**  
**Chief Medical Officer (SAG)**

Tel. : +91-11-23731810, 43509956  
Fax : +91-11-23731746  
E-mail : shobini@naco.gov.in



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
राष्ट्रीय एड्स नियंत्रण संगठन  
9वां तल, चन्द्रलोक बिल्डिंग,  
36, जनपथ, नई दिल्ली-110 001

**Government of India**  
**Ministry of Health & Family Welfare**  
**National AIDS Control Organisation**  
**9th Floor, Chandralok Building,**  
**36, Janpath, New Delhi - 110 001**



### MESSAGE

National AIDS Control Program (NACP) from the initial Phase I to the current Phase V is evidence-driven. HIV Sentinel Surveillance (HSS) has been the most common source of evidence used for HIV related information among Prison inmates in India. The HSS Plus 2019 report shows that HIV prevalence is higher (2.1%) among inmates in prison settings compared to the general population. This is also corroborated by program data available with National AIDS Control Program showing HIV positivity ranging from 0.03 % to 7.07 % among prison inmates across the states in India.

Under the NACP phase V, the Prison & Other Closed Settings Intervention is shifting from project mode to program mode. Convicts and Under-trials are no longer the primary targets, rather P&OCS authorities, staff, health staff and their families are also included in the program as the mantra - '**Break the Silos and Bring Synergy**' of phase V. Under NACP V (2021-29) one the strategy is to universalize the NACP intervention in prisons and other closed settings through a mix of service delivery models. Hence, NACP V will cover every prison in the country through a mix of facility and outreach-based services. It is intended to strengthen the intervention and focus on both preventions and to achieve the first 95.

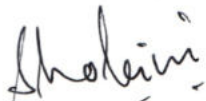
Comprehensive package of services is common for Convicted Inmates and Under-trials Inmates. But, during implementation of intervention in the country, it is observed that strategies for convicted inmates and under-trials need to be differentiated. Life imprisoned inmates resides in a closed environment for a longer period, except for Parole and Furlow, require confined package of services compare to under-trial inmates.

During the National Consultation and Review Meeting of Prison & Other Closed Settings Interventions held during 19<sup>th</sup> to 21<sup>st</sup> May 2022 under the chairpersonship of AS&DG, NACO, one of the key objectives was to develop differential strategies for Convicts inmates and Under trials.

This Strategy Document provides a framework for effective HIV prevention and treatment strategies that take into account the unique challenges faced by incarcerated populations. These individuals often have limited access to healthcare and face high rates of HIV transmission, stigma, and discrimination.

By adhering to the guidance provided in the Strategy Document, we can ensure that HIV prevention, testing, and treatment and post release linkage services are accessible, equitable, and non-discriminatory. We can also promote the human rights and dignity of incarcerated populations and contribute to global efforts to end the HIV epidemic.

I encourage all stakeholders to work collaboratively, including prison authorities, health workers, community organizations, civil society groups, and people living with HIV, to implement the Strategy Document and to continue to advocate for the right to health for all.

  
(Dr. Shobini Rajan)



सत्यमेव जयते



राष्ट्रीय एड्स नियंत्रण संगठन  
स्वास्थ्य और परिवार कल्याण मंत्रालय  
भारत सरकार

**National AIDS Control Organisation**  
**Ministry of Health & Family Welfare**  
**Government of India**

डॉ. भवानी सिंह कुशवाह, एमडी  
उपनिदेशक  
**Dr. Bhawani Singh Kushwaha, MD**  
Deputy Director



### ACKNOWLEDGEMENT

We would like to express our sincere appreciation to all the stakeholders involved in the development and implementation of the Strategy Document for HIV intervention among Convicts inmates and Under-trials in prison and other closed settings.

We acknowledge the valuable contributions of the technical working group, which included representatives from the Ministry of Health & Family Welfare, Ministry of Social Justice and Empowerment, Ministry of Home Affairs, Ministry of Women & Child Development, Narcotics Control Bureau, Bureau of Police Research and Development, prison authorities. We also extend our gratitude to the funding agencies who supported the development and implementation of this important document.

We place on record our sincere thanks to Ms. V. Hekali Zhimomi, Additional Secretary & Director General (AS & DG), NACO for providing vision for development of this strategy document. We are also thankful to Ms. Nidhi Kesarwani, Director, NACO and Dr. Anoop Kumar Puri, DDG, NACO; Dr. U.B. Das, Sr. CMO(SAG), NACO; Dr. Shobini Rajan, CMO(SAG), NACO for overall support and guidance in the development of this document.

We recognize the importance of the Strategy Document in providing a framework for effective HIV prevention, treatment, Post release linkages, strategies in closed settings. We acknowledge the critical role that community organizations, civil society groups, and people living with HIV play in the development and implementation of effective interventions.

We also appreciate the ongoing commitment of stakeholders to promote human rights, equity, and non-discrimination in the provision of HIV services in closed settings. By adhering to the guidance provided in the Strategy Document, we can ensure that the right to health and dignity of incarcerated populations are upheld.

Once again, we express our gratitude to all stakeholders involved in the development and implementation of the Strategy Document for HIV intervention in prison and other closed settings. Your contributions are invaluable in the fight against HIV/AIDS and in promoting health for all.

  
(Dr. Bhawani Singh Kushwaha)

6<sup>th</sup> Floor, Chandralok Building, 36 Janpath, New Delhi-110001 Tel. : +91-11-43509993 M.: +91-9792101700  
E-mail : bhawani@naco.gov.in; drbhawani.naco@gmail.com; Website : www.naco.gov.in

**अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ**  
**Know you HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing**

# Contents

	Page No.
<b>Executive Summary</b>	
<b>Chapter 1: Prison &amp; Other Closed Settings Intervention: Genesis and growth</b>	
• Evolution of the Prison & Other Closed Settings intervention .....	1
• Initial interventions in India .....	2
• HIV – TB Interventions in Prisons & Other Closed Settings .....	3
• Current Status of the HIV-TB Intervention in Prison and Other Closed Settings .....	3
• National Consultation and Review of Prison & Other Closed Settings.....	4
<b>Chapter 2: Prison &amp; Other Closed Settings Intervention: under NACP V</b>	
• Guiding Principles .....	9
• HIV/AIDS (Prevention & Control) Act, 2017 .....	11
• Population to be covered under P & OCS .....	12
• Goals.....	13
• Objectives.....	14
• Comprehensive package of Services .....	18
• Mechanism for collaboration and convergence .....	24
<b>Chapter 3: Differentiated Strategies for Implementation</b>	
• Strategies of Service delivery for Convict Inmates .....	26
• Strategies of Service delivery for Under-Trial Inmates .....	28
<b>Chapter 4: Monitoring and Evaluation mechanism</b>	
• Monitoring framework and data flow .....	30
• Reporting (MPR and IIMS) .....	33
<b>Chapter 5: Prison &amp; Other closed Setting Intervention Transition Plan</b>	
• Transition strategy and way forward .....	34
<b>Annexure-1</b> .....	37
<b>Annexure-2</b> .....	42

# 1

## PRISON & OTHER CLOSED SETTINGS INTERVENTION: GENESIS AND GROWTH

### 1.1 Evolution of the Prison & Other Closed Settings Intervention

People living in Prisons and Other Closed Settings are particularly vulnerable to increased risk of HIV Infection. Low access to preventive and care services, overcrowding and poor prison conditions, neglect and denial, gang violence and lack of protection for younger inmates significantly increases the vulnerability of prison inmates to HIV transmission. Prison conditions can enhance the spread of tuberculosis, due to overcrowding, poor ventilation, weak nutrition and inadequate or inaccessible medical care. The risk of developing TB is estimated to be between 16 – 27 times greater in people live with HIV, and TB is also the most common cause of AIDS-related death. Majority of people living in prisons and other closed settings, or made worse by imprisonment/ short stay, are, therefore, a major concern from the public health point of view.

As per India TB Report 2022, People living with HIV are 29 times (26–31) more likely to develop tuberculosis disease than people without HIV and living in the same country. HIV positive TB incidence is 53 thousand while HIV positive TB mortality is 11 thousand<sup>1</sup>. (Central TB Division, March 2022) Majority of people living in prisons and other closed settings, or made worse by imprisonment/ short stay, are, therefore, a major concern from the public health point of view.

The rates of HIV infection among prison inmates in India are significantly higher (program data ranges from 0.03% to 7.07%) than those in the general population. HIV surveillance has been the most common form of HIV surveillance in Prisons. The findings of HSS Plus 2021 also reveal that HIV prevalence is high (1.93%) in prison settings.

In order to provide services to the key and vulnerable populations under the programme, NACO implements Targeted Interventions (TI), Link Worker Scheme (LWS), and Care Support Centres (CSC) through active engagement of communities and NGOs/ CSOs. Currently, more than 1500 units of TI/ LWS are implemented through NGOs/CSOs and are contracted through the respective State AIDS Control Societies (SACS).

National AIDS Control Organization (NACO) under the supervision and guidance of the Ministry of Health and Family Welfare, Govt. of India, implements the National AIDS Control Programme (NACP) which aims at halting and over coming the HIV epidemic in India successfully. NACP response comprises of a comprehensive three-pronged strategy

covering : prevention, testing and treatment, supported by the critical enablers of advocacy and communication, laboratory systems and strategic information management.

## 1.2 Initial Interventions

During NACP II (1999 – 2006) HIV program was introduced in Prisons and Other Closed Settings. The program was further revived during NACP IV, through the revision of the National Strategic Plan and comprehensive program. The program included information and education, particularly through peers, measures to reduce sexual transmission, drug dependence treatment, opioid substitution therapy(OST), Integrated counselling and HIV testing, care, treatment and support, including Anti-Retroviral Therapy (ART), which are currently scaled up rapidly across the country.

During NACP IV, the Prison and Other Closed Settings interventions, were rolled out nationally, in a phase-wise manner, as per the table shown below:

Phases	States/ UTs covered	Rolled out since
Phase I	Arunachal Pradesh, Assam, Manipur, Mizoram, Meghalaya, Tripura, Sikkim and Nagaland, Delhi, Punjab and Mumbai	December 2014
Phase II	Jammu and Kashmir, Himachal Pradesh, Uttarakhand, Uttar Pradesh and Haryana	March 2015
Phase III	Karnataka, Tamil Nadu, Kerala, Andhra Pradesh and Telangana	May 2015
Phase IV	Bihar, Orissa, Jharkhand and West Bengal	July 2015
Phase V	Rajasthan, Gujarat, Goa, Madhya Pradesh and Chhattisgarh	September 2015
Phase VI	A&N Islands, Chandigarh, D&N Haveli, Daman & Diu, Lakshadweep and Puducherry	November 2015

National AIDS and STD Control Program V - is evidence-driven. As per evidence gathered through various programmatic indicators, HIV incidence among inmates is evidently very high. Therefore, under the NACP phase V, the Prison & Other Closed Settings Intervention is shifting from project mode to program mode. Convicts and Under-trials are no longer the primary targets, rather P&OCS authorities, staff, health staff and their families are also included in the program as the mantra - **'Break the Silos and Bring Synergy'** of phase V.

Under NACP V (2021-29) one of the goals is to reduce annual infections by 80% and one of the strategy is to universalize the NACP intervention in prisons and other closed settings through a mix of service delivery models. Hence, NACP V will cover every prison in the country through a mix of facility and outreach-based services. It is intended to strengthen the intervention and focus on both preventions and to achieve the first 95. The development of separate strategies for the convicted and the under-trial inmates is the need of the hour. Basket of services for the permanent inmates will be offered for HCTS, EMTCT, STI, ART, OST, TB etc. while under trials will be provided prevention services akin to "bridge populations" who carry infections in and out of prisons, including BCC, Outreach, Linkages etc in addition to services for convicts. The ownership of these interventions should rest with NACO and SACS to ensure sustainability while the support of project partners, can be leveraged to fit into the national strategy to achieve the goals and objectives of the program.

To enhance ownership and sustenance, capacity-building opportunities and incentives for the staff providing services in prisons to be built upon. Therefore, capacity building of all medical and para-medical staff and orientation of Prison authorities will be prioritised to ensure that they will be capable enough to take up OST and ART services for eligible inmates. SBCC package for Prison authorities, Staff & Prisoners and also for OCS program staffs and inmates need to be used for effective implementation of the intervention. The national strategy, guidelines and resource materials should be used along the above lines. To ensure that there is correct, complete and consistency in recording, a comprehensive data flow and reporting mechanism are prepared and integrated into IIMS.

### 1.3 HIV – TB Interventions in Prisons & Other Closed Settings

Globally, WHO and UNAIDS have recognised prison inmates as one of the groups who are at higher risk of acquiring HIV infection. Prison inmates are not closed off from the world. The lifestyle of many inmates prior to incarceration includes unprotected sexual intercourse, drug and alcohol abuse, poverty, homelessness, under-education and unemployment, all of which are associated with the risk of HIV/AIDS (Rajkumar et al., 2004). Drug users are often over-represented in prison populations, usually incarcerated for drug-related crimes, and may continue to use drugs during their incarceration (United Nations Office on Drugs and Crime; UNODC). Frequent sharing of contaminated drug injection equipment is the predominant mode meaning of HIV transmission among prisoners. HIV is also transmitted in prisons through unsafe sexual behaviour, sometimes associated with sexual violence (UNODC). The high turnover of prison inmates fuels the spread of HIV and other infections such as TB. After their release, infected prisoners return to their social networks in the general community, facilitating the spread of HIV and TB infection in the non-incarcerated community. A healthy inmate will not only be productive for himself/ herself but will also lead to public health benefits for the community at large.

