

**NATIONAL CONSULTATION
AND REVIEW MEETING OF
PRISON & OTHER CLOSED
SETTINGS INTERVENTIONS**

19th – 21st May
2022
New Delhi

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Executive Summary

National AIDS Control Program V (2021-26) is evidence-driven. As per evidence gathered through various programmatic indicators, HIV incidence among inmates is evidently very high. Therefore, under the 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 target, rather P&OCS authorities, staffs, health staffs and their families are also included in the program as the mantra 'Break the Silos and Bring Synergy' of phase V. In this regard, the National Consultation and Review Meeting of Prison & Other Closed Settings Interventions was held under the chairpersonship of Mr. Alok Saxena, AS&DG – NACO. Participants from community representatives, bi-lateral development partners, implementing partners, program experts, representatives from SACS and TSUs & officials of NACO were also present. Senior prison officials from Andhra Pradesh, Madhya Pradesh and Manipur also graced the occasion. The key objectives of the meeting were mainly to take stock of the progress made in respect to Intervention during 2021 - 22 and to prepare action plan for 2022 – 23, to collate inputs for review and revision of SOPs, guidelines & developing strategy under NACP V and to collate inputs for finalization of SBCC materials.

Various key issues were brought up during the consultation. The importance of past learning in paving the way for current training strategies for prison staff was addressed and special attention was levied upon the NACP V strategy document as a visionary document. Suggestion comprising conversion of prison intervention into programmatic mode and seeking support of prison authorities in sensitizing the inmates with the help of peer groups were also put forth. The challenge of overcrowding in prison as a legitimate source of worry and measures to combat the same in order to curb TB & HIV were discussed post reiterating that HIV and TB go together and have collaborative potentials. In the backdrop of the ultimate goal of reducing the infection by 80%, the challenges of over-crowding, lack of protection and gang violence leading to increase of HIV and TB incidences in prisons were discussed extensively.

During the three days consultation discussion were made on various program related thematic strategies, inputs for review and revision of guidelines and developing Standard Operating Procedure under NACP V and finalization of Social and Behaviour Change Communication for P&OCS. The programmatic themes discussed were; Comprehensive differential strategies to reach out to convicts staying permanently and under trials, Strategies to bridge the first 95 gap & use of dual kits in P&OCS for convicts and under trial, Building co-ordination mechanism at State and District level with Prison, OCS and LEA authorities and other key stakeholders, Establishment of facilities for distribution of OST, ARV & STI treatment: Leveraging the existing health facilities/ staffs with Prison & Other Closed Settings, and Post Release Linkages of inmates to NACP services & Data Sharing Mechanism.

Furthermore, themes for SBCC packages were shared and discussed in groups as; Basics of HIV & AIDS (Symptoms & Spread), Prevention (Safe Sex Practice, services under NACP) & Testing, Treatment & ART Adherence, STI & STD (Symptoms & Spread) and Stigma & Discrimination. Following the three days consultation and review meeting, action points highlighted were-

- (1) Steering Oversight Mechanism at State Level
- (2) Formation of National Working Group at national level
- (3) Sustainable Transitional Plan Strategy ensuring the ownership with SACS
- (4) Prison & Other Closed Settings resource facilities mapping, both inside and outside
- (5) Prison & Other Closed Settings resource facilities mapping, both inside and outside
- (6) Effective SBCC package for P&OCS Authorities, Staffs, Health Staffs, Inmates and their families.

Background

National AIDS Control Organization (NACO) under the aegis of Ministry of Health and Family Welfare, Govt. of India, implements the National AIDS Control Programme (NACP) which aims at halting and reversing HIV epidemic in India. 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.

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). Under National AIDS Control Program (NACP) NACO has been implementing HIV/ TB interventions in Prisons and Other Closed Settings including Swadhar, Ujjawala and State-run Homes in India in collaboration with MWCS, MSJE, respective State Prison Departments and Department of Women and Child Development.

During NACP II (1999 – 2006) HIV program was introduced in Prisons and Other Closed Settings, which was further revived during NACP IV, through revision of National Strategic Plan and comprehensive program, including information and education, particularly through peers, measures to reduce sexual transmission, drug dependence treatment, opioid substitution therapy, voluntary counselling and HIV testing, care, treatment and support, including ART, is introduced, which is scaling up rapidly across the country. Under NACP IV nationwide, 1141 Prisons and 295 Other Closed Settings are covered under the intervention, and prescribed services offered are utilized at sub-optimal level, which can be enhanced with joint efforts of all stakeholders.

Globally prison inmates are being included as Key Population – as far as their risk and vulnerability to HIV/ AIDS is concerned. Under NACP V, it is intended to strengthen the intervention and focus on both prevention and to achieve first 95. Separate strategies for the convicted and the under-trials inmates need to be developed. For the permanent inmates the focus is on services to be offered for HCTS, EMTCT, STI, ART, OST, TB etc. and under trials to 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 and not with project partners, who support and resources should be leveraged to fit into the national strategy and road map.

Capacity building opportunities and incentives for the staff providing services in prisons to be built in along the way to enhance ownership and sustenance. Capacity building of all medical and para-medical staffs and orientation of Prison authorities to be made on priority. The capacity building should be imparted in such a way, that they will be capable enough to take up OST, ART services and Post Exposure Prophylaxis (PEP) for the eligible inmates. SBCC package for Prison authorities, Staff & Prisoners and also for OCS program staffs and inmates need to be developed. The national strategy, guidelines and resource materials should be reviewed and revised along the above lines. A comprehensive data flow and reporting mechanism should be prepared and integrated into SOCH.

In this regard, a review meeting at national level was planned. The review meeting aimed to discuss and finalize the way forward for HIV-TB interventions for incarcerated populations in India.

Introduction

The National AIDS Control Organization through Plan India organized a three-day National Consultation and Review Meeting of Prison & Other Closed Settings Interventions from May 19-21, 2022 at Gurugram. There were three primary objectives of the National Consultation:

- 1) 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.
- 2) To collate inputs for review and revision of SOPs, guidelines & developing strategy under NACP V
- 3) To collate inputs for the finalization of SBCC materials

The consultation was attended by participants from NACO, State Prison Officials, community representatives, bi-lateral development partners, implementing partners, program experts and representatives from SACS and TSUs.



Group Photo: Invitees, Special guests and Dignitaries

During the three days consultation, discussion was made on 05 program-related thematic strategies, inputs for review and revision of guidelines and developing Standard Operating Procedure under NACP V and finalization of Social and Behaviour Change Communication for P&OCS. The programmatic themes discussed are:

- Comprehensive differential strategies to reach out to convicts staying permanently and under trials – **Group I**
- Strategies to bridge the first 95 gap & use of dual kits in P&OCS for convicts and undertrial – **Group II**
- Building co-ordination mechanism at State and District level with Prison, OCS and LEA authorities and other key stakeholders – **Group III**
- Establishment of facilities for distribution of OST, ARV & STI treatment: Leveraging the existing health facilities/staff with Prison & Other Closed Settings – **Group IV**
- Post Release Linkages of inmates to NACP services & Data Sharing Mechanism – **Group V**

SPDR

Day 1 primarily involved sharing of expertise of various dignitaries in the inaugural plenary. There were three group works administered on Day 1 and Day 2 Group Work I was presented on Day 1 and Group work II & III was presented on Day 2 in the second half and on Day 3 in the first half. On Day 3 in the closing plenary, important lights were presented on further steps to be taken with specific timeframe. It was reiterated again and again by the experts on Prison & Other Closed Settings that prison is a very different system and people don't know what happens inside the closed walls of the prison/jail. The inmates go through a lot of problems during their lifecycle from the time they come into the prison till they are released and post-release also until they go back to their family and reenter communities with a stigma. However, this stigma is doubled, when they get infected with HIV due to their sexual behavior inside the Prison & Other Closed Settings. HIV/AIDS intervention in these settings is challenging because of the system and the functioning of these settings especially the prison setting is very different and differs from state to state.

During the three days National Consultation, the participants got a lot of clarity about the challenges they'll be facing during their prison intervention programme but at the same time, they also learnt the strategies that can be adapted to overcome these challenges with the help and support of various stakeholders involved in the Prison & Other Closed Settings day-to-day function. Inputs on the SBCC materials were also very helpful as they helped to understand how to use appropriate media and mediums to reach the message of protection from HIV/AIDS and other non-communicable diseases.

Inaugural Session



Events on the day 1 started at 09.00 am with the registration of participants. After the registration, participants gathered inside the conference hall for the welcome/ inaugural of the panelists. The welcome address was done by *Dr. Rajesh Rana, Director, PLAN India*, who also very graciously shared a road map of next three days national level consultation cum review meeting on Prison & Other Closed Setting Interventions. The inaugural panel consisted of the following dignitaries:

1. Mr. Alok Saxena, Additional Secretary & Director General, NACO
2. Ms. Nidhi Kesarwani, Director, NACO
3. Mr. M. A. Reza, Director General of Police/ Prisons, Government of Andhra Pradesh
4. Dr. Rajendra P Joshi, Central TB Division, MoHFW
5. Dr. Anoop Puri, Deputy Director General, NACO
6. Dr. Shobini Rajan, Deputy Director General (TI), NACO
7. Dr Rajat Adhikari, WHO
8. Dr. Sangita Kaul, USAID
9. Dr. Mellisa, CDC



Mr. Alok Saxena, Additional Secretary & Director General, NACO



Ms. Nidhi Kesarwani, Director, NACO

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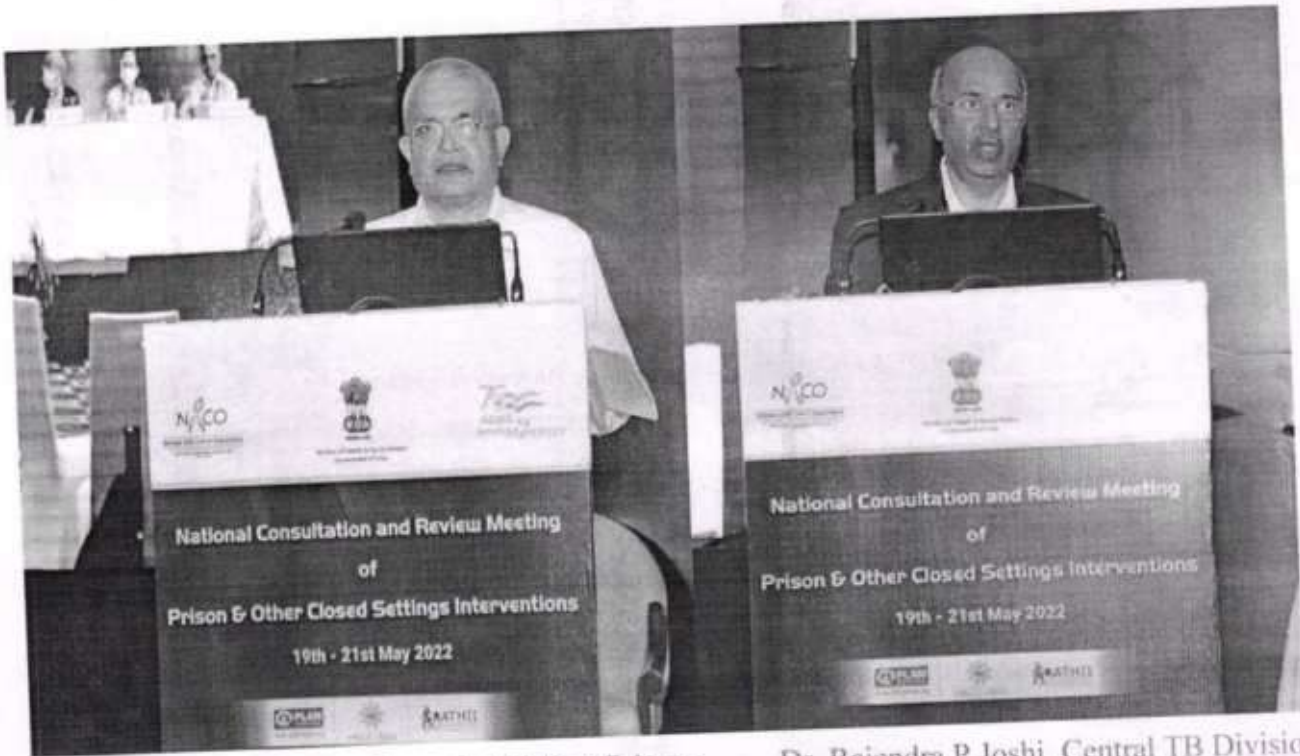


