



**National Dissemination of ISHTH Campaign &  
Review Meeting of Prison and Other Closed Settings Intervention**

**21st and 22nd March 2024**



स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
भारत सरकार



## Table of Contents

<b>Introduction</b>	<b>3</b>
<b>Proceedings: Day 1</b>	<b>4</b>
<b>Presentations by SACS on overall progress</b>	<b>4</b>
<b>Inaugural Session</b>	<b>7</b>
<b>Overview of P&amp;OCS and dissemination of ISHTH</b>	<b>7</b>
<b>Share of Learnings</b>	<b>12</b>
<b>Group formation for group work</b>	<b>15</b>
<b>Proceedings: Day 2</b>	<b>16</b>
<b>Group Work and presentation</b>	<b>17</b>
<b>Valedictory Session: Key Remarks</b>	<b>19</b>
<b>Summary</b>	<b>22</b>
<b>Vote of Thanks</b>	<b>22</b>
<b>Picture Gallery</b>	<b>23</b>



## Introduction

National AIDS Control Organization through PLAN India organized a two day National Dissemination of ISHTH Campaign & Review Meeting of Prisons & Other Closed Settings Intervention from 21<sup>st</sup> & 22<sup>nd</sup> March '2024 at Hotel Holiday Inn, Mayur Vihar, Noida. There were three primary objectives of the meeting:

1. To disseminate the key findings and learnings of ISHTH Campaign.
2. To take stock of the current progress under P&OCS Interventions and develop brief SOP for future course of action.
3. To discuss increasing visibility and sustainability of P&OCS Intervention.

Approximately 161 participants attended the event over the two days, though the actual number of attendees fluctuated. These participants primarily consisted of key stakeholders involved in P&OCS component of the Global Fund to Fight AID, Tuberculosis and Malaria (GFATM) grant.

Among the attendees were community representatives, bilateral development partners, implementing partners, program experts, representatives from State AIDS Control Societies and officials from NACO. This diverse representation ensured comprehensive discussions and collaborations to enhance the effectiveness of the P&OCS intervention, within Prisons and Other Closed Settings.

The meeting served as a platform for disseminating information about the Integrated STI, HIV, TB and Hepatitis (ISHTH) Campaign and reviewing the progress and challenges of the interventions specifically tailored for P&OCS. It included presentations of achievements, sharing the best practices, discussions on lessons learned and planning for future actions to further advance the goals of NACP within these contexts.

On the first day of the meeting, representatives from SACS (State AIDS Control Societies) presented the progress made in their respective states. This included data on the implementation of various initiatives, outreach efforts and outcomes related to P&OCS intervention.

Following this, the inaugural session commenced with the formal welcome of dignitaries, who shared important insights derived from the achievements of the program thus far. These insights encompassed successes, challenges and recommendation for future actions to enhance the effectiveness of the P&OCS intervention.

The contribution of implementing partners; SAATHII and PLAN India were acknowledged and discussed during the event. These partners shared their experiences, lessons learned and best practices from their involvement in the ISHTH campaign, highlighting their roles in supporting the campaign and P&OCS intervention.

Presentations focusing on Tuberculosis (TB) and Hepatitis diagnosis and treatment linkage strategies were delivered, indicating the comprehensive approach of the campaign to address not only HIV/ AIDS, but also other related health issues that intersect with it. The day concluded with the formation of the thematic groups tasked with creating a Standard

Operating Procedure (SOP). These group would consist of stakeholders from various sectors and disciplines, collaborating to develop SOP and protocols for the effective implementation of the P&OCS interventions.

On the second day of the meeting, the thematic groups formed on the previous day delved into discussions regarding their assigned themes. Each group worked collaboratively to prepare presentations summarizing their findings, recommendations and proposed strategies. These presentation were structured to highlight key insights, challenges and action plans related to their respective thematic areas.

Following each presentation, a discussion ensued involving panellists and participants. This interactive session provided an opportunity for stakeholders to share their remarks, insights and suggestions based on the presentations. These discussions were crucial for gathering diverse perspectives and ensuring that all relevant viewpoints were considered in the development of Standard Operating Procedure.

The remarks and feedback shared during the discussions were meticulously recorded, contributing to the documentation process for creating the SOP. This ensured that valuable insights and recommendation from all stakeholders were captured and incorporated into the final document.

After the completion of the group presentations and discussions, the day culminated in a validatory session. During this session, panellists expressed gratitude for the support and collaboration from all key stakeholders involved in the ISHTH campaign and implementation of P&OCS intervention. This expression of appreciation acknowledged the collective efforts and commitment towards the common goal of combating HIV/ AIDS and related health issues.

#### Proceedings – Day I

On day 1 of the event, the proceedings kicked off with the registration of participants. Following the registration, attendees gathered in the conference hall for the welcoming session featuring esteemed panellists. Dr. S. P. Bhavsar, DD – Prevention/ BSD/ STI, NACO extended a warm welcome to all present at the two day event. He provided a brief overview of the session's agenda, highlighting the upcoming presentations by SACS on the overall progress. Dr. Bhavsar then introduced the panellists for the sessions and expressed appreciation by presenting them with green tokens.



#### Session I: Presentations by SACS on the Overall Progress of the Prison & OCS Program

- Chair: Dr. Anup Kr. Puri, DDG - NACO
- Co- chair: Dr. R. S. Gupta – P& OCS, NWG Chairman
- Rajiv Kumar, PD - Himachal Pradesh SACS
- Moderator: Dr. Shantanu Purohit, NC - Prevention, NACO



The moderator of the session provided a brief context, outlining the format and structure. It was mentioned that each official from the State AIDS Control Society would be allotted 10 minutes for their presentation, followed by a discussion session. Additionally, a tea break was scheduled, dividing the session into two parts.



In the first half of the session, the states of Bihar, Madhya Pradesh, Mizoram, Nagaland, Odisha and Uttar Pradesh presented their progress reports. In the second half, officials from Himachal Pradesh, Karnataka, Maharashtra, Mumbai, Punjab and Tamilnadu presented their state's progress reports.