### 1.4. Current Status of the HIV in Prison & Other Closed Settings

The National AIDS and STD Control Programme in consultation with UNAIDS, WHO, UNODC and other key stakeholders have been implementing selected comprehensive package of services as recommended by UN agencies in 1150 prisons across the country. Further, 433 interventions in Other Closed Settings (Swadhar Homes, Ujjwala Homes and Short-stay Homes) have also been implemented with a prescribed package of services, currently utilized at a sub-optimal level which can be enhanced further with joint efforts of all stakeholders under NACP.

Overall, the evidence-driven AIDS response in India, following a three-pronged strategy of prevention, detection and treatment while keeping the community and gender at the centre has been a success story. As of March 2022, the National AIDS Control Programme covered 1150 prisons reaching out to 7,08,544 of the total admitted inmates in 2021-22. Similarly, 433 Other Closed Settings (OCS) were covered reaching out to 21,776 inmates.

With increased testing in 2021-22, the national program data reported 1.01% of HIV seropositivity, ranging from 0.03 % to 7.07 % among prison inmates whereas among OCS inmates it reported 0.33 % HIV seropositivity, ranging from 0.11% to 33.93 %. Nationally, out of the total positive detected inmates, 98.44 % were put on ART, whereas 88.06 % of OCS inmates were put on ART.

In prisons, 19.28% of covered inmates were tested for Syphilis, with a positivity of 0.26%, and 70.21% of syphilis-positive inmates got treated. Similarly, 65.28% of inmates were screened for TB, 15.82% were referred for TB test, of them, only 95.6% could be tested

with 1.71% positivity and 78.36% of them were put on DOTS. 8.48% of inmates were tested for Hep C, with a positivity of 1.14% and 53.92 were treated for Hep C.

In OCS, 5.6% of inmates were tested for syphilis, with a positivity of 0.24% and all got treated. 23.87% of inmates were screened for TB, 20.77% of them got referred and 88.14 of them got tested for TB, with a 0.63% of TB positivity and all were put on DOTS. Similarly, 2.25% of OCS inmates were tested for Hep C, and none of them were found positive.

## 1.5 National Consultation and Review Meeting of Prison & Other Closed Settings

The National Consultation and Review Meeting of Prison & Other Closed Settings Interventions was held during 19th to 21st May 2022, under the chairpersonship of Mr. Alok Saxena, AS&DG – NACO. The objectives of the Consultation were:

- To take stock of the progress made with respect to Prison & Other Closed Settings Intervention during 2021 - 22 in the States/UTs and prepare State Action Plan for 2022 - 23
- To collate inputs for review and revision of SOPs, guidelines & developing strategy under NACP V
- To collate inputs for finalization of SBCC materials

National consultation was attended by participants from community representatives, Bilateral development partners, implementing partners, program experts, representatives from SACS and TSUs, officials of NACO. Senior prison officials from Andhra Pradesh, Madhya Pradesh and Manipur also participated in the meeting.

During the three days consultation discussion was held on five program related thematic strategies. The programmatic themes were discussed and the deliberation were provided in the given table:

Sr.	Theme	Deliberation
1	Comprehensive differential strategies to reach out to convicts staying permanently and under trials	To have separate strategies for Convicts- Undertrials, map services inside and outside prisons and OCS, advocacy with prison officials for utilizing existing resources and mobilize additional provisions and provide inmates with – HIV cascade services.  The emphasis was also on to exercise rights of inmates and suggested counseling and consent (at least verbal) before HIV testing. Further suggestion was of sharing FIR to trace correct addresses and be allowed to carry ART book during arrests to evade treatment failures. Though index testing was suggested to be part of the differential strategy package, was countered to incur additional HR cost.
2	Strategies to bridge the first 95 gap & use of dual kits in P&OCS for convicts and undertrial	Broader aspects of testing strategy including mapping of prisons & OCS with health facilities, testing confirmation and linkage mechanism; and implementation responsibilities.

Sr.	Theme	Deliberation
3	Building co-ordination mechanism at State and District level with Prison, OCS and LEA authorities and other key stakeholders	Identified the requirement of coordination mechanism at the national, state and district level. For effective coordination, DM convened coordination meetings, nodal officer nomination and sensitization of different stakeholders on the service needs within prison premises was suggested. Entry level HIV screening may be part of the overall screening.
4	Establishment of facilities for distribution of OST, ARV & STI treatment: Leveraging the existing health facilities/ staffs with Prison & Other Closed Settings	Proposed mapping and support of the existing health facilities of prisons through an MoU with SACS may be facilitated. Three facility types were categorized based on the inmate load and urged to establish process and sustainability. During open discussion, coverage of HCV, HBV, PEP and PrEP were suggested.
5	Post Release Linkages of inmates to NACP services & Data Sharing Mechanism	Team urged to device post release linkage strategies based on the types of inmates and after administration of a risk assessment tool. Post release linkages may be through referrals, sharing of resource directory and assessing the client preferences. The group also felt to utilize data reporting system from the existing facilities.

With regards to finalization/ preparation of SBCC package, environmental conditions inside the prison was discussed. It was shared that under-trials may be treated as Bridge Population, who often comes/ goes with infection. Hence, it is important to develop messages focusing under-trials and family members of inmates and the forms of media for each target group.

Below are the five themes for SBCC packages which were shared and discussed, as:

- Basics of HIV & AIDS (Symptoms & Transmission)
- Prevention (Safe Sex Practice, Prevention Services under NACP) & Testing
- Treatment & ART Adherence
- STI & STD (Symptoms & Spread)
- Stigma & Discrimination

The target groups for SBCC were identified as Convicts, Under-trials; both during incarcerations and post release, family members and prison staffs; both medical and administration. It was emphasised that the messages should be simple and in local language with no use of social media. No messages related to condoms and NSEP should be displayed in prison. However safe sex practices should be tailored carefully. Focus should also be given on developing gender sensitive messages.

It was discussed that the package should include all forms of media for all the themes; Wall Painting, Audio Visual aids, Flip Books, Brochures, Games, IPC etc. Media form with messages should be designed as per the audience. It was cautioned not to have common messages for all the target groups.

Present HIV TB in Prisons - Operational Guidelines was reviewed by participants in four groups. It was discussed that the OG includes all aspects, but as per NACP V strategy document, the role of DISHA needs to be included. Some relaxation on Peer identification is required that should be kept open for convicted and under trials both. Under eligible package of interventions, Mental Health must be included for reducing the risk of inmates. As per HIV AIDS Act 2017, the inclusion of Complaint Officer is needed. Establishment of Working Committee at national level on HIV, TB and NVHCP was recommended, with a focus of MoU signing among all the departments for effecting implementation of health services. National and regional sensitization workshops for LEA and Prison/ OCS authorities was identified as a key point.

With regards to SOP, it was discussed that quarterly SOC meeting and monthly DOC meeting should be mandatory for the intervention. Monthly visit of TSU/ SETU and other officials below the rank of Joint Director in SACS should be provisioned for quality implementation.


Chairperson, Mr. Alok Saxena – AS&DG NACO stressed upon the need of rounding the edges. Ms. Nidhi Kesarwani – Director NACO urged implementing partners to first understand the prison system and then to fit in. Linkages of post released inmates with appropriate service facilities was suggested by her. It was urged to document the best practices and share.

Formation of National Working Group under the chairpersonship of public health expert, strengthening state oversight mechanism and developing sustainable transitional plan came as the major outcome of national consultation. ABCD approach as Advocacy at each level, Building Partnerships with all stakeholders, Capacity Building of Prison authorities, staffs, convicted and under trials inmates, and Delivery of Quality Services was stressed by the NACO authorities. In response to 3 Cs (Custody, Care and Correction) of Correctional Services, further more Cs are taken care under Sampurna Suraksha as; Community, Contact, Connection, Consent, Counselling, Confidentiality, Customize, Collaboration, Composite, Correct Result, Commodities and Consistent, and in P&OCS Intervention Compassion and Compliance will be added.

Evidence-driven AIDS response in India, following a three-pronged strategy of prevention-detection-treatment while keeping the community and gender in the centre, has been a global success story. As of March 2022, the National AIDS Control Programme covered 1150 prisons reaching out to 7,08,544 of the total admitted inmates in 2021-22. Similarly, 433 Other Closed Settings (OCS) were reached and 21,776 inmates in OCS were reached. National program data reported 1.01% of HIV seropositivity among prison inmates, ranging from 0.03% to 7.07%, whereas among OCS inmates it reported 0.33% HIV positivity, ranging from 0.11% to 33.93%. 98.44% of prison inmates were put on ART, whereas 88.06% of OCS inmates were put on ART nationally.

In prisons, 19.28% of covered inmates were tested for Syphilis, with a positivity of 0.26%. Out of those identified positives there were 70.21% of syphilis-positive inmates who got treated.

Similarly, there were 65.28% of inmates who were screened for TB, there were 15.82% were referred for TB test, of which, only 95.6% could be tested. Out of those tested for TB there were 1.71% positivity, of which 78.36% of them were put on daily Anti-Tuberculosis Treatment (ATT). 8.48% of inmates were tested for Hep C, with a positivity of 1.14% out of which 53.92 were treated for Hep C.



In OCS, 5.6% of inmates were tested for syphilis, with a positivity of 0.24%. All those who were tested positive were treated. There were 23.87% of inmates who were screened for TB, out of which 20.77% of them got referred. Out of those who were referred there, 88.14 of them who got tested for TB, with a 0.63% of TB positivity. All those who were detected positive were put on daily ATT regimen. Similarly, 2.25% of inmates were tested for Hep C, however, none of them was found positive.

## Challenges

Some of the key challenges as highlighted during national consultations held in 2019 and 2022 are as follows:

- Inadequate medical staff in the prisons
- Police escort is very limited -unable to escort HIV Positive inmates outside the prison for testing/treatment including ART linkage
- Lack of HIV screening test kits and Designated Microscopic Centre (DMC) facilities at prison hospitals
- Post-release follow-up of inmates and their spouses including follow-up of PLHIV “on ART” after release. This is a big challenge as the permanent addresses provided by inmates were found to be fake or incorrect
- Selection and retention of “Prison Peer Volunteers” due to the high turnover rate among inmates
- Recruitment of staff for Drug De-addiction centre by jail authorities
- Non-availability of fridge/cold chain equipment to keep test kits in the Prison medical facility
- Hepatitis C screening, diagnosis and treatment yet to be initiated in prisons due to shortage and in some cases due to non-availability of kits
- Limited TB Intervention inside prison settings
- In some cases, screened reactive inmates are released/transferred from jail before the confirmatory tests
- Due to lack of correct addresses, follow-up of released jail inmates and their spouses are difficult for further linkages.
- Spouse/partner testing is a major issue due to incorrect address/ resistance by family
- A significant number of inmates were found to be substance users in the absence of drug de-addiction facilities inside jails.

# 2

## PRISON & OTHER CLOSED SETTINGS INTERVENTION: UNDER NACP V

National AIDS Control Program (NACP) from the initial Phase I to the current Phase V is evidence-driven. HIV Sentinel Surveillance (HSS) has been the most common source of evidence used for HIV related information among Prison inmates in India. The HSS Plus 2019 report shows that HIV prevalence is higher (2.1%) among inmates in prison settings compared to the general population. This is also corroborated by program data available with National AIDS Control Program showing HIV positivity ranging from 0.03 % to 7.07 % among prison inmates across the states in India.

In response, under the NACP phase V, the Prison & Other Closed Settings Intervention is shifting from project mode to program mode and convicts and under-trials are no longer the only primary targets, rather the Prison and Other Closed Settings authorities, health care staffs and their families are also included in the program with the mantra - '**Break the Silos and Build Synergy**' of phase V as a guiding theme across the program.

Under NACP V, there is recognition of the need to develop separate strategies for convicts and under-trial inmates in order to address the unique challenges they face regarding HIV/AIDS. For permanent inmates, specific services will be provided to address various aspects of HIV/AIDS, including HIV Counselling and Testing services, prevention of mother-to-child transmission, sexually transmitted infections, antiretroviral therapy, opioid substitution therapy and tuberculosis management.

Regarding under-trial inmates, who are considered akin to bridge populations that can transmit infections both within and outside of prisons, prevention services will be offered. These services may include IEC, BCC, peer education, outreach programs and linkages to necessary healthcare services. These interventions aim to address the transmission of HIV/ AIDS within and beyond prison settings.

The ownership of these interventions will rest with the respective SACS, rather than project partners. However, the support and resources of project partners will be leveraged to align with the national strategy and roadmap outlined in NACP V. This approach ensures a coordinated effort between various stakeholders to effectively tackle the challenges posed by HIV/ AIDS in India.

