



THEATRE
FOR
SOCIAL CHANGE

EVALUATION REPORT

PROGRAMME TITLE:

***REINFORCING THE SCALING UP OF HIV SERVICES: STRENGTHENING HIV
PREVENTION AND EFFECTIVE TARGETING***

LOCATION: SEVEN PRISONS

***Koforidua, Winneba, Tarkwa and Kpando Local Prisons and Hiawa, Awutu and
Osankrom Camp Prisons***

JULY, 2017

Executive Summary

It is common knowledge that quality information and education is vital to making informed decisions and choices. The availability of reliable information is critical for reducing ambiguity and supporting people to make choices among a set of alternatives in problem-solving situations. Making informed decision and having control over one's reproduction and sexuality, therefore hinges on the availability of adequate and quality information and education. The project "Reinforcing the Scaling Up of HIV Services: Strengthening HIV Prevention and Effective Targeting" was therefore aimed at increasing knowledge of HIV and AIDS, Tuberculosis and sexually transmitted infections, addressing high risk behaviors while reducing the incidence of HIV and AIDS, TB and STIs amongst prison inmates. The project is being implemented in all the 43 prisons in Ghana. However, TfSC is working in seven prisons and this evaluation was carried out in these seven prisons.

The goal of the evaluation was to evaluate the effectiveness of the implementation strategies adopted in achieving the stated aim of the project to inform decision-making for the rest of the implementation period and for future project conceptualization and implementation.

The evaluation revealed that the approaches used in the project implementation played complementary roles in ensuring that quality education and information was disseminated to the prison inmates. The results showed that both drama and peer education through one-on-one and small group discussions were effective in the education and information sharing. While each of the approaches had its weaknesses in relation to this project, the combination of both approaches bridged the gaps that would have been created by the other. Drama gave the inmates the opportunity to relate real life challenges in the prisons to drama themes and together propose solutions to these challenges. It also bridged the communication barriers including lack of proper explanation of concept by peer educators. It brought theory into reality. However, it was identified that drama performances in the project were inadequate to provide the desired change that was required of the project. Peer education carried out by peer educators has also been successful. It gave opportunity to inmates to share their private issues related to STIs with peer educators. The one-on-one approach also created the platform for inmates to ask as many questions as they can during education sessions with peer educators. The challenges were that,

peer educators could not answer some of the important questions raised by their clients and in some cases education was not appropriately done due to the pressure and the psychological challenges inmates go through in the prison custody, according to the peer educators. However, the drama gave all inmates and the peer educators the opportunity to ask questions which could not be answered during peer education.

The results also indicated that knowledge has been acquired. Majority of the inmate-respondents prior to this project had never received any education on HIV and TB, though some have heard about them on television, radio, in school and from friends. Some believed in the myths about HIV such as sharing of cooking utensils with PLHIV and insect bites. Majority of the inmates prior to this project never knew their HIV status and were not prepared to voluntarily submit themselves for HIV testing and counseling. The distribution of hygiene kits to the inmates has helped both officers and inmates. The availability of the hygiene kits has solved the challenges officers always appealing and searching for these for the inmates. Inmates who never had any visit from any relative were the most beneficiaries of the hygiene kits. Sharing of sharp objects such as blades has drastically reduced according to the peer educators.

It is believed that the project would be able to achieve its goal at the of the implementation.

Introduction

It is common knowledge that quality information and education is vital to making informed decisions and choices. The availability of reliable information is critical for reducing ambiguity and supporting people to make choices among a set of alternatives in problem-solving situations (Rogers 2003). In particular, health information is important as it empowers people—to make choices, take control, and be responsible for completing diagnostic and therapeutic regimes (Houston & Ehrenberger, 2001). Making informed decision and having control over one's reproduction and sexuality, therefore hinges on the availability of adequate and quality information and education.

The accessibility and usability of information for decision-making depends on many factors. Foremost among them is the degree to which effective communication occurs between people,

for instance, between providers and users. Issues such as the level of gender, culture, cognitive limitations, age, educational attainment, language, the nature of information, and power issues contribute to effective communication (Schiavo, 2007). NGOs working with key populations such as prison inmates use complex technical terms, common in health-related information making comprehension of information difficult. No matter the level of education, users desire health information that is simple and easy to understand (Schiavo, 2007). Therefore, greater information accessibility requires that there is a reasonable amount of meaningful and reliable information for them to deal with (Bath, 2008). At the United Nations sponsored International Conference on Population and Development (ICPD) in Cairo in 1994 (United Nations Department of Public Information [UNDPI], 1995; Papineni, 2004), the essence of universal access to meaningful information in the promotion of quality of life was recognized. Although it was recognized that universal access to quality SRH information is fundamental to enhancing quality of life, for many people, decision making is impaired because they rarely have access to detailed accurate and meaningful information about their sexuality and reproduction (Shalev, 2000). Notable among them are prison inmates. Prison inmates have difficulties accessing information due to inadequate attention given to their concerns in policy-making and service provision. Low literacy levels among prison inmates compound the issue of access. There is therefore the need to understand the SRH information seeking behavior of prison inmates in Ghana. For project focusing on behaviour change, there is the need for constant review and self-reflection to ensure that the desired change is being experienced. Evaluation research is therefore a standard requirement of most of TfSC's programmes and projects. This is in accordance with many government and foundations policies. Governments and foundations increasingly favor evidence-based policies and programmes—strategies that have proven their effectiveness with research. It's not enough anymore to have a few heartwarming testimonials or a plan that just looks good on paper. The trend toward evidence-based policy and practice now permeates many fields (Davies, Nutley, & Smith, 2000).

Project Rationale and Logic

Theater for Social Change (TfSC) has been working in the area of sexual and reproductive health and rights (SRHR) needs, including HIV and AIDS since 2003.

In 2010, TfSC with funding from the Planned Parenthood Association of Ghana (PPAG), under the Global Fund Phase I started the implementation of the project. The first phase of the project started in January, 2010 and ended in December, 2011 and was aimed at reducing new HIV infections in vulnerable groups and general population. TfSC implemented the Phase I in eight districts from the Greater Accra, Central and Eastern regions of Ghana. The second phase of the project which started in January, 2012 and ended in June, 2015 was aimed at reducing new HIV infections in most at risk populations (MARPS). This phase focused on only key populations and TfSC implemented the project in 5 prisons in Ghana – Awutu camp prison, Osamkrom camp prison, Koforidua local prison, Winneba local prison and Kpando local prison. The current phase called the New Funding Model started in July 2015 and will end in December, 2017. TfSC is implementing this phase in seven prisons in Ghana. The prisons are Koforidua, Winneba, Tarkwa and Kpando local prisons and Hiawa, Awutu and Osamkrom camp prisons. Prison inmates tend to have a higher HIV prevalence than the national average. It was in this vein coupled with the vulnerability of inmates to contract HIV that they were classified among key populations. According to the UNAIDS (2014), prisons are a high-risk environment for HIV transmission with drug use and needle sharing, tattooing with homemade and unsterile equipment, high-risk sex and rape common place. The report further stated that overcrowding in the prisons as well as stress, malnutrition, drugs and violence weaken the immune system, making people living with HIV more susceptible to getting ill.

