



The nexus between SADC Minimum standards for prison health and improved lives in Zimbabwe Prisons.



Introduction and Background

The SADC region is at the epicentre of the global HIV and tuberculosis (TB) epidemics. The 2009 SADC HIV Epidemic Report showed that 10 out of 15 Southern African Development Community (SADC) Member States have high HIV prevalence. In those same Member States, TB prevalence rates ranged from 300 to 1000 cases per 100 000 population. The global TB prevalence rate was 139 per 100 000 cases. Other sexually transmitted infections (STIs), especially genital ulcer infections, are known to increase the risk of HIV transmission and acquisition. Prompt and appropriate treatment of STIs, therefore can reduce individual risk of HIV infection. This makes high-quality STI programmes critical for controlling the HIV and AIDS epidemic, especially in key populations that face bigger risks of being exposed to HIV. Correctional facilities in the SADC region tend to be overcrowded. The average incarceration rate in the region is 157 per 100 000 inhabitants, and prison occupancy levels average at 138%. Evidence shows that overpopulated prisons constitute high-risk environments for disease transmission and make it difficult to provide adequate health services. Overcrowding reduces the quality and quantity of ventilation, lighting and sanitation for prisoners. This is particularly important in the spread of airborne disease such as TB. High rates of HIV coinfection, as well as multidrug-resistant TB, have been reported in prisons in the SADC region.

Prisons represent a gap in what could and should be sound public health systems. This is due to the relatively poor quality of health services that are delivered in the prison sector, and because of poor prison conditions (including the physical environment, diet, ventilation and sanitation) that predispose inmates to communicable disease transmission and acquisition. It is critically important that prisons do not become incubators of communicable diseases. Prisons must contribute positively to broader efforts to control communicable diseases in the general population.

In 2022, ZPCS and VSO/SANOP identified the following issues in the Correctional Facilities;

- There was Stigma and discrimination of those who were HIV Positive, hence the need to introduce the SADC minimum standards on health
- There was low uptake of HIV, TB, and other coinfection diseases services. The low uptake was a result of a lack of information and lack of awareness of SADC minimum standards on health.
- There was research done just to assess Zimbabwe, ESwatini, Malawi and Zambia as they are implementing these guidelines within prisons. The results of the study pointed out that the prison Officers had limited understanding of these standards, and as a result, they were not even in the position of screening inmates when they were entering the prisons. Upon in-mate admission in prison, officers were not even aware of what their roles were in terms of helping inmates, this is when SANOP/VSO decided to capacitate on minimum standards on health so that they would understand SADC guidelines and be able to provide the required services within the prison settings.
- ZPCS and VSO/SANOP realised that only prison officers who were involved in health issues like Sexual Reproduction and Health Rights (SRHR) were the only ones who knew about the requirements of the SADC minimum standards in relation to prison health and were aware of the need to observe inmates and ex-inmates SRHR.
- There were gender sensitive reproductive and health issues which were neglected, there was discrimination, lack of accountability, violation of inmates and ex-in-mates human rights.

There was need to match public health and prison health and as such there was need to then introduce regional instruments on health in prisons to uphold health rights for inmates. ZPCS invited SANOP/VSO, United Nations office on drugs and Crime (UNDOC) and Raoul Wallenberg Institute (RWI) to come and train on the SADC minimum standards. They knew there was a gap SADC Minimum Standards Capacity Building, and its a regional requirement that the prison community be capacitated in SADC Minimum Standards. ZPCS expects every officer to be aware of SRHR and

other health related issues under SADC minimum standards. The SADC minimum standards training was therefore, included in the ZPCS Staff college curriculum, for every prison officers to be aware of the Minimum Standards for HIV and AIDS, TB, Hepatitis B and C and Sexually transmitted infections Prevention, Treatment, Care and Support in prisons and SRHR issues included. ZPCS saw the need to train everyone in prison community. SANOP Project Officer had this to say, *“Once the prison officers are trained the inmates & ex-inmates are automatically entitled to enjoying the standards.”*

The SADC capacity strengthening programme is taking place at ZPCS staff college, workshops, outside ZPCS, and within the prisons. The Process is ongoing, some of the trainings are taking place outside the country, one of the trainings took place in Namibia and was attended by ZPCs officers, several regional trainings have taken place.