Dr. Anoop Puri, Deputy Director General, NACO



Dr. Shobini Rajan, Deputy Director General (TI), NACO

NATIONAL CONSULTATION AND REVIEW MEETING OF PRISON & OTHER CLOSED



Mr. M. A. Reza, Director General of Police/ Prisons
Government of Andhra Pradesh

Dr. Rajendra P Joshi, Central TB Division,
MoHFW



Dr Rajat Adhikari, WHO

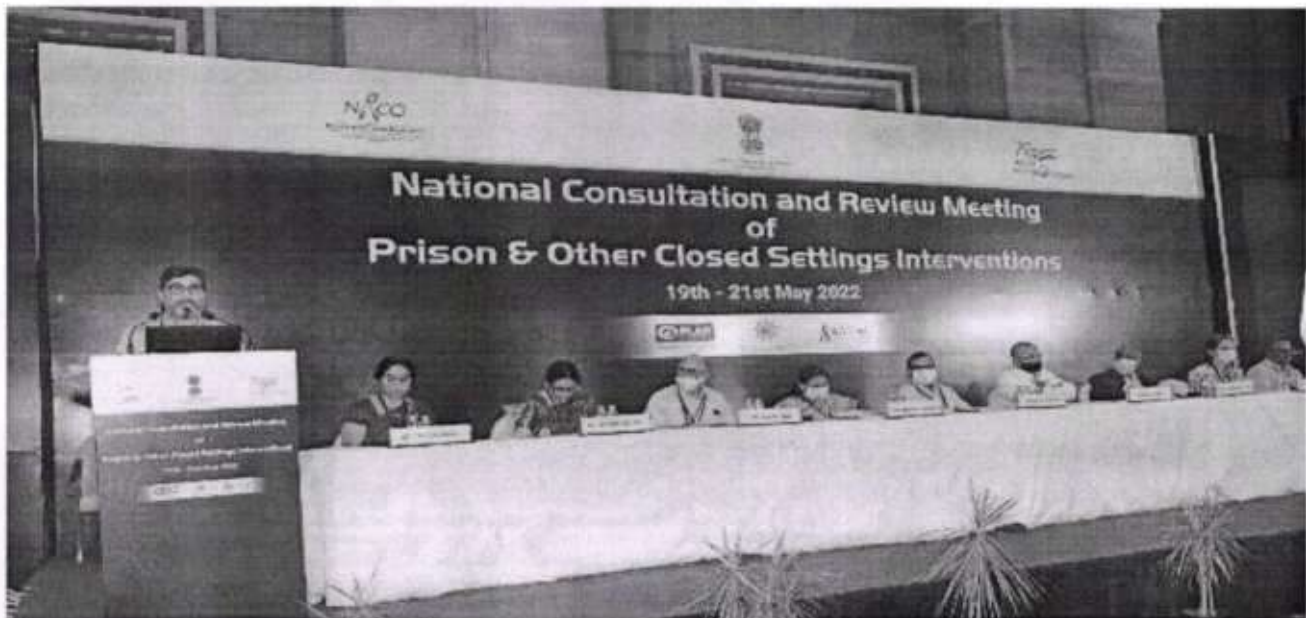
Dr. Sangita Kaul, USAID

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Dr. Mellisa, CDC

Dr. Bhawani Singh, Deputy Director (TI), NACO



The inaugural plenary and Dr. Rajesh Rana, Director, PLAN India rendering the welcome address

At the inaugural session, *Dr. Shobini Rajan, Deputy Director General (TI), NACO* in her context setting remarks hinted at the possibilities of integrated service approach to strengthening the implementation mechanism in prisons and other closed setting that programs move towards program from a project mode. Dr Rajan gave an overview of the meeting agenda and shared that the consultative meeting based on inputs from the participants would pave ways for appropriate strategies and recommendations to revise the existing National Operational Guidelines on Prisons & Other Closed Setting. Dr Rajan hinted to the TI approach for the intervention too and urged SACS to own up the Prison & Other Closed Setting interventions.

Dr. Mellisa (CDC) mentioned that the interventions in prisons and other closed settings are evidence-based practice and equitable care and support services. She cited those formative learnings from the past have helped in understanding critical needs of training prison staff and the forthcoming interventions must bridge several such gaps. A collaborative model for ultimate outcome result is urged for.

Dr Sangeeta Kaul (USAID) while expressing delight over participation in the meeting, recollected her experiences in visiting Ludhiana Central Prison and laid emphasis on Key Populations and the HIV cascade services in the context of NACP V. She shared that despite adversity within prisons, the inmates have right to health services and thus suggested for behavioural and biomedical approach. She also suggested decentralized ART dispensation for better health outcome in the prison setting.

Dr Rajat Adhikari (WHO) shared that HIV & HCV prevalence is high across the prisons, and among them Under Trial inmates have a high new infection risk. He also hinted at high Hep C and HIV positivity among inmates. Dr Adhikari also applauded the NACP V strategy document as a visionary document, wherein a mix of health delivery models in prisons & OCS are proposed. He added that the three-day planning meeting would hear from all the partners across the country.

Dr Anoop Puri, Deputy Director General, NACO suggested of prison intervention be shifted from project into programmatic mode, alarmed of housing high-risk groups engaged in unsafe sex and needle exchange drug injections. The prevalence in prisons is 20% higher than of the general population, and forms bridge to the general community. Separate intervention strategies for undertrials and convicts was urged. Prison authorities support may be sought for better coordination and result. Sensitization of the inmates may be done with the help of peer groups.

Dr Rajendra Joshi, Deputy Director General-TB, CTD reiterated that HIV and TB go together and any interventions be of collaborative potential. In prisons, screening for Tuberculosis must be capitalized for prevention, treatment and monitoring among the key population and staff working therein. He pointed out that capacity building would always lead to better programmatic results. He proposed screening provision for all infections for prison inmates for better health care management in the prison set up. Dr Joshi appreciated NACO for accomplishing 96% HIV testing for TB diagnosed jail inmates.

Shri M.A Reza, Director General of Prisons, Andhra Pradesh in his remarks hinted that jail administration has three main duties namely a) Custodial functions, b) Care of the inmates and c) Correction in the behavioural domains of inmates. He shared that the spread of infectious diseases within prisons are due to overcrowding, despite screening of diseases within and outside the prison premises. Because crime rates have been increasing, inmates do not have adequate space within the cells and are themselves sleeping in shifts. He suggested that every prison must have quarantine room and non-confirmed suspected jail inmates must have provision of care and treatment for 15 days in the quarantine ward. According to him, critical challenge has been to maintain confidentiality among HIV, Hep C and TB positive patients within prisons. Once in prison, one has to follow the government protocols and get treatment in government hospitals only. Long queues in the government hospital creates other security issues. He also highlighted the intense critical dynamics created by the heavy population of prison. Quality of care can be given only if the population of prison is controlled and managed strategically.

Ms. Nidhi Kesarwani, Director, NACO spotlighted on the evidential proof of over-crowding, lack of protection and gang violence lead to increase of HIV and TB incidences in prisons. Ms. Kesarwani mentioned that the goal of NACP V is to reduce the infection by 80% and will lead to progress on

access to health care and highest standards of care. The provisions in the HIV AIDS Act, 2017 and the HSS must be applied in the prison settings and new strategies be piloted within prison under NACP V.

Shri Alok Saxena, Additional Secretary & Director General, NACO informed that the highlight of NACP V is the "Break the silos and Build Synergies." Citing the remarks of DGP on prison been a very unique eco system, he urged to harness the health machinery within the prisons that does not require resources. Apart from HIV testing, and treatment linkages, we need to work on co-infections like TB and HCV. He emphasized that NACO cannot impose interventions on prison authorities. As Prisons have their own system of operation, HIV intervention have to be fitted in very carefully. Informing that Other Closed Settings are also included in the intervention, and suggested of an integrated composite approach, as transmission route, inmate dynamics and access to health facilities have got clear now. Shri Saxena added that though co-infections such as HIV, TB, Hep B & C must be addressed, overall health status must be the ultimate emphasis of prison intervention. A collaborative and integrated approach is warranted, so as to optimize resources and sustain within the prison department and SACS. Shri Saxena also informed about the capacity building of health care providers, officials and inmates to accomplish effective and time bound prison interventions. Further added that inmates may be linked to other HIV services based on the HIV and other infection status. Shri Saxena conclude his talk by reiterating the importance of integrate approach and well- defined tracking mechanism to achieve programmatic goal.

Dr Bhawani Singh, Deputy Director (TI), NACO rendered vote of thanks to all the dignitaries at the inaugural function.



Session 1 Prison & Other Closed Settings Intervention in India

Chair: Ms Nidhi Kesarwani, Director, NACO
Co-Chair: Dr R S Gupta, Former DDG, NACO
Moderators: Dr Bhawna Rao, Deputy Director-LS & IEC, NACO
Ms Aditi Chaturvedi, Superintendent of Prisons, Madhya Pradesh

Speakers: Dr Santanu Purohit, National Consultant (TI), NACO
Mr Prashant Kumar Patra, Technical Expert (Prison & OCS), NACO
Mr Anupam Hazra, Additional Director, SAATHII (GR-PR)
Mr Kaveesher Krishnan, Project Lead, PLAN India- YRGCARE (GF PR-SR)



Presenters along with the panelist of the session on the dais

Among the speakers, *Dr Shantanu Purohit*, National Consultant (TI), NACO started the session with an overview of the journey of Prisons & Other Closed Settings through NACO since 2014, the models and collaborative partners. While pointing out the prevention priorities of NACP-V, he elicited the challenges in current estimations and coverage. While *Mr. Prashant Kumar Patra*, Technical Expert – Prisons & Other Closed Settings, NACO displayed the state-wise distribution of Prison & Other Closed Settings (P&OCS), the distribution of inmates, and the outcome of service delivery in the settings. He informed that the states must take up capacity building and supportive supervisory visits to the settings.