It is estimated that 3.8% of the global prison population are living with HIV and 2.8% have active tuberculosis (Dolan, Wirtz, & Moazen, 2016). According to the National Health and HIV Survey of Prison Inmates in Ghana (2013), the HIV prevalence among male prison inmates was 1.5%, and 11.8% among female prison inmates. In general the HIV prevalence among prison inmates was estimated at 2.3% which was higher than the national average of 1.9% in general population within the same period. The goal of the project is to increase knowledge of HIV and AIDS, Tuberculosis and sexually transmitted infections, addressing high risk behaviors while reducing the incidence of HIV and AIDS, TB and STIs amongst prison inmates.

For the project to contribute meaningfully to reducing HIV and TB prevalence in the prisons, there was the need for constant evaluation of the project implementation process. Many project evaluations tend to focus on the impact of the intervention. However, this study was focused on the process of implementing the project – approach, quality of information, knowledge gain, availability of project materials, project sustainability, immediate impacts/outcomes, etc.

Objectives

The general objective of this study was to evaluate the effectiveness of the implementation strategies adopted in achieving the stated goal of the project to inform decision-making for the rest of the implementation period and for future project conceptualization and implementation. To achieve this, the evaluation was done in two integrated strands: *summative* and *formative*. The summative parts of the evaluation captured and reported observable outcomes of the project among the prison inmates, while the formative evaluation was intended to respond to systems or process factors during the current implementation of the project that facilitated or hindered the achievement of project objectives. The formative evaluation also provided us with the opportunity to assess the relevance of our objectives, strategies and activities of the project for future interventions.

The specific objectives of the study were to

1. analyse the effectiveness of peer education as means of providing information/knowledge to prison inmates,
2. analyse the quality of peer education including information and attitudes of peer educators in the prisons,
3. analyse the effectiveness of drama as a means of education on stigma reduction and mode and medium of transmission of HIV, TB and STIs.
4. investigate the level of knowledge gain by prison inmates on HIV and AIDS and TB.
5. track the immediate impacts the project has so far made in the prisons
6. investigate the impact of the distribution of hygiene kits to the success of the project

Methodology

The study was a participatory SRH project performance assessment targeting prison inmates and prison officers in seven prisons in Ghana. The prisons include Koforidua local prison, Tarkwa local prison, Winneba local prison, Kpando local prison, Awutu camp prison, Osamkrom camp and Hiawa camp prisons. It adopted a mixed method for data collection and analysis. The choice of mixed method was to enable the evaluation team to do thorough literature review and engage with relevant persons within the context of the project. The team therefore utilized interviews and the administration of a survey questionnaire comprising both open and closed questions for data collection. While the close questions were focusing on limiting respondents to carefully selected responses, the open ended question were meant to provide opportunity to respondents to give vivid account of their experience of the project. Selection of respondents was done through simple random sampling and purposive sampling. Sixty-two (62) prison inmates were selected from peer educators' master registers by simple random sampling, while prison officers who participated in the survey were selected through purposive sampling. A simple random sample was used to ensure an unbiased representation of the prison inmates. It is considered a fair way to select a sample from a larger population, since every member of the population has an equal chance of getting selected. Eighteen (18) prison officers, comprising 12 males and 6 females were purposively selected based on their knowledge on the project either as infirmary nurses or officers who have participated in the project implementation. Project documents as well as documents related to TfSC's approach to social and behaviour change communication: interactive theatre and peer education were reviewed. Data was analysed using both qualitative and quantitative methods. The triangulation allows the team to complement the differing strengths of quantitative and qualitative methods (Creswell & Plano Clark, 2007). The data collected through the questionnaire was analysed through quantitative methods while interviews were analysed through qualitative method.

Findings

The findings of this study were analysed from the perspective of both prison officers and prison inmates. The findings were focused on the key objectives of the evaluation. The evaluation was

conducted to analyze the successes or failures of this project implementation process for future improvements.

Prison Officers

The findings from the study revealed that all the prison officers believe the project is beneficial to them as well as the prison inmates. For example, questionnaire findings indicated that prison officers and inmates gain further knowledge on HIV and AIDS, STIs and TB which affect their quality of life and the decision-making on sexuality. They believed that because they are in constant co-existence with the prison inmates, any diseases that affect the prison inmates are likely to be transferred to them. Educating the inmates on sexually transmitted infections and contagious diseases will minimize the likelihood of an outbreak and potential transmission of diseases within the prisons. The project has also been beneficial to the inmates, because hitherto their incarceration some of the inmates knew little or did not know anything about HIV, TB and STIs. It was not surprising that some inmate instead of TB will pronounce this as 'TV' prior to their education. The project has helped the inmates to gain some knowledge on HIV, AIDS, TB and STIs on prevention and stigmatization. Most inmates now know their HIV status. The officers also believed that the education will bring hope to HIV and TB positive inmates and others who may be tested positive in future. The distribution of hygiene kits to the inmates has also helped them to take care of their personal hygiene. One officer stated

“Some of these inmates have never received any visitors since they were brought here. They don't even have 20 pesewas to buy a piece of razor blade to shave and not to talk of money to buy toothpaste; the project has really helped them.”

However, the prison officers expressed their challenge as health risks among prison officers who are focal persons in handling HIV and TB positive cases. Findings from the study indicated that the education and information given to officers and inmates had served as myth busters as it challenges the myths and fears held by some officers and inmates on the themes of our intervention project. Respondents also indicated that the project had reduced the stress associated with their long search for hygiene kits owing to the provision of hygiene kits by the project. The project has also sharpened their skills in managing People Living with HIV (PLHIV) and TB infected inmates.

Findings of the study were consistent with previous evaluations of TB intervention projects in prisons and show many similarities between this prison project in Ghana and at the global level regarding the prevention, control and distribution of resources (Dara, M. 2015). The study findings also corroborated findings from other studies which indicate the effectiveness of interventions and approaches to reduce the risk behaviours and HIV transmission in a wide range of prison environments without resulting in negative consequences for the health of prison staff or prisoners (Jurgen, R. et al 2011).

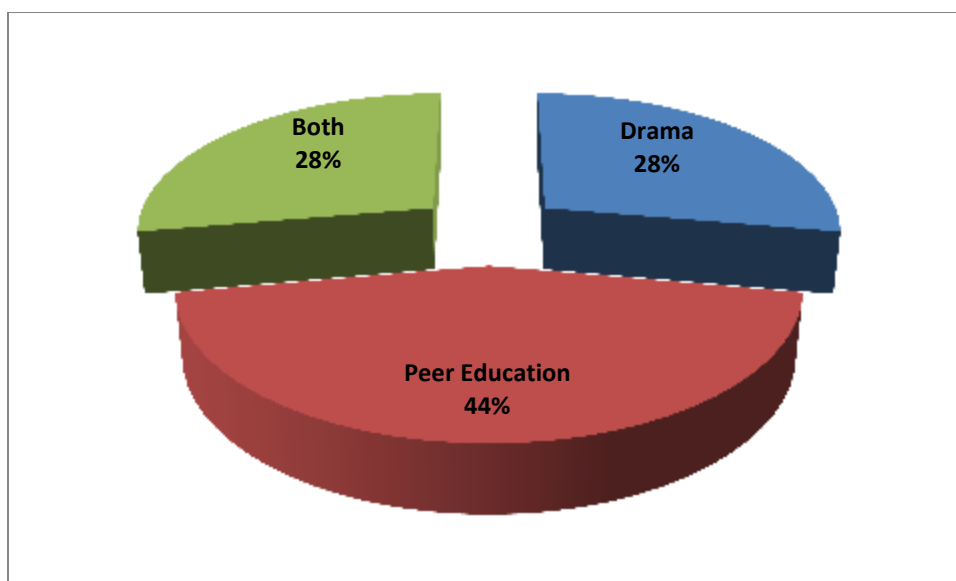


Figure 1: The Choice Between Drama and Peer Education By Prison Officers

Although respondents gave variety of answers on their preferred social and behaviour change communication (SBCC) tool all the eighteen respondents agreed that both the drama and peer education are useful communication tools in working with prison inmates. The officers gave various reasons for their preferences