Methodology on Capacity Strengthening

The facilitators of the trainings have been using physical lectures, presentations, group discussions, mainstream the SADC minimum standards on health in all the ZPCS programs, use feedback and question and answer sessions. ZPCS authorities has been facilitating and supporting workshops, seminars and conferences on HIV and AIDS, TB, Hepatitis B and C, and STIs Treatment. Selected inmates and officers were trained on these instruments, and they cascaded the information to other peers through the peer education model. Main issues covered in the capacity building included HIV and other co-infection testing services, counselling, treatment, psych-social support, prevention of mother to child transmission (PMTCT) screening for TB and STIs, palliative care for chronically ill, screening of reproductive cancers among other health related issues. The information was cascaded through awareness and sensitization sessions, trainings, experience sharing, testimonies and development of Information Education Communication (IEC) materials that speak to minimum standards on prison health.

Importance of addressing the problem

VSO/SANOP and ZPCS saw the importance of addressing the problem, because

- When they consider prisons, not to permanent homes for anyone, so they just think prison health must be equal to public health. So, it is important, or it was important for them to address this issue because inmates are entitled to health rights, and their health must also be respected, and they are also supposed to get the required services.
- Inmates health rights should be enjoyed, it is key because when they are released they will go to the community and if their health is not addressed within the prison setting, for example, if someone is HIV positive and ZPCS does not give that person information, and does not even treat that person when that person is released to the community, that person may infect someone outside prisons because she/he does not have the information. SANOP officer was quoted, saying the following, *“Inmates must be given treatment and information because one day they will be released out to the community and infect others.”* Treatment and sharing of important health information help prevent some of these communicable or infectious diseases. ZPCS believes that quality health services provision in prison will also reduce the spread of diseases such as TB within prisons.

Problem identification

Research was done, and the guidelines/SADC Minimum Standards are supposed to be followed in every incarceration facility but were not being implemented effectively. The health services are there, but some inmates were not accessing these services at times due to limited information. Some services were also not available within the prison health facilities thus they outsource such services.

Achievements/successes

As a result of the capacity strengthening the prison officers are now able to push for minimum standards because they now have the information, and they are screening the inmates upon entry and

during imprisonment. They are providing psychosocial support and can convince the inmates to get their treatment, even to provide counselling services. They no longer see inmates as bandits or prisoners, a friendly environment has been created. Upon entry into a place of incarceration, the inmates are being screened just to check whether they have TB or STIs. ZPCS seek in-mates consent to screen and even test them as stipulated by the standards.

At ZPCS College, it is now a requirement that everyone enrolled will go through the training on SADC Minimum Standards. In addition to the training, ZPCS is now assessing the services it offers to its inmates. When they identify gaps, they try by any means possible to close them. After these trainings, they are also keen to assess the services so that SANOP /VSO can support them in addressing the gaps and challenges. Situational analysis, regular prison visits, and joint prison inspection by SANOP members and the Ministry of Justice-Policy and Legal Research are successfully being conducted. Through visits, discussion with inmates, awareness campaign, one on one helped the project to identify the gaps which were then addressed by SADC minimum standards training. Support groups are helping with sharing the information. In the support group they were able to identify the training needs.

ZPCS and its partners are aiming to adequately and routinely capacity build Prison staff members with respect to HIV and AIDS, TB, Hepatitis B and C, STIs and nutrition. The consultation has revealed that the training is appropriate for the correctional facilities environment ZPCS authorities is constantly cooperating and communicating with health service providers outside its facility system, as well as with other Correctional Facilities. This has ensured continuity of treatment after release or transfer. ZPCS authorities as a result of the SADC minimum standards being cascaded in prisons, they are ensuring that inmates who are scheduled for transfer or release have referral letters to facilitate continuation of treatment at their new locations.

Care and support

ZPCS and its partners have established sustainable cooperation and communication links between its Correctional Facilities and community health services to ensure continuity of care. Ex-inmates have been linked with health facilities using established viable support groups and community volunteers. The support groups and volunteers are providing adequate information about support groups near the ex-inmates. At Whawha Young Offenders juveniles are separated from older prisoners and they are receiving sufficient education about their heightened vulnerability to sexual abuse and other forms of violence that put them at higher risk for acquiring communicable diseases. ZPCS and its partners are providing sufficient psychosocial support to combat substance abuse.

