



OVERVIEW OF THE APP PRISON VILLAGE HEALTH TEAM (PVHT) PROGRAMME

Introduction

In June 2013, the African Prisons Project launched the *“Promotion of the rights to access to justice and healthcare for prisoners in Oyam and Apac Districts”* across eight prisons in Mid-Northern Uganda.

Central to the project is the training of Prison Village Health Team (PVHTs) and Prison Peer Educators. It was launched in response to the absence of qualified medical personnel to provide much needed health services in prisons in Oyam and Apac, rural areas in the North of Uganda. With the generous support of the Independent Development Fund, 22 prison officers and their family members were trained to deliver primary health care services, significantly improving health and welfare initiatives, not just for prisoners, but for prison staff and their families.

Background

According to the National Economic and Social Rights Initiative, the right to access to healthcare should be affordable and accessible for all. However in Uganda few people enjoy this right due to poverty, limited access to health information, medical services and supplies, particularly in rural areas. Specialised medical personnel are concentrated in cities, although over 80% of the population (UBOS 2014) live in rural areas. Oyam and Apac Districts have the second highest number of people (40.4%) living in absolute poverty (less than \$1 a dollar a day) with an additional 40.4% at risk. Those in poverty lack the means to access information on disease leading to late diagnosis and higher death rates from preventable diseases. Prison communities, in particular lack access to information and resources.

Of six prisons visited in order to establish the baseline survey, only two had Health Centres and three had Nursing Assistants. The remaining four had makeshift infirmaries, three of them run by a prison officer with no clinical experience or knowledge.

The Government of Uganda and the Ugandan Prisons Service (UPS) are aware of the need for greater medical support and have introduced initiatives to help address the problem, for example by introducing screening prisoners for contagious diseases such as HIV, Tuberculosis, Malaria and skin diseases at Luzira Prison, Kampala in 2013. But the need is still great.

In order to address the lack of qualified medical staff, APP has trained 22 prison officers and their family members to form Prison Village Health Teams and 21 Prisoners to become Prison Peer Educators (PPEs). PVHTs act as a link between prisoners and the community, advocating on behalf of prisoners and making referrals to the nearest Health Centre where necessary, as well as ensuring prisoners with HIV/AIDS receive medicines. Together, PVHTs and PPEs enhance access to basic health services, screening for HIV and Tuberculosis as well as delivering health education.

Training is provided to PVHTs and PPEs to help identify common illnesses and to recognise the danger signs that signify urgent medical attention is required. Sanitation, hygiene and disease prevention training is also included, as well as dispensing regular medication such as Anti-Retrovirals (ARVs) and Anti TB through the standard Directly Observed Treatment technique (DOTs) method. PPEs conduct awareness sessions on health topics among their peers in the prison community.

The pilot phase of the project has demonstrated high levels of impact and judged by the Independent Development Fund to be among the top three performing projects.

Our Impact

Impact Performance Indicator	Baseline (Start of Project)	End line (End of Project)
Average time taken for prisoners to access treatment	36HRS	12HRS
Sick prisoners and prison staff members referred and accessing quality care	218	1,272
Prevalence of water borne diseases	229/650	167/650
Number of deaths	3 (12 months prior to project)	0 (during project lifetime).

Strengthening the capacity of prison services in the countries where we work is crucial to sustain impact and ensure they continue to meet the health, education and access to justice needs of our beneficiaries. With the support of the PVHTs and PPEs trained by APP;

- **221 health awareness sessions** have been conducted.
- **7671(717 females and 6954 males)** have attended the sessions.

The prisoners' have demonstrated an increased response to diseases and infections; with new cases being immediately reported to the PVHTs or prison authorities. PPEs reported that, as a result of the health awareness sessions, many myths and misconceptions about HIV/AIDS have been dispelled. Prisoners have gained confidence to approach the PVHTs and the PPEs about their HIV status in order to receive the help they need. Stigma and discrimination against those living with HIV/AIDS has reduced due to increased awareness on the nature of HIV/AIDS transmission.

Other successes from the APP PVHT model:

- In 2013, only 60 out of over 200 prisons in Uganda had Nursing Assistants to provide the much needed medical support in prison. Majority of the prisons outside of Uganda's capital Kampala did not have such personnel.
- The impact of our work goes beyond the change brought within the prisons in Oyam and Apac. The recent roll out of the APP PVHT model with **over 500 PVHTs** trained by the Uganda Prisons Service will ensure that there are at least 2 trained staff to provide medical support to prisoners and prison staff families in all prisons countrywide. The lessons and strategies from the pilot provided a solution to the gaps in service delivery to ensure that the Uganda Prisons Service is

able to effectively and effectively and efficiently respond to the health needs of the prisoners and prison staff families.