Capacity-building opportunities and incentives for the staff providing services in prisons will be built in along the way to enhance ownership and sustainability. The capacity building of all medical and para-medical staff and orientation of Prison authorities will be done on priority. The training will be comprehensive and integrated whereby the staffs will be capacitated enough to take up OST and ART services for eligible inmates. SBCC package for Prison authorities, Staff & Prisoners and also for OCS program staffs and inmates will be used for effective implementation of the intervention. A comprehensive data flow and reporting mechanism will be prepared and integrated into the IIMS. The national strategy, guidelines and resource materials should therefore be used in accordance to the above objectives

## 2.1 Guiding Principles

The following principles reflect the national consensus on effective prison management and the ethical treatment of prisoners as defined in various international health, HIV/AIDS, and human rights instruments. Therefore, all decisions, actions, policies, and legislation affecting the management of HIV/AIDS in prisons and the treatment of prisoners should be informed by, and reflect, the following principles.

**i. Good prison health is a good public health**

The vast majority of people committed to prison eventually return to the wider society. Therefore, any diseases contracted in prison, or any medical conditions made worse by poor conditions of confinement, become issues of public health for the wider community when people are released. This relationship between prison health and overall public health is fundamental. Reducing the transmission of HIV in prisons is an important element in reducing the spread of infection in the broader society, and should not be left to prison authorities alone to address.

**ii. Good prisoner health is good custodial management**

The health of prisoners and the conditions in which prisoners are housed have significant implications for prison management. Protecting and promoting the health of prisoners benefits not only the prisoners but also increases workplace health and safety for prison staff. Improving conditions that negatively affect prisoners' health, such as overcrowding, poor diet, and lack of purposeful activity, can help reduce tensions and violence within prisons and increase the ability of prison staff to manage the institution effectively and safely.

**iii. Respect for human rights and national law**

Respecting the rights of those at risk of or living with HIV/AIDS is a good public health policy and good human rights practice. The rights of persons in care or custody of the state and the healthcare providers delivering services to them need to be safeguarded. The persons in care or custody of states require adequate HIV prevention, counselling, testing and treatment services. These services should be seamlessly delivered to them. Loss of liberty alone is the punishment, not the deprivation of fundamental human rights. Like all persons, therefore, prisoners have a right to enjoy the highest attainable standard of health. This right is guaranteed under HIV & AIDS (Prevention & Control) Act, 2017.

#### **iv. Equivalence in prison health care**

Prisoners are entitled, without discrimination, to a standard of health care equivalent to that available in the outside community, including preventive measures. This principle of equivalence is fundamental to the promotion of human rights and best health practices within prisons.

#### **v. Holistic approach to health**

In India HIV/AIDS is only one of many complex and often related health care challenges facing prison officials and prisoners. In many prisons, high rates of HIV infection are exacerbated by high rates of Tuberculosis, sexually transmitted infections, Hepatitis B and C. Many prison populations nationwide struggle to address health care issues that are related to HIV/AIDS. High levels of mental illness and drug dependency among prisoners are common in many prisons. Opportunistic infections (OIs) associated with HIV/AIDS are common among HIV-infected prison mates. Prevention of mother-to-child transmission (PMTCT) of HIV is important for pregnant women living with HIV/AIDS inside and outside of prisons. Overcrowding, poor conditions of confinement and inadequate medical services exacerbate negative health impacts and complicate the provision of care by prison health staff.

#### **vi. Evidence-based interventions**

The development of prison policy, legislation, and programmes which are in conformity with national human rights norms should be based upon evidence of their effectiveness at reducing the risks of HIV transmission, an assessment of the harms and costs of HIV/AIDS and related risk behaviours in prisons, and the health of both the prison population and the public at large. They should also be based upon recognized and evaluated models of best practice, whether national or international.

#### **vii. Addressing vulnerability, stigma and discrimination**

HIV/TB response for people living in prisons and other closed settings needs to be formulated on the basis of an understanding of their specific vulnerabilities. Some inmates are particularly vulnerable to HIV, TB and other negative health outcomes in prisons; these inmates include: people who inject drugs, young adults, people with disabilities, PLHIV, transgender persons and other sexual minorities, indigenous people, racial and ethnic minorities, and people without legal documents or lacking legal status. Most of these inmates are from socially marginalized groups and are more likely to have been engaged in sex work and/or drug use. Many inmates might have been victims of gender-based violence or have a history of high-risk sexual behaviour. So, creating an enabling environment, addressing stigma and discrimination, addressing human rights, legal and ethical issues, addressing gender equality, and addressing the needs of the vulnerable and specific groups. State AIDS Control Societies and State Tuberculosis cell should, therefore work through District AIDS Prevention Control Units /District TB Cells and implementing partner NGOs, to pay attention to their protection and address their needs for HIV and TB prevention and treatment services within prisons and other closed settings.

**viii. Collaborative, inclusive, and intersectoral cooperation and action**

While prison authorities have a central role in implementing effective measures and strategies to address HIV/AIDS, this task is not solely the responsibility of prison systems. Maximizing the scope, quality, diversity, and effectiveness of prison-based HIV/AIDS prevention and care initiatives requires cooperation and collaborative action that integrates the mandates and responsibilities of various local, and national stakeholders including all levels of the national government (including those with responsibility for public health issues and medical services; prisons and places of detention; legislative frameworks; law enforcement and the courts; the and the cultural, social and economic environments that affect those individuals and communities most vulnerable to HIV/AIDS and incarceration), civil society organizations (including non-governmental and community-based organizations, and those providing services for prisoners and former prisoners); prison staff and their representative organizations; researchers, and relevant professional organizations.

**ix. Monitoring and quality control**

Efforts to prevent the spread of HIV infections in prisons, and to care for prison inmates living with HIV/AIDS, will only be successful if improvements in legislation and policy result in improvements to health care practice in prisons and to the living conditions of prisoners. The quality of prison HIV/AIDS prevention and treatment services remains inadequate despite the existence of a good national prison policy on HIV/AIDS. Reform of prison legislation and policy, while essential, is therefore not sufficient on its own. Governments and prison systems must take the steps necessary to implement legislation and policy “on the ground”, and to ensure that these reforms are successful in achieving the objectives of improving the living conditions of prisoners, the quality of prison health services, and the working conditions of prison staff.

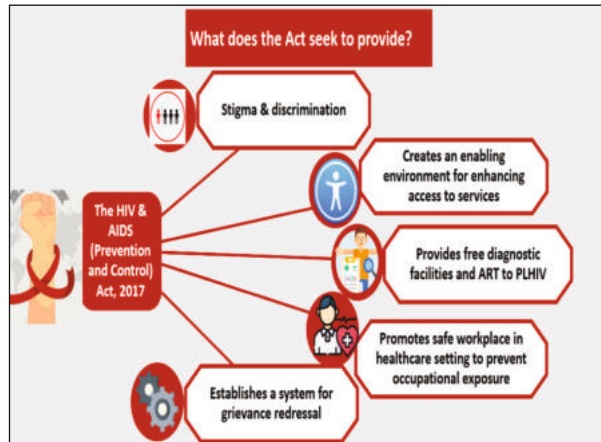
**x. Reducing prison populations**

Overcrowded prison conditions are detrimental to efforts to improve prison living standards and prison health care services, and to prevent the spread of HIV infection among prisoners. Overcrowding presents barriers to implementing HIV/AIDS prevention and education efforts and creates conditions for increased prison violence. Overcrowded living conditions also increase the likelihood that the health of prisoners living with HIV/AIDS will suffer through exposure to other infectious diseases and to unhygienic conditions, and create additional impediments to the ability of prison medical staff to provide adequate health services. In many cases, the overuse of incarceration for drug users is of particular concern (i.e. those incarcerated for the possession of small amounts of drugs for personal use, those convicted of petty crimes specifically to support drug habits etc.)

## **2.2 HIV/AIDS (Prevention & Control) Act, 2017**

The HIV and AIDS (P&C) Act, 2017 is a landmark legislation which came into effect from September 10, 2018 with the objective to prevent and control the spread of HIV and AIDS and for reinforcing the legal and human rights of persons infected with and affected by HIV and AIDS.

The HIV and AIDS (P&C) Act, 2017 strives to provide a conducive and enabling environment for people infected with and affected by HIV and AIDS. The provisions of the HIV and AIDS (P&C) Act, 2017 addresses stigma and discrimination and strives to create an enabling environment for enhancing access to services. It provides for diagnostic facilities related to ART and opportunistic infection management to people living with HIV and AIDS and promotes safe workplace in healthcare setting to prevent occupational exposure.



The Act also provides for a robust grievance redressal mechanism in the form of Ombudsman at the State level and Complaints Officer at the establishment level aiming to provide speedy redressal of discriminatory.

**Relevant provisions under the HIV & AIDS (P&C) Act 2017:**

Section 3: No person shall discriminate against the protected person on any ground including any of the following, namely: the denial of access to, removal from, or unfair treatment in, Government or private establishment in whose care or custody a person may be.

Section 31: (1) Every person who is in the care or custody of the State shall have the right to HIV prevention, counselling, testing and treatment services in accordance with the guidelines issued in this regard.

(2) For the purposes of this section, persons in the care or custody of the State include persons convicted of a crime and serving a sentence, persons awaiting trial, person detained under preventive detention laws, persons under the care or custody of the State under the Juvenile Justice (Care and Protection of Children) Act, 2000, the Immoral Traffic (Prevention) Act, 1956 or any other law and persons in the care or custody of State run homes and shelters.

**2.3 Population to be covered under Prison and Other Closed Settings**

**Target Population:**

Inmates of prisons inclusive of convicts, under-trials and detenues and inmates at Swaddhar Homes, Ujjwala Homes and State-run homes. Juvenile homes

**Target:**

Further, Prison Statistics India, published by National Crime Record Bureau, MoHA,GoI was analyzed to set States/ UTs wise target for coverage of Prisons and incarcerated population. For calculating target of prison inmates, number of convicts, under-trial,

detenues and other inmates at the end of 31st December, and released under-trials and convicts during the year, were added to finalize target for each State/ UT. For OCS, targets proposed by State/ UT for Other Closed Settings were set as OCS target.

**Coverage:**

Inmates covered through IPC sessions – One to One or One to Group is considered as coverage.

**Essential Services:**

Inmates covered through BCC sessions and provision of HIV Counselling & Test/ Screen linkage to treatment service for confirmed positive cases are considered as essential service.

**Desirable package of services:**

Inmate covered through essential service and provision of any other health service (STI/ TB/ Hep C) is considered as a Defined Package of Service.

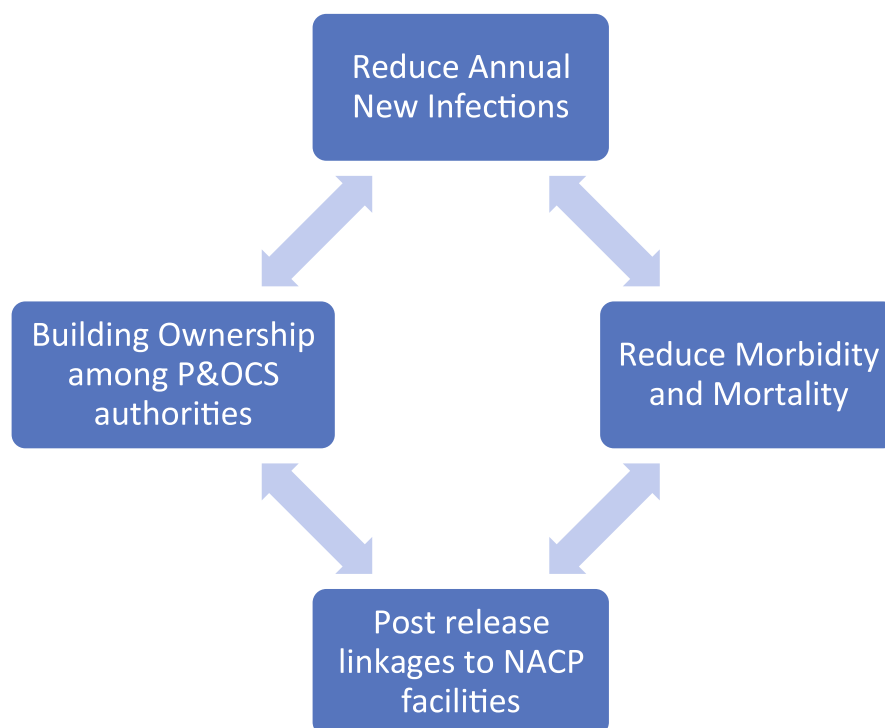
**New Infection:**

Inmates of 25 yrs. or below age reported HIV positive or any inmate with a reported history of previous negative status is considered as New Infection.

**2.4 Goal:**

Goal: To “Reduce Annual New Infections to 80%” under NACP -V (by 2025-2026)  
Under NACP V, ,

Objectives: the strategies/ objectives of Prison & Other Closed Settings intervention are set.