As a result of the capacity strengthening in SADC Minimum Standards the inmates are not even hesitant to go and get tested for HIV, even to go and be screened for TB. The uptake of these services has tremendously improved. They are now keen; they are not hesitant. They now know their health status. Cases of TB amongst inmates are low as compared to the past. Information on HIV treatment uptake is now readily available; the prison community population is now free to go for HIV Testing, there are very limited issues of discrimination and stigma. Even the infection rate is reducing. Now inmates are taking treatment, yet in the past, they were defaulting and would be put into the next-line, second-line treatment, but now, most of them are at the first line of treatment, and they no longer experience drug stockouts in prisons. Now, the treatment for TB and HIV is being provided in prisons.

The intervention is strengthening the ex-inmates association, promoting link between prison and community, compliance with SADC minimum standards. The inmates, ex-inmates and ZPCS welcomed the process. They even composed songs which even shows their support. Support groups formation, which was welcomed by all the stakeholders, these support groups were able to carry out income generating activities which are sustainable. Staff colleges is retraining all the staff members on the minimum standard and SRHR. They wanted everyone to be included by the training. There is an increase in uptake and accessibility of HIV/TB and other health related services in prisons and

Inmates are free to visit the clinics they are open, limited cases of stigma and discrimination. ZPCS officers are now recognizing the rights of the inmates no more name calling, training has addressed those issues.

The use of community volunteers and peer educators to cascade the information helped ISPs to accept information and seek for available health services. There was also trust between peer educators and ISPs because they share some commonalities and as such peer-to-peer support was enhanced. ISPs are being placed at the centre of health programming in prisons such that they are able to claim for their health rights. Inmates trained as peer educators in prisons continued with their work, disseminating information even when they were released from prisons.

The officers are now interacting with inmates in a friendly manner. The training in SADC minimum standards has given birth to voluntary cervical cancer screening for female inmates. The establishment of the cancer screening centre is after the realisation of great work which is being done in capacity building on SADC Minimum Standards. ZPCS is happy about the training programme, which is taking place at the college, To the officers it is sustainable.

Drug and substance use campaigns and trainings were conducted at prison, district, provincial and national level. One officers at ZPCS college was quoted saying “We have seen tremendous changes; inmates are testifying the good work which has been done because of the advocacy work on drug and substance use. This is supported by a young inmate who gave a testimony on how his life has been changed as a result of the awareness campaigns which ZPCS and its partners have been carrying out. He has stopped craving for the drugs and his health has improved. Peer education at Harare Central is good, ZPCS appreciates VSO/SANOP for pushing on the health aspect in prison, this has led to the change of ZPCS attitude towards the officers, they now relate well with the inmates, they now have a much deeper understanding of the health needs of in-mates and they are accountable to them. The trainings of the inmates have worked well in some cases, there are times when companies are requesting for ex-inmates who have received ZPCS trade tests to work with them. Information dissemination on regional instruments on health reached to inmates and prison officers and as such health education in prison was also including information on these regional instruments. There is positive living to those living with HIV. Peer to peer support in HIV treatment, care and support, counselling, and palliative care for the chronically ill was enhanced. Peer educators are now playing a critical role as far as improving uptake of health services in prisons.

Interventions implemented

The following interventions were implemented to address the problem faced by inmates/ex-inmates with regards to knowledge gaps on regional instruments. They used the Peer education model, and they established health support systems, like youth clubs, Community Art refill groups (CARGs), who worked on ensuring that all HIV-positive individuals can collect ARVs at the health facility and distribute them to each other. These groups were just meant to improve the uptake of services within prisons, they provided psychosocial support, and also reduced stigma and discrimination. These support systems would then help people be resilient and continue in their continuum of care. Such systems will also allow people to take their medication religiously. They will not be able to default because they will be continuously encouraging each other to continue taking their medication once they are in prison and when they are released. VSO/SANOP also makes sure that it links them with outside Community support systems like Differentiated service delivery models like CARG, use of support groups. All these interventions were there to meet the SADC minimum standards. VSO/SANOP raised awareness on TB, HIV, SRHR, on STIs in that way it was trying to make SADC minimum standards known and for them to take up what is being required by these SADC minimum standards. They worked with a volunteer specialising in Drug use and abuse awareness raising and mental health. In support of the health programme, they also conducted income-generating activities, offered governance and livelihoods trainings and give start-up capitals in some instances.