Table 1: Reasons Given By Prison Officers for Chosen Between Drama and Peer Education

SBCC	Reasons
Drama	<ul style="list-style-type: none"> • Inmates get audio-visual feeling of issues being addressed • Inmates understand the issues better since the performance is done by their colleagues

	<ul style="list-style-type: none"> • What one sees sticks to the mind more than what he hears
Peer Education	<ul style="list-style-type: none"> • This is regularly, unlike the drama • It involves one-on-one discussion • Some inmates have no or little knowledge about HIV and TB and hence need one-on-one education • Not all inmates come out to watch the drama • It will help those who were infected already to know how to take care of themselves • Inmates can educate each other • Clients (inmates) get the opportunity to ask as many question as he wants to understand issues
Both	<ul style="list-style-type: none"> • They both supplement or complement each other • They have different impacts on the inmates

Study respondents also suggested other ways of improving our prison intervention including but not limited to increase in the number of days for training, increase drama performances in the prisons, provision of food supplements and STI drugs to inmates living with HIV, motivation of peer educators and officers, sustainable exit plan for inmates after the end of their prison sentence and extension of project to cover prison officer especially in the distribution of hygiene kits and training. The entire study respondent showed they knew the different between HIV and AIDS.

Prison Inmates

The study shows that majority (82%) of the respondents knew that sharing of the same sharp objects is a medium one can get infected with HIV.

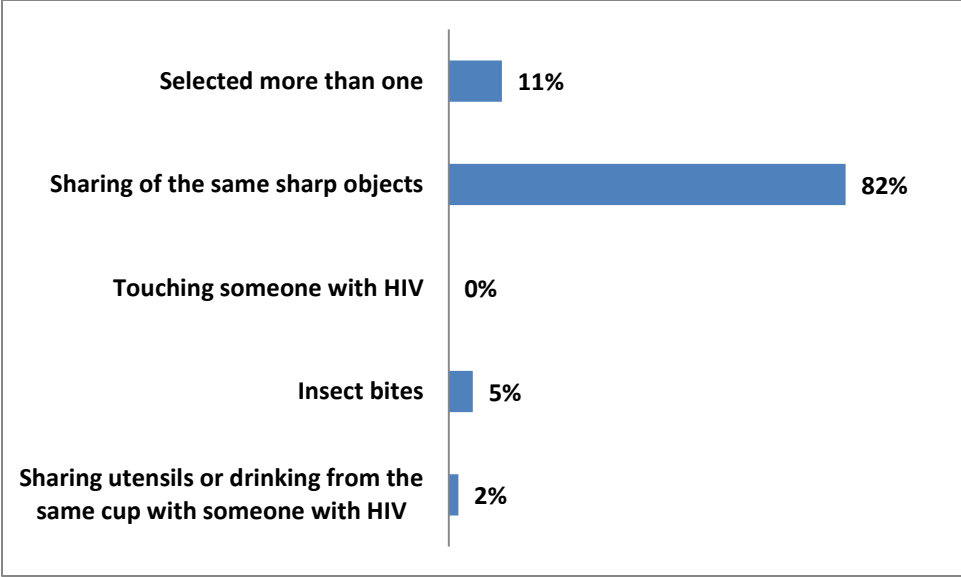


Figure 2: HIV Medium of Transmission

Respondents were asked about the difference between HIV and AIDS, 71% stated that HIV and AIDS are not the same and the rest (29%) said HIV is the same as AIDS.

The mode of transmission of HIV has been a worrying situation since there was a high perception that HIV can only be found in blood. However, the study shows that 56% of the respondents stated that the mode of transmission is not only blood but breast milk, vaginal fluid and semen. However, 31% still believe that the mode of transmission is only blood.

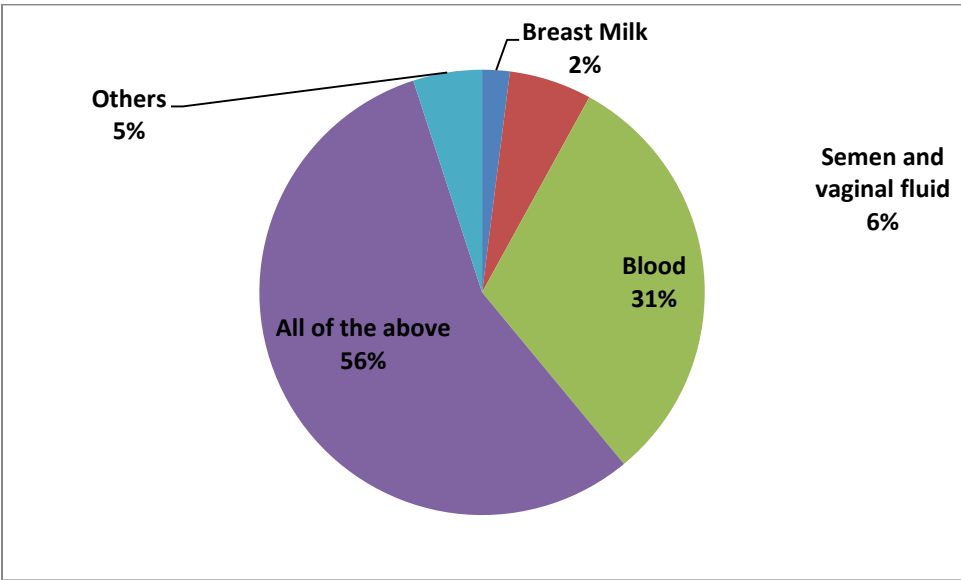


Figure 3: HIV Mode of Transmission

The issue of how to identify whether one has the human immunodeficiency virus or not has been surrounded with myths, hence the study wanted to find out about how one could know his or her HIV status. Eighty-nine percent (89%) stated that unless one was tested before the HIV status can be established.