- Target vs. Achievement against key indicators of three financial years
- Services and linkages for both Prison and OCS
- Nature of support leveraged from stakeholders
- Capacity Building of key/ relevant stakeholders
- Gaps and challenges
- Road map for the upcoming period
- Quick view of the ISHTH campaign

From the presentations, several key points emerged as:

- **Target Achievement:** Almost all states were able to meet the targets set in terms of coverage of Prisons, Inmates, Other Closed Settings and their population.
- **Service and Linkage Improvement:** Services and linkages in both Prisons and OCS, showed a gradual increase over the past three financial years.
- **Stakeholder Support:** Various stakeholders including higher officials of Correctional Services, DoWCD, DoSW, Police, NHM, NVHCP, NTEP, DLSA and SLSA have played crucial roles in enriching P&OCS intervention.
- **Capacity Building:** Positive trends were observed in the capacity building of Health Care Providers of P&OCS across most states.
- **Challenges:** Challenges include providing services to under-trials, ensuring post-release linkages and follow-up due to address mismatch, insufficient health care providers in several north-eastern states and scarcity of test kits, for HIV, Syphilis and Hepatitis.
- **ISHTH Campaign:** The ISHTH Campaign emerged as a significant contributor to target achievement, particularly in terms of STI services, Syphilis/ HIV/ TB/ Hepatitis B & C screening and establishing treatment linkages.

These points highlight both the achievements and challenges faced in the context of P&OCS intervention across different states, emphasizing the importance of stakeholder collaboration and innovative campaign like ISHTH for progress in combating HIV, TB and Hepatitis.

The discussions during the presentations and reflections on the progress of various states' interventions in prison healthcare highlighted several key points:

1. **Post release linkage success in Uttar Pradesh:** Dr. Melissa Nyendak from GFATM praised Uttar Pradesh for achieving 100% post-release linkage and sought insights into how this success was achieved. She also commended the co-location of Opioid Substitution Therapy (OST) in Madhya Pradesh. The chair also emphasized the importance of addressing coordination gaps between the correctional services department and SACS to improve linkage rates.
2. **Risk and vulnerabilities in P&OCS:** Professor Shalini Bharat inquired about the risk and vulnerabilities within prison infrastructure and emphasized the importance of preventive measures. She also suggested including information on interventions for STI, TB, and Hepatitis in addition to HIV prevention.
3. **Challenges in treatment linkages:** Ms. Reshu Agarwal of WHO highlighted the challenge of linking individuals to treatment and inquired about efforts to address mental health aspects within prison healthcare.
4. **Profiling of PLHIVs for better planning:** Dr. Rita Prasad - CDC suggested profiling positive clients to gain deeper insights into the population and aid in better planning.
5. **Enhancing prevention work:** Mr. Rajeev Kumar – PD Himachal Pradesh SACS, emphasized the need to enhance prevention efforts and highlighted various awareness strategies, including the involvement of inmates in awareness activities like folk media and wall writing.
6. **Identifying programmatic gaps:** Dr. R. S. Gupta, Co-chair stressed the importance of identifying programmatic gaps to facilitate necessary solutions, particularly addressing coordination gaps and prioritizing interventions in areas with higher detection rates.
7. **Gender dimension in data:** Professor Shalini Bharat pointed out the need for a gender dimension in data retrieved from campaigns like ISHTH.
8. **Sustainability and rigorous sensitization:** Mr. Sudhir Chawla - CDC reflected on the sustainability of interventions and stressed the importance of rigorous sensitization of P&OCS staff and continuous data sharing between P&OCS and NACP facilities.
9. **Addressing address mismatch challenge:** Dr. Bhawna Rao, DD - LS & IEC suggested using incentives like video conferencing facilities to motivate inmates to provide accurate documents, thereby addressing the address mismatch challenge.
10. **Focus on correct addresses retrieval:** Dr. Gupta emphasized the need to focus on retrieving correct addresses from inmates for post-release linkages and suggested exploring various options for achieving this.
11. **Convergence and evidence generation:** Dr. Puri highlighted the importance of convergence between the P&OCS departments and key NACP facilities and stressed the need for evidence generation to address gaps in interventions. He also emphasized increasing manpower through coordination with relevant stakeholders like the Chief Medical Officer (CMO).

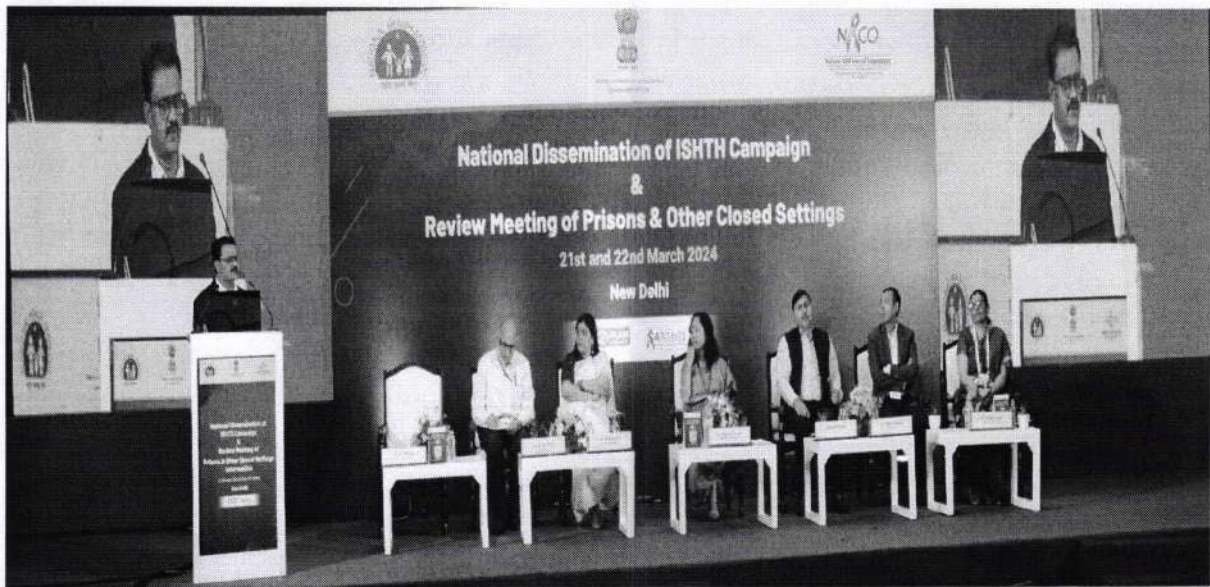
These discussions underscored the multifaceted nature of challenges in prison healthcare interventions and emphasized the importance of collaboration, sustainability, and evidence-based approaches in addressing them effectively.