## 2.5 OBJECTIVES, IMPLEMENTATION APPROACHES, and INDICATORS

**Objective 1:** Decrease new STI/HIV/TB infections from the baseline 2010 by 2025

### 2.5.1.1 Catalytic approaches (to achieve objectives)

- a. **Increase conversion rates for STI, HIV and TB among incarcerated populations**
  - i. Educate prisons and OCS inmates through customised peer-led awareness generation sessions (one-to-one, one-to-group)
    - a. Develop customised service delivery approaches and specific IEC materials as per inmate typologies (long term convicts, short-term convicts, Undertrial)
  - ii. Motivate inmates with high-risk behaviours to adopt harm reduction approaches through customised and sustained social and behaviour change communication
  - iii. Enable access and uptake of Opioid Substitution Therapy (OST) by People who inject Drug (PWID) inmates by establishing Satellite OST Centres (S-OST) inside prisons and OCS with high loads of PWID inmates
  - iv. Promote access to HIV prevention products/commodities (condoms, PrEP, PEP) and establish systems to support continued use

### 2.5.1.2 Increase synergy and ownership among prison and OCS authorities on prevention, testing, and treatment of STI, HIV and TB among incarcerated populations

- i. Sensitise prison and OCS officials using customised IEC materials, and ensure their involvement in the intervention

### 2.5.1.3 Capacity development of the health care delivery system inside prisons and OCS for delivering HIV, TB, STI, and Viral Hepatitis services

- i. Capacitate the medical and para-medical staff of prison and OCS on delivering STI, HIV and TB services
- ii. Establish STI, HIV and TB testing and treatment services [Stand Alone / Facility Integrated Counselling and Testing Centres (SA/F-ICTC), Link ART Centres (LAC), Satellite Opioid Substitution Therapy Centres (S-OST), Drug Deaddiction Centres (DDAC)] inside prisons and OCS, and ensure the functional status of those facilities
  - a. Map health facilities services inside and outside prisons and OCS, accordingly categorise prisons into the following:

Type	Health Facilities
Type 1	with medical and paramedical staff
Type 2	with only paramedical staff
Type 3	Without any medical/paramedical staff

- iii. Ensure requisite kits, drugs, consumables, and registers, are available at the prison-based facilities (SA/F-ICTC, LAC, S-OST, DDAC)

#### **2.5.1.4 Increase awareness on STI, HIV and TB among family members of vulnerable inmates/ inmates living with HIV / TB / STI**

- i. Educate the family members through in-person visits or over phone (tele-counselling)
- ii. Provide STI, HIV and TB testing services to the family members, by leveraging the support of local Targeted HIV Intervention projects

#### **2.5.1.5 Create enabling environment through requisite policy changes and resource allocation**

- i. Expedite recruitment of medical and paramedical staff for the vacant positions, through sustained advocacy with prison and OCS authorities
- ii. Enact policy changes for enabling distribution of condoms and PrEP among inmates inside prisons through consistent advocacy with prison authorities
- iii. Scale-up services inside prisons and OCS, by advocating with State AIDS Control Societies (SACS), National Health Missions (NHM), and Ministry of Home Affairs (MHA), towards increasing funding allocation for prisons and OCS in their respective Annual Action Plans (AAP), and annual Project Implementation Plans (PIPs)

#### **2.5.1.6 Increase STI, HIV and TB testing among incarcerated populations**

- i. Ensure all inmates have access to STI, HIV and TB testing by - (a) Ensuring on-entry testing; (b) Establishing testing facilities inside high-load prisons (central and selected district prisons), and (c) Organising periodic screening/testing camps inside prisons and OCS
- ii. Motivate all inmates to access STI, HIV and TB testing services through peer-led counselling

**Objective 2:** Reduce morbidity and mortality associated with STI, HIV and TB and improve quality of life among incarcerated populations and their family members and partners (sexual / needle sharing) by X%

#### **2.5.2.1 Scale-up treatment linkages and adherence for Inmates living with HIV (ILHIV) towards achieving viral suppression**

- i. Advocate with relevant authorities to allow on-ART inmates to carry their green book (provided by ART Centre to all PLHIVs) during arrests to evade treatment failures
- ii. Motivate ILHIV to access treatment services
- iii. Initiate all ILHIV on treatment through accompanied referrals by police and prisons officials to the nearest ART Centre

- iv. Ensure treatment adherence and viral suppression through regular follow-up counselling by health care providers of prisons and OCS, and Prison Peer Volunteers (PPV)
- v. Advocate with prison and OCS authorities, and SACS towards establishing Link ART Centres (LAC) inside prisons and OCS with high load of ILHIV (based on mapping exercise)
- vi. Encourage formation of ILHIV support groups in prisons and OCS with more than five ILHIV inmates, by leveraging support from local PLHIV District Level Networks (DLNs)
- vii. Facilitate transfer of ILHIV cases across prisons

#### **2.5.2.2 Provide appropriate treatment services to inmates diagnosed with STIs and TB**

- i. Link all inmates diagnosed with TB to Anti-Tuberculosis Treatment, through coordination with DTO and ensure treatment completions, through regular follow-up counselling by health care providers of prisons and OCS, and Prison Peer Volunteers
- ii. Link all inmates diagnosed with TB to the “Nikshay” portal in coordination with District Tuberculosis Officer (DTO)
- iii. Ensure treatment completion of all inmates diagnosed with STI, by coordinating with the nearest “Designated Sexually Transmitted Infections (STI) / Reproductive Tract Infections (RTI) Clinics” (DSRC)

#### **2.5.2.3 Ensure treatment linkages and adherence for Inmates family members living with HIV (IFMLHIV) towards achieving viral suppression**

- i. Motivate IFMLHIV to access treatment services, and initiate treatment through accompanied referrals to the nearest ART Centre, by leveraging support from the staff of local / district level HIV testing, care, support and treatment programs and facilities
- ii. Enable IFMLHIV to access support from their local HIV Care and Support Centres (CSC) / District Level PLHIV Networks (DLNs). The local / district level HIV testing, care, support and treatment programs and facilities by facilitating linkages to CSCs / DLNs
- iii. Ensure the FMLHIV are adherent to treatment and achieve viral suppression through regular follow-up counselling by local HIV program staff / CSCs / DLNs

#### **Objective 3: Ensure 90% post-release linkage of inmates to National AIDS Control Program (NACP) services through referral mechanism**

- 2.5.3** Enable inmates to access NACP services after their release from prisons and OCS. Staff of local / district level HIV testing, care, support and treatment programs and facilities to support in ensuring access to NACP services.

- i. Motivate inmates, based on their risk assessment, and preferences, to access prevention and treatment services after their release. Accordingly share **Resource Directory** with the inmates at the time of their release from P&OCS.
- ii. Ensure all post-release ILHIV are linked to ARTC and are adherent to treatment
  - a Facilitate post-release transfer of ILHIV across ART Centres, by ARTC / CSC / DLN staff / representatives
  - b Advocate with relevant authorities towards mandatory sharing of a copy of First Information Report (FIR) with the HIV intervention project staff, towards getting the correct address of the inmates, to enable tracking and linking back to treatment
- iii. Motivate all post-release inmates with high risk behaviour access, who are not diagnosed with HIV, access prevention services from Targeted Intervention (TI) or Link Worker Scheme (LSW) projects

**Objective 4:** Build ownership of the intervention among prison and OCS authorities by streamlining coordination among various stakeholders

**2.5.4.1** Establish review and monitoring mechanisms at state and district level, through the formation of and regular meetings of State Oversight Committees (SOC) at state level, and District Oversight Committees (DOC) at district level

- i. Advocate with District Magistrate / Collector to convene the DOC meetings, to ensure effective coordination among various stakeholders
- ii. Ensure nomination of nodal officers at SACS level, and at district level (DTO)
- iii. Train and provide handholding support to P&OCS towards streamlining reporting from P&OCS to SACS to NACO (aligning with SOCH)

**2.5.4.2** Sanitize prison and OCS authorities, police and other law enforcement authorities (LEAs) on prevention, testing, and treatment of HIV, TB, STI, and Viral Hepatitis among incarcerated populations

- i. Develop specific IEC materials as per stakeholder type (prison and OCS officials, police and other law enforcement authorities, other stakeholders)
- ii. Involve nodal officers for sensitization of various stakeholders on the health service needs of inmates

**2.5.4.3** Establish HIV, TB, STI, and Viral Hepatitis testing and treatment services (SA/F-ICTC, LAC, S-OST, DDAC) inside prisons and OCS, and ensure the functional status of those facilities.

- i. Establish processes and sustainability of health service delivery inside prisons and OCS, by facilitating MoUs with SACS towards supporting existing and new health facilities inside P&OCS.

## 2.6 Comprehensive package of Services

According to the WHO guidelines on HIV infection and AIDS in prisons, it is stated that “all prisoners have the right to receive health care, including preventive services, equivalent to that available in the community and without discrimination, especially with respect to their legal status or nationality”. The HIV/AIDS prevention and control Act, 2017 of Govt. of India also states that “**every person in the care and custody of the state shall have right to HIV prevention, testing, treatment and counselling services**”. The United Nations (UNODC/WHO/UNAIDS/UNDP/ILO) lays down a comprehensive package of services comprising 15 key interventions that are essential for effective HIV prevention and control in prisons and other closed settings.

In line with the above, the need for a comprehensive intervention package with multiple strategies to address the needs of people living in prisons and other closed settings as recommended by UN agencies to support countries in planning and implementing an effective response to HIV/TB in prison settings were identified during a national consultative meeting with law enforcement agencies (LEAs) held on October 29, 2014, at Nirman Bhawan, New Delhi under the Chairmanship of Shri. Lov Verma, Former Union Secretary, MoHFW. This meeting paved the way for evolving a strategy for a HIV intervention in prisons. As recommended, a National Working Committee on Prison HIV and Law Enforcement was constituted and a series of regional sensitisation workshops with LEAs were held. A series of national and regional consultations were held in 2014, 2018 and 2022 to come out with a list of core eligible interventions to be considered for implementation. A matrix of the list of 15 key interventions and the eligibility for implementation under NACP is provided as below:

**Table: 1 Comprehensive package of services and their Implementation Eligibility**

S.N.	Recommended Package of Services	Eligibility for implementation
1	Information, education and communication	Eligible for implementation
2	HIV counselling and testing	Eligible for implementation
3	HIV care, support and treatment	Eligible for implementation
4	Prevention, diagnosis and treatment of TB	Eligible for implementation
5	Prevention of parent-to-child transmission of HIV	Eligible for implementation
6	Condom programmes	SACS/NACO to advocate with the prison authorities
7	Prevention and treatment of sexually transmitted Infections	Eligible for implementation
8	Prevention of sexual violence	The prison system has institutional arrangement to deal with issues of sexual violence
9	Drug dependence treatment	Eligible for implementation
10	Needle and syringe programme	Not eligible
11	Vaccination, diagnosis and treatment of viral hepatitis	Eligible for implementation

S.N.	Recommended Package of Services	Eligibility for implementation
12	Post-exposure prophylaxis	Eligible for implementation
13	Prevention of transmission through medical or dental service	Eligible for implementation
14	Prevention of transmission through tattooing, piercing and other forms of skin penetration	Eligible for implementation
15	Protecting staff from occupational hazards	Prison system has institutional arrangement to deal with issues of occupational hazards

### 2.6.1 Key Features of the Package

- The interventions identified for implementation require strong referral and linkages. To scale up and ensure the quality and effectiveness of HIV/TB prevention and treatment services, sound fostering and strengthening collaboration, coordination and integration among all stakeholders, including the departments of Prisons, Health and Family Welfare, Social Welfare and Women and Child Development and community-based service providers, are quintessential. In every state, the State AIDS Control Society (SACS) emerges as the key implementing nodal agency and has a central role in implementing various measures and strategies to address HIV/AIDS and reasoning with concerned stakeholders to provide the package services.
- The majority of people living in prisons and other closed settings eventually return to their communities. The diseases contracted in prisons and other closed settings, or made worse by imprisonment/short stay, are, therefore, a major concern from the public health point of view. Initiating or ensuring continuity of care, thus, assumes great importance, and provisions should be made by health systems (department of state prisons/social welfare/women and child development department/SACS) to ensure that benefits of treatment such as antiretroviral therapy (ART), TB treatment and opioid substitution therapy (OST) started before or during imprisonment are not discontinued. Further, in general, whenever adequate care cannot be provided in prisons and other closed settings, inmates may be allowed to access health services available in the community.
- United Nations' (UNODC/WHO/UNAIDS/UNDP/ILO) comprehensive package of services comprising 15 key interventions (see Table 1 below) that are essential for effective HIV prevention and control in prisons and other closed settings had been discussed with prison authorities through a series of national and regional consultations held between 2014, 2018 and 2022 to come out with a list of core eligible interventions to be considered for implementation.

### 2.6.2 Core eligible intervention to be considered for implementation

A series of national and regional consultations were held in 2014, 2018 and 2022 on the intervention package to be considered for implementation. The comprehensive package of services comprising 15 key interventions that are essential for effective HIV prevention and control in prisons and other closed settings, had been discussed with prison authorities through a series of national and regional consultations to identify the feasibility

of providing the package of services to people living in prisons and other closed settings. It was recommended that Condom Programs, Prevention of sexual violence (since institution has their own system in place), needle and syringe distribution, and staff protection from occupational hazards (since institution has their own system in place) not to be considered for implementation, as prison settings are completely regulated and systems are in place. As such, a core package of 10 key interventions/ services that are eligible and important for effective prevention and treatment in prisons for inmates were identified as below:

**a. Information, education and communication**

IEC about STI, HIV and TB are very much needed for incarcerated populations. Since, the turnover in prison is very high, even basic information and awareness to all convicted inmates will be beneficial to the inmates at large.