Mr. Anupam Hazra, Additional Director, SAATHII, introduced PPMs and shared the learnings of interventions in Prison & Other Closed Settings in 24 states. *Mr. Kaveesher Krishnan* Project Lead, PLAN-India & YRGCARE while introducing his team members, shared the proposed plan of Prisons & Other Closed Settings (P&OCS) interventions in East and North-East regions of the country.

During open discussion, while expressing concern over Mizoram state, paucity of data and reach to undertrials, the achievement of more than 90% linkage to treatment in the program was much applauded. There were suggestions to deliberate on the best possible strategies to saturate testing and treatment including TB, post release linkages/ follow-up and training/ sensitizations around non-disclosure of health status of inmates and stigma and disclosure. *Dr Bhawani Singh* thanked the panel, speakers and the participants of the panel discussion.

Thematic Discussion I

	Theme Title	Moderator/Presenters
1	<i>Comprehensive differential strategies to reach out to convicts staying permanently and under trials</i>	Technical Advisors - Dr. R. S. Gupta, Sr. Public Health Expert, Noida Community Representative - Ms. Kiran Deshmukh, President - NNSW Moderator - Mr. Harish Patel, Sr. M&E Officer, PATH NACO Representative – Mr. Prashant Kumar Patra, TE - P & OCS, NACO and Ms. Ira Madan, TE – CSS, NACO Group Presenter Mr. Sandeep Kumar Mittal (DD-TI), CSACS and Mr. Ramesh Srivastava, JD-TI, UPSACS

Recommendations

- Devise separate strategies for Convicts - Undertrial inmates
- Mapping services inside and outside Prisons & Other Closed Settings (P&OCS) Advocate with prison department/ officials for utilizing existing resources and mobilize additional provisions and provide inmates with – HIV cascade services.
- Exercise rights of inmates and suggested counseling and consent taking prior HIV testing.
- Suggested mandatory sharing of FIR from police/ prison authorities to trace correct address and be allowed to carry ART book during arrests so as to evade treatment failures.
- Though index testing was suggested to be part of the differential strategy package, it was countered to incur additional program cost.

2	<i>Strategies to bridge the first 95 gap & use of dual kits in Prison & Other Closed Settings for convicts and undertrial</i>	Technical Advisors – Dr. Lakshmi Ramakrishnan, Program Director, SAATHII Community Representative – Mx. Kirit Nai, President - Shakya Foundation, MSM/ TG, INFOSEM NACO Representative - Dr. Shantanu Purohit, NC TI, NACO and Mr. Sujith, AC BSD, NACO
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Recommendations

- Expand broader aspects of HIV testing modalities within the prisons and OCS including mapping of Prisons & Other Closed Settings (P&OCS) with/ without health facilities, testing/ result confirmation and linkage mechanisms; and work out implementation responsibilities.

3	<i>Building co-ordination mechanism at the state and district level with prison, OCS and LEA authorities and other key stakeholders</i>	Community Representative - Ms. Mona Balani, Board Member, PLHIV, NCPI Facilitator - Dr. Bitra George, Director, FHI India NACO Representative –
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Ms. Nidhi Rawat, NC IEC & MS, NACO and
Mr. Samresh Kumar, Consultant - P & HCTS

Group presenter –
Mr. Deepak Tiwari TL-TSU, USACS and
Mr. Omprakash Singh AD-TI, USACS

Recommendations

- Identified requirement of coordination mechanism at the national, state and district level with different stakeholders.
- For effective coordination, District Magistrate/ Collector convened coordination meetings may be held
- Nomination of nodal officers and sensitization of different stakeholders on the service needs within prison premises.
- Entry level screening and follow up on STI, HIV, HCV, TB etc. may be part of the overall screening

4 *Establishment of facilities for distribution of OST, ARV, & STI treatment: Leveraging the existing health facilities/staff with Prison & Other Closed Settings*

Technical Advisors - Mr. Anupam Hazara, Associate Director, SAATHII

Community Representative - Mr. Charanjit Sharma, Expert - IDU Issues, IDUs, IDUF

Moderator - Dr. Sudhir Chawla, Public Health Specialist, CDC

Facilitator – Mr. Kaushik Biswas, Senior Manager, PLAN India

NACO Representative - Mr. Dew Stanley, Consultant - BP, LWS, NACO and Dr. Purnima Parmar, Consultant

Group presenter – Mr. Abhiram Mongjam JD-TI, Manipur SACS and Mr. Sudhir Chawla, Public Health Specialist, CDC

Recommendations

- Mapping and support of the existing health facilities of prisons through an MoU with SACS may be facilitated.
- Categorization of Prison & Other Closed Settings (P&OCS) into three options based on available health facilities, inmate size and load,
- Establish processes and sustainability of health service delivery
- Coverage of HCV, HBV, PEP and PrEP in the health screening and follow up

5 *Post release linkages of inmates to NACP services and data sharing mechanism*

Technical Advisors - Dr. Rajesh Rana, Director, PLAN India

Community Representative - Dr. Anmol Rawat, Vice President, NNTP

Moderator - Mr. Kaveesher Krishnan, Project Lead, YRG CARE

Facilitator - Dr. Sangita Pandey, National TL - HIV AIDS & TB, HLPPT

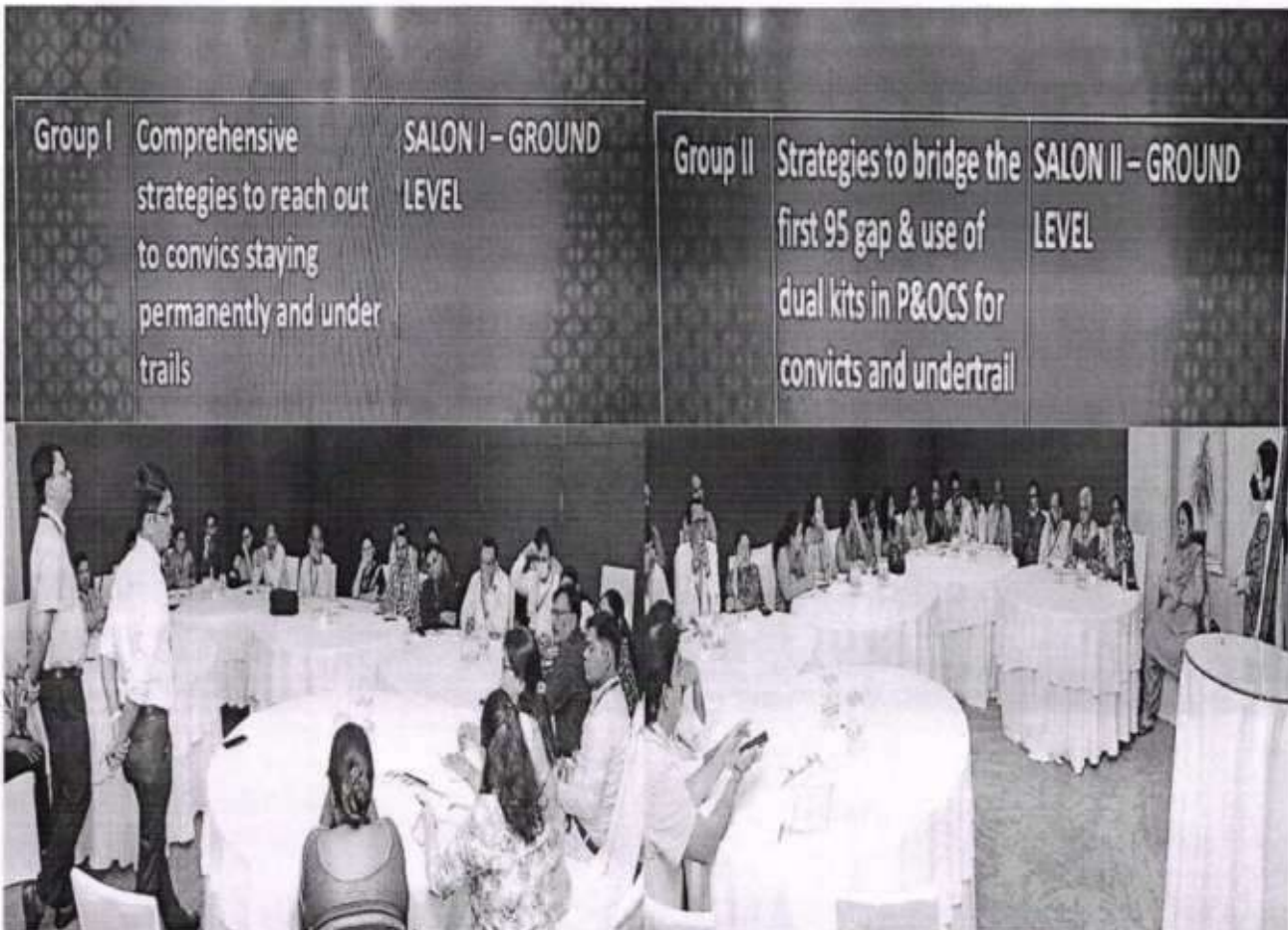
NACO Representative - Mr. Rajiv Sindhu (NACO)

Group presenter – Mr. Vivek, TE TI, MSACS and Mr. Irfan (J&KSACS)

Recommendations

- Devise post release linkage mechanism based on the types of inmates and after administration of a risk assessment tool.
- Post release linkage package may be through referral and networking mechanism, sharing of resource directory to on - release inmate and assessing the client preferences.
- Utilize data reporting system from the existing facilities and align with SOCH.

At the closing remarks of group discussion, the panelist shared three C's to be kept in mind - Custody, Care, and Correction. They suggested to take care of the inmates by creating an enabling environment and a good place. Inhuman living conditions, stinking floor, mosquitos, no TV, and lack of access to basic amenities were frowned upon. It was reinstated that all inmates have a right to live, unless convicted and that right be taken away.



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Group III	Building co-ordination mechanism at State and District level with Prison, OCS and LEA authorities	BOARD ROOM I – GROUND LEVEL
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Group IV	Establishment of facilities for distribution of OST, ARV & STI treatment: Leveraging the existing facilities/ staffs with Prison & Other Closed Settings	STUDIO IV – LOBBY LEVEL
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Group V	Post Release Linkages of inmates to NACP services & Data Sharing Mechanism	STUDIO V – LOBBY LEVEL
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Thematic Discussion II**SBCC Tools**

After the recap of Day 01, *Ms. Nidhi Rawat, Mainstreaming & IEC Division of NACO* made a presentation on "Context Settings on SBCC materials for P&OCS". In her presentation, *Ms. Rawat* mentioned the objective and the thematic area and also described the target group. She iterated that the prison population are now a bridge population and they are already under the high-risk group and that's how the infection is reaching to the general population.

Ms Rawat said that there is a need for communication material specifically for Prison & Other Closed Setting inmates and explained that we need IEC for them because they live inside the jail and if they read the material, they get the information. She also highlighted that inmate do not have access to the social media because they are inside and are in a closed setting. *Ms Rawat* also then described the target audience within the prison setting and said that there can be two types of IEC materials, one in a layman's language and another for the people who work there. She stressed that inmates and volunteers also need the IEC materials. She went on explaining the different kinds of materials such as wall paper, flip book/ poster, leaflet, flyer, handout, audio visual, IPC games, diary/ calendar/ planner, PPT etc.