After the session concluded, the panellists extended their appreciation to the presenters, recognizing their contributions. Following this, a group photograph was taken, capturing the moment with the panellists and key officers of the National AIDS Control Organization (NACO). This gesture not only commemorated the event but also symbolized collaboration and unity in addressing important issues related to AIDS control and prevention.

## Session II: Inaugural Session

The inaugural session commenced after the lunch break, and the stage was adorned with esteemed dignitaries from the National AIDS Control Organization (NACO) as well as representatives from pertinent departments such as the National Commission for Protection of Child Rights (NCPCR), Ministry of Social Justice and Empowerment (MoSJE), and Ministry of Home Affairs. These dignitaries were warmly welcomed with a green token of appreciation, symbolizing gratitude and recognition for their presence and contributions.



To set the stage and provide context, Dr. S. P. Bhavsar delivered a summary of the preceding session, ensuring that all attendees were abreast of the discussions and insights shared earlier. This summary served as a foundation for further deliberations and collaborations throughout the inaugural session.

The dignitaries in the session are as follows-

- Ms. V. Hekali Zhimomi, Additional Secretary & Director General - NACO
- Dr. Divya Gupta, Member - NCPCR
- Mr. Arun Sobti, Deputy Secretary - Prison and Anti- Trafficking - Ministry of Home Affairs.
- Mr. Rajeev Kumar, Under Secretary (Drug prevention Division) - MoSJ&E
- Dr. Anup Kr. Puri, DDG - NACO
- Dr. Shobini Rajan, HoD – Prevention/ BSD/ STI, NACO

A summary of the session are as follows:

**Presentation on “Overview on Prisons and Other Closed Settings interventions and learnings of ISHTH campaign” - Dr. Shobini Rajan, HoD – Prevention/ BSD/ STI, NACO**

Dr. Rajan took the initiative to welcome everyone in the audience and immediately acknowledged that the ISHTH (Integrated STI, HIV, TB and Hepatitis) campaign was the brainchild of the Additional Secretary & Director-General - NACO. She urged the division to shift focus from interventions in prisons and other closed settings (P&OCS) from a program mode to a campaign mode. This shift was prompted by the recognition of the high prevalence rate of diseases among incarcerated populations compared to the general populace, emphasizing the urgent need for intervention.



During the discussion, Dr. Rajan emphasized the evidence demonstrating incarcerated populations as High-Risk Groups (HRGs). She highlighted the initial pilot phase of the intervention and its subsequent transition to the Other Closed Settings (OCS), emphasizing sustainability over project-based initiatives. Notably, Dr. Rajan mentioned that the OCS extended beyond Swadhar to encompass juvenile homes as well.

Dr. Rajan committed to intensively analysing data, particularly concerning gender bifurcation, and emphasized the inclusion of juvenile and drug rehabilitation centre in OCS data. This analysis revealed considerable numbers, especially in identifying Hepatitis C (HCV) positivity, prompting her call to mainstream services beyond the campaign phase.

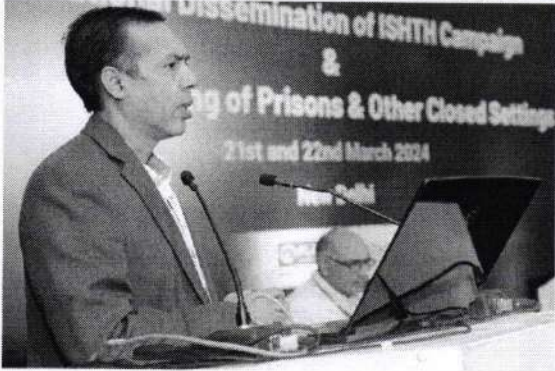
Challenges in treatment linkage, such as sample collection and medical personnel access to prisons, were highlighted by Dr. Rajan. She recognized the pivotal role of State AIDS Control Societies (SACS) in garnering support from stakeholders like the health department. Dr. Rajan acknowledged states demonstrating ownership and commended NACO for issuing comprehensive advisories and advancing dual kits procurement. Furthermore, efforts were underway, including correspondence with state chief secretaries to reinforce program implementation.

The presentation concluded with a collective resolve, led by Dr. Rajan, to address identified challenges and transition effectively towards sustained program delivery. This underscored the commitment of all stakeholders to combat the prevalence of diseases among incarcerated populations and ensure comprehensive intervention strategies.

**Remarks from Mr. Rajeev Kumar, Under Secretary - MoSJE**

Mr. Rajeev Kumar commenced by extending congratulations to NACO and acknowledging the commendable state-level interventions showcased in the first session. He then initiated the discussion by shedding light on the Ministry of Social Justice and Empowerment's (MoSJE) pivotal role as the nodal ministry for drug demand reduction, administering the centrally sponsored scheme known as the National Action Plan for Drug Demand Reduction.

Mr. Kumar emphasized that the ministry



plays a crucial role in providing funds to state governments and NGOs, including specific allocations earmarked for prison settings. Notably, an allotment of 20 lakhs has been dedicated to prison settings, with Haryana and Nagaland currently benefiting from this provision.

Highlighting the concerning ratio of drug use within prison populations compared to the national average, Mr. Kumar underscored the urgency of addressing this issue comprehensively. As a result, the ministry has decided to formulate guidelines encompassing not only treatment but also aftercare, rehabilitation, social reintegration, and prevention measures.

The discussion revolved around maximizing resources to enhance services for populations most in need, with a particular focus on leveraging the insights gained from the ISHTH campaign effectively.

Mr. Kumar concluded with a commitment to develop comprehensive guidelines that address all facets of drug demand reduction in prison settings, utilizing available resources and drawing upon the insights garnered from the ISHTH campaign. This demonstrated a proactive approach by the Ministry of Social Justice and Empowerment to tackle the issue of drug use within incarcerated populations and ensure holistic support and intervention strategies.