- **During the baseline conducted at the start of the project, it was found that only 3 of the 8 prisons had Nursing Assistants to provide the much needed medical support to the prisoners.**
- **3 of the PVHTs trained under the project have now been promoted to the level of Nursing Assistants.** The role they undertook as PVHTs was instrumental in their ability to fulfil this position, leading them to be selected by the Regional Health office in Lira to participate in further training. Their resulting integration in to the District Health agenda has led to them being requested to manage the distribution of mosquito nets within the prison community, provided by the Ministry of Health.
- No deaths have been recorded in Oyam prison since the training of the PVHTs; their advocacy has ensured that prisoners have timely access to medical care.

“I am extremely impressed by the fact that we registered no deaths in Oyam prisons in 2014 compared to the past years when we would have about 10 people dying each year.” -District Prisons Commander Oyam District, Mr Okura Celestino, during quarterly review meeting in 2015.

Success stories

A true advocate of access to health

PVHTs have become a vital asset to the prisons they work in. Many have been put in charge of health management not only for prisoners but prison staff as well.



The Officer in Charge of Loro Prison has praised the positive contribution Ogwal Francis, PVHT has brought to the prison.

“Ogwal is doing a great job. For the first time, we have proper

Mr Francis Ogwal, a PVHT, preparing to take health records at prison.
Levi Okello to Oyam prison for treatment. *Sick inmates are being referred within few days*

after they complain of sickness. Ogwal has gone the extra mile by transporting inmates on his personal motor cycle to Oyam and Lira in case they need further treatment. The inmate on the motorbike had Tuberculosis and it was feared he might spread it to fellow inmates. So Ogwal decided to transfer him to Oyam Prison which has a Health centre nearby, where he could start treatment and be monitored closely.”

“I am proud of the positive contribution I’m able to bring to the station. Most especially, I feel very happy when prisoners open up to me to discuss their health issues and gladly accept my help. Although there are many challenges most of which are due to the lack of drugs at the health centres, as a PVHT, I deliver my help to make sure preventable diseases in the prison are not rampant. I now strongly believe that I can deliver change in Loro Prison. I started with awareness sessions for prisoners and prison’s staff members. I have continued to teach about signs and symptoms of common diseases such as malaria, TB, HIV and general hygiene. In the beginning, I had some challenges. The prisoners were initially skeptical and it took them sometime to embrace my new role as a member of the Prison Village Health Team. But they have now opened up and I am closer to them. This has enabled me to easily identify those who are sick and give them necessary assistance.” **Mr Ogwal Francis, Prison Officer, Loro Prison**

“I can never put value to the help I have received from Mr. Ogwal. He is a wonderful man and he listens to everybody. Since I opened up to him that I am HIV positive, he has treated me with extra care. Having HIV means you are prone to getting sick often. From time to time, I have been sick and have needed to visit the Health Centre more often. He has never looked down on me. I respect him like I would my father.”

Okello Levi an inmate at Loro farm prison.

For the Past 3 years Mary Aciro has been working as the PVHT of Maruzi Prison. She speak about the transformation.

“In the beginning, it was challenging. The person in charge at the Health Centre was not very friendly. But as we continued to interact weekly and talk about the situation in prisons, he had a change of heart A while back, we were having serious malaria related cases. We discussed what could be done and he

agreed to supplying mosquito nets for both prisoners and staff. This has greatly reduced malaria cases in Maruzi prison and consequently, we had no malaria cases recorded for January 2016.

Also, in the past two months, we have registered the highest number of HIV cases. This means that we are in need of larger amounts of ARVs. Due to the good relationship with the Health Centre, our patients never lack medication and it is always delivered on time for us to administer to the inmates. I was also fortunate to be chosen to be trained as a Nursing Assistant by the Regional Prison Service health team in Lira district in January 2015. I now fill this role at the prison and I am trusted with the First Aid box at the station. For the very first time we have clear health records at our station and this makes me proud of my work.

*On 12th January 2016 an inmate by the names of **Ongom Charles** was transferred to our prison from Lira. He looked weak and always complained of sickness. One day he started vomiting blood. Having been taught about signs of TB during the PVHT training, my first suspicion was he might be infected. When I explained my suspicion to the Officer in Charge, he allowed me to refer him to Ibuje Health Centre immediately. Indeed, the results showed he had TB. He was given medicine and sent back to prison, where I made arrangements to have him isolated so as to prevent the spread of TB. We gave him extra care and made sure he adhered to his medication. It has been three weeks since and there is tremendous improvement. He can now interact with his fellow inmates though he still sleeps alone. We need to be very sure that he is free from the disease before we can take him back to the Boma.”*



Ongom speaks about the help he received from Mary Aciro.

“I knew I was sick but I could not convince the officer at Lira Prison and I was not diagnosed. So when I was told I was being transferred from Lira to Maruzi, a smaller prison, I knew I had to brace myself for the worst because if I hadn’t been treated in Lira, then what would happen in Maruzi, which was a small prison. But beautiful things happen when you least expect them. I will forever be indebted to Mrs Aciro. She has cared for me like a mother would. Even though I was a stranger and prisoner, it did not stop her from showing compassion. When I think of the assistance and care I have received from her, I believe indeed Angels do move through men!” **Ongom Charles, Maruzi Prison.**