SADC Minimum Standards on health benefits

Inmates are now able to access health services within the prison; HIV testing, TB screening, and STI screening are now available. They are benefiting in such a way that even the spread of the diseases is minimal because they now have information, and they are also frequently screened for TB. If one inmate is TB positive, they make sure to screen the whole cell to make sure others are not infected. The inmates can now even demand their services because they are now aware that these are now available in prisons, and they are entitled to them. If the service is unavailable in prison, the inmates engage their guardians, who will outsource the services on their behalf. The community also benefits because prison health equals community health. The moment ZPCS release the inmates with their infections, it will also affect the community. ZPCS Officer had this to say, *“If we manage such diseases, if we manage to prevent them, if we manage to treat them, if we manage to support them whilst they are still in prisons when they are released, then it means even the community also benefits”*. The released ex-inmates are sharing SRHR, HIV/AIDS, STI, TB information with their communities, this is benefiting their communities. Inmates and ex-inmates are benefiting in getting knowledge, all the officers are benefiting, even some of the stakeholders have benefited. SANOP Chapter members are now facilitating the Standards and some of the members who were using derogative language have changed and are respecting the health rights of the inmates and ex-inmates.

VSO/SANOP Partners

Consortium Partners	Collaborative Partners	Volunteer Partners
<ul style="list-style-type: none"> ✓ Prison Fellowship Malawi ✓ SAfAIDS ✓ PREO 	<ul style="list-style-type: none"> ✓ ZPCS ✓ SANOP Chapters members ✓ A network of women living with HIV ✓ Miracle mission ✓ RWI ✓ UNDOC ✓ CATCH ✓ NAC. ✓ Women living with HIV Network ✓ Ministry of Justice ✓ MOHCC, ZAP UZ, ZNNP+, ZHAAU CT 	<ul style="list-style-type: none"> ✓ SANOP/VSO volunteers (Volunteer on SRHR, ✓ a volunteer on drug and substance abuse, ✓ Social Accountability volunteer, ✓ Resilience Volunteer ✓ the Social Inclusion and Gender Analysis volunteer) ✓ Community Volunteers ✓ Support Group volunteers

Resources utilised in carrying out the training

The implementation of the project was made possible by the use of the following resources, which enabled the success of the project; human resources, community, national, international volunteers, Peer Educators, financial resources, IEC materials, banners, flip charts, and posters.

SADC Minimum Standards implementation strategies

The buy-in of ZPCS is important because, as you know, prisons are a closed community. They are a security institution. If they do not want it, they do not want it. So, they are allowing us to talk about these things, which is a port of call. Then, there is also the issue of partnership. Each partner brought his or her expertise. SANOP/VSO worked with several organisations, which brought in their different expertise. Issues related to VSO/SANOP partnership also really helped because they were able to partner with ZPCS even with CSOs like the Network of Women Living with HIV, also have the expertise in HIV and TB issues. The Network also works with volunteers who also participated in giving information about sexual productive health and rights issues and issues to do with substance abuse and mental health. Collaborations and community engagement skills from SANOP.

SADC Minimum Standards Capacity building Good Practices and Innovations

SANOP/VSO tried to be very innovative. The capacity building was, at times, done in a lecturing way. Then also the issue to do with engaging, people living with HIV for them to share their experiences and give an account of their journey regarding treatment, even for them to remain in care. These testimonies were helpful and helped inmates to have an appreciation of how to manage the disease. Some of the inmates came up with some dramas, and some of them wear something that could portray the information partners wanted to give to the people. SANOP/VSO also conducted dialogue sessions within the prisons, engaged in group discussions, songs, questions and answer session. Even the engagement meetings so that they could have a one-on-one, trying to see what is happening within prisons and what they could do to improve such services. Some components of social accountability were used as well as some interface meetings for them to be able to identify some of the gaps.

Challenges encountered

- ✚ The aspect of improving nutrition in prison did not work well. Very limited initiatives are done to support the availability of nutrition in prison. There is more concentration in isolating inmates with opportunistic infection but there is not enough infrastructure to support the isolation and quarantine processes.
- ✚ Prison infrastructure has poor ventilation and overcrowding thereby exacerbating the spreading of infectious diseases like TB. Thus, as much as regional instruments claim for the improvement of ventilation, nothing much is being done in prisons.
- ✚ PMTCT programs are not well observed in prisons such that most pre-natal and post-natal health services are not available in prisons. Some of the services are being outsourced. Also, more information on health is given to inmates
- ✚ SANOP/VSO had very limited resources to support the uptake of the SADC minimum standards, and that is the reason why VSO/SANOP tried to centralize some of the trainings. The central college would invite officers from different provinces. This helped to address the issue of scarcity of resources.
- ✚ Amongst VSO/SANOP & its partners have limited skills on HIV/AIDS and prison health programming, as VSO/SANOP, they are not supposed to implement, they implement through partners. So, at times, it was difficult for two partners to identify partners that have the expertise or that know more about issues to do with SRHR and HIV. To resolve the problem VSO/SANOP had to engage Government ministries, and departments like the National AIDS Council, in trying also to bridge that gap.