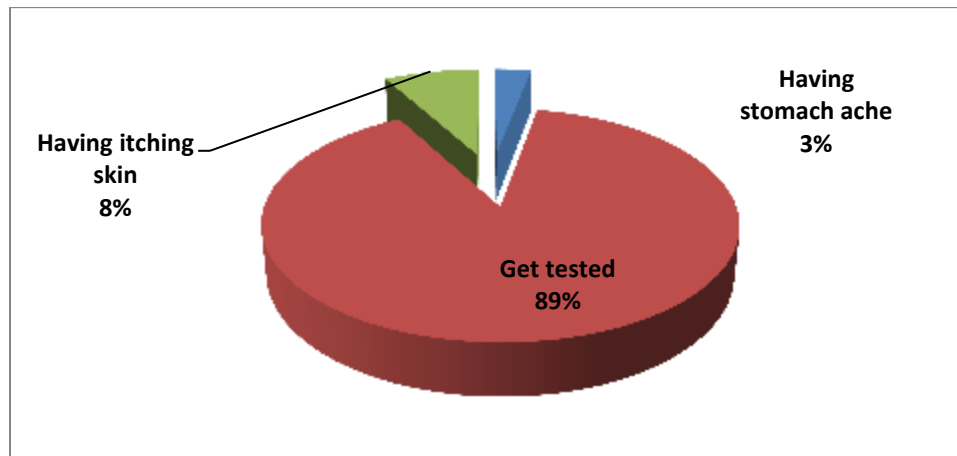


Figure 4: Knowing Your STIs including HIV Status

On condom use and whose responsibility it is to make sure it is used during sexual intercourse, 68% of the respondents stated that it is the responsibility of both male and female to use condom during sexual intercourse. However, all the respondents stated that the condom can only be worn ones. Sixty-five percent (65%) agrees that condoms can be used to prevent pregnancy, HIV, and STIs and twenty-four (24%) of the respondents stated condoms can only be used to prevent HIV.

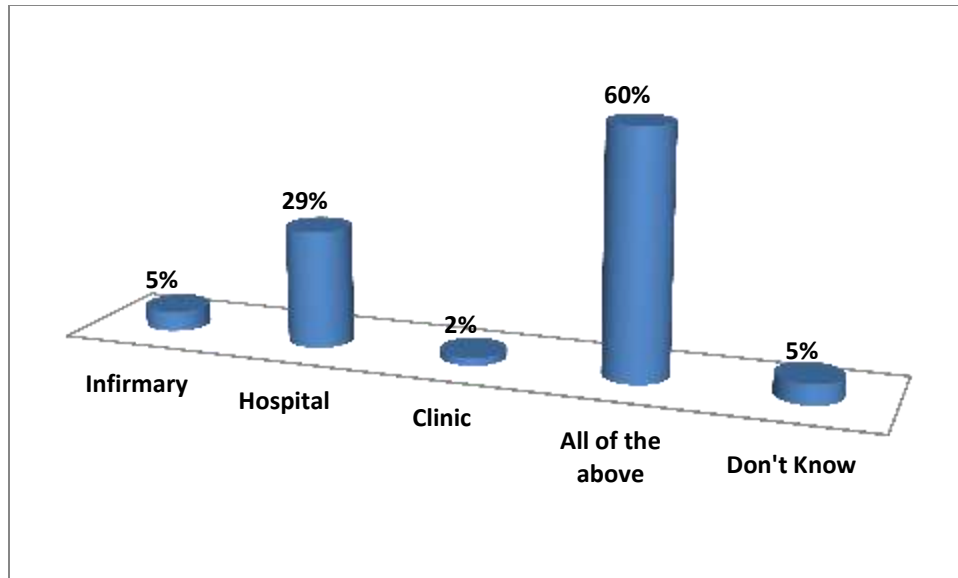


Figure 5: Where to Get Tested for STIs including HIV

At least 60% of the respondents knew that HIV testing can be done at a hospital, clinic or at the infirmery.

Respondents were asked about why they should cover their mouth when coughing, and over 55% knew that one has to cover the mouth when coughing to prevent the spread of TB, as a sign of good cough etiquette and to prevent the spread of air particles from one's mouth to other people.

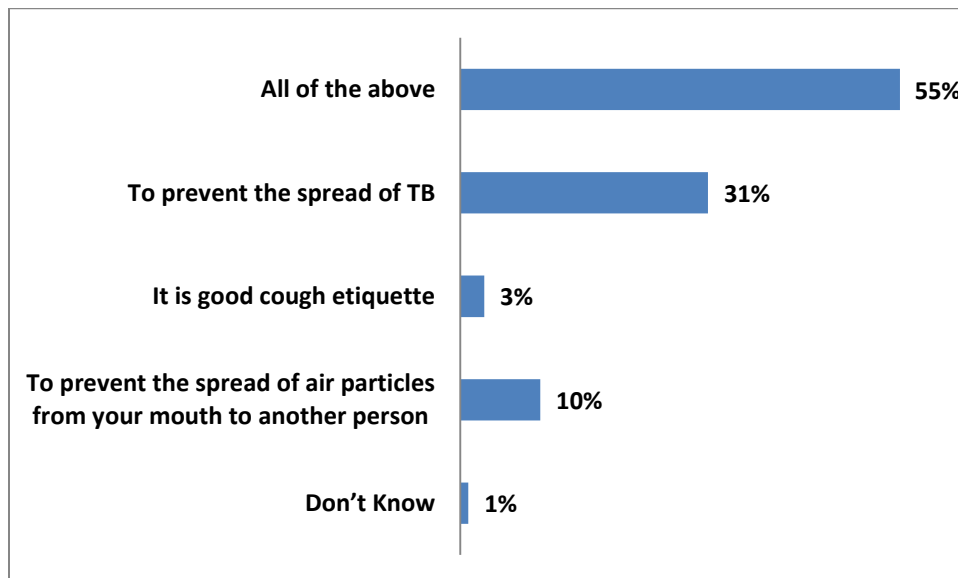


Figure 6: Why Cover the Mouth During Coughing

An overwhelming majority, 92% and 90% knew TB is an airborne disease and can be cured respectively, and 8% said it cannot be cured.

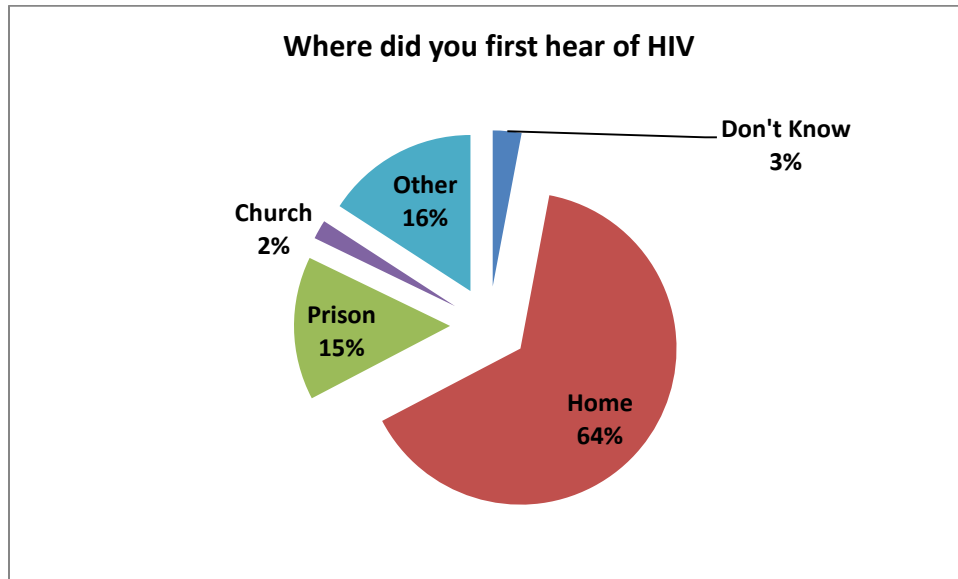


Figure 7: Where Inmates First Heard About HIV

On respondents previous knowledge on HIV, 85% have ever heard about HIV before they were incarcerated, and 15% heard about HIV in the prison for the first time. About 47% heard about HIV for the first time either on radio or television while 32% from their peers, 5% heard about HIV for the first time through drama while the 11% heard about it through other means.