- Peer-led-intervention can be deployed to carryout behaviour change communications activities among convicted inmates which will be also help in enhancing their life skills, communication skills and knowledge, and skills on safer practices.
- It is important to ensure that all convicted inmates possess basic knowledge and awareness about drug use and HIV. Hence, peer-to-peer networking is crucial for preventing the spread of HIV to new inmates.
- Prison specific IEC materials such as wall paintings, posters, pamphlets, booklets and audio-visual are developed and reproduced in different languages to use across other states in the country. Convicted inmates to be involved in the development of IEC materials.

**a.i.** Prison Intervention staff will conduct initial TOT to create peer leaders and master trainers involving prison staffs as well as prison inmates, preferably convicted, to avoid turnover of peer leaders. Subsequently, site specific trainings can be conducted at respective prison to create a cadre of per volunteers. The peer volunteer may not necessarily be ex-substance users. The implementing NGOs, social welfare officers, prison medical professional, vocational trainers and rehabilitation officers may act as facilitators for training peer volunteers.

- A prison peer volunteer (PPV) is one who has been trained on STIs/ HIV and TB and made accountable for training and delivering messages to his/ her peers.
- Peer group may consist of 5 – 25 prison inmates under a peer volunteer depending upon size of the prison population.
- Prison officials including Jailors, Asst. Jailors and Wardens should be involved in the peer network to ensure sustainability and accountability to a larger extent.

Training programs should ensure providing: knowledge on drug use and HIV, various problems associated with substance use, addressing myths related to drugs, STIs, HIV and TB, mode of transmission, risk behaviours and risk perception, services available in prison settings and in the community, ways of accessing services and formation of support group inside prisons.

## **b. HIV Testing and Counselling**

Prisoners should have access to HIV screen/ test and counselling programs during their imprisonment. HIV counselling and screen/ test should be provided to all prison inmates including pregnant female inmates.

- If there is no medical facility available inside the prison settings, monthly health camps can be organized for convicted inmates and prison staffs with counselling and screen/ test services.
- Facility Integrated ICTCs, can be established in prisons with medical facilities
- Mobile ICTC can be used wherever FICTCs are not feasible.
- Convict inmates with current/ past high-risk behavior can be linked up to SA ICTCs available in the community, if none of the above options are feasible.

It is important to ensure the HIV screen/ test should always be done with informed consent, pre-test counselling, post-test counselling and protection of confidentiality. National guidelines/ protocols developed for HIV screen/test and counselling should be followed.

## **c. Care, Support and Treatment for PLHIVs**

HIV treatment, including antiretroviral therapy, care and support should be made available to the PLHIVs in prisons in line with national guidelines.

- Link ARTs can be established at prisons with medical facilities.
- Linkages can be established with ART Centers available in the community settings.
- Prison administration should be sensitized to provide nutritional supplements to the PLHIVs.

SACS in collaboration with respective prison administration should devise a mechanism to ensure continuity of care at all stages, from arrest to release.

## **d. Prevention, diagnosis and treatment of Tuberculosis**

Prisons with collaboration with Nation Tuberculosis Elimination Program (NTEP) should increase active case findings and introduce effective tuberculosis control measures. Prison department should be sensitized on the following:

- All inmates screened/ tested for HIV should be screened for TB through 4S, and suspected cases to be further referred and tested for TB.
- Prison inmates living with HIV should be screened for TB.
- Prison inmates with TB should be advised to have HIV screen/ test.
- PLHIV inmates without symptoms of active tuberculosis (no current cough, fever, weight loss or night sweats) should be offered for Tuberculosis Preventive Therapy (TPT).

- If there is no medical facility available inside the prison settings, monthly health camps can be organized for convicted inmates and prison staffs with counselling and screen/ test services.
- DOTS facility can be established in prisons with medical facilities.
- Tuberculosis positive cases should be linked with nearest community DOTS facility, if none of the above options are feasible.
- Prison inmates with TB should be segregated until they are no longer infectious and should be educated and counselled on coughing etiquette and respiratory hygiene.

Referral can be made for TB prevention and treatment services to ensure continuity of treatment as it is essential to prevent the development of resistance and the same must be ensured at all stages of imprisonment.

**e. Elimination of Vertical Transmission of HIV & Syphilis (EVTHS)**

Prevention of parent-to-child transmission services can be provided through the ICTCs established within prison settings or link them to SA ICTCS available in community.

- Measures should be taken to ensure women living with HIV, pregnant women and to breast feeding mothers in prisons access the full range of prevention of mother-to-child HIV transmission interventions, including family planning and antiretroviral therapy in line with the national guidelines for Elimination of Mother to Child Transmission (EMTCT).
- Children born to mothers living with HIV in prisons should be followed up, in accordance with those guidelines.

**f. Prevention and treatment of Sexually Transmitted Infections**

Sexually transmitted infections, particularly those cause genital ulcers, increase the risk for transmission and acquisition of HIV. Early diagnosis and treatment of such infections should therefore be part of HIV prevention programs in prisons.

- Training to be provided to medical professions available within prisons on Syndromic Case Management to ensure minimum STIs/ RTIs services available in prisons.
- Establish linkages with existing STIs/ RTIs service facility in the community.

**g. Drug dependence treatment including Opioid Substitution Therapy (OSTs)**

Strong evidence has been available for some time in regards to OST as the main treatment modality for opioid dependence: OST has shown consistently to decrease opioid and other illicit drug use, criminal activity, risk of overdose, and results in improvement in physical and psychological health and social functioning, including level of employment. Reductions in injecting drug use, unsafe injection and sexual practices and HIV seroconversion have been reported for clients receiving OST. The longer patients are appropriately dosed and retained in OST, the better their

outcomes (Alexandra Shepherd et al. Substance Abuse Treatment, Prevention and Policy 2014). Additionally, it has been demonstrated that stopping injecting drug use slows the progression of HIV disease in infected subjects (Lawrinson et al, 2008). NACO has been implementing OST program with Buprenorphine and currently there are 350 centers implementing this program.

- There have been instances and reports through these centers that some clients who were otherwise regularly taking medicine dropped out due to imprisonment on crimes, hence a gap in the treatment exists.
- SACS can establish OST Centers in prisons settings with medical doctors.
- SACS should devise a mechanism through implementing TI NGOs to ensure post release linkages with the community and continuing treatment after release.
- Prison authorities should be sensitized to initiate Drug De-addiction Treatment Centers in collaboration with Ministry of Social Justice and Empowerment and Drug De-addiction Program, Ministry of Health & Family Welfare.

Few prisons have been providing OST services to prison inmates, with technical support from National Drug Dependence Treatment Centers, All India Institute of Medical Sciences (AIIMS) and State AIDS Control Societies. SACS can plan organize visits of prison officials to such prisons prior setting up the OST facility in prison settings.

#### **h. Referral for diagnosis and treatment of viral hepatitis**

Evidences shows that the burden of HIV among IDUs living in prisons is expanding and blood-borne infections such as Syphilis, HIV and Hepatitis C are spreading primarily through risk behaviors related to sharing of contaminated needles and syringes as well as through high-risk sexual behaviors such as unprotected sex, unsafe sex under the influence of drugs/ alcohol and sex for exchange of drugs.

- Prison inmates who have injecting practices can be referred for screening and treatment of hepatitis with the help of National Viral Hepatitis Control Program (NVHCP) program.

#### **i. Raising awareness on HIV transmission through medical or dental services**

Evidence strongly suggests that HIV and hepatitis can easily spread through contaminated medical or dental equipment. It is important to ensure that standards are followed and caution be taken during medical and dental procedures to minimise the risk of blood borne infections.

- Medical professionals must be sensitised to strictly follow the infection control and safe injection protocols recommend by World Health Organization (WHO).
- It is important to advocate with medical professionals to adequately equip their facilities to practice these preventive measures.

j. **Raising awareness on HIV transmission through tattooing, piercing and other forms of skin penetration**

Prison authorities should be sensitized to focus on implementing initiatives aims at reducing the sharing and reuse of equipment used for tattooing, piercing and other forms of skin penetration. Tattooing, piercing and any form of skin penetration is associated with the risk of acquiring Syphilis, HIV and Hepatitis C.

## 2.7 Collaboration and Convergence

SACS should coordinate with each stakeholder including Department of State Prisons, Women and Child Development and Social Welfare, to conceptualise and implement an integrated work plan. SACS may also explore the possibility of engaging/ hiring staff directly through development partners supporting the national programme for implementing HIV TB intervention in the P&OCS. The staff member employed for carrying out the intervention should be stationed at SACS to operationalise the intervention and should report to the Joint Director – TI Division.

**National AIDS control Organisation** will provide overall guidance to plan, implement, monitor and evaluate the program. NACO will ensure coordination with relevant ministries and departments. NACO will also revise operational guidelines and manual to effectively implement the programme.

**Central TB Division** will provide overall guidance to implement comprehensive TB services in prison and other close settings. CTD will replicate the best practises demonstrated in community settings to prevent the spread of tuberculosis among inmates living in prisons and other close settings.

**State AIDS Control Societies** will remain as nodal agency at State level to plan, implement, monitor and evaluate the programme jointly with state prison department, women and child development department and social welfare department. SACS will ensure periodic training, sensitisation workshops and regular supply of HIV testing kits, ARV medicines, STI treatment kits and buprenorphine.

**State TB Cell** will incorporate the ongoing/ proposed TB work plan in their respective State Implementation Plans (SIPs), to ensure the supply of reagents and consumables for DMC and Anti-TB treatment drugs. The collaboration will lead to:

- Establishing DOTS in prisons with or without medical facilities
- conducting joint camps, to avoid gap of referral and actual test, in prisons where medical facilities are not available.
- Provision of Nutritional Allowance for TB positive on DOTS inmates

**Social Welfare Department** will strengthen the intervention by ensuring entitlements to convicted inmates, with regards to drug de-addiction treatment, Aadhar Card generation, state specific pensions to PLHIVs, post release rehabilitation etc.

**State Police Department** will ensure police escort services, needed for linking the inmates of prisons without medical facilities, for confirmatory test of inmates found reactive through

CBS, and treatment of Syphilis, HIV, TB and Hep C positive inmates. Close coordination with police department will ensure the early and quality treatment to inmates.

**State Health Mission/ NVHCP** will incorporate the ongoing/ proposed viral Hepatitis work plan in their respective State Implementation Plans (SIPs), so as to ensure the supply of reagents and consumables for test and treatment drugs. The collaboration will lead to:

- Establishing testing centres in prisons with medical facilities
- Conducting joint camps, to avoid gap of referral and actual test, in prisons where medical facilities are not available.

**TIs / LWSs** play a critical role in providing post-release linkage services for inmates who have been enrolled for ART, DOTS or OSTs during their stay or after release. TIs/LWSs situated near to the prison may be assigned to carry out screen/ test activities for the diseases within the package of services, in those P&OCS where medical facilities or not available.

**Strategic Expertise Technical Units** should consider Prisons, Swadhar, Ujjwala and other state-run homes as TIs/ LWSs sites and allocate these interventions sites to project field officers to help in planning, implementation and monitoring the intervention.

**District Integrated Strategy for HIV/AIDS (DISHA) / District AIDS Prevention and Control Unit (DAPCU)** will ensure periodic conduct of review meetings and sharing of the service providers' list including ICTC/ ART/ TB/ STI, drug dependence treatment centre; with the nodal officers for referral of released prisoners and other inmates for necessary HIV TB prevention, treatment, care and support services.

**Authority of prisons and other close settings** are expected to provide necessary permissions to SACS and STCs officials to visit prisons and other close settings, where interventions have been initiated; to interact with staff and inmates to understand progress and to extend necessary guidance to the HIV TB team working at intervention sites. Space may be provided to set up FICTCs/ LACs/ and S-OST services within the prisons.

### 2.7.1 Capacity Building of P&OCS Officials:

SACS will ensure training /capacity building of all prison officials including medical/ paramedical staff on various aspects of testing and treatment services including opioid substitution therapy for drug dependent inmates. Once the medical/ paramedical team is trained, arrangements for setting up a FICTC/ LAC/ S-OST/ DOTS may be initiated in prisons with limited medical facilities.

# 3

## DIFFERENTIATED STRATEGIES FOR INTERVENTION

Comprehensive package of services is common for Convicted Inmates and Under-trials Inmates. But, during implementation of intervention in the country, it is observed that strategies for convicted inmates and under-trials need to be differentiated. Life imprisoned inmates resides in a closed environment for a longer period, except for Parole and Furlow, require confined package of services compare to under-trial inmates.

