



LESOTHO CORRECTIONAL SERVICE



HIV AND AIDS POLICY



22 May 2009

FOREWORD



As a member of the international community, Lesotho is bound by international instruments which are legally binding and prescriptive. With respect to HIV and AIDS, these instruments prescribe that inmates retain all rights that are not taken away as a fact of incarceration and that inmates like all persons have a right to enjoy the highest attainable standard of health which includes HIV and AIDS prevention, treatment, care and support. WHO Guidelines on HIV and AIDS in Prisons for instance, provides for standards that prison authorities should strive to achieve in their efforts to prevent HIV

transmission in prisons and to provide care to those living with HIV. The International Guidelines on HIV and AIDS in prisons and Human Rights on the other hand mandates prison authorities to take measures for protection of inmates from rape, sexual violence and coercion and to provide inmates and staff with access to HIV -related prevention, treatment and care services. It was therefore crucial that we take cognizance of these instruments and respond effectively to HIV and AIDS in Lesotho Correctional Service.

Lesotho Correctional Service (LCS) like every other sector of society in Lesotho is affected by the HIV and AIDS pandemic. In their case, the situation calls for special attention as inmates are particularly vulnerable by virtue of their incarceration and this vulnerability extends to LCS staff by virtue of their day to day very close interface with the inmates. It was therefore imperative that LCS develops its HIV and AIDS Policy to guide their action in the fight against HIV and AIDS in the corrections setting.

This policy document is informed by the National HIV and AIDS Policy and Strategic Plan 2006 to 2011, and the international instruments on HIV and AIDS. The National HIV and AIDS Policy notes that inmates are particularly vulnerable to exploitative and abusive sexual relations because of the environment in which they live. The National HIV and AIDS Policy also calls for all workplaces to have in place workplace HIV and AIDS policies to guide each workplace response to the pandemic.

The LCS response to HIV and AIDS needs to be systematic and comprehensive. This makes it important that the actions of all role players be effectively coordinated in order to strengthen the capacity of LCS in utilizing available resources

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effectively. The LCS HIV and AIDS Policy addresses a number of key areas which have been identified as currently posing a great challenge to an effective response of HIV and AIDS within the correctional institutions in Lesotho. These areas include prevention measures for both inmates and staff; provision of treatment, care and support equivalent to that available outside the correctional institutions; improvement of poor conditions in correctional institutions; reducing overcrowding within correctional institutions through engaging the judiciary and relevant authorities with a view to increasing the use of non-custodial sentences; impact mitigation and treatment for sick staff and inmates; reducing stigma and discrimination in the context of workplace; implementation of this Policy -because without appropriate plans a good policy is meaningless.

This pandemic affects everyone in society and as inmates are expected to be released back in the community, no effort should be spared in preventing infection while the inmates are incarcerated and in ensuring that prevention continues after they are released. So collaboration among all stakeholders will be required for the envisaged results to be achieved.

It is therefore my hope that there will be greater cooperation among all stakeholders and that the goal as espoused in this policy will be realized.



Hon. Mpeo Mahase - Moiloa

Minister of Justice, Human Rights and Correctional Service

ACKNOWLEDGEMENTS



The Ministry of Justice, Human Rights and Correctional Service wishes to acknowledge with gratitude the many individuals and organisations that contributed to the success of the development of this LCS HIV and AIDS Policy. Special thanks go to National AIDS Commission (NAC) who provided funding and technical support to the project. LCS is especially grateful to the LCS HIV and AIDS Task team who provided valuable oversight to the process.

We wish to further express our gratitude to all the stakeholders who provided the necessary input in order to make this policy as inclusive and robust as possible. Without their invaluable input, the policy would not be what it is. Special thanks also go to the LCS headquarters management and staff as well as the staff and inmates of the different correctional institutions in the country who provided the necessary information which was required for the LCS HIV and AIDS situation assessment and through their invaluable participation in policy formulation and validation workshops.

Finally, we would like to extend our gratitude to the other stakeholders outside LCS who participated in the policy formulation process and to the Consultants Mrs. L. Malephane and Mrs. M. Nkuebe of Advision Lesotho for facilitating the policy formulation process and compilation of this policy document.

A handwritten signature in black ink, appearing to read 'M. Thulo', written over a horizontal line.