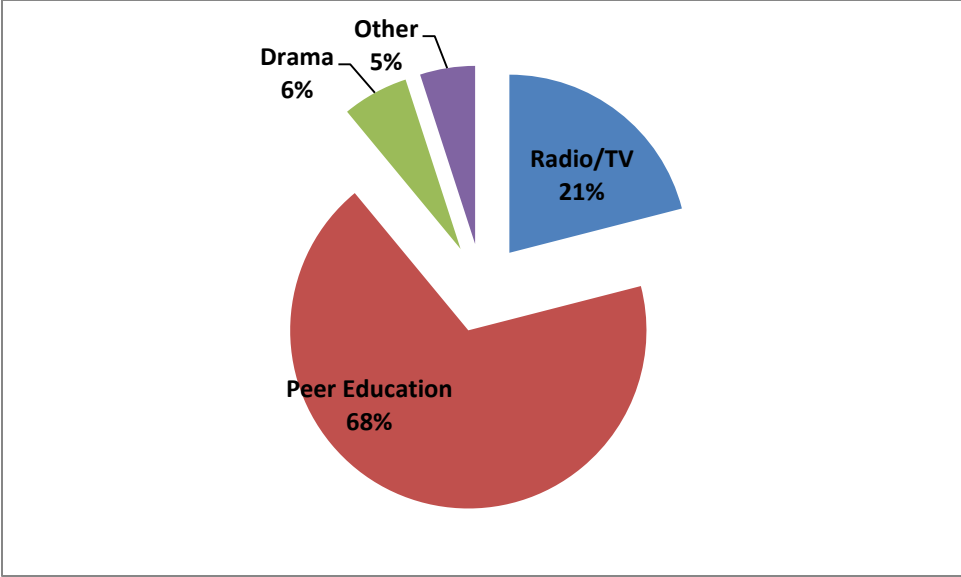


Figure 8: Media Through which Inmates First Heard About HIV

On education on HIV, 68% stated that the first medium of education was through peer education, 21% through radio and television and 6% through drama. Ninety-seven percent (97%) of the respondents said they were educated by peer educators and 3% claimed they were never educated by peer educators.

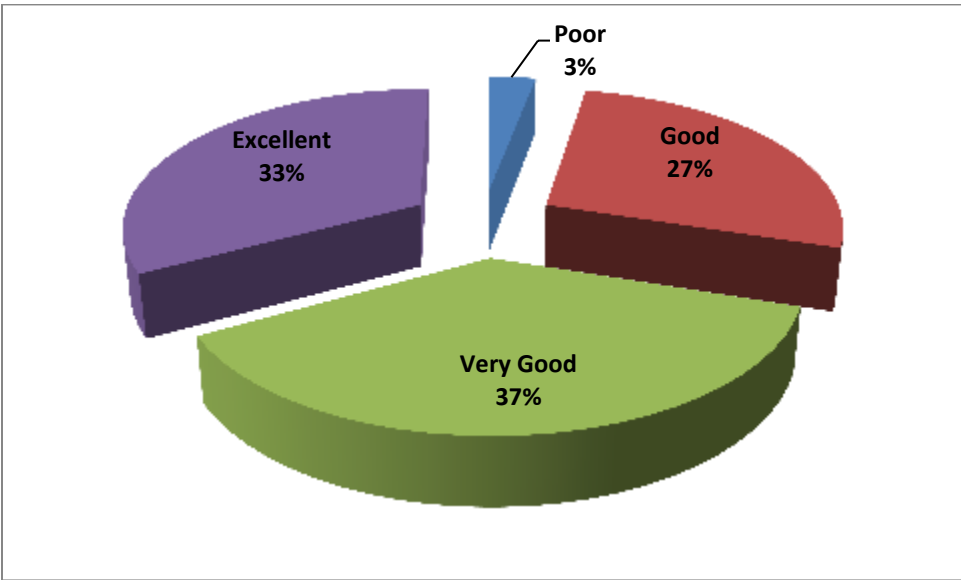


Figure 9: Quality of Peer Education

On the quality of peer education, 37% stated the education was very good and the rest stated it was either excellent or good. However, 3% said it was poor. Eighty-seven percent (87%) said their peer educators were friendly and knew what to say, 10% said the peer educators were not friendly.

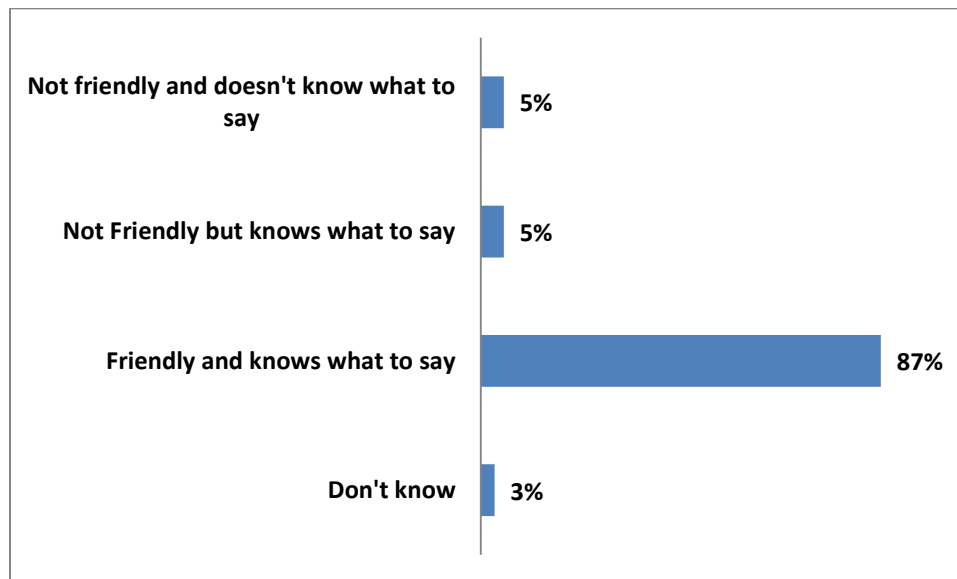


Figure 10: Knowledge and Friendliness of Peer Educators

Fifty-five percent (55%) have been educated on HIV and TB through interactive theatre (drama) and out of this 39% described the performance as excellent.