#### **Remarks from Dr. Divya Gupta, Member - NCPCR**

Dr. Divya Gupta from the National Commission for Protection of Child Rights (NCPCR) initiated the discussion with a poignant acknowledgment of the irony of discussing HIV, prisoners, and data of closed spaces while seated in a similar closed setup. She shared valuable insights gleaned from visits to observation homes, shedding light on concerns regarding their overcrowded nature, which often results in children sharing space with adults, thereby increasing the risk of sexual abuse.

Dr. Gupta emphasized the urgent need to address this situation, recognizing that children in observation homes may be at risk of sexually transmitted



infections (STIs), which could go unnoticed without intervention. She expressed a keen interest in actively participating in interventions aimed at mitigating these risks, stressing the importance of early intervention to prevent children from becoming carriers of infections upon release.

During the discussion, concerns were raised regarding the need to enhance monitoring of such facilities, with acknowledgment of challenges such as staff complaints of overwork. Dr.

Gupta proposed a closer examination of whether staffing shortages were genuine or if staff needed to be reminded of their responsibilities. She cited instances where staff themselves showed symptoms of illness, underscoring the importance of proactive measures to address health concerns within observation homes.

Dr. Gupta also drew attention to the psychological needs of children aged 16-18 under the Protection of Children from Sexual Offences (POCSO) Act, suggesting a need for interventions to address their mental well-being, particularly considering their prolonged stay and potential displays of authority.

Additionally, Dr. Gupta recommended conducting a retrospective study on syphilis and TB data to understand its implications and inform future interventions. She reiterated the importance of ensuring all children have the right to a normal life, emphasizing their role as the future of the country.

Dr. Gupta's remarks completed with a call for a commitment to address the challenges outlined and explore opportunities for collaborative interventions to safeguard the welfare of children in observation homes. This underscored the imperative for collective action to protect and support vulnerable children, ensuring their rights and well-being are upheld.

#### **Remarks from Mr. Arun Sobti, Deputy Secretary - Ministry of Home Affairs**

Mr. Arun Sobti commenced his remarks by presenting compelling statistics on the number of inmates and prisons, highlighting the paramount importance of testing in HIV prevention within carceral settings. He underscored the critical need for screening in women's prisons, particularly among populations aged 20 and above, and urged NACO to prioritize screenings in these facilities. Additionally, he emphasized the equal importance of testing jail staff to prevent transmission within prison environments.



Expressing satisfaction with NACO's focus on juvenile homes, Mr. Sobti acknowledged the challenges posed by juveniles' reluctance to admit to crimes or sexual abuse, which hinders diagnosis. He emphasized the necessity for widespread testing in prisons to facilitate early diagnosis and intervention.

Mr. Sobti urged NACO not to overlook any state, regardless of its size or significance, emphasizing that health screening of prisoners is a governmental responsibility that deserves political attention. He highlighted discussions on the online prison portal "E Prison", advocating for systematic recording of health data to inform targeted interventions effectively.

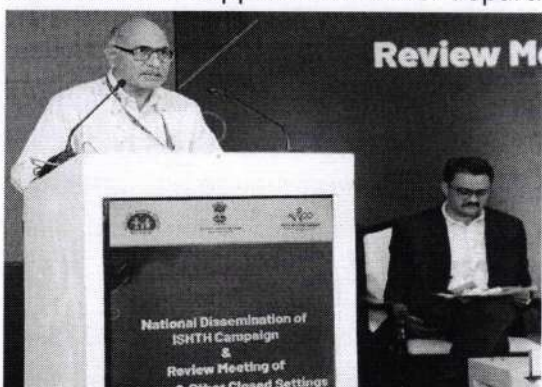
Furthermore, Mr. Sobti emphasized the importance of collaborative interventions, directing attention to dignitaries on the dais, and advocated for the utilization of central sector schemes to enhance efforts in HIV prevention and testing within prisons. He praised the

effectiveness of Information, Education, and Communication (IEC) media advertisements in raising awareness and appealed to NACO to ensure compulsory screening through comprehensive efforts.

His remarks concluded with a resounding call for concerted efforts to address HIV prevention and testing in prisons, emphasizing the importance of collaborative interventions and effective utilization of available resources to achieve tangible outcomes in this crucial area of public health.

#### **Remarks from Dr. Anup Kr. Puri, DDG- NACO**

Dr. Anup Kumar Puri emphasized the imperative of universal screening and the establishment of in-house service provision for HIV treatment within the prison setup. He underscored the critical role of support from other departments in this endeavor and stressed the importance



of addressing challenges such as understaffing to ensure effective implementation.

Drawing from evidence, Dr. Puri highlighted the necessity for sensitization efforts and advocated for transitioning to a programmatic mode to ensure sustained and comprehensive interventions. He reiterated the importance of universal screening as a cornerstone of HIV prevention and treatment within prisons and

proposed incorporating innovative ideas such as folk media and similar initiative like Red Ribbons Club initiatives within the prison system to enhance awareness and engagement.

Dr. Puri concluded with a collective commitment to explore avenues for universal screening and in-house service provision, leveraging support from various departments and integrating innovative approaches to enhance HIV treatment within prison settings. This underscored the determination of all stakeholders to address the challenges and gaps in HIV prevention and treatment within carceral settings, with a focus on comprehensive and sustainable solutions.

#### **Guiding Remarks from Ms. V Hekali Zhimomi, Additional Secretary & Director General, NACO**

Ms. V Hekali Zhimomi expressed her gratitude for the opportunity to work on the globally acclaimed HIV prevention project among incarcerated populations, highlighting the strong commitment of the Government of India towards mitigation efforts. She noted the absence of funding shortages or obstacles in project rollout, despite challenges such as kit unavailability. Acknowledging the achievement of 89% coverage, Ms. Zhimomi stressed the importance of reaching 100% coverage to prevent further spread of STIs, HIV, TB and Viral Hepatitis, emphasizing the need for quality data.