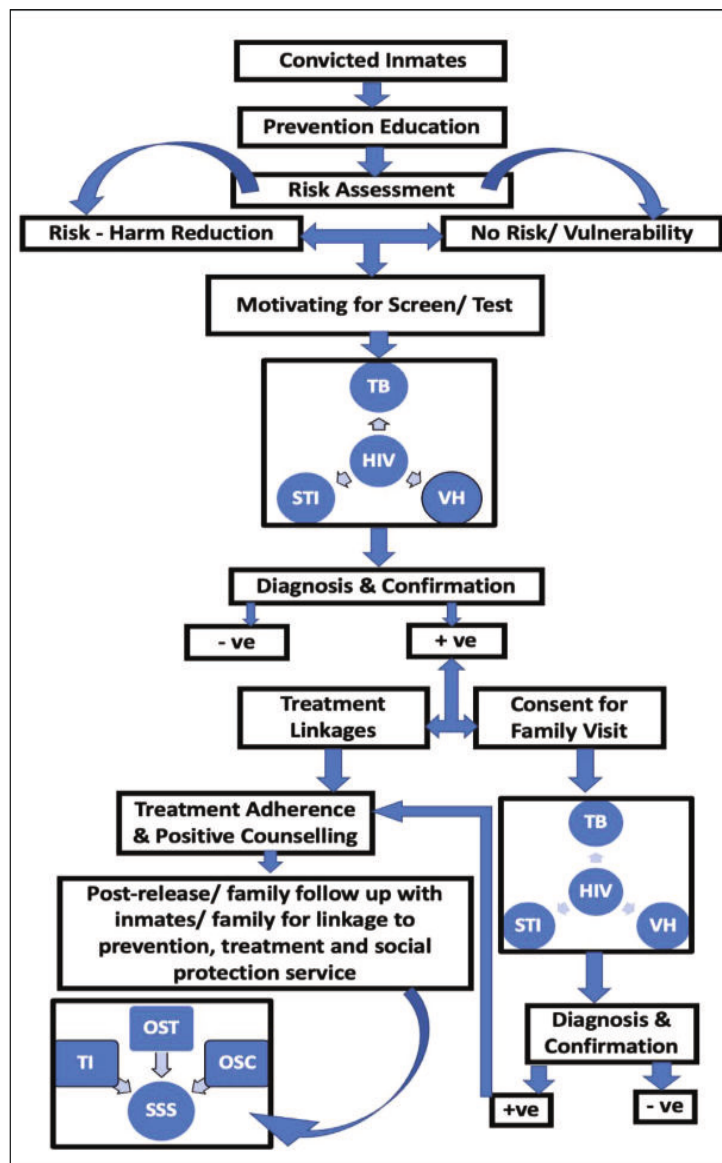
### 3.1 Strategies of service delivery for Convicted Inmates

A convict in a prison setting mean are those inmates who could have found guilty of a crime and sentenced by the court of law. Convicts are mostly senior prison inmates, housed either at Central or District Jails and served substantial period of time.

A HIV-TB intervention in the prison setting among the convicted inmates are attributed to their longer period of stay, and thus can be utilised as Prison Peer Volunteers towards prevention education and risk assessment, mobilise inmates for health screening camps, follow up and after care of positive clients and liaising with prison and health care officials. A well-established post release plan of each positive inmates could be developed with the support of convicts.

A schematic diagram displaying the various steps and detailed procedure involved in reaching the convicted inmates in the HIV-TB interventions in prisons is shown above. One of the key features involved in reducing the likelihood of HIV-TB prevalence in prison inmates is education on prevention. This is aimed at providing the convicts the much-needed risk assessment. Risk assessment is intended to provide the course of action in case of risk prevalence, in the form of harm reduction. And in cases where the risk is miniscule, possible potential of becoming vulnerable and being subject to danger in near future is addressed.

The next step involves motivating the inmate for screening and testing for HIV, Tuberculosis, Viral Hepatitis and Sexually Transmitted Disease. Besides being a detrimental for the diagnosis and confirmation of the likelihood of risk, this also provides for the next line of action in terms of treatment linkages and contacting the family of the inmate for visit by taking the inmate's consent.



In the case of negative result of screening and testing for HIV, TB, VH & STI, the case is chased no further. However, if the results are positive, the plan is to familiarise the inmate with plan of treatment linkage and obtaining their consent ethically for reaching out to the family and calling them to visit the facility. What follows the step of treatment linkage precedes the screening and testing of the family of the inmate. The family is called to the facility with the intent of testing them for HIV, TB, VH & STI given the contagious nature of these diseases.

If the family tests negative, the role of the family in the treatment plan is not the much avail. However, if the family tests positive, the course of action is directed towards treatment adherence and positive counselling. The broader idea is that the family must be motivated for treatment plan adherence and positive counselling. An optimistic approach is to be

adhered to and the schedule of medications intake is the prime objective in this. This is to be done for the inmate with positive screening as well. The role of family is specially significant in the process of curbing and curing the HIV-TB prevention and treatment as the inmate is bound to return to them.

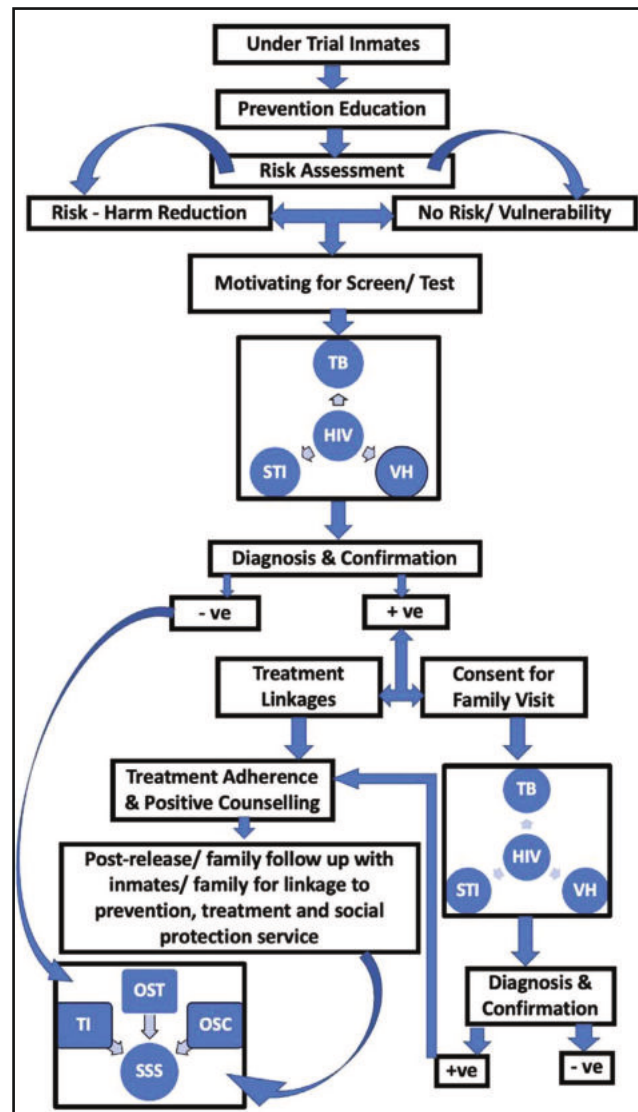
Post release the inmate is followed through to understand and ensure whether the schemes devised by the government for their betterment and health benefit is being availed by them or not. The family too is followed up and the record containing their pension, health benefit and various other schemes is updated. This is important with the larger view of keeping the government informed whether the plan involving treatment and protection of the inmate and the family is being followed. These steps ensure and update the government and the various institutions attached with the objective of achieving an HIV free society. Efforts must be made

Rehabilitation is the larger and ultimate aim for the inmates post release. The stigma that attaches itself with the inmate post testing positive for HIV, TB or STI often poses a serious threat to the social and psychological wellbeing of the individual. The consequences can be as far reaching as scarcity of employment opportunities and social ostracism. The family and even the inmate released post term can be asked to join and connect with the facility by actively becoming a beneficiary of OST, OSC, SSS or TI.

### 3.2 Strategies of service delivery for Under-trial Inmates


A HIV-TB intervention in the prison setting among the undertrials are challenging, for their uncertain span of stay, post health screening follow-up services, non-proximity to health facilities and for the lack of post release linkage establishments. Recognising the fact that undertrials are the most crucial sub-population in the Prison Intervention, a well-established service delivery mechanism in prison intervention is warranted, also for been the microcosm of Key Populations and saturation to fast track the first 95 targets through them is critical.

A schematic diagram displaying the various steps and detailed procedure involved in reaching the under-trial inmates in the HIV-TB interventions in prisons is shown above. One of the key features involved in reducing the likelihood of HIV-TB prevalence among under-trial prison inmates is prevention education. This is aimed at providing the inmates, the much needed risk assessment. Risk assessment is intended to provide the course of action in case of risk prevalence, in the form of harm reduction. And in cases where the risk is miniscule, possible potential of becoming vulnerable and being subject to danger in near future is addressed.



And in cases where the risk is miniscule, possible potential of becoming vulnerable and being subject to danger in near future is addressed.

The next step involves motivating the inmate for screening and testing for HIV, Tuberculosis, Viral Hepatitis and Sexually Transmitted Disease. Besides being an detrimental for the diagnosis and confirmation of the likelihood of risk, this also provides for the next line of action in terms of treatment linkages and contacting the family of the inmate for visit by taking the inmate's consent. Mechanism to saturate health screening of all UT inmates at



all prison categories through establishment of health facilities, so as to accelerate first 95 targets. A standardised unique health card could be issued through the interventions to all the UT inmates, so as to follow up repeat offenders.

In the case of negative result of screening and testing for HIV, TB, VH & STI, of an at-risk inmate, the case is put to effect, given their exposure to the risks and vulnerabilities, makes them an important asset in spreading awareness about the do's and don'ts of HIV eradication amongst their social circle. They shall be seen later how they can be linked to become beneficiaries of OST, OSC, SSS & TI post release.

However, if the results are positive, the plan is to familiarise the inmate with plan of treatment linkage and obtaining their consent ethically for reaching out to the family and calling them to visit the facility. What follows the step of treatment linkage is precedes the screening and testing of the family of the inmate. The family is motivated/ counselled with the intent of testing them for HIV, TB, VH & STI given the contagious nature of these diseases.

If the family tests negative, the role of the family in the treatment plan is not the much avail. However if the family tests positive, the course of action is directed towards treatment adherence and positive counselling. The broader idea is that the family must be motivated for treatment plan adherence and positive counselling. An optimistic approach is to be adhered to and the schedule of medications intake is the prime objective in this. This is to be done for the inmate with positive screening as well. The role of family is specially significant in the process of curbing and curing the HIV-TB prevention and treatment as the inmate is bound to return to them.

Post release the inmate is followed through to understand and ensure whether the schemes devised by the government for their betterment and health benefit is being availed by them or not. The family too is followed up and the record containing their pension, health benefit and various other schemes is updated. This is important with the larger view of keeping the government informed whether the plan involving treatment and protection of the inmate and the family is being followed. These steps ensure and update the government and the various institutions attached with the objective of achieving an HIV free society.

Rehabilitation is the larger and ultimate aim for the inmates post release. The stigma that attaches itself with the inmate post testing positive for HIV, TB or STI often poses a serious threat to the social and psychological wellbeing of the individual. The consequences can be as far reaching as scarcity of employment opportunities and social ostracism. The family and even the inmate released post term can be asked to join and connect with the facility by actively becoming a beneficiary of OST, OSC, SSS or TI.

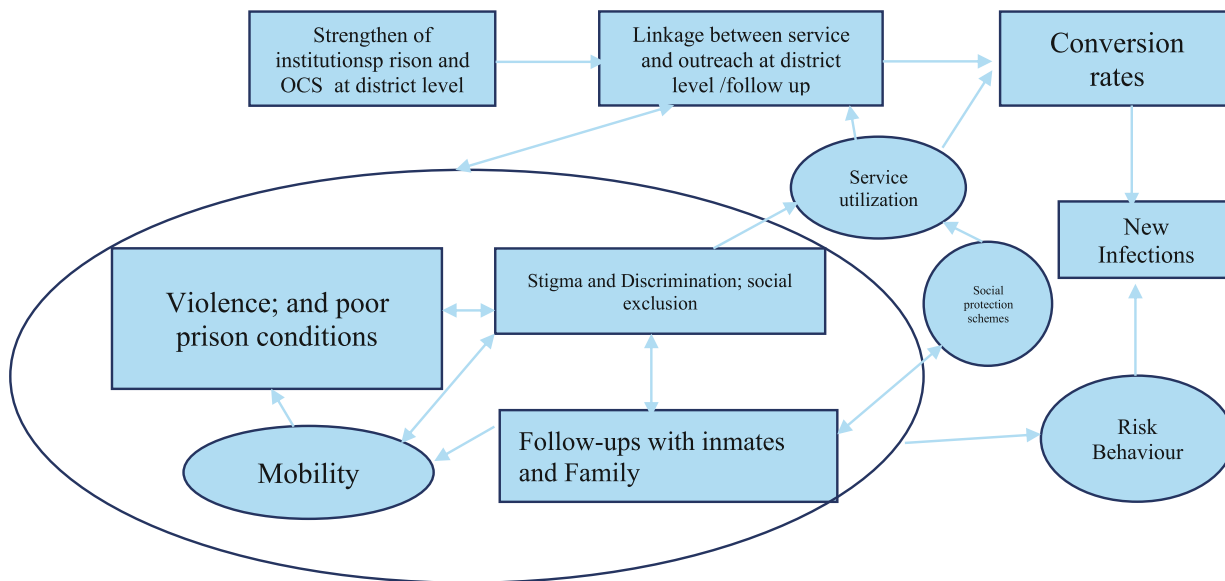
As mentioned above, the inmates those test negative post screening and testing of HIV, TB, VH & STI can be asked and taught to become the beneficiaries of OST, OSC, SSS or TI post release. Given their understanding of the various social obstacles that tend to obstruct the reach of amenities and schemes devised for them, the interventions and awareness at the ground level can be refined and redefined. The root cause can be understood better. This will also let them sustain the feeling of being of use to the society in its fight against HIV eradication. The process of rehabilitation is also fastened and optimistically approached.