Ms. Rawat introduced the thematic areas and added that more thematic areas will be added when the groups will work in the group discussion. She then presented the proposed material & themes grid and group division which included the Target Audience, The Thematic Areas, and The IEC Materials for each group viz; Group 1, Group 2, Group 3, Group 4, and Group 5. *Ms. Rawat* showed the Sample Assignment Sheet which all the five groups were expected to work on and explained that the presentation should include the following information:

- Product proposed
- Topic can be covered through material
- Key Messages to include in the messaging
- Places where the product can be implicated

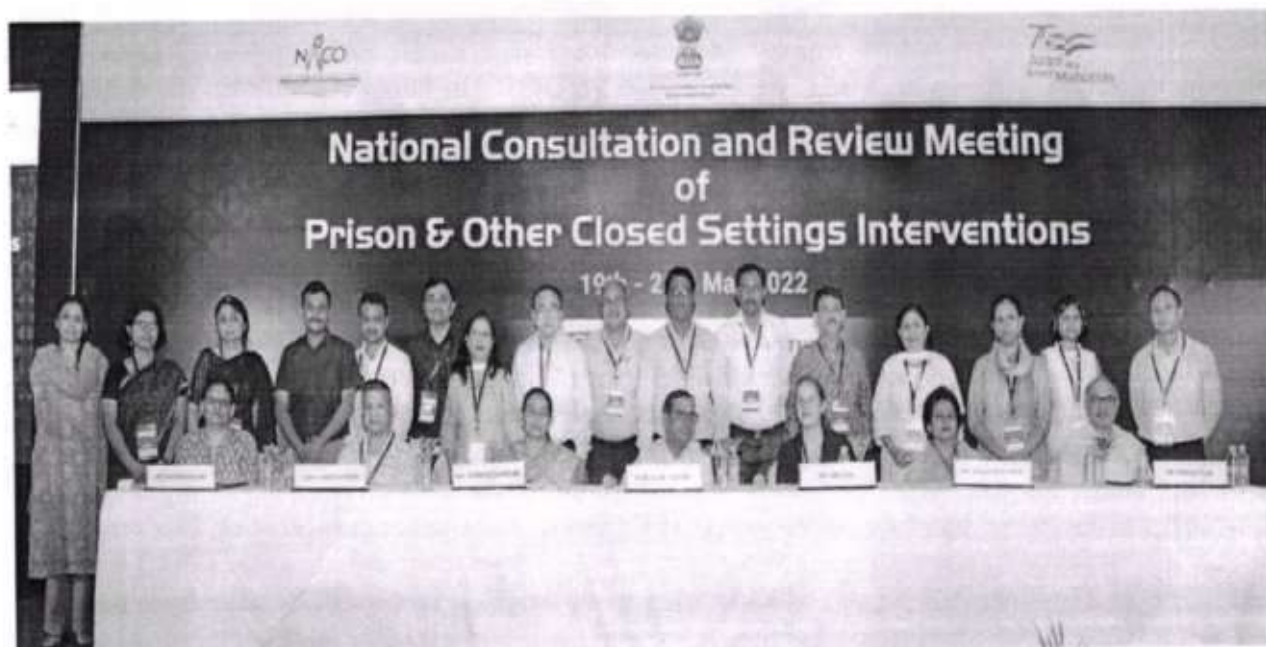
Following were the terms for the final Group Work submission:

- 1) Individual teams then get to tweak and refine their ideas based on the feedback that they've received.
- 2) The final ideas are presented by group and will be reviewed by experts on execution and scalability.

After the presentation of *Ms. Nidhi Rawat* there was a tea break and post that participants resumed in their respective groups in different rooms at the venue.

After the tea break *Dr. Shantanu Purohit* welcomed the panelists on the dais and mentioned that each group will present their group work and inputs will be given by the dignified panelists and there will be a Question & Answer session too for the presentations made. The panelists were:

1. Mr. Alok Saxena, Additional Secretary & Director General, NACO
2. Ms. Nidhi Kesarwani, Director, NACO
3. Dr. Anoop Puri, Deputy Director General, NACO
4. Dr. Shobini Rajan, Deputy Director General (TI), NACO
5. Mr. Lunseih Kipgen, IG (Prisons), Government of Manipur
6. Ms. Seema Joshi Arya, Criminal Justice Expert, UNODC
7. Dr. Mellisa, CDC



Dignified panelist along with the presenters of all 5 Groups

Before going to group presentation, *Dr. Shantanu Purohit* requested all the panelist for their valuable inputs and suggestions:

In this regard *Ms. Seema Joshi Arya* suggested capacity building of prison health staffs for better health care service delivery in prison set up. Also suggested for gender-specific IEC materials including pregnant women must be developed. Special health care service provisions should be there keeping in mind the specific health needs of the inmates.

Shri Alok Saxena, AS & DG – NACO mentioned that at NACO level need to take a call to further improve and strengthen the relationship with prison administration. In jail manual, maternal health issue was included. *Shri Saxena* also shared that, if necessary, he will talk to the jail authorities in Ministry of Home Affairs for better implementation of the P&OCS interventions. A sort of SOP needs to be developed and signed between MoHFW & MoHA. He added that continuous advocacy needs to be carried out so that post phase out the jail authority system can run the program their own. In this regard, *Ms. Seema* shared that prison inmate's health is a public health concern and for same all kind of support to be extended for betterment of health status. *Dr. Saxena* added that tele consultation or consultation on virtual platform can be used to have medical services from doctors incase prison inmates are not allowed to go outside to avail health services from government health facilities. IEC for the Women Shelter Home / women victims to be developed very sensitively keeping in mind specific concerns of the victim that are women.

In this regard, *Dr. Anoop Puri* pointed out that we have to go in the setting where there are various difficulties and resource constraints. He added, in IEC there must be issues like sexual practices within jail but also, we need to focus on safer sex practices in our IEC materials.

Ms. Seema added that focus should be on under trial population mostly, wherein the most important issue is to extent psychological support to the inmates.

Dr. Mellisa added, for developing IEC/SBCC materials two main things need to be considered are 1) Audience and 2) Context. She added, a checklist of stakeholders / audience and context to be developed and stakeholder analysis to be conducted for developing better IEC/BCC materials for the program.

In this regard, *Dr. Shobini Rajan* added that there should be separate strategies developed and adopted for convicts, under trial and women prison inmates (Swadhar/ Ujjawala). She suggested for a smaller group of people / consultants / experts to look into the group discussion outcomes to come out with a final output that will be implemented in field. The presentations were made in the following order:

GROUP 1

Discussants:

Technical Advisors:

Community Representative:

Moderator:

NACO Representative:

Dr. R. S. Gupta, Sr. Public Health Expert, Noida

Ms. Kiran Deshmukh, President - NNSW

Mr. Harish Patel, Sr. M&E Officer, PATH

Mr. Prashant Kumar Patra, TE - P & OCS, NACO, and

Ms. Ira Madan, TE – CSS, NACO



Group 1 engrossed in the group work before making their plenary presentation

Theme 1 - Basics of HIV & AIDS (Symptoms & Spread)			
Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated
Wall Painting	Basics of HIV/AIDS	4 modes of transmission, Helpline numbers	Hospital and nearby areas, Barrack walls, any common area such as family meeting area, entertainment area
AVs/Animated Videos	Basics of HIV/AIDS	Spread and prevention	During events organised for inmates by prison dept. Entertainment room (subject to availability of resources and approval)

Flipbook	All-important topics related to HIV/ AIDS	HIV/ AIDS transmission and prevention	With Medical and Paramedical staff.
			With PPVs- to be used while conducting group sessions / counselling
IPC Game	Myths and misconception on HIV/ AIDS	Transmission	To be used by PPVs during group session

Theme 2 - Prevention (Safe Sex Practice, services under NACP) & Testing

Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated
Wall Painting	HIV testing	Why to get tested for HIV, where to get tested	Common areas
AVs/Animated Videos	Importance of HIV testing		Entertainment room as per availability of resources
Flipbook	Safe sexual and injecting practices	Importance of condom, non-penetrative sex, risk of multiple sexual partners, timely testing of HIV	To be used by PPVs
	Early detection of HIV and Index testing	Availability of NACP services such as condoms, ICTCs, NSEP etc.	
IPC Game	Safe sexual and injecting practices		To be used by PPVs

Theme 3 - Treatment & ART Adherence

Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated
Wall Painting	Treatment and positive prevention	HIV treatment is free and confidential treatment and positive living	Common areas, Hospital and nearby areas
AVs/ Animated Videos	Importance and benefits of ART treatment, OIs	How it works and OIs	Entertainment areas
Flipbook	Importance and benefits of ART treatment, OIs, HIV/ AIDS Act		BY PPVs
IPC Games			
Please write any suggestions for additional products-	Positive living	PLHIVs- How to live healthy life	For PLHIVs

Small booklets on positive living			
Pictorials booklets	PLHIV on ARV v/s PLHIV not on ARV	Importance of ARV Treatment	To be used by PPVs for PLHIV counselling and as handouts
Positive talks by PLHIV PEs			Positive talks by PLHIV on ARVs as per approvals
	Positive and healthy living	How to live normal and healthy life with HIV	

Theme 4 - STI & STD (Symptoms & Spread)

Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated
Wall Painting	STI symptoms and transmission	What are symptoms and how it spread and prevention	Hospital and nearby areas
AVs/ Animated Videos	STI symptoms and transmission, treatment	STI is treatable Symptoms/ spread and treatment	in entertainment areas (subject to approval and availability of resources)
Flipbook	STI Symptoms and transmission, treatment and partner notification	Symptoms/ spread and treatment and importance of partner notification & treatment	To be used by PPVs while group discussion and by Medical Officer providing treatment
IPC Game	Symptoms and treatment	What are the symptoms and treatment duration/completion	To be used by PPVs during group discussion with inmates
Please write any suggestions for additional products-	TOR or PPVs		

Theme 5 - Stigma & Discrimination

Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated
Wall Painting	Myths and misconception on HIV/ AIDS	How HIV does not spread Right of PLHIVs	Hospital and nearby areas and common areas

AVs/ Animated Videos	Stigma and discrimination	Myths related to HIV and rights of PLHIVs	In common rooms and entertainment area
Flipbook	Stigma and discrimination		To be used by PPVs while counselling of PLHIVs and to be used by PLHIVs

GROUP 2

Discussants:

Technical Advisors:

Dr. Lakshmi Ramakrishnan, Program Director - National PR, SAATHII

Community Representative: Mx. Kirit Nai, President - Shakya Foundation, MSM/ TG, INFOSEM

NACO Representative: Dr. Shantanu Purohit, NC TI, NACO and Mr. Sujith, AC BSD, NACO



Group 2: Discussion before their plenary presentation

Theme 1 - Drug User, Needle & Syringes, OST			
Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated

Wall Painting and AVs/ Animated Videos	Drugs, Needle & Syringes, OST	Sharing needles will lead to the new infection of HIV/ HCV/ HBV. Stop sharing needles. Use new needle every time Harm using drugs- Physical-Social - Psychological etc. How to come out from Drugs-DDAC, Control your overdose, Overdose management Abscess management, Take regular OST	Jail premises AV Training/TV/OT strips
Flipbook			DIC/ Library
IPC Game			DIC
<i>Additional:</i> - folk media		Volunteer inmates to be selected and trained for Folk media message	Jail premises

Theme 2 - PrEP & PEP

Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated
Wall Painting Poster	PrEP	If you are at high risk, protect yourself from PrEP. (High risk behaviour need to be explained) Condom + Prep (PrEP in addition to Condom) PrEP (where we can avail))	Jail premises
Flipbook Poster	PEP	What is PEP When to take (describe all risk factors) From where to take (describe source of availability)	Jail library

Theme 3 - TB (Symptoms, Spread & Treatment)

Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated
Wall Painting Poster	TB Symptoms TB Spread TB Treatment	What is TB Symptoms -Know your TB /HIV status	Jail premises
AVs/ Animated Videos	Family of person to be screened.	Type of TB 4 S screening Way of spread How to prevent TB TB is curable (Describe treatment)	

If you have 4S symptoms then go for the TB test and where to go for the test.