Reflecting on issues in overburdened observation homes in UP, Ms. Zhimomi urged state representatives to review closed settings comprehensively. She outlined three key suggestions:

- Strengthening coordination across ministries and departments, emphasizing internal collaboration within NACO and urging SACS teams to engage with general health systems. Rampant testing, gender-bifurcated data collection and convergence of services were highlighted.
- Enhancing linkage and treatment to achieve 100% coverage.
- Promoting convergence beyond treatment and screening to include follow-up care.



Ms. Zhimomi emphasized the importance of mandatory information and awareness dissemination to incarcerated populations and their communities, suggesting a special package of information for retention upon release. She expressed gratitude to the states and called for internal assessments to identify innovative state-level models for national scalability and thanked partner organizations and communities for their contributions.

Her remarks concluded with the felicitation of all the panellists with a memento and a vote of thanks by Dr. Shantanu Purohit. Following this a group photograph was taken with the entire audience of the first day of the event, marking a moment of collective commitment towards strengthening HIV prevention efforts in incarcerated populations through coordinated action and innovative approaches.

### Session III: Learning sharing of Partner Organisation and Strategies for Diagnosis & Treatment of TB and Hepatitis

The last session of the day focused on sharing learnings from partner organizations SAATHII and PLAN India, as well as strategies adopted by the Central TB Division and the National Viral Hepatitis Control Program (NVHCP) for the diagnosis and treatment of Hepatitis in prison and other closed settings. The session was moderated by Dr. Shantanu Purohit and the presenters were as follows:

- Dr. Sanjay Kr. Mattoo, Additional Deputy Director General (TB) - Central TB Division
- Mr. Mahesh, National Manager - SAATHII
- Mr. Amit Rawat National Manager - PLAN India
- Dr. Preeti Madan, Joint Director - NVHCP

Each presenter shared insights, experiences, and strategies relevant to their respective organizations and programs.

### Presentation on "Strategies adopted for diagnosis and treatment of TB in Prisons and OCS" - Dr. Sanjay Kr. Mattoo, ADDG - CTD

Dr. Sanjay Kumar Mattoo highlighted the airborne nature of TB and its heightened spread in closed settings, emphasizing the Prime Minister's call to mitigate TB in India. He noted that

COVID -19 pandemic exacerbated challenges in reaching universal TB clients, underscoring the need for concerted efforts in TB prevention and control.



Referring to the National Strategic Plan, Dr. Mattoo outlined the four pillars of the strategy: Detect, Treat, Prevent, and Build. He emphasized the importance of capacity building, particularly in preventing TB transmission among incarcerated populations. Dr. Mattoo stressed the significance of mapping facilities and linking them to preventive measures, advocating for a camp-based approach to reach a wider population and emphasizing the

importance of nutrition in TB treatment.

His presentation concluded with a commitment to prioritize TB prevention efforts in closed settings, focusing on capacity building and preventive measures to mitigate transmission risks. This reaffirmed the decision of stakeholders to address TB within incarcerated populations and underscored the importance of collaborative action to achieve significant progress in TB control efforts.

**Presentation on “Strategies adopted for diagnosis and treatment of Hepatitis in Prisons and OCS” - Dr. Preeti Madan, JD - NVHCP**

Dr. Madan began her presentation by framing it as more of a dialogue, indicating an interactive approach to sharing information. She referenced the data presented in previous sessions and emphasized that National Viral Hepatitis Control Program (NVHCP) has envisioned an integrated approach, converging with relevant health departments for its interventions.

Delving into the process of NVHCP’s intervention, Dr. Madan highlighted the critical importance of screening in their strategies. She emphasized the necessity of flow from a two- way communication flow from every level of the health infrastructure to ensure effective implementation of interventions.



Dr. Madan proceeded to brief the audience on the strategies and treatments adopted by the NVHCP program, providing insights into the program's approach to diagnosing and treating viral hepatitis within incarcerated populations. This included information on screening methodologies, treatment regimens and the program's collaboration with various stakeholders to ensure comprehensive care.

Overall, Dr. Madan's presentation aimed to provide a comprehensive understanding of NVHCP's approach to addressing viral hepatitis in prison and other closed settings, highlighting the importance of screening and effective communication in the success of their interventions.

A handwritten signature in blue ink, appearing to be "S/D".

**Presentation on “Sharing the learnings of Partner Supported Model implemented in Prisons and OCS” - Mr. Mahesh Doddamane, National Manager - SAATHI**

Mr. Mahesh began his presentation by acknowledging the SAATHI consortium’s significant work in achieving the positive outcomes. He then proceeded to focus on various aspects of the organisation’s structure, human resources and goal- achievement within the program.

Using data as evidence, Mr. Mahesh presented the positive enhancements of services in the HIV prevention program facilitated by SAATHI. This included information on improvements in outreach, testing, counselling, treatment and support services provided to incarcerated populations.



By highlighting the organization's structure, human resources and the goal-achievement process, Mr. Mahesh aimed to provide insight into the effectiveness of SAATHI's approach to HIV prevention within prison and other closed settings. The presentation emphasized the importance of data-driven strategies and the role of dedicated personnel in achieving successful outcomes in HIV prevention initiatives.

**Presentation on “Sharing the learnings of Partner Supported Model implemented in Prisons and OCS” - Mr. Amit Rawat, National Manager - PLAN India**

Mr. Rawat began his presentation by expressing gratitude to the leadership of NACO and SACS for their support, without which the implementation process would not have been possible.



He then proceeded to highlight the various aspects of the intervention including coverage, key beneficiaries and the comprehensive intervention strategies undertaken.

Mr. Rawat emphasized the regular organisation of health camps and the sensitisation of health care professionals as integral component of the intervention. He outlined how these initiatives added value to the overall health department by contributing to the prevention and control of HIV/AIDS among the incarcerated populations.

Furthermore, Mr. Rawat addressed the challenges encountered during the implementation and the strategies adopted to mitigate them. He specifically focused on leveraging support from the NHM and the utilisation of mobile vans to reach remote and underserved areas.

After the completion of the session, the presenters were felicitated with a token of appreciation, acknowledging their contributions to the P&OCS intervention and their efforts in addressing the challenges associated in prison and other closed settings.