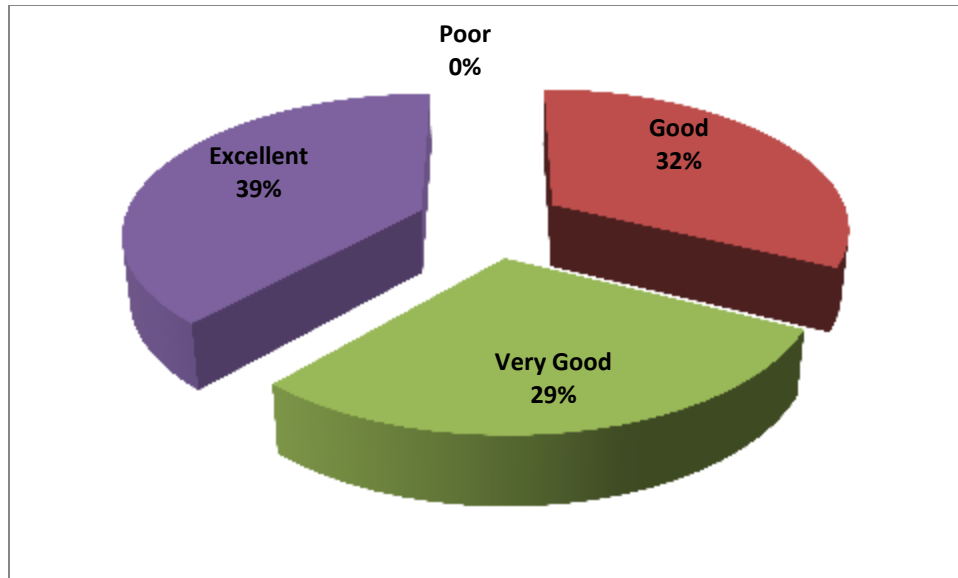


Figure 11: Quality of Drama Performed

All the respondents who have ever been educated through drama agreed that their expectations were met, either fully (85%) or somehow (15%).

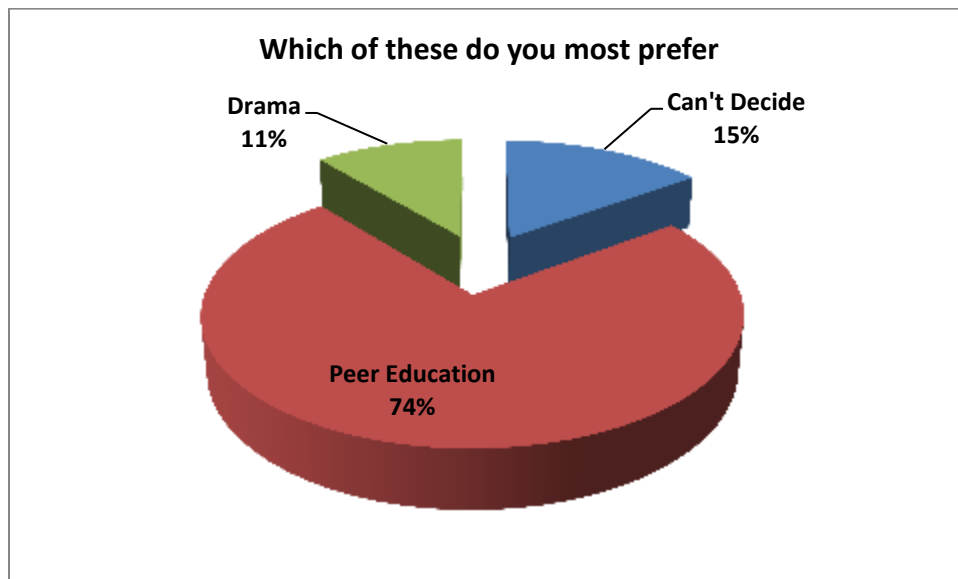


Figure 12: Prison Inmates Choice Between Drama and Peer Education

Majority of the respondents (74%) preferred peer education to drama (11%) and 15% could not decide. Reasons given by these majority centered on the facts that peer educators educate them in

more detail and they have opportunity to ask question when in a small group or during one-on-one discussion. It was also stated that peer education was more frequent in the prisons compared to interactive theatre (drama) which was performed ones a year in each prison. This was confirmed by statements made by some inmates:

“Peer educators have enough time to teach me and we have chance to ask many questions”

“The peer education is more understanding than the drama since some people will be taking the drama as a joke instead of learning from it, because we watch in a group”

The use of flip charts by the peer educators, according to some of the inmates aided better understanding of information on HIV, TB and STIs, especially on modes and medium of transmission. The friendly nature of peer educators and the fact that they were their own colleagues ensured smooth discussions among them. Sharing of vital personal information on STIs with peer educators also helped them to given proper treatment at the infirmary.

However those in support of the drama were of the view that because it was real or physical, it helped them to know the consequences of their actions and provided advice to them. According to them, it was more helpful to those who were weak and finds it difficult to memorise information shared by the peer educators.

“You understand the message better, you see things physical and get practical knowledge”

The evaluation team wanted to find out whether the inmates wanted the project to continue and the responses were positive.

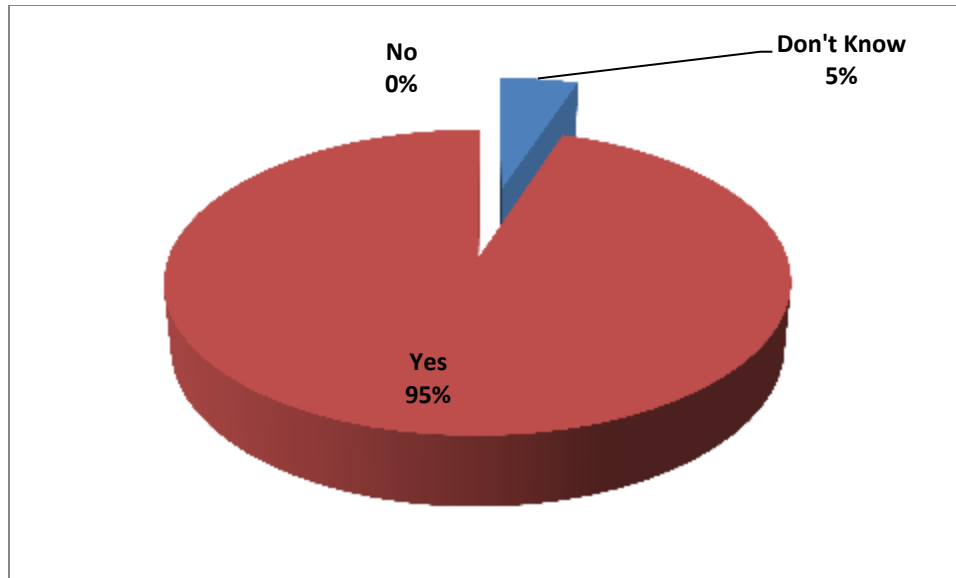


Figure 13: The Continuity of the HIV and AIDS, STIs and TB in the Prisons

Ninety-five percent of the respondents wanted the education on HIV and TB to continue in the prisons. According to them this will increase their understanding on HIV, TB and STIs to minimize the spread of these diseases within the prisons. It will also help them to protect themselves when they are discharged from the prison. Better understanding of the education coupled with the practical experiences they watched during the drama performance will guide them to protect themselves against these diseases educate their families and friends about the diseases when they are discharged from the prisons.