Theme 4 - Partner/Spouse Safety

Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated
Wall Painting Story Video	Testing for spouses for early diagnosis.	Why this important Facts and Figures about the sexual root of infection/ transmission to be described.	Through story and video
	Prevention of spouse infection: -	For early diagnosis and treatment, Stop transmission for prevention, aware spouses can protect themselves. If Inmate has HIV positive then the spouse and children should be tested. To make Partner aware about infection. Biological children to be include If HIV+ promotion of safe sex practices.	
	Discordant couple	Follow up every 6 months (HIV Negative partner)	
	Disclosure of HIV Status with partner.	SHARING IS CARING If you share your status with your family, you can be motivated to know their status early.	

Theme 5 - Social Benefit Schemes			
Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated
Wall Painting	Schemes and services	List of schemes (State Specific) Name of scheme Eligibility criteria of scheme How to get benefit	Through audio/video- 20-30 minutes leaf lets IPC/ one to one group.
AVs/ Animated Videos	Schemes and services	List of schemes (State Specific) Name of scheme Eligibility criteria of scheme How to get benefit	Specific Person Specific time - Audio Visual 20- 30 minutes, Availability Sustainable Comprehensive clip for covering all the messages

GROUP 3

Discussants:

Community Representative:

Facilitator:

NACO Representative:

Ms. Mona Balani, Board Member, PLHIV, NCPI

Dr. Bitra George, Country Director, FH India

Ms. Nidhi Rawat NC IEC, NACO and

Mr. Samaresh Kumar Consultant HCTS, NACO



Group 3 participating in the group discussion before making their plenary presentation

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Audience	Themes	Medium
HIV Positive Prisoners Released/ Convict/ Under-trial	<ul style="list-style-type: none"> • ART/Adherence • Positive Living • Spouse/Partner testing • Diet/Nutrition • Linkage to social protection • TB – Adherence & Preventive therapy • Co morbidities (NCD, TB & Hepatitis) – Lifestyle change • Co infections • Mental health • Resource directory – HIV & other health Services • Harm reduction – OST • U=U (Undetectable = Untransmissible) • HIV/ AIDS (Prevention & Control) ACT, 2017 • Stigma & Discrimination (HIV positive + Prisoner) For the family of released prisoners 	<ul style="list-style-type: none"> • ART/Adherence • Positive Living • Spouse/Partner testing • Diet/Nutrition • Linkage to social protection • TB – Adherence & Preventive therapy
HIV Negative Prisoners Released/ Convict/ Under-trial	<ul style="list-style-type: none"> • Prevention Messages – Risk Behaviours – Condom Use, Partner notification, Safe sex practice, OST services for IDUs • BCC • Resource directories for – TI, LWS and Sampoonna Suraksha Kendra • Window Period – Re-test at SA-ICTC (3-6 months) 	<ul style="list-style-type: none"> • Counselling – IPC • Videos for WhatsApp • Audio Visuals for Waiting areas in jails • Resource directory (For literate & illiterate) Story Telling

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GROUP 4

Discussants:

Technical Advisors: Mr. Anupam Hazara, Associate Director, SAATHII
 Community Representative: Mr. Charanjit Sharma, Expert - IDU Issues, IDUs, IDUF
 Moderator: Dr. Sudhir Chawla, Public Health Specialist, CDC
 Facilitator: Mr. Kaushik Biswas, Senior Manager- M&E, Plan India
 NACO Representative: Mr. Dew Stanley, Consultant - BP, LWS, NACO and
 Dr. Purnima, Dr. Purnima Parmar, Consultant



Group 4 actively participating in group work before their plenary presentation

Theme 1 - Importance & their role in Intervention

Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated
Power Point Presentation (PPT)	Epidemiological facts and figures, justifications for the intervention, support needed from line department/ prison authorities, role and responsibilities of SACS/ DAPCU/ Prison officials, Data needed for landscaping, services provided under NACP- HIV	MOU Signing, SOC/ District Coordination Committee meeting, current scenario, permissions, challenges, services which can be extended under NACP, support needed, best practices from other states, Human rights,	Sensitization/ orientation meeting outside prison or in admin block of Prison. To be updated on quarterly basis

Sid

	testing, harm reduction, OST, ART, STI management etc.	Legal aspects, Program design, how to coordinate with other health service providers, details of POC from SACS/ DAPCU, POC from Prison & OCS to be identified	
Advocacy material (Leaflet/ Handout)	Problems/ challenges faced by KP/ PLHIV groups, services available under NACP for KPs and PLHIV, support needed from prison authority	SOP and summary of problems/ challenges, services available under NACP and support needed from prison authorities	Advocacy meeting in the P&OCS, handouts for further reading, the material to be delivered in a simple manner, connecting to health care benefit, violence prevention, accidental death prevention.
Module on intervention (Soft/ hard copy)	Detailed module with all MOU, SOPs, forms, guidelines etc.		Sharing with P&OCS officials. To be updated on quarterly basis

Theme 2 - All Themes – Condensed (HIV, STI, PrEP, Stigma, Treatment, TB, Partner Safety, OST, Safe practices, etc)

Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated
Diary/ Calendar/ Planner	Services available under NACP and support needed from P&OCS authorities. Key activities planned in year.	Services provided and place of service under NACP. support needed. POC for each service provision. important days, key activities planned. positive speaker's key messages	To keep at table of P&OCS officials
Posters	Posters on SOPs of all services under NACP: HIV/ STI Testing, treatment, Harm reduction, PrEP, HIV/ AIDS Act	SOPs on all the key interventions. messages about confidentiality, transmission of HIV, myths and facts, program service algorithm, key messages from HIV/ AIDS Act, incorporate information about 1097	strategic locations within P&OCS

Pamphlet/ tea coaster	Basics of HIV/ AIDS, OST, Harm reduction, ART, HIV testing, PrEP, STI, TB	Key messages, challenges and solutions. POC, places where services are available	for repeated sensitization
PPT	Individual program wise PPT with details of SOPs and POC	comprehensive PPT on all programs/services	
Digital media	small clips from PPTs/ Posters	storytelling, best practices, SOPs, key messages in small clips	

GROUP 5

Discussants

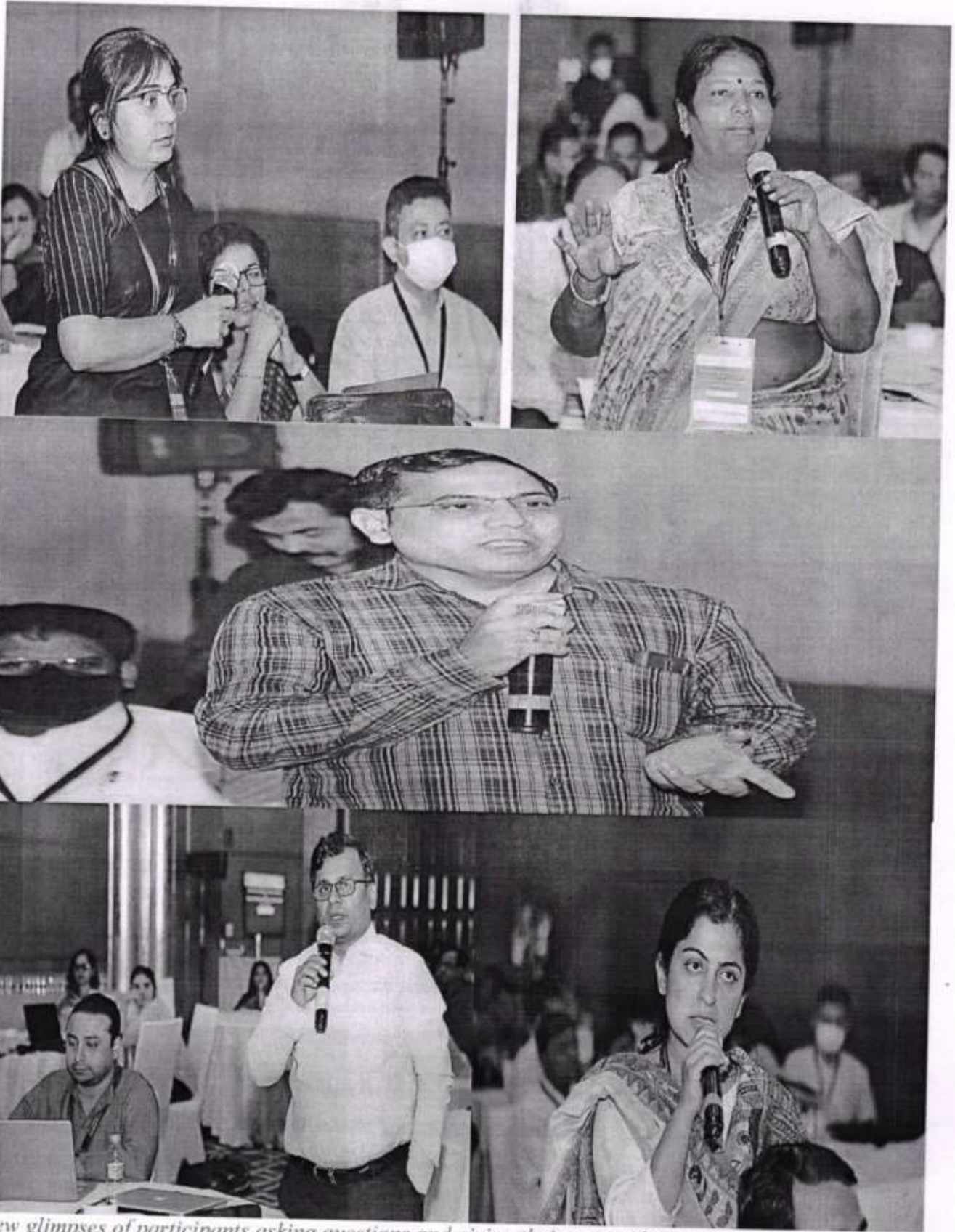
Technical Advisors: Dr. Rajesh Rana, Director, PLAN India
 Community Representative: Dr. Anmol Rawat, Vice President, NNTF
 Moderator: Mr. Kaveeshar Krishnan, Project Lead, YRG CARE
 Facilitator: Dr. Sangita Pandey, National TL - HIV AIDS & TB, HLFPT
 NACO Representative: Dr. Arvind AC SI, and Mr. Rajiv Sindhu



Group 5 active participation in the group process before making the plenary presentation.