The session concluded with a briefing on the thematic group activity scheduled for the second day. Participants were divided into three groups, ensuring representation from each of the



stakeholders present in the meeting. Each group had members from different states and specific roles of a facilitator, moderator and documenter was categorised.

The themes identified for each of the group is as follows-

- Group-1: Strengthening steering mechanism in Prisons and OCS
- Group-2: Expanding service delivery under Prisons and OCS
- Group-3: Monitoring and reporting

These thematic groups aimed to facilitate focused discussions and brainstorming sessions on key aspects related to P&OCS intervention. Participants would collaborate to develop actionable strategies and recommendations within their respective themes, contributing to the overall objectives of the group work.



## Proceedings: Day II

On the second day, the proceedings began with group discussions led by appointed moderators and facilitators. Each group focused on one of the given themes, namely Strengthening steering mechanism in Prisons and Operational Correctional Settings (OCS), Expanding service delivery under Prisons and OCS, and Monitoring and reporting.

During these discussions, group members deliberated on the assigned themes, sharing insights and ideas. A documenter was responsible for noting down the discussions and contributing to finalizing the presentations, adhering to the format provided by NACO.

Following the group discussions, a representative from each group presented the key insights and recommendations gathered during the discussions. This was followed by an open-house discussion where participants had the opportunity to further discuss and refine the recommendations. The Chairperson and Moderator of the session provided their inputs and recommendations during this discussion.

The second day concluded with a valedictory session, where the outcomes of the group discussions and recommendations were summarized. This session included closing remarks, acknowledgments of contributions from participants and a reflection on the next steps forward in addressing P&OCS interventions in Prisons and OCS.

## Session I: Presentation from the Group Discussions

The panellists for the session are as follows-



- Chairperson: Dr. Shobini Rajan, HoD – Prevention/ BSD/ STI, NACO
- Moderator: Dr. Bhawana Rao, DD – IEC & LS, NACO

The proceedings of the presentations are elaborated below-

## Group 1: Strengthening steering mechanism in Prisons and OCS

Presenter: Mr. Jyoti Sharma (ASACS)

Key Recommendations from Group Discussion	Recommendations/ observations from Open- House Discussion
<ul style="list-style-type: none"><li>• SOC Meeting Mechanisms: The group proposed reducing the frequency of SOC meetings from quarterly to biannually. They also suggested expanding representation to include police and human rights commissions alongside existing stakeholders.</li><li>• Convening Meetings: It was suggested to involve DISHA, DAPCU, and District Oversight Committee members in meetings.</li><li>• Field Visits: The group recommended conducting joint field visits at least twice every six months or once before each SOC meeting. They proposed nominating field visit attendees during SOC sessions.</li><li>• Reporting Field Observations: The nodal officers of all line departments should discuss and internally share field observations with stakeholders first. Action points should be identified, and administrative arrangements improved for circulation.</li><li>• Ownership of Prisons: SOCH reporting should be shared by prisons among all stakeholders and states to ensure and enhance ownership.</li><li>• Bottlenecks: Coordination at the CMHO level needs enhancement.</li><li>• Kit Availability: In case of unavailability, escalate the issue to SACS and NHM. Resolve provisions in the AAP for SACS and PIP for NHM. If not resolved at this level, NACO intervention is required.</li><li>• Cold Chain Infrastructure: Discuss the absence of cold chain infrastructure at the prison level with DIG-level officials.</li></ul>	<ul style="list-style-type: none"><li>• Chhattisgarh Representative's Input: The frequent changes in representatives from various line departments during SOC meetings result in repeated orientation of discussed issues. Thus, nominating nodal officers from these departments could streamline discussions.</li><li>• Data Confidentiality: To maintain data confidentiality, record-keeping should be streamlined with specific instructions indicating that certain information should only be handled by health staff within the prison department.</li><li>• Frequency of SOC Meetings: Concerns were raised about the effectiveness of reducing SOC meetings to once every six months. It was clarified that increasing district-level meetings and attempting to resolve issues locally could mitigate this concern.</li><li>• Feedback from Dr. Shobini: Dr. Shobini suggested reevaluating the scope of District Oversight Committees, proposing integration with existing mechanisms like DAPCU/ DISHA. She recommended utilizing existing monitoring mechanisms for diseases like HIV, TB, and Hepatitis rather than creating new ones. Additionally, she highlighted the need for clarity on the review process at both district and state levels. She questioned the necessity of establishing a new cold chain process for storing kits in prisons, suggesting the utilization of available mechanisms instead. Herein, Dr. Gupta further recommended involving the collector as chair in district-level meetings to address issues promptly.</li></ul>

## Group-2: Expanding service delivery under Prisons and OCS

Presenter: Mr. Soubhagya (Alliance India)

Key Recommendations from Group Discussion	Recommendations/ observations from Open- House Discussion
<ul style="list-style-type: none"> <li>• Expand existing IEC materials, with a particular emphasis on OCS and Juvenile homes. Increase the focus on mental health, menstrual health, and sexual health-specific IEC materials.</li> <li>• Highlight the involvement of PPVs for folk media, foreseeing positive engagement.</li> <li>• Revise IEC materials by incorporating input from PPVs.</li> <li>• Enhance recreational facilities to boost inmate motivation.</li> <li>• Strengthen involvement of Red Ribbon Clubs.</li> <li>• Provide orientation on HIV act and LGBTQIA+ issues to inmates.</li> <li>• Make testing mandatory upon admission, not only in prisons but also in drug rehabilitation centres.</li> <li>• Optimize the utilization of existing prison health staff.</li> <li>• Establish linkages for female inmates with services related to maternal and reproductive health interventions.</li> <li>• Develop and distribute a resource directory among inmates.</li> <li>• Consider involving guardians to ease challenges post-inmate release. Coordinate with interstate SACS for better support.</li> </ul>	<ul style="list-style-type: none"> <li>• Women Safety Division: The Ministry of Home Affairs oversees women inmates with involvement from the Women and Child Development department. Prison staff in 36 states where the program operates have received training on this issue and the group was suggested to explore this.</li> <li>• Dr. Shobini requested consideration of other diseases alongside HIV.</li> <li>• It was pointed out that the members of Red Ribbon Club cannot enter the prison, but inmates can be involved as club members. Dr. Shobini suggested adapting the club's model for internal use but with a different nomenclature.</li> <li>• With regards to demand from the group on the provision of a Multi-Pathogen Kit it was pointed that this kit is not yet available in the country.</li> <li>• Dr. Shobini's Revision Suggestions: Dr. Shobini suggested revising the focus to include existing activities related to HIV and dividing them into categories such as IEC, prevention, detection, treatment, post-release linkage, and referral linkages. She emphasized correlating resource requests with specific needs and ensuring inclusion of DAPCU and DISHA in service delivery and OCS.</li> <li>• HIV Testing and Counselling Guidelines: Dr. Shobini emphasized adhering to current guidelines, noting that only ICTCs are recognized as confirmatory sites, while others are considered screening sites for multiple infections.</li> <li>• Treatment Literacy: One group member pointed out that comprehensive information on HIV and TB treatment is already available in current guidelines.</li> </ul>