“It will help us to learn more and ask questions where necessary and this will help us to teach other people in our communities when we go out of the prison”

“It will help us to move away from practices that can lead us to contract HIV or TB”

It was also said that the continuity of the project will enable newly incarcerated inmates and future prison to be educated on HIV and TB to prevent their spread among prison inmates.

“It will help us to know more about HIV and TB because some have not heard about it yet so keep information and teach others prevent ourselves from HIV and TB and so people will not be affected”

“it will help the youth to abstain from pre-marital sex and sex without condom, to help people to take care of themselves because a lot of people are yet to change their behaviour or know about their status and so it will benefit me and others”

The project has helped majority of inmates to know their HIV status, at least while still in prison. Some of the inmates make comments such as...

“The programme helped me to know my HIV status”

“so that inmates will continue to know the dos and don'ts about HIV and TB, so that those who are not infected will not be infected and those who have it will get better”

Knowing one's HIV status was a morale booster for some of the inmates. Inmates found it difficult to voluntarily submit themselves for HIV testing and counseling (HTC) for the first time. However, fear among them subsided after knowing their status after the first HTC in the prisons. According to them, they did not find it difficult in making decisions for their second HIV test and subsequent ones. The project has also helped infected persons to be put on medication. Stigmatization, according to the respondents, is reducing among prison inmates since people no longer suspect lean sick inmates as HIV infected persons. The continuity of the project will also reduce HIV and TB prevalence in the prisons. It will enable inmates to acquire more knowledge about HIV and TB, keep refreshing their minds for self-protection.

Respondents appealed for continuous support for the peer educators to continue with the education in order to help other inmates to benefit from the project. The project should be replicated at all prisons to ensure the safety of all prison inmates. The project was described as an excellent project which has helped all inmates and officers.

All the respondents were men since all the prisons under this evaluation were all male prisons. About half (53%) of the responded were aged more than 30 years while only 3% were below 19 years.

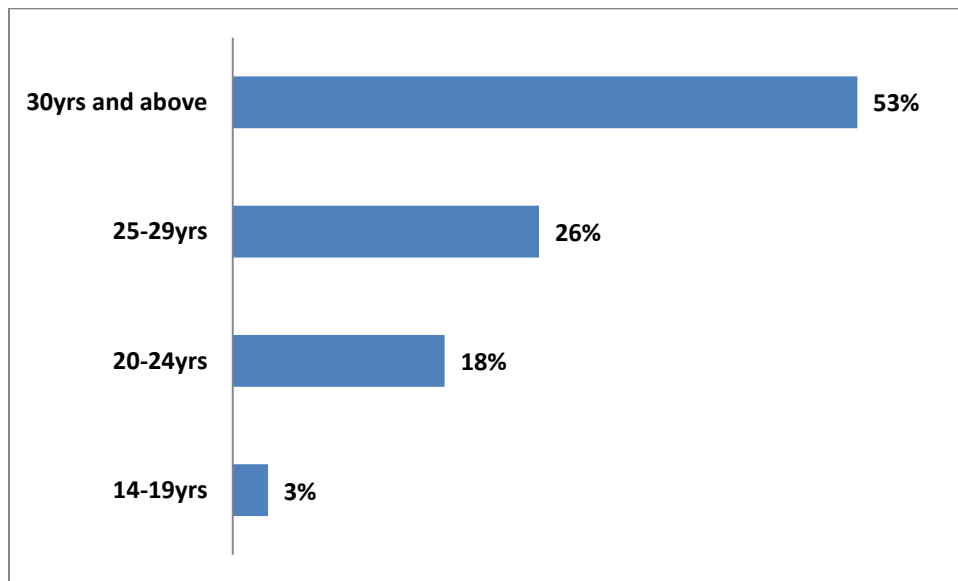


Figure 14: Age Range of Respondents

The study also shows that 53% of the respondents were single and 39% were married men.

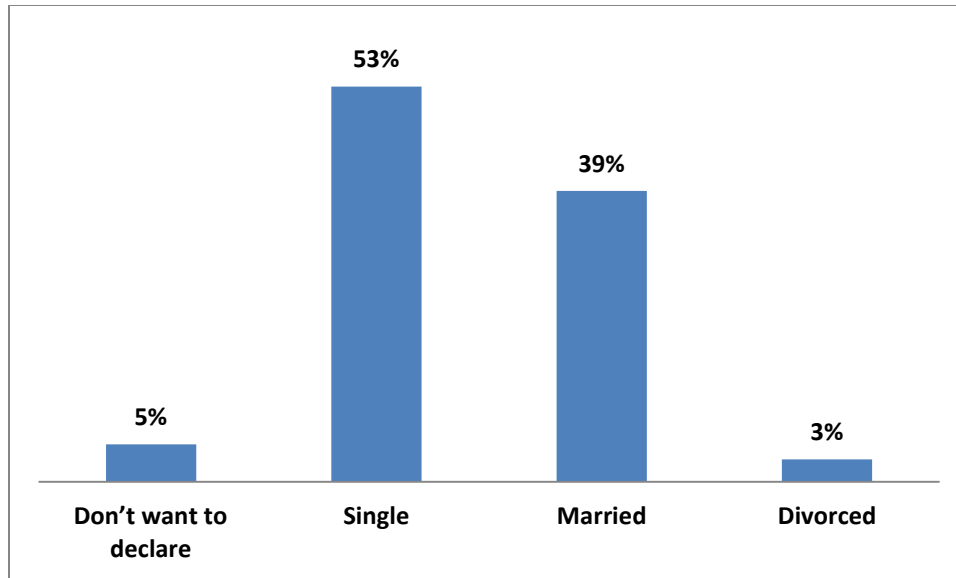


Figure 15: Marital Status of Respondents

Discussion of Findings

The findings from the evaluation showed that peer education in the prisons has been effective. This was confirmed by the respondents who claimed that peer educators were friendly and provided them with the necessary information on HIV, TB and STIs. Respondents have also gained knowledge on HIV, TB and STIs through peer education and respondents believe it has reduced the sharing of the same sharp objects. This was confirmed by the fact that 82% of respondents knew that sharing objects is a medium of transmission of HIV. However, myths still exist on the medium of transmission. About 7% of the respondents still believed that insect bites as well as sharing of the same cooking utensil can transmit HIV from a carrier to non-carrier. It was also obvious that some people still think HIV is the same as AIDS. Twenty-nine percent (29%) of the respondents said HIV and AIDS are the same.

It was identified that majority of the respondents were aware of how one can know his or her HIV status. About 89% of the respondents said one has to be tested before his or her HIV status is known. However, about 31% of the respondents said testing can only be done at the hospital or clinic and not in the infirmary. This was an identified error in peer education, since the peer

educators should have also emphasized on the fact that it can be done at the infirmary, considering the fact that it was the closest and readily available place for HIV testing and counseling services in the prison.

The evaluation identified that majority of the respondents (85%) have ever heard about HIV before they were arrested and imprisoned. However about 74% were educated on HIV for the first time in the prison through peer education and drama. It was identified that even though they have heard about HIV on radio, TV, from friends and other sources, they were not educated on the disease. The project has therefore imparted knowledge and built the confidence of inmates on HIV. Majority of prisons inmates (over 95%) within the time frame of this evaluation have known their HIV status and this according to them, helped them to stay away from practices that may lead them to get infected with the virus.