All Themes (HIV, STI, PrEP, S&D, TB, Partner Safety, Safe Practices, OST)			
Product proposed	Topic can be covered through material	Key Messages to include in the messaging	Places where the product can be implicated
PPT /Poster/ E-material & social media/ Mobile Application	Stigma & Discrimination Resource Directory Prevention/ Treatment Algorithms Harm Reduction Hepatitis/ TB Social Benefit Schemes, Rehabilitation, Co-morbidities, Helpline	HIV AIDS Act 2017, Facilities Directory, Counselling, Testing, Care Treatment & Support OST, Abscess Management, Screening & Treatment, Schemes Details for positives, Details of the Rehabilitation Facilities, Non-Communicable Diseases, 1097	Consultation Room, Counselling Room, ICTC/ Lab, Disseminated to the HCPs
Flip Book	Prevention/ Treatment Algorithms Harm Reduction Hepatitis/ TB/ Co-morbidities	Counselling, Testing, Care Support & Treatment, OST, Abscess Management, Screening & Treatment	Consultation Room, Counselling Room, ICTC/ Lab
Leaflet	All previously mention topics	Updates, New Tools, Facts & Figure, Do's & Don'ts, FAQs, Details of the Rehabilitation Facilities	Consultation Room, Counselling Room, ICTC/ Lab
Audio - Visual, White Board, Animation	Stigma & Discrimination, Prevention/ Treatment, Algorithms, Best practices	HIV AIDS Act 2017 Counselling, Testing, Care Support & Treatment, Success Stories	Mobile, Consultation Room, Counselling Room

Theme 2: Information about Program & Social Schemes			
Diary/ Planner/ Leaflets/ Calendar	Sampoorna Suraksha Kendra, One Stop Centres, HIV AIDS ACT 2017, Partner Safety Testing & Treatment, Drug Adherence, STI Syndromic Management, Co-infections/ Co-morbidities, Harm Reduction	Utility of SSK, New Services, Target Population, Services & Facilities, Grievance Redressal, Legal Rights and Stigma & Discrimination, Index Testing/ Safe Sex Practices, Algorithm, Awareness, Screening & Treatment Related Health Programs, OST & Abscess Management	Doctors Room, Counsellor Room
Diary/ Planner/ Leaflets/ Calendar	Financial Assistance, Skill Development, Widow Pension Schemes, Free Transportation, Insurance Schemes, Nutrition Assistance	Details about the Schemes, Eligibility & Process	Doctors Room, Counsellor Room
Theme 3: Job Aid for HCPs			
Poster/ Manuals/ Digital Planner	Terms of Reference (ToR), Standard Operating Procedure (SOP), Do's & Don'ts, Crisis & Conflict Management	Job Descriptions, Counselling, Testing, Comprehensive Service Package, Stigma & Discrimination, Types of Crisis & Conflict, and their Management, PEP.	Doctors Room, Counsellor Room, Lab



Few glimpses of participants asking questions and giving their suggestions:



There was a discussion by the panelists and there was a Question-and-Answer session also in which participants gave their suggestions and feedback. Following points were discussed:

- In wall paintings, there are walls and walls in the prison set-up along with any common area where inmates reside, we can have wall paintings where they can repeatedly have the message in their view. Messages like "*HIV ke saath bhi zindagi jee ja sakthi hai*" can be on these wall paintings.
- Different kinds of media can be used with the permission of the prison authorities.
- Flip book is very useful in small groups. Condoms are not currently inside the jail premises; key messages can be delivered through the flip book. Needle/syringe are also not available in the jail
- They should be aware about the rights (HIV act), which can be used in the flip book. Inform the inmate about their rights
- IPC games can be used to disseminate the information. IPC games can be on sexual and injecting practices
- Radio, posters, poster competition among the prisoners, role play completion, pocket diaries etc. can be administered.
- Animated videos will create an interest in the inmates. For e.g., how does the HIV virus enter the body, what it does inside the body
- Small and pictorial booklet on positive thinking, may are not be literate hence pictorial explanation is very important
- Include drama as a means of IEC
- Counseling in the prison is very important. When the inmates come outside the jail counseling becomes paramount. Also counseling through PV.
- Do partner screening of the inmates
- Window period – repeat test when they go outside
- Provide information on helpline
- There is a burden on prison officials hence IEC should be made for them. There should be IEC for women in closed setting. IEC should also focus on Hepatitis. IEC can be use in conflict management also
- Prisons settings have their own IEC materials and HIV information can be included in that. IEC should also include information on hepatitis and TB
- Have a radio programme in the prison. Have a script and train the PPVs in the script
- When people go outside the jail they go back home with two types of stigmas, one is they are from the jail and second is they are PLHIV
- A lot of undertrials who come to the jail are in the window period. They can be motivated to have a repeat test
- Have a checklist. When someone is leaving the checklist can be tweaked a little bit
- Prison officers have a lot of burden. There is a need to train the prison health staff about other communicable disease other than HIV.
- In the calendar important events can be highlighted e.g., World AIDS Day
- There is a need for constant advocacy, capacity building and sensitization. Also, one should understand inmates are sent from one jail to another. Prisons have a bigger security system and may not be allowed entry in the prison.
- Almost 80% prison population are under trials, they come and go, the IEC will be very helpful to these inmates who are there temporarily.

On day three *Dr. Shantanu Purohit* started the session by welcoming the participants and invited the panellists on the dais and requested *Dr. Bhawani Singh* to share few highlights of Day 1 and Day 2.

Dr. Bhawani Singh, Deputy Director, NACO said that on Day 1, the sessions were based on discussing the strategies and Day 2 was spent in group work exercise on implementing those strategies. He stressed there should be a separate strategy for convicts, under trials, and women in OCS and in the prisons and resource mapping both inside and outside of the prison. He iterated that advocacy with the prison authorities was also an essential part. Through his power point presentation "Proposed Strategy to reach out to convicts, under trials, and incarcerated population in OCS", he explained the key areas of interventions as following:

- Comprehensive differential strategies to reach out to convicts and undertrials
- Strategies to bridge the first 95 gap & use of dual kits in P&OCS for convicts and undertrial
- Building co-ordination mechanism at State and District level with Prison, OCS and LEA authorities
- Establishment of facilities for distribution of OST, ARV & STI treatment: Leveraging the existing facilities/ staffs with Prison & Other Closed Settings
- Post Release Linkages of inmates to NACP services & Data Sharing Mechanism

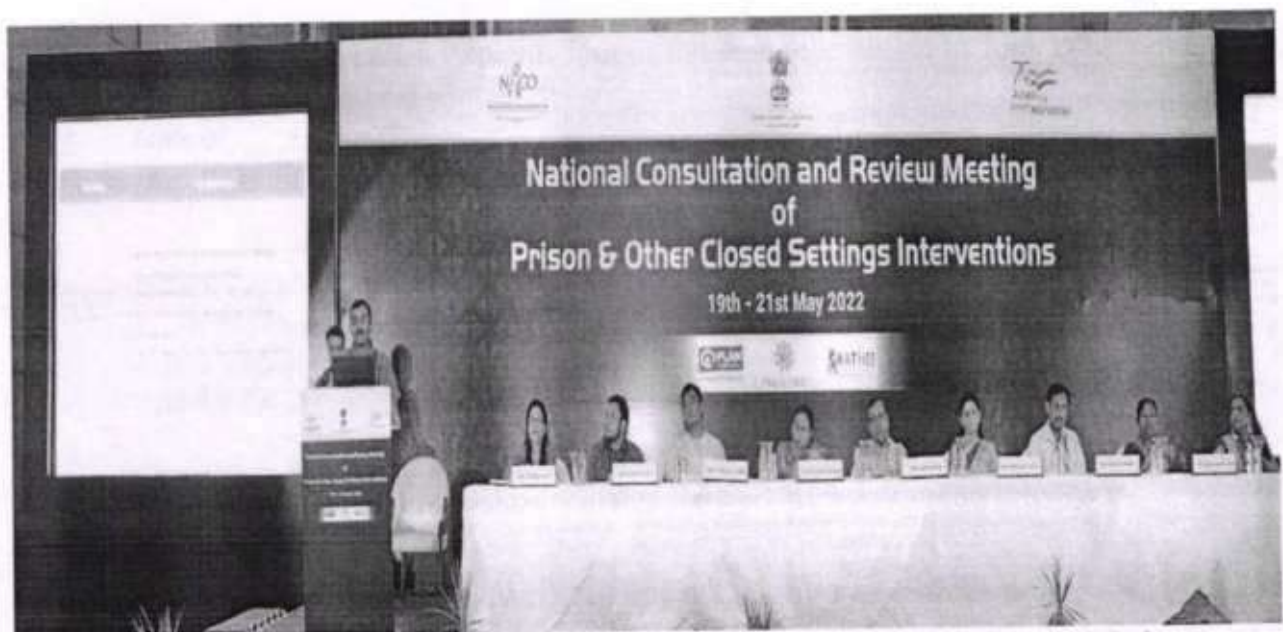
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At the thematic discussion III, existing Operational Guidelines on HIV & TB Interventions in Prisons and Other Closed Settings was reviewed by participants in four groups. It was discussed that the OG includes all aspects, but as per NACP V strategy 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 and officials below Joint Director rank should be provisioned for quality implementation.

Group work II presentation on the recommendations for revisions in the Operational Guidelines in Prisons and Other Closed Settings was done under the following panel of dignitaries:

1. Mr. Alok Saxena, Additional Secretary & Director General, NACO
2. Ms. Nidhi Kesarwani, Director, NACO
3. Ms. Aditi Chaturvedi, Superintendent of Prisons, Government of Madhya Pradesh
4. Ms. Mona Balani, SD-North, National Coalition of People Living with HIV-AIDS (NCPI)
5. Dr. Anmol Rawat, Vice President, National Network of Trans -Persons (NNTP)
6. Mr. Charanjit Sharma, Expert - IDU Issues
7. Mx. Kirit Nai, President - Shakya Foundation, MSM/ TG, INFOSEM
8. Mr. Kiran Deshmukh, President – National Network of Sex Workers (NNSW)



Respected dignitaries on the dais and Dr. Bhawani Singh, Deputy Director-TI, NACO sharing highlights of Day 1 and Day 2