### Group-3: Monitoring and reporting

Presenter: Mr. Nisar Dhar (JKSACS)

Key Recommendations from Group Discussion	Recommendations/ observations from Open- House Discussion
<ul style="list-style-type: none"><li>• Simplify SACS reporting by adopting a format akin to the user-friendly App used during the ISHTH campaign for real-time data monitoring.</li><li>• Include monitoring of the infection base as a crucial indicator, with treatment completion incorporated into the format.</li><li>• Integrate OST reporting into the current reporting structure.</li><li>• Bolster post-release processes for inmates.</li><li>• Engage DISHA and DAPCU in supportive supervision roles.</li><li>• Improve reporting for IEC and IPC counselling sessions.</li><li>• Streamline the frequency of monthly review meetings and provide feedback during district monthly meetings, with DISHA and DAPCU offering supportive supervision.</li><li>• Consolidate all existing committees under the district head to oversee the project.</li></ul>	<ul style="list-style-type: none"><li>• Consider adding cascade for TB preventive treatment whenever TB is mentioned. Provide an option for recording multi-disease data and establish a dashboard for displaying data.</li><li>• Improve OST data recording by forming a working group to finalize it in the SOP.</li><li>• Dr. Shobini emphasized modifying the ISHTH application and streamlining the format. She also suggested sharing line lists with respective departments to ensure appropriate action.</li><li>• Dr. Puri commended the effort in data collection.</li><li>• Mr. Abraham Lincoln stressed the importance of creating a working group to address meeting recommendations. Additionally, he proposed forming another working group to focus on post-release linkages and develop an algorithm to streamline the process.</li></ul>

The session ended with Dr. Shobini suggesting the group members to incorporate the suggestions that came through the open- house discussions and revise the PPTs for incorporating the recommendations in the SOP.

#### Session II: Valedictory Session

Dr. Rajesh Rana, Director (GFATM and Strategic Partnerships) at PLAN India, took charge of leading the proceedings of the valedictory session. He initiated the session by warmly welcoming the Panellists to the dais and providing an overview of the session, emphasizing that it would be conducted in an interactive mode.

Dr. Rana highlighted the enriching discussions that took place during the previous day and expressed the expectation that this valedictory session would shed light on the way forward. This approach likely aimed to foster dialogue and collaboration among participants, enabling them to collectively reflect on the outcomes of the meeting and identify actionable steps for future endeavors in HIV prevention and control in prison and operational correctional settings.

Panellists for the session:

- Dr. Shobini Rajan, HoD Prevention/ BSD/ STI, NACO
- Dr. S. P. Bhavsar, DD – Prevention/ BSD/ STI, NACO
- Mr. Asif Mohammed, Executive Director Plan India
- Mr. Anupam Hazra, Project Director, SAATHII
- Dr. Sangita Pandey, National Lead-HIV/AIDS & TB HLPPT
- Ms. Rosenara Huidrom, Alliance India
- Mr. Mahesh Doddamane, National Program Specialist SAATHII

#### **Remarks by Mr. Asif Mohammed**

Mr. Asif Mohammed began by expressing gratitude to the National AIDS Control Organization (NACO) for entrusting PLAN India with the opportunity to implement the project. He particularly thanked the NACO leadership for their guidance and mentorship throughout the project's duration. Mr. Mohammed acknowledged the success of the program and expressed pride in the significant outcomes achieved.

He extended gratitude to colleagues at NACO and representatives from various ministries for their support, as well as to the PLAN India team members for their active participation and dedication to the project. Mr. Mohammed emphasized the importance of considering the circumstances of inmates post-release and stressed the necessity of strategic planning to address this issue effectively.

Highlighting the extensive reach of PLAN India's work across the country, Mr. Mohammed emphasized the prioritization of prisons and other closed settings in achieving the 95-95-95 targets for HIV prevention and control. He commended the government's prioritization of this issue and underscored the significance of collaborative efforts in achieving program goals.

Recognition was given to colleagues at YRG Care for their implementation efforts, with personal experiences witnessing the impact of the program in certain prisons highlighted. Mr. Mohammed appreciated YRG Care's dedication and acknowledged the significant benefit provided to over three lakh inmates through the program.

He shared key learnings from the project implementation and concluded by expressing hope that future partners would share the same enthusiasm for the project. Mr. Mohammed expressed optimism that all desired outcomes for the P&OCS intervention would be achieved in the future, reflecting a commitment to continued progress and improvement in P&OCS intervention efforts within carceral settings.

#### **Remarks by Mr. Anupam Hazra**

Mr. Hazra expressed gratitude to the State AIDS Control Societies (SACS) for their significant contribution to the project, emphasizing their pivotal role in its success. He acknowledged that the partners came into the project at a later stage but highlighted the crucial support provided by the SACS from the outset.

Providing an overview of the journey of prior interventions in prisons, Mr. Hazra reflected on how the current project represents an enhanced version of previous efforts. He emphasized the progress made and the lessons learned throughout the journey so far.



Mr. Hazra expressed deep appreciation for the entire NACO team for their role in designing and enhancing the previous versions of the project. He acknowledged their contributions, which paved the path for the current iteration and contributed to its success. This recognition underscored the collaborative efforts and continuous improvement in HIV prevention and control initiatives within carceral settings.