SADC Minimum Standards capacity building important learnings

- SANOP/VSO realised that most organisations were just operating, without systems. VSO/SANOP through Miracle Mission started capacity strengthening the partners in resource mobilisation, they encouraged the partners to put systems in place. The partners also learned communication skills and how to make their work visible in the public space .
- Time needed to be adjusted in order not to rush some of the issues.
- The partners learnt that they needed bigger space to facilitate. VSO/SANOP realised that ZPCS had bigger number which was not possible to be accommodated in the small rooms hence need to have outside facilities.
- Needs analysis is important to be able to know the group to target.
- M & E is important, it helps to track the implementation process of the programme.
- VSO/SANOP learnt that the health of the prison community should be the same as that of the outside community
- Treatment adherence of any medication is increasing and there are very limited cases of chronically ill inmates who might need palliative care.
- There is also reduced mortality rate and the spread of opportunistic infections in prisons through information acquired from the capacity building of regional instruments.

- Although there are different stakeholders that are supporting information dissemination of minimum standards on health in prison, there is still need for more organisations to support this initiative and those currently supporting, they occasionally visit prisons due to limited resources.

New Knowledge Generated

Issues of human rights, gender issues and age were taken for granted and not respected but with the training they now respect that.

Replicability and scalability of the intervention Impact

Yes, it can be scaled up and it can be replicated. The ZPCS itself is willing to take up the standards, so it is something that we can replicate because if they show some interest, it then shows that it is easy. The recipients of care are willing to be part of this; they know their health matters, so they need to be part of this, and they are very eager to know even more things to be able to participate in the health issues that also matter. So yeah, I think we can. This can be replicable, and some partners are willing to support some of these initiatives.

The issue of partnership is highly important. The current terrain has limited resources, so partnership engagement is key. These can be financial or human resources. We need to collaborate and conduct mapping of organizations working within prisons so that we can see clearly who is doing what and then see how best to scale up the project or program. Mapping organizations working within prisons is essential. Lastly, meeting bi-annually is key. The work can be replicated, however because of the brain drain uptake of services has been affected. We can push for these services, but no one can provide them.

Thanks to VSO for the resource support, food, volunteers etc. Training facilities for the officers are too small. For the inmates the rooms are ok. So happy about the trainings we have done because they are calling asking for more help.

Recommendations

- Amnesty, some of the inmates will not be well prepared for the sudden release from prison probably because he/she will still be undergoing skilling and reintegration. They are bound to reoffend or suffer denial. Therefore, there is need to educate the society on skilling, and reintegration of officers. The communities are not willing to welcome the ex-inmates because they are not part of the reintegration process.
- ZPCS staff college is calling for VSO/SANOP to come with a program to educate the society about the repentance of the ex-inmates. This because community may not welcome ZPCS alone.
- Prison is a security institution, but the authorities must allow different players like churches, private sector, community health workers, support groups to regularly visit prisons and interact with Inadequately Served Populations (ISPs) to enhance the dissemination of health information and uptake of health services. Such initiatives will also enhance the linkage pathway when one is released from prisons and continue in continuum of care.
- There is need to work with media houses so that they can also give information to the public about minimum standards on health in prisons so that communities and families may also support ISPs whilst they are still in prisons in getting the required health services in prisons.
- Released ISPs with their concern may share their best practises whilst still in prison so that the public will appreciate the need to support the provision of health services in prisons.
- There is a proposal to introduce Community Led Monitoring (CLM) of health services in prisons to be able to identify challenges and gaps of health service provision in prisons and address some of these gaps.
- Training should involve issues to do with Juveniles, they should be trained. The inclusivity approach will help the juveniles a buy in of the training.

- There must be a different facility for Accompanied/nursing mothers, because the prison conditions are not good for the minors. This calls for a policy shift, hence the need for advocacy. This issue is a constitutional provision, ZPCS must revisit the SADC minimum standard about the issue of accompanied mothers, Section 71 of the Prison Act. The environment is not good for the socialisation of the child (critical stage of socialisation (0=7 years). Government should provide alternative sentencing.