Responses analyzed indicated that the quality of peer education, in terms of information delivery and conduct of peer educators has been encouraging considering the fact that some good knowledge has been gained by the prison inmates and peer educators have also conducted themselves well in executing their duties. However, it is worth mentioning that peer education in the prisons needs effective coordination and monitoring. Out of the 62 respondents who were sampled from peer educators' master registers, 3% said they were never educated by the peer educators. The revelation supports the fact that peer education, if not properly organized, can be mere gathering of data to satisfy supervisors and donors. All names in the master registers of peer educators were supposed to have been names of inmates who have received some kind of education from a peer educator. However, the fact that 3% of names selected from the peer educators master registers claimed not to have been educated by the peer educators who wrote their names raises an alarm to have a critical look at the sustained quality of peer education in the prisons.

The interactive theatre performance, though not as frequent as respondents expected, it has played its role in augmenting the activities of peer educator in information sharing and knowledge acquisition by the prison inmates. The practical nature of the activity gave inmates real life situation within the prisons and they can protect themselves from HIV and TB. The

storylines of the interactive theatre focuses on the real-life situations facing inmates in their various prisons. Though the drama focused on educating inmates on stigma reduction and HIV and TB prevention, stories performed in various prisons used real situation as pertained in each of the prisons. The nature of the stories and the contributions of the audience during performances brought about ownership of the alternative solutions provided to preventing themselves from HIV, TB and STIs and stigma reduction among prison inmates. Comments made by respondents both officers and inmates, indicated that having more drama performances would have been more effective in complementing peer education in the prisons. Almost all people who have ever watched any of the drama performances agreed that their expectations were met.

The results indicated that some level of knowledge has been gained by respondents. The fact that over 60% of the respondents were educated for the first time on HIV, TB and STIs through this project, coupled with the correct responses the majority of the respondents provided during the administration of the questionnaire pointed the fact that some knowledge has been gained. Even though many have heard about HIV and TB before they were incarcerated, they did not have enough knowledge on prevention and stigmatization.

The main focus of the evaluation was not on impact; however, it was necessary to find the immediate impact of the project. We identified that the project has made a significant impact in the use of common sharp objects, and the reduction of believes in perceived myths about HIV, AIDS and TB. Interaction with inmates in the prisons showed that they were aware of the consequences of sharing the same sharp objects. It was stated that people who still try to use them wash them thoroughly with water and soap before they use them. The lack of razor blades for shaving of the heads of inmates and their inability to purchase them for their own use forced some inmates to still share blades with others. Inmates have enough disposable shaving sticks to shave their private parts, however, the shaving sticks were not good enough to shave their heads. The acceptance of all inmates regardless of their health status by their colleagues, according to the inmates, has improved. Inmates no longer perceive lean people as carriers of the HIV.

The inclusion of the distribution of hygiene kits in the project was lauded by both inmates and officers. It was gathered from the evaluation that some inmates have never been visited by any of their relatives since they were brought to prison. It was therefore relieving to many of such inmates to be provided with toothpaste, toothbrush and shaving sticks. The hygiene kits initially served as motivation for inmates to allow peer educators to embark on one-on-one and small group peer education and to voluntarily attend to HTC services. Even though that reduced with the passage of time, hygiene kits were relevant to ensuring that inmates did not share the same sharp object. Information gathered from peer educators in Koforidua local prison showed that some inmates relied on peer educators to buy razor blades to shave their heads. Compliance on avoiding the sharing of the same sharp objects was aided by the availability of the hygiene kits. The inclusion of the hygiene kits really contributed to achievements gained in this project.

Implementation Challenges

The project implementation though successful was not without challenges. The evaluation exercise revealed that project officers at times had to persuade infirmary nurses and other prison officers to carry out HTC services and TB screening. The lack of Ora Quick in the prisons for immediate confirmation of HIV reactive cases hampers the smooth implementation of the project. Some remand inmates who were reactive to the first response test could not confirm their status because they were discharged on their subsequent visit to court. This according the project coordinator and the infirmary nurses put the affected inmate in a dilemma. The project coordinator and the nurses could not also confirm whether these persons seek further confirmation test elsewhere and proceed with treatment, go out and infect new people or keep it to themselves and die slowly. The secrecy policy of the HIV diseases does not allow infirmary nurses to disclose inmates HIV status to third party and since there are no special exit system for such inmates, prison officers or police officers who take these inmates to court were always helpless in terms of counseling them upon their discharge in court. Another key challenge was the lack of barbering shops in the prisons. It was revealed that some inmates still share razor blades to shave their heads. According the inmates the disposable shaving stick were not good

enough to shave their heads and hence their incessant reliance on other inmates razor blades to shave their heads.

Conclusion

The implementation of the NFM project within the period under review has been successful. The evaluation exercise showed that some learning has taken place among the prison inmates. This was based on the fact that inmates who had never had any education on HIV and TB have gained knowledge about the diseases and those who have had foreknowledge of HIV and TB also admitted that the project has widened their understanding of HIV and TB diseases. Also, all materials and finances needed to implement the project were available: there were enough flip charts and peer educators manuals, enough hygiene kits including toothpaste, toothbrush and disposable shaving sticks; enough test kits for first response HIV testing, enough record keeping forms including the daily activity sheets, referral forms, HTC summary booklet, etc. Peer education was effective, considering the fact that inmates were able to confide in peer educators on their sexual and reproductive health challenges such as STIs and other diseases and the acceptance by the majority of respondents that peer education was preferred to drama. On the quality of information given, it was observed from the interviews and the questionnaire that the quality of information given by peer educators is of higher quality in some prisons, such as Koforidua, compared with the quality at Osankrom which was of less quality. Quality was measured based on the quality of responses respondents gave during the random interview of peer educators' clients and the responses from the questionnaire. The few drama performances in the prisons made the necessary impact of supplementing the activities of peer educators. The quality of drama performances to a larger extent met the expectations of the prison inmates. The immediate impact of the project include the reduction in the use or sharing of the same sharp objects by inmates, the knowledge gained by inmates on HIV and AIDS, TB and STIs and the ability of all project primary beneficiaries (beneficiary inmates) to at least brush their teeth ones a day due to the free supply of toothpaste and toothbrush. The free distribution of the hygiene kits contributed immensely to the success so achieved. From the beginning of the project, the hygiene kits served as motivation for inmate to voluntarily submit themselves for HIV testing and counseling. The use of the same razor blades and other sharp objects for shaving of armpits and

pubic hairs has been reduced to the minimum if not eliminated. Individual inmates now have their own shaving sticks to that purpose. These successes came on the back of hard work and commitment from all stakeholders such as the prison authorities at the national level, OICs and 2ICs in the prisons, infirmary nurses and the staff of PPAG and TfSC.

Whiles celebrating the success of the project, the team identifies the following gaps that need to be filled. These include inadequate drama performances, lack of motivation for prison officers (cash or kind), lack of structured exit systems for inmates living with HIV, lack of food supplements for inmates living with HIV or TB and lack of barbering shops in the prisons. Future project development should consider filling in the above stated gaps. These will complement the already structures intervention model to give a holistic benefit to the prison community.

Acknowledgement

References