#### **Remarks by Dr. Sangita Pandey**

Dr. Sangita expressed heartfelt gratitude to the leadership of the National AIDS Control Organization (NACO) for entrusting her organization with the opportunity to implement the project in 15 states in the future. She noted feeling fortunate that previous Project Representatives (PRs) had laid the groundwork for intervention and she aims to follow their path and deliver tangible results.

Describing the two-day event as profoundly insightful for her organization, Dr. Sangita highlighted the enriching discussions from the previous day and the group discussions that have laid the foundation for the upcoming gap-building intervention her organization plans to implement. She emphasized the importance of building upon the learnings and insights gained during the event to drive effective interventions in the future.

Dr. Sangita mentioned specific areas where her organization would focus in the upcoming phase of the grant, demonstrating a commitment to addressing key challenges and gaps identified during the discussions. This included prioritizing areas such as capacity building, enhancing service delivery, strengthening monitoring and reporting mechanisms, and fostering collaboration with stakeholders to ensure the success of the project.

Overall, Dr. Sangita's remarks reflected her organization's dedication to advancing HIV prevention and control efforts in prison and operational correctional settings, leveraging the valuable insights gained from the event to drive meaningful impact in the future.

#### **Remarks by Ms. Rosenara Huidrom**

Ms. Huidrom expressed sincere gratitude to the esteemed gathering and specifically to NACO for providing the opportunity for participation. She emphasized that the two-day event had been an immensely valuable learning experience. Ms. Huidrom acknowledged the significant achievements of the previous Project Representative (PR) partners and described the event as encouraging.

Highlighting the milestones already achieved by the previous partners, Ms. Huidrom expressed her organization's aspiration to follow suit and maintain a comprehensive approach in their implementation of the project. She underscored the importance of building upon the successes and lessons learned from previous initiatives to ensure effective and sustainable outcomes in HIV prevention and control efforts within prison and operational correctional settings.

Ms. Huidrom's remarks reflected a sense of gratitude, humility, and determination to contribute meaningfully to the ongoing efforts to combat STI, HIV/AIDS, Syphilis, TB and Hepatitis in carceral environments. Her organization's commitment to maintaining a



comprehensive approach and striving for excellence in implementation was evident in her remarks.

### Remarks by Dr. Shobini Rajan

Dr. Shobini concluded by highlighting that the present moment represents a significant opportunity for HIV prevention efforts. She expressed hope for increased resource sharing and collaborative learning among partners to ensure that upcoming interventions are implemented smoothly and effectively.

Her remarks underscored the importance of cooperation and knowledge exchange among stakeholders to maximize the impact of HIV prevention initiatives in prison and operational correctional settings. Dr. Shobini's emphasis on collaboration and shared learning reflected a commitment to collective action and a recognition of the value of partnerships in addressing complex public health challenges.

Following the two days dissemination and review meeting, the major action points are identified as:

Sr.	Steps	Timeline
1	Development of Standard Operating Procedure for Prison & OCS Intervention based on meetings of ISHTH Campaign	May'2024
2	Evaluation of ISHTH Campaign	June '2024

The session concluded with the felicitation of all the panellists with a memento, acknowledging their valuable contributions to the event. Following this, Dr. Bhavsar invited Mr. Mahesh to deliver the vote of thanks.

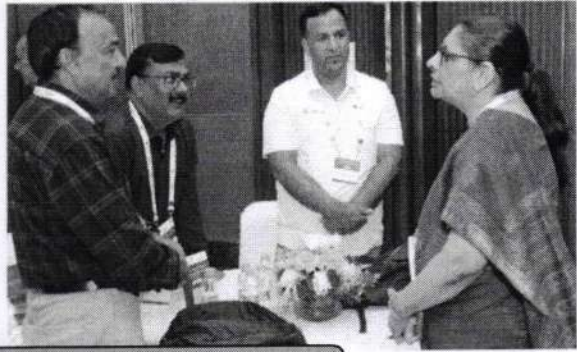
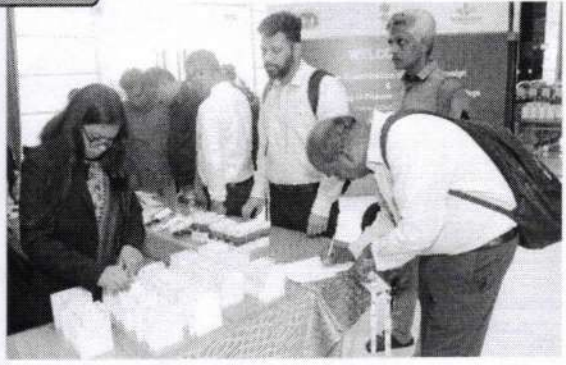
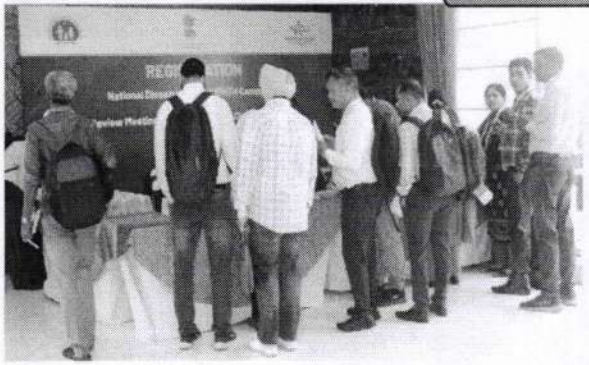
### Session III: Vote of Thanks

Mr. Mahesh expressed gratitude to all the participants, panellists, moderators, and organizers for their active participation and valuable insights shared throughout the event. He thanked everyone for their contributions to the meaningful discussions and collaborative efforts aimed at advancing HIV prevention and control efforts in prison and operational correctional settings.

With the vote of thanks delivered, Dr. Bhavsar officially declared the event closed, marking the culmination of the two-day gathering focused on addressing critical issues related to HIV prevention and control within carceral environments.



Registration



HoD – Prevention with Participants and Dignitaries





Green Welcome



Group I

Group II

Group Work

Group III