# 4

## MONITORING AND EVALUATION MECHANISM

### 4.1 Monitoring framework and data flow

Comprehensive conceptual framework



The theory of change is that with better coordination among different stakeholders and prison department, greater follow up and counselling of clients will occur, resulting in an increase in conversion rate to ART, which will help support in reducing new infections among prison and other closed setting intervention. The direct target of this intervention is the different service providers and administrative and oversight bodies. However, the success of the intervention can only be judged by the reduction in HIV infection.

In addition to linkages, other innovations will be rolled out by NACO. The major mandate of the project is the provision access to prevention to care continuum services. In order to achieve this, the following components will be implemented:

- a. ISHAT Campaign: The challenge of overcrowding in prison as a legitimate source of worry and measures to combat the same to curb TB & HIV is a challenge.

In the backdrop of the ultimate goal of reducing the new infections by 80%, the challenge of overcrowding leads to increase of HIV and TB incidences in prisons. HIV sentinel surveillance among inmates 2021 indicates.

- a. a. 6.8% of convicted inmates and 4.6 % of under trail inmates reported inmates in prison do have sexual intercourse with other prisoners.
- b. b. In west Bengal, 22.6% of inmates reported such practise whereas 12.9% and 10.2% respondents reported having sexual intercourse in UP and Jharkhand
- c. c. 6% inmates have reported having sex with paid female partner, whereas 2.8% reported to have sex with casual female.
- d. In Karnataka, Delhi and Telangana 11-17% of the respondents reported that their last sexual intercourse was with a female partner in past one year
- e. In Telangana, 22.3% inmates reported that their last sexual intercourse was with a casual female partner.
- f. 42.8% of sexual acts with paid female partner and 57.3% with casual female partner were protected.
- g. 2.3% of the inmates (1.7% of convicts and 2.7% of under-trails) reported inject drugs for pleasure.
- h. In Punjab 20.2% of inmates reported that inmates in their prisons were injecting drugs

Goal: Reductions in new infections by 80%

Objectives

1. Decrease new STI/HIV/TB infections from the baseline (define the percentage of reduction) by 80% by 2025
2. Reduce morbidity and mortality associated with STI, HIV and TB and improve quality of life among incarcerated populations and their family members and partners (sexual / needle sharing) by X%?
3. Ensure 90% post-release linkage of inmates to National AIDS Control Program (NACP) services through referral mechanism.
4. Build ownership of the intervention among prison and OCS authorities by streamlining coordination among various stakeholders

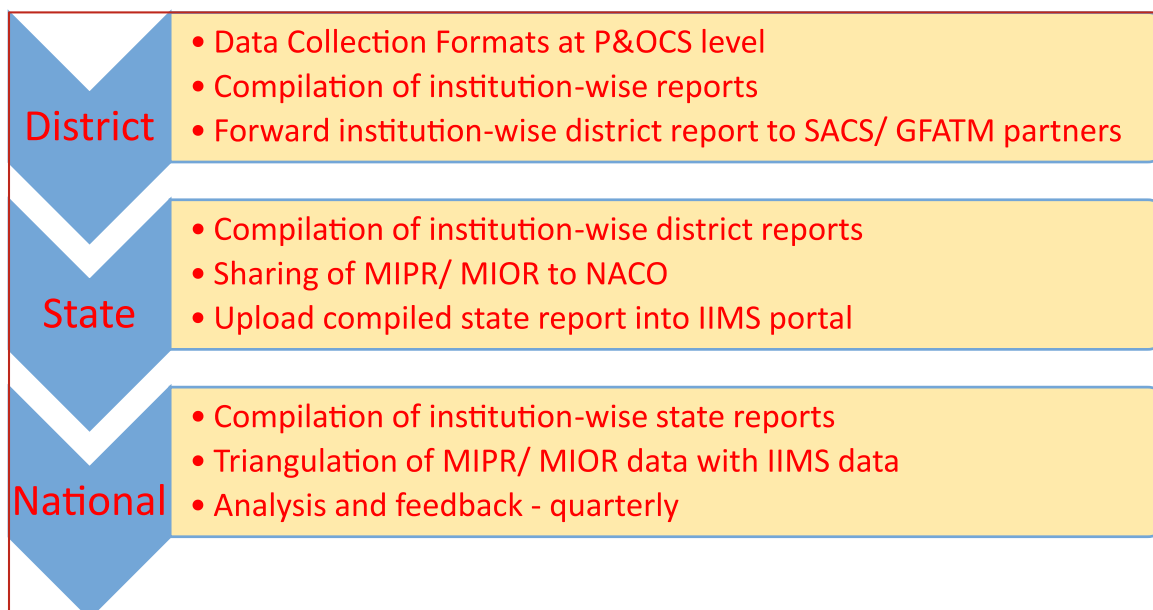
Thus, the evidence clearly indicates it is utmost important that these inmates are brought under HIV intervention and there is an urgent need to reach out to inmates with HIV related service tailored for the group apart from the activities proposed in the upcoming strategy document.

Therefore, a campaign mode screen/test of inmates will be an opportunity to increase the yield and will help NACP in achieving first 95, In this regard, rigorous ISHAT campaign is proposed. In order to provide comprehensive services to the incarcerated populations in Prison and Other Closed Settings like Swadhar home, Ujjawala and Other State Run Homes, including Juvenile Homes and Drug Deaddiction/ Rehabilitation Centres, NACO envisaged to have an Integrated STI, HIV, TB and Hepatitis (ISHTH) Campaign. The objectives of the campaign are to **saturate and expand HIV, STI, TB and Viral Hepatitis health services to the incarcerated populations**. Services will be offered in the form of organising health check-up camps coupled with counselling, diagnosis and treatment of the above illnesses.

#### Logic Model of the Program

Input	Activities	Outputs	Short Term Outcomes	Intermediary outcomes	Impact
Human Resources	Stakeholder consultations	S/DOC formed, and meetings held Regular DOC meetings conducted in coordination with DISHA	Capacity development and Sensitization workshops/ trainings of PPVs and health facilities staff at State and district level	Formation of ILHIV support groups Establishment of LACs	Building ownership among P&OC authorities
Budgetary provisions from Govt. and development agencies	-Monitoring and Supervision -Quality improvement systems in place	Number of jails, Swadhar, Ujjawala and Nari Niketen homes covered under P&OCS intervention	Number of inmates tested for HIV	PLHIV inmates who know their HIV status and are on ART - Effective referrals linkage to ART	Reduction in new infections
Equipment	Capacity building and Sensitization	Comprehensive SBCC tool kit	Awareness generation activities conducted for <b>IFMLHIV</b>	No of inmates reporting reduced Stigma and discrimination	Reduction in mortality
Policy and guidelines	Development of guidelines and SOPs/ State specific frameworks	Implementation of the State specific frameworks			Building ownership among P&OC authorities

## Data Flow:



### \*MIPR/ MIOR is State Monthly Progress Report

#### Data Sources

- a. Routine (programmatic data)
- b. Non-Routine
  - a. Data is collected at the P&OCS level on regular basis, through the various NACO approved formats published in Operational Guidelines; Inmate registration, risk assessment, STI, ICTC/ FICTC, ART/ LAC, OST/S-OST, HIV TV reporting format etc. which needs to be compiled on monthly basis and forwarded to district/ state for further compilation and further transmission. ISHAT campaign data will be also included under routine data.
  - b. **Non Routine (Survey and Surveillance data)**  
**Please include HIV Sentinel Surveillance Plus 2021 (Central Prison Sites) etc., the latest Survey, Research and surveillance**

Note: HIV -TB in Prisons and OCS operational guidelines, clearly defines the NACO approved data collection tools to be used by the implementing team members, right from the entry level to subsequently levels.

## 4.2 Reporting


After the National Consultation and Review Meeting of P&OCS during 19<sup>th</sup> to 21<sup>st</sup> May 2022, the intervention was to mover from Project mode to Program mode as agreed. To analyse Prison and Other Closed Settings wise performance and validate the consolidated report of each State/ UT, it is imperative to have month wise detailed performance of each prison and OCS. The Monthly Indicator of Prisons Reports and Other Closed Settings Report is basically a spread sheet of all 30 indicators of MPR/ IIMS for each P&OCS, which will enable for an effective and quick monitoring (Placed as Annexure-2)

# 5

## PRISON & OTHER CLOSED SETTING INTERVENTION

### 5.1 Transition Strategy – Way Forward

- One of the key guiding principles under NACP V, to attain the specific targets under the program is to continue to foster and augment strategic partnership to strengthen and support integrated response at the most granular level. Therefore, HIV screening inside prisons and OCS will be continued ensuring sustained treatment linkages (incarcerated and post release) through coordination with relevant health facilities and other stakeholders. Further, emphasis will also be given on continuation of screening from TB, STI, VH and treatment linkages.
- To ensure sustainability of the project activity, it is vital to build ownership among SACS, district level health functionaries and other state level stakeholders. Therefore, below two activities should be undertaken.
  - ✓ Building ownership among SACS and other key stakeholders at state level through facilitating SOC formation at SACS level and through organizing regular SOC meetings.
  - ✓ Building ownership among health functionaries and other stakeholders at district level will be done through facilitating in DOC formation at district level involving prisons, OCS and all health functionaries and also through organizing regular DOC meetings in coordination with DISHA.
- Sensitization of prison and OCS officials should be implemented for HIV, TB, STI and Viral Hepatitis services inside prisons and OCS. Moreover, necessary capacity building of the of prison and OCS personnel especially the health care staff should be undertaken.
- This will be followed by generating awareness among the prison and OCS inmates towards improving their health seeking behavior and for reducing new infections. Necessary selection of PPVs and their training of PPVs (in collaboration with district health authorities) along with regular awareness generation sessions among prison and OCS involving health



functionaries and PPVs will be done. The required IEC materials to be developed and circulated among prisons, OCS, PPVs and district health functionaries.

- The next step will be to screen and test for HIV among the inmates of Prisons and OCS. Support of SACS in establishing testing facilities inside prisons and OCS in all Central and High load district prisons will be done. Further, it is imperative to ensure timely confirmatory testing, treatment initiation, and treatment adherence among HIV+ inmates. Therefore, support to be provided to SACS in establishing LACs in prisons with high number of HIV+ inmates while support to ICTC / TI NGOs / LWS / CSC for tracing and tracking released screened reactive or confirmed positive inmates will be done for linking with treatment services
- For a smooth transition, a comprehensive SBCC tool kit is essential wherein the target audience including the prisoners, prison officials, health care staff, and the prisoner's family will be clearly defined. A list of tried and tested communication collaterals is to be used along with other additional products. A strong focus must be on the use of language, pictorial illustrations, and the inclusion of various communities. It emerged from the Communication Need Assessment exercise that there is a need for discussion with the target group and at the jail at various levels.

# ANNEXURE

# ANNEXURE-1



The following table shows key stakeholders and their roles in the implementation of Prison & Other Closed setting Interventions in an effective and fruitful manner:

**Table: 2 Role of key stakeholders in the implementation of P&OCS Intervention**

Sl. No.	Key stakeholders	Role in effective implementation of P&OCS Intervention
1	Ministry of Health & Family Welfare, GOI	<ol style="list-style-type: none"> <li>1. Streamline the MoHFW response to HIV-TB in Prisons &amp; OCS through integration into the ongoing disease control programs.</li> <li>2. Mainstream the response to HIV-TB health care delivery of convicts and undertrial prisoners with Ministry of Home Affairs and Ministry of Social Empowerment for appropriate policy and program interventions.</li> <li>3. Greater involvement of civil society groups and relevant stakeholders towards coverage of the HIV-TB programme in the Prison &amp; OCS</li> <li>4. Ensure ownership of Prison Department through capacity building and facilitate post release linkage and access to social reintegration</li> </ol>
2	Ministry of Home Affairs, GOI	<ol style="list-style-type: none"> <li>1. Integration of HIV/AIDS/TB/Hepatitis awareness in police training</li> <li>2. Regularly and periodically organise awareness programs for police personnel and their families on HIV/TB/Hepatitis/ STI. Pamphlets, leaflets and booklets on HIV/TB/Hepatitis/ STI to be published and disseminated</li> <li>3. Treatment and other services (ICTC, ART, DMC, DSRC etc.) to be established in Hospitals</li> <li>4. Prison welfare officers/services in prisons support risk reduction activities, including providing information on the prevention of STI/ HIV/Hepatitis/TB.</li> <li>5. HIV/AIDS/TB/Hepatitis/ STI to be included in the induction trainings and refresher training of all cadres of staff in the prisons' services.</li> <li>6. All medical staff including doctors, staff nurses/para-medical staff and pharmacists are trained on counselling, testing as well as on providing care, support and treatment to inmates as per national treatment protocols and guidelines published by NACO/CTD/NCHCP.</li> <li>7. All health services in prisons provide counselling and testing services of HIV/TB/Hepatitis/ STI as per national protocols and guidelines and provide referral linkages, wherever necessary.</li> </ol>
3	National AIDS Control Organization (NACO)	The nodal agency responsible for approving, implementing and supervising all HIV/AIDS-related activities in the country. NACO implements the National AIDS Control Programme (NACP) as a comprehensive programme for prevention and control of HIV/AIDS in India.
4	Central TB Division (CTD) [ National Tuberculosis Elimination Program]	Responsible for the care of all TB patients in the country through the Revised National TB Control Programme (RNTCP).