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Group	Chapters	Panellist & Discussants
1	<p>Chapter 3: Eligible Intervention from the Comprehensive Package of Services</p> <p>Chapter 4: Referral and Linkages for Health and Other Service</p> <p>Chapter 6: Working Committee on HIV/ TB Intervention in P&OCS</p> <p>Chapter 7: Modalities for Implementation of HIV and TB Intervention</p>	<p>Technical Advisors – Dr. R. S. Gupta, Sr. Public Health Expert, Noida</p> <p>Community Representative Ms. Kiran Deshmukh, President - NNSW</p> <p>Moderator Mr. Harish Patel, Sr. M&E Officer, PATH</p> <p>NACO Representative Mr. Prashant Kumar Patra, TE - P & OCS, NACO, and Ms. Ira Madan, TE – CSS, NACO</p> <p>Group presenter – Dr. Yasmeen, Andaman and Nicobar SACS and Dr. Meenu, JD-TI, Punjab SACS</p>
Recommendations		
<ul style="list-style-type: none"> ○ Include mental health services and universal precautions under the eligible interventions within the comprehensive package of services. ○ Under the section 3.1.1 on Peer Led Interventions, suggested to include all jail inmates and not just the Under Trials alone. ○ New topics suggested were: Mental health services; LGBT focussed services and counselling; Nomination of the Complaint officer as per the HIV & AIDS Act to address the stigma & discrimination. ○ Engagements of the inmates as specific buddy groups for prevention & care of diseases, and involvement of jail officials including for CBS, SBCC & HIV/AIDS education, innovations as telemedicine in the prison intervention. ○ Post release follow up services included linkages with families, sharing of referral directories 		
2	<p>Chapter 8: Responsibilities of NGOs implementing TIs</p> <p>Chapter 9: Functions of National AIDS Control Organization (NACO)</p> <p>Chapter 10: Functions of Central TB Division (CTD)</p> <p>Chapter 11: Functions of State AIDS Control Society (SACS)</p>	<p>Technical Advisor Dr. Lakshmi Ramakrishnan, Program Director, SAATHI</p> <p>Community Representative: Ms Kirit Nai, President - Shakya Foundation, MSM/ TG, INFOSEM</p> <p>NACO Representative Dr. Shantanu Purohit, NC TI, NACO and</p>

Mr. Sujith, AC BSD, NACO

Group Presenter

Dr. Harprit Kaur, JD TI, Haryana,
SACS and

Ms Heena Modi, PHFI

Recommendations

In Chapter 8, the group suggested the responsibilities of NGOs, implementing TIs in which they gave description of the challenges and possible solution. Emphasis was on deputation of ICTC counsellors, TB & NVHCP personnel, setting up stand-alone ICTC and support in post-release follow ups.

In Chapter 9, they suggested NACO for the activities such as formation of Steering committee, programme review meeting with the CTD, NVHCP and other line departments, and formation of Technical Resource Group.

Similarly, feedback was given on Chapter 10 to engage CTD through signing of MoU, constitution of National Working Group on HIV-TB integration in Prisons & OCS, seek technical inputs in development of SOPs, guidelines and operational manuals, training modules and manuals on social integration of post release prisoners.

In the Chapter 11, suggestions to include as SACS responsibilities in the intervention were to define the role of ICTCs, arrange HIV focussed health infrastructure (as per need) within prison & OCS; ensure supply of commodities (testing kits, diagnostics and drugs), seek necessary approvals for visits of SACS-TSU-ICTC and other HCPs, seek necessary approvals for health camps, care and treatment support of inmates who are HIV positive, and diagnosed with STIs, TB, HCV etc., seek necessary approvals for data collection, share progress updates and SOCH entry (SA-ICTC within prisons)

3

Chapter 5: Creating an Enabling Environment in the Context of Drug Use and HIV

Community Representative
Ms. Mona Balani, Board Member,
PLHIV, NCPI

Chapter 16: Gender Responsiveness and Addressing Stigma & Discrimination

Facilitator
Dr. Bitra George, Country
Director, FHI India

Chapter 17: Social Reintegration

Chapter 18: Mainstreaming HIV and TB

NACO Representatives
Ms. Nidhi Rawat, NC IEC, NACO
and
Mr. Samaresh Kumar, Consultant
HCTS, NACO

Recommendations

In Chapter 5, the groups suggested on the content that only rehabilitation and detoxification was mentioned and required description of harm reduction as well. They also suggested that exposure visits may be planned to model prisons.

Some new topics suggested by them were: Withdrawal management; Overdose management; Provision of OST; Self Harm; Drug supply in prison; Sexual harassment; FIDU; Lack of training of prison staff; PWID; Difficulty in management of comorbidities in drug users.

In Chapter 16, it was suggested to enlist the type of Stigma & Discrimination faced by KP.

In Chapter 17 it was suggested to Implement Aadhaar provision for all inmates, link to vocational training, link to support groups (PLHIV Network), linkage of family members to social protection schemes and health services, and family counselling.

Few additions in Chapter 18 to include mainstreaming matrix with responsibility and time lines need to be added and sensitization of state and district health officials on HIV and TB mainstreaming for Prison inmates.

Other suggestions include: Ensure treatment continuity within prisons through faster ART, adherence and retention on ART, explore DSDM including LAC, pill pick up and MMD within prisons.

Chapter 12: Functions of State/ District TB Cell

Technical Advisors

Chapter 13: Functions of Technical Support Unit

Mr. Anupam Hazra, Associate Director, SAATHII

Chapter 14: Functions of District AIDS Prevention and Control Unit

Community Representative
Mr. Charanjit Sharma, Expert - IDU Issues, IDUs, IDUF

Chapter 15: Role of State Prisons Department and Other Closed Settings

Moderator
Dr. Sudhir Chawla, Public Health Specialist, CDC

Facilitator
Mr. Kaushik Biswas, Senior Manager- M&E, Plan India

NACO Representative
Mr. Dew Stanley, Consultant - BP, LWS, NACO
and Dr. Purnima Parmar, Consultant, NACO



Recommendations:

The overall feedback was on the roles and responsibilities of all stakeholders to be redefined based on different models of health service delivery. This was to be done because the role and responsibilities of the State/District TB cell, TSU, SACS, DAPCU and Prison authorities will vary as per the functional health care model in the prison or OCS.

Three models were suggested viz:

Model 1: Doctor, Pharmacist, and LT are available in prison/OCS;

Model 2: Only paramedical staff is available in prison/OCS;

Model 3: No HCP available in prison/OCS.

The groups described the common activities across models and responsibility for each stakeholder for that model. Similarly, Model specific activities and their responsibilities were also shared.

5

Development of draft SOP for SACS Officials on strategy, oversight mechanism & ownership of these interventions

Technical Advisors
Dr. Rajesh Rana, Director, PLAN India

Community Representative
Dr. Anmol Rawat, Vice President, NNTP

Moderator
Mr. Kaveesher Krishnan, Project Lead, YRG CARE

Facilitator
Dr. Sangita Pandey, National TL - HIV AIDS & TB, HLPPT

NACO Representative
Dr. Arvind, AC SI and Mr. Rajiv Sindhu, NACO

Recommendations

The four components that the group suggested for scaling up the intervention included- Enabling Environment, Mapping, Establishment of Intervention, and Monitoring, Reporting and Supervision. They then explained the roles of key stakeholders in the prison and the OCS.

Some oversight mechanisms included:

- State Oversight Committee & District Oversight Committee- Quarterly Plan
- Monthly District level Meeting (Under the chairmanship of nominated Nodal officers)
- State level Meeting (Under the chairmanship of Project Director)
- Ownership included Prison Environment- PPV, Prison Department-Nominated Nodal officer, SACS- State Oversight committee
- Supportive Supervision by SACS Officials: Joint Director-Quarterly, DD- Monthly, AD-Monthly, TSU-Monthly

Few important points that came out as part of the feedback and suggestions received from the panellists and the participants are given below:

- The main focus audience will be convicts, under trials, and women.
- Mental health services to be included. New topics can include LGBT issues also
- Prison is a state subject and each prison does its work in its own ways. Every state can think of its own mechanism
- There can be state and district specific model based on the distance of the jail and the HCP
- Build capacity of the jail to handle these issues such as HIV, TB, Hep B and C. It has to be a comprehensive package of all these diseases.
- Prison authorities are already overburdened, how to train them and make use of them. Prison authorities have limited resources so they should not be burdened or an additional responsibility
- Mapping of different facilities in and outside the prison
- Also try to go to the sub jail level through the district jail to reach out to the population
- Staff in prison has to be trained on how to handle withdrawal symptoms. How to take care of withdrawal
- Develop resource kit and provide it to every prisoner who is released
- Points such as treatment continuity can be added
- There should be ART refill point in the prison and also there are side effects of the medicine. Some package of homebound care should be provided
- Prison is a diverse group of people where there are both +ve and -ve people.
- Post-release linkages are very important and how technology can be used to keep a track
- Instead of using paper make use of digital sources. This way tracking will be much easier
- Doctors need proper training as doctors are not well trained in Hepatitis testing
- The prison has a transgender population and that has also to be addressed
- In some remote areas where there is jail there is a transportation issue so have some system or the volunteers can reach them
- PLHIV should be allowed to take their medicine in the jail so that there is no discontinuity in taking ART
- Some prisons don't have health professionals
- Have repeat testing in the prison and also have a tracking mechanism
- Modify the ICTC and ART guideline
- Scale up interventions in the prison and OCS (Enabling environment; mapping; establishment of intervention; monitoring, reporting and supervision)

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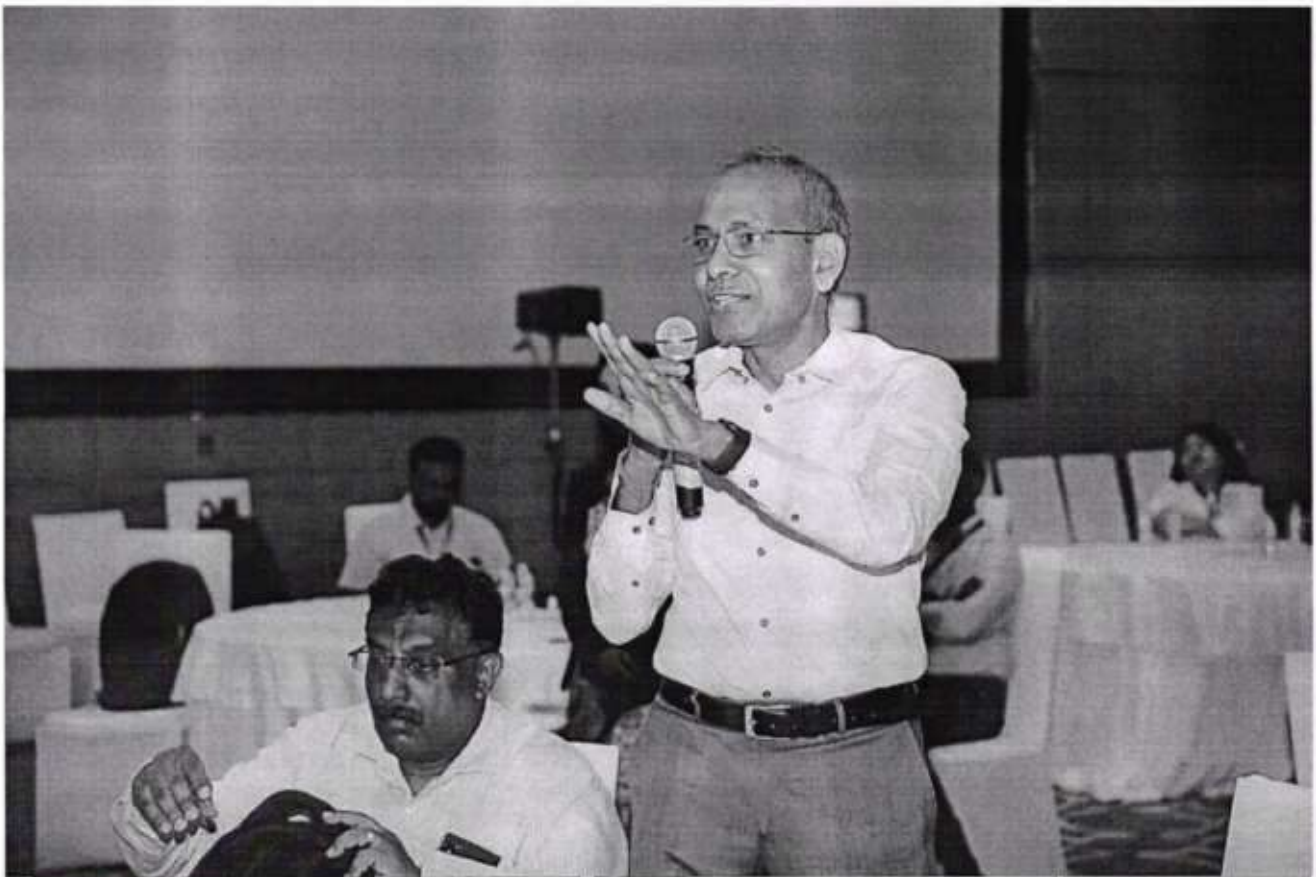
Group picture of panelist with presenters of the group members



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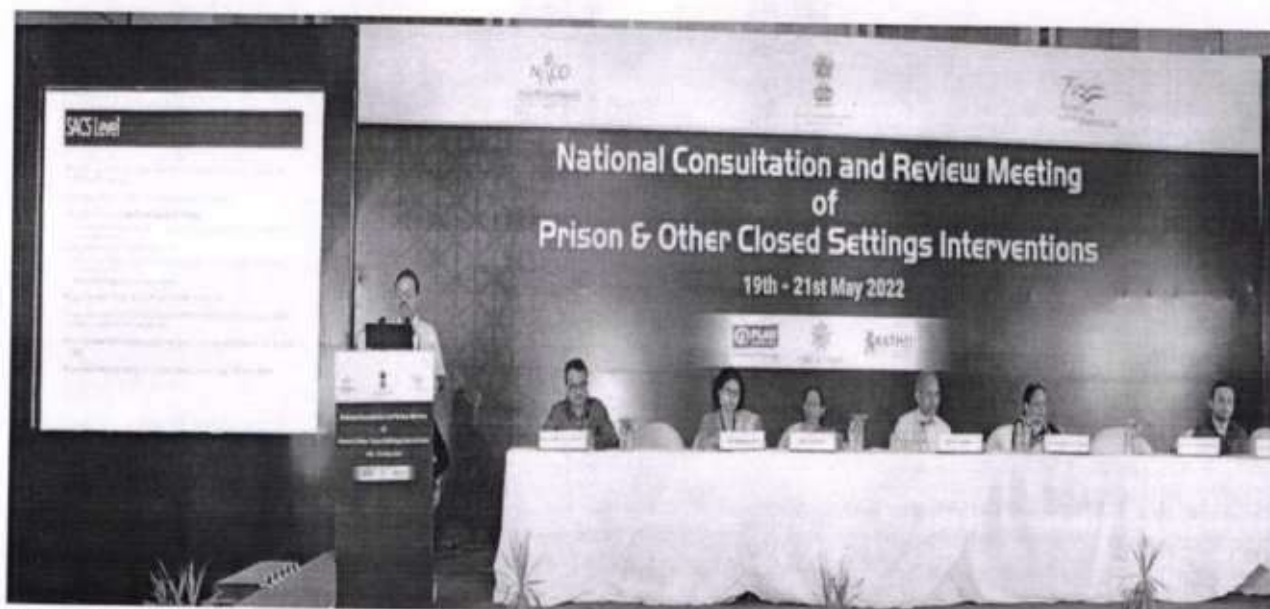
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Few glimpses of participants asking questions and the discussion with the panellist

After the post-tea break session, following panelists were invited on the Dais:

1. Dr. Sreelatha R, Additional Project Director, KSACS
2. Dr. R. S. Gupta, Sr. Public Health Expert
3. Dr Anna Prasanna Kumari, Telangana SACS
4. Mr. Kaveesher Krishnan, Project Lead, PLAN-India & YRG CARE, GF PR-SR
5. Mr. Anupam Hazra, Additional Director, SAATHII, GF SR



Mr. Kaveesher Krishnan, Project Lead, PLAN-India & YRG CARE with respected dignitaries on the dais along with other presenters

Mr. Anupam Hazra made a presentation on “Sustainability Plan for Interventions for Incarcerated Populations”. In his presentation Mr. Anupam Hazara mentioned the objectives of the sustainability plans. He further went on to narrate the sustainability of the activities and services. For ownership among state level stakeholders, he gave the timeline for the project activities and the sustainability plans. Similarly, ownership among district level stakeholders and their project activities and sustainability plans were also given. He further gave timeline for project activities and sustainability plans for ownership among district level prison & OCS officials.

Timeline for other components such as generating awareness among inmates; HIV screening and testing services; treatment linkages and adherence etc. were also given. Timeline for monthly reporting, Providing TB, and STI services and improving health facilities and scaling up services in P&OCS were also shared by Mr. Anupam Hazara

The next presentation was made by *Mr. Kaveesher Krishnan* on “Proposed Sustainable Transition Plan”. In his presentation, Mr. Kaveesher explained the activities that will be carried out at the SACS Level, DAPCU Districts, and the Prison & OCS Level. He mentioned the various stakeholders that will be involved in the process of the transition plan.

Just before the closing of the programmes *Ms. Deep Mala, Visual House Media Consultancy* made a presentation on “Insights & Way Forward - SBCC package for Prisons & Other Closed Settings”. In

her presentation Ms. Deep Mala described the target audience which included the prisoners, prison officials, health care staff, and the prisoner's family. She gave a list of the proposed materials that will be used and also gave information on the additional products. Some strong points included the use of language, pictorial illustrations, inclusion of various communities. In the Communication Need Assessment component, she mentioned that there is a need for discussion with the target group and at the jail at various levels. She ended her presentation by giving a timeline for final material development.



Summary of Review and Consultation

Dr. Shobini Rajan, DDG (TI), NACO gave a summary of the review and consultation. She did not make a power point presentation but narrated the activities and discussions that took place on Day 1 and Day 2. She iterated that vulnerability to HIV/AIDS is very clear among the jail inmates and among women in closed settings. She appreciated the discussion that happened and iterated that the ownership of the prison intervention should reside in the hands of the state and all the resources should be pooled together to achieve the common goal. She read out the objectives that the programme began with. The objectives that she mentioned included:

1. To take stock of the progress
2. To collate inputs for review and revision of SOPs, guidelines and developing the strategy under NACP V
3. To collate inputs for finalization of SBCC materials

Based on these objectives she iterated that there is two years for the program under the Global Fund and PEPFAR grant and a lot of things need to be achieved in the next two years. She stressed that instead of talking about ABC she'll talk about ABCD where - A stands for Advocacy, B stands for Building Partnerships; C stands for Capacity Building; D stands for Delivery of services. Dr Rajan iterated that a lot of participants don't know the real situation of inmates in the prison but the exposure to prison has given a lot of information about the situation there.

Dr Rajan ended her speech with the C's – Custody, Care, Correction and said that she'll add more Cs for success of the program. The C's she mentioned included Contact, Connection, Consent, Counselling, Confidentiality, Customize, Correct Results, Composite intervention; Commodities (available in the prison e.g., ART); Collaboration; Consistency; Community engagement, Compassion and Compliance She mentioned that all stakeholders will play an important role in successful implantation of the program in the prison.

Following the three days consultation and review meeting, the major action points are identified as:

Sl.	Steps	Timeline
1	Steering Oversight Mechanism at State level to review the implementation and address the challenges in implementation, by ensuring the synergies among all line department	August 2022
2	Formation of National Working Group at national level to review the OG on the basis of ground realities and finalization of SOP for SACS officials' quality supervision	September 2022
3	Sustainable Transitional Plan Strategy ensuring the ownership with SACS	July 2022
4	Prison & Other Closed Settings resource facilities mapping, both inside and outside	June 2022
5	Standardise data collection of health services offered/ availed by inmates	June 2022
6	Effective SBCC package for Prison Authorities, Prison Staffs, Health Staffs, Inmates and their families	September 2022

Concluding Remarks

Ms. Nidhi Kesarwani, Director, NACO rendered the closing remarks and said that it was a learning experience for her and mentioned that when the prison intervention started, she didn't know how it was going to be but in the last two days a lot of thought has gone into it and appreciated that the SOPs are very clear from the two days discussion and presentations.

Ms. Kesarwani stressed that it is very important to understand the prison system and stressed upon the need for custom services to fit into that system as an alternative system cannot be made. She requested to find out the gaps for success of the prison intervention programme. Ms. Kesarwani highlighted those linkages post-release is very important and family of inmates are also very important people. She stressed that the data base is already available and capturing the data through the law enforcement agencies is very crucial. Ms. Kesarwani also mentioned that there are already some pilot projects going on and stressed to analyse the existing work and see the success model which has evolved and understand why those models were successful and suggested to use those models and scale them up.

Ms. Kesarwani appreciated the presentations made by the groups and stressed to understand the environment of the prison with an example of no para-medical staff in the system and understand who is doing the part of the para-medical staff. Ms. Kesarwani asked the participants from the workshop to cull out a basic framework about the things that are aspired to be done in prison setting and other closed settings and to have a checklist to maintain the quality and leave it to SACS and prison authorities to discuss among themselves on delivering the services. Ms. Kesarwani also mentioned to rope in the police authorities along with advocates, lawyers who are regularly in touch with the family members of the inmates.

Ms. Kesarwani iterated that not much was discussed about other closed settings as they are a different set of universes but Social Welfare department and Ministry of Social Justice are very important stakeholders and suggested to involve them in the process. Ms. Kesarwani finally concluded by asking the participants to include multiple aspects of health along with HIV and TB as a wellness package which should also include mental illness. She ended her speech by saying that trust should be built up between target audience and the system.

Mr Prashant Kumar Patra, the Technical Expert (Prisons & OCS), NACO rendered vote of thanks to all dignitaries, participants and organisers of the consultation by citing the following follow up actions from the National Consultation and Review of Prisons & Other Closed Settings.

- 1 Constitute Working Group on Prisons & Other Closed Settings
- 2 Coordination or Steering Oversight Mechanism at National and State level
- 3 Sustainable Strategy & Transitional Frame work & SOPs
- 4 District Level Nodal Officers: Agenda in DAPCC or District Health Review
- 5 Standard application or data collection record
- 6 Create a Prison & OCS resource & facilities mapping format
- 7 PEP (Post Exposure) services in Prisons
- 8 Prioritize the communication messages for Prisons
- 9 Visit the Prisons & Other Closed Settings and do a team assessment of what is required
- 10 State and Project level operational plan & strict review
- 11 Focused Group Discussions with Legal Services Authorities
- 12 Covid vaccination of incarcerated population
- 13 Integrated composited approaches
- 14 Identify risk, but do not leave out
- 15 Break the silos & build synergies
- 16 Build capacities of doctor and staffs of prisons
- 17 Learning & unlearning of inmates is required
- 18 Capture data



NACO Team at the National Consultation Meeting