Sl. No.	Key stakeholders	Role in effective implementation of P&OCS Intervention
5	National Viral Hepatitis Control Program (NVHCP)	<ol style="list-style-type: none"> <li>1. Enhance community awareness on hepatitis and lay stress on preventive measures among general population especially high-risk groups and in hotspots.</li> <li>2. Provide early diagnosis and management of viral hepatitis at all levels of healthcare</li> <li>3. Develop standard diagnostic and treatment protocols for management of viral hepatitis and its complications.</li> <li>4. Strengthen the existing infrastructure facilities, build capacities of existing human resources and raise additional human resources, where required, for providing comprehensive services for management of viral hepatitis and its complications in all districts of the country.</li> <li>5. Develop linkages with the existing National programs towards awareness, prevention, diagnosis and treatment for viral hepatitis.</li> <li>6. Develop a web-based "Viral Hepatitis Information and Management System" to maintain a registry of persons affected with viral hepatitis and its sequelae.</li> </ol>
6	State AIDS Control Societies (SACS)	State AIDS Control Society (SACS) in every State has a central role in implementing various measures and strategies to address HIV/AIDS.
7	State Prisons Department and Other Closed Settings	<ol style="list-style-type: none"> <li>1. Provide infrastructure at respective intervention sites for the following purposes: <ol style="list-style-type: none"> <li>i. Integrated Counselling and Testing Centre</li> <li>ii. Opioid substitution therapy</li> <li>iii. Diagnosis and treatment services for STI/RTI</li> <li>iv. DOT centre/Designated Microscopy Centre for TB</li> <li>v. Store room</li> </ol> </li> <li>2. Appoint nodal officers at each intervention site to liaise with SACS, STC/DTC and NGOs</li> <li>3. Provide necessary permissions to inmates diagnosed with HIV and TB to avail various treatment, care and support services, including ARV and ATT drugs</li> <li>4. Provide permissions to NGOs/CBOs contracted by NACO/SACS to carry out HIV and TB interventions</li> <li>5. Provide necessary permissions to SACS and STC/DTC officials to visit prisons and other closed settings, where interventions have been initiated, to interact with staff and inmates to understand progress and to extend necessary guidance to the HIV and TB team working at intervention sites</li> <li>6. Provide facilities, including venue and refreshments, when organising site-specific advocacy meetings and training programmes for staff, peer leaders and peer volunteers</li> <li>7. Invite SACS, STC/DTC and/or DAPCU officials to participate in review meetings</li> <li>8. Ensure separate cell are provided for transgender persons</li> </ol>
8	State Social Welfare Department / State Department of Social Justice & Empowerment	<ol style="list-style-type: none"> <li>1. Inclusion of FSWs, MSM, transgender, IDUs and inmates living with HIV/AIDS as priority groups for social defence programmes</li> </ol>

Sl. No.	Key stakeholders	Role in effective implementation of P&OCS Intervention
		<ol style="list-style-type: none"> <li>2. Enhancing linkages and effective coordination between Injecting Drug Users with Targeted Intervention (IDUs-TI) supported by NACO and Integrated rehabilitation Centre for Addicts (IRCA) supported by DSJE.</li> <li>3. Developing welfare schemes aiming at social inclusion and empowerment of hijras-transgender inmates who face extreme social alienation, enhancing their vulnerability to HIV, TB &amp; other related health problems</li> <li>4. Addressing the risk of HIV, TB, Hepatitis &amp; STI transmission among all substance users through preventive risk reduction messaging on HIV/STI/Hepatitis/TB and linkages with ICTC/ART/ NTEP/NVHCP and other services.</li> <li>5. Working towards empowerment of discriminated and vulnerable prison &amp; Other closed setting inmate groups like FSWs and hijras, transgender people by nurturing a supportive and congenial environment which promotes human development by safeguarding the human rights of all, providing social protection and rendering psychosocial care.</li> </ol>
9	State Department of Panchayat & Rural Development	<ol style="list-style-type: none"> <li>1. Capacity Building / Sensitisation workshops on HIV/AIDS for the officials of MoRD.</li> <li>2. Provide training/capacity building to Self Help Group (SHG) members on HIV/AIDS to increase awareness, address stigma and discrimination against PLHIV and empower women to protect themselves.</li> <li>3. Reaching post -release rural men and women inmates in the unorganised sector through livelihood options at NREGA worksites</li> <li>4. Reach out to most disadvantaged sections of the society in its efforts of poverty alleviation and provision of livelihood and employment through its inclusive approach. Since the high risk groups of HIV/AIDS are mostly the poor and marginalised, there is lot of scope of mainstreaming HIV into existing programmes and schemes like, Indira Gandhi National Widow Pension Scheme (IGWPS), Aajeevika, National Rural Livelihoods Mission (NRLM), Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Automatic inclusion of PLHIV in the BPL list, Indira Awas Yojana etc.</li> </ol>
10	State & District TB Cell	<ol style="list-style-type: none"> <li>1. Arrange infrastructure at the state's prison sites and other closed settings for the following purposes: <ol style="list-style-type: none"> <li>i. Designated Microscopy Centre (DMC), wherever eligible</li> <li>ii. TB treatment centres</li> </ol> </li> <li>2. Ensure supply of the following commodities to intervention sites: <ol style="list-style-type: none"> <li>i. Reagents and consumables for DMC</li> <li>ii. Anti-TB treatment (ATT) drugs</li> </ol> </li> <li>3. Establish linkages to DMC/CBNAAT site for TB case-finding activities</li> <li>4. Coordinate with SACS to: <ol style="list-style-type: none"> <li>i. Obtain necessary permissions from prison authorities for District TB Cell (DTC) officials to visit intervention sites, interact with staff and inmates to understand progress and extend necessary guidance to the TB team working in prisons and other closed settings</li> <li>ii. Develop IEC materials in consultation with key stakeholders</li> </ol> </li> </ol>

Sl. No.	Key stakeholders	Role in effective implementation of P&OCS Intervention
11	Strategic Expertise Technical Unit (SETU)	<ol style="list-style-type: none"> <li>1. Facilitate the formation of a state-level working committee and organise periodic meetings at regular intervals</li> <li>2. Help in planning, implementation and monitoring the intervention</li> <li>3. Facilitate formation of peer-led interventions and arrangement of training programmes to create cadre of peer leaders/peer volunteers among inmates and officials</li> <li>4. Facilitate development of prison-specific IEC materials</li> <li>5. Submit report on the individual performance of each intervention site along with a consolidated report on the programme's progress on a monthly basis to SACS and NACO</li> <li>6. Facilitate situational and needs assessment studies to foster evidence-informed programming</li> <li>7. Facilitate site-specific capacity building programmes for officials, including medical professionals attached with prisons and other closed settings</li> <li>8. Nominate a nodal person for each prison site to facilitate implementation of planned activities</li> <li>9. Liaise with DAPCU and make joint field visits at least once a month in addition to regular monitoring visits</li> <li>10. Organise quarterly review meeting involving focal persons from NACO, the prison department, SACS and NGOs working with the programme</li> </ol>
12	District Integrated Strategy for HIV/AIDS (DISHA)/ District AIDS Prevention & Control Unit (DAPCU)	<ol style="list-style-type: none"> <li>1. Arrange, in association with SACS, regular HIV testing camps in prisons and other closed settings by deputing a counsellor and a lab technician on specific days at a given prison</li> <li>2. Arrange, in association with SACS and other relevant authorities, for transportation with appropriate security to take HIV-positive inmates to ART centre for initiation of treatment and regular monitoring tests</li> <li>3. DAPCU should ensure sharing of the service providers' list, including ICTC, ART, TB, STI, drug dependence treatment, with the nodal officers for referral of released prisoners and other inmates for necessary HIV/TB prevention, treatment, care and support services.</li> <li>4. Act in coordination with the district department, as a nodal officer to help released prisoners, including those who use drugs, in availing various government welfare schemes, such as loans and pension</li> <li>5. Liaise with the office of the district collector, prisons department and authorities of other closed settings to address issues related to stigma and discrimination of inmates and released prisoners</li> </ol>

Sl. No.	Key stakeholders	Role in effective implementation of P&OCS Intervention
13	NGOs implementing Targeted Intervention under NACP	<ol style="list-style-type: none"> <li>1. Implementation of eligible interventions from the comprehensive package of services               <ol style="list-style-type: none"> <li>i. Information, education and communication</li> <li>ii. HIV counselling and testing</li> <li>iii. HIV care, support and treatment</li> <li>iv. Prevention, diagnosis and treatment of TB</li> <li>v. Prevention of parent-to-child transmission of HIV</li> <li>vi. Prevention and treatment of sexually transmitted infections</li> <li>vii. Drug dependence treatment, including OST</li> <li>viii. Referral for diagnosis and treatment of viral hepatitis</li> <li>ix. Raising awareness on HIV transmission through medical or dental services</li> <li>x. Raising awareness on HIV transmission through tattooing, piercing and other forms of skin penetration</li> </ol> </li> <li>2. Behaviour change communication               <ol style="list-style-type: none"> <li>i. Support SACS in developing IEC/BCC materials, such as posters, pamphlets, booklets, audio-visual materials and wall paintings</li> <li>ii. Carry out focused BCC activities to provide information and education on HIV/AIDS to inmates and staff working in prisons and other closed settings</li> <li>iii. Ensure and enable peer volunteers to regularly conduct one-to-one and one-to-group education sessions using IEC materials</li> <li>iv. Organise recreational activities, such as games, sports competitions and other appropriate cultural activities with the purpose of creating awareness on HIV/AIDS</li> </ol> </li> <li>3. Human resources               <ol style="list-style-type: none"> <li>i. Ensure recruitment of recommended resources, including formation of peer leaders and peer volunteers</li> </ol> </li> </ol>

# ANNEXURE-2



## Reporting (MPR and IIMS) /Data Collection and Reporting Mechanism

The NACP Phase-V is to achieve the physical and output targets along with the outcome targets in line with the stated goals. The existing MPR and IIMS for Prisons and Other Closed Settings, presents the Month wise target under the Prison & Other Closed Setting Interventions in India.

Name of the State:					
Financial Year					
Month					
Total No of Prisons/ OCS in State					
Prisons/ OCSs started Intervention Till Reporting Month					
Sr.	INDICATORS FOR REPORTING	Male	Female	TG/Hijra	Total
1	Number of Inmates (as on reporting month)	0	0	0	0
2	Total inmates covered through IPC sessions- one to one/ one to group during reporting month	0	0	0	0
3	Total inmates tested for HIV during reporting month	0	0	0	0
3.1	Total inmates found HIV positive (after three confirmatory test) during reporting month	0	0	0	0
3.2	Out of 3.1, HIV positive inmates put on ART	0	0	0	0
4	Number of pregnant inmates tested for HIV during the months	0	0	0	0
4.1	Pregnant inmates found HIV positive (after three confirmatory test) during reporting month	0	0	0	0
4.2	Out of 4.1, HIV positive pregnant inmates put on ART	0	0	0	0
5	HIV positive inmates 'Alive and on ART' at the end of reporting month	0	0	0	0
6	HIV positive inmates who are virally suppressed during reporting month	0	0	0	0
7	HIV positive inmates released during the month	0	0	0	0
7.1	Out of 7, total linked with ART centres	0	0	0	0
8	Inmate diagnosed with STI during reporting month	0	0	0	0
8.1	Out of 8, inmates initiated for STI treatment during reporting month	0	0	0	0
9	Inmate tested for Syphilis during reporting month	0	0	0	0
9.1	Inmate found Syphilis positive during reporting month	0	0	0	0
9.2	Out of 9.1, inmates initiated for Syphilis treatment during reporting month	0	0	0	0
10	Inmate tested for Hepatitis C during reporting month	0	0	0	0
10.1	Inmate found positive for Hepatitis C during reporting month	0	0	0	0
10.2	Out of 10.1, inmates initiated for Hepatitis C treatment during reporting month	0	0	0	0
11	Inmates screened for TB symptoms during reporting month	0	0	0	0
11.1	Out of 11, number of inmates referred for TB testing	0	0	0	0
12	Inmates tested for TB during reporting month	0	0	0	0
12.1	Inmates diagnosed with TB during reporting month	0	0	0	0
12.2	Inmates initiated for TB Treatment(DOTS) during reporting month	0	0	0	0
13	Inmates on DOTS released during the reporting month	0	0	0	0
13.1	Inmates linked to TB treatment (DOTS) post release	0	0	0	0
14	Inmates on Oral Substitution Therapy (OST) during the month.	0	0	0	0
14.1	Inmates on OST released during the month	0	0	0	0
14.2	Out of 14.1, total linked with OST centre	0	0	0	0







National AIDS Control Organisation  
India's Voice against AIDS  
Ministry of Health & Family Welfare, Government of India  
[www.naco.gov.in](http://www.naco.gov.in)