Mojalefa Thulo

Commissioner - Lesotho Correctional Service

Ministry of Justice, Human Rights and Correctional Service

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral Drugs
ART	Anti Retroviral Therapy
CO	Chief Officer
CPE	Criminal Procedure and Evidence Act
HBC	Home Based Care
HCV	Hepatitis C Virus
HIV	Human Immuno-Deficiency Virus
HTC	HIV Testing And Counseling
ILO	International Labour Organisation
IEC	Information Education Communication
JTC	Juvenile Training Centre
KYS	Know Your Status
LCS	Lesotho Correctional Service
LPPA	Lesotho Planned Parenthood Association
MOHSW	Ministry of Health and Social Welfare
NAC	National AIDS Commission
NGO	Non Governmental Organisation
PASAN	Inmates with HIV and AIDS Support Action Network
PMTCT	Prevention of Mother-To-Child Transmission
PSI	Population Studies International
SAC	Senior Assistant Commissioner
SADC	Southern African Development Community
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV & AIDS
UNGASS	United Nations General Assembly Special Session on HIV and AIDS

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UNODC United Nations Office on Drugs and Crime

WHO World Health Organisation

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EXECUTIVE SUMMARY

PREAMBLE

The National HIV and AIDS policy under Section 5.8 acknowledges that Inmates are particularly vulnerable to exploitative and abusive sexual relations because of the environment in which they live and, are therefore vulnerable to HIV and AIDS infection. Both the National HIV and AIDS policy and the National HIV and AIDS Strategic Plan 2006-2011 has thus paved the way for and formed the basis for the development of Lesotho Correctional Service (LCS) HIV and AIDS Policy and Lesotho Correctional Service HIV and AIDS Strategic Plan. These instruments themselves (National HIV and AIDS Policy and National HIV and AIDS Strategic Plan 2006-2011) were developed on the basis of the mandate derived from the Constitution of Lesotho under Section 27 which provides that Lesotho shall adopt policies aimed at ensuring the highest attainable standard of physical and mental health for its citizens, including policies designed to-

- (a) Provide for the reduction of stillbirth rate and of infant mortality and for the healthy development of the child;
- (b) Improve environmental and industrial hygiene,
- (c) Provide for the prevention, treatment and control of epidemic, endemic, occupational and other diseases;
- (d) Create conditions which would assure to all, medical service and medical attention in the event of sickness; and
- (e) Improve public health.

HIV is a serious health threat for the 10 million people in prisons across the world. In some cases, the prevalence of HIV infection in prisons is up to a hundred times higher than in the community. Even in countries with large heterosexual HIV epidemics, such as Africa, studies have shown that rates of HIV infections in prisons are higher than outside prisons.

LCS is no exception to the abovementioned scenario as clearly demonstrated by LCS HIV and AIDS situation analysis jointly conducted for informing this Policy and the LCS HIV and AIDS Strategic Plan 2009 -2014.

Also, as a member of the international community, Lesotho is bound by a number of international instruments and covenants, that are particularly relevant to HIV in prisons and which therefore call for putting in place mechanism to address human rights of inmates in a holistic manner.

This policy covers the inmates as they are at most risk of contracting HIV and AIDS within the correctional service setting; LCS staff because they get into contact with the inmates on day to day basis; Health officers working within correctional service institutions; and LCS management because they have a central role to play of ensuring the implementation of this Policy within the correctional service institutions settings.

The Policy is going to address a number of key areas which have been identified as currently posing a great challenge to an effective response of HIV and AIDS within the correctional institutions in Lesotho.

The seven broad key areas which are going to be addressed in this Policy have been identified as-

- Prevention measures for both inmates and staff which include education, voluntary HIV counseling and testing, provision of preventive materials, in order to prevent high risk behavior and to reduce the risk of transmission within correctional institutions;
- Provision of treatment , care and support equivalent to that available outside the correctional institutions, which include access to ART because inmates like all persons have a right to enjoy the highest attainable standard of health according to existing international rules;
- Improvement of poor conditions such as poor sanitation, lack of space, poor nutrition, idleness, lack of proper classification systems as they exacerbate rate of infection within the correctional institutions;
- Reducing overcrowding within correctional institutions through engaging the judiciary and relevant authorities with a view to increasing the use of non-custodial sentences;
- Impact mitigation and treatment for sick staff and inmates;
- Reducing stigma and discrimination in the context of workplace;
- Implementation of this Policy -because without appropriate plans a good policy is meaningless.

POLICY FRAMEWORK

The Goal of the Policy

The Goal of the LCS HIV and AIDS policy is to prevent new HIV infection, provide treatment, care and support for those infected and to mitigate the impact of HIV and AIDS on LCS staff and inmates.

The Objectives of the Policy

- (a) To reduce the risk of HIV transmission in correctional institutions by addressing specific risk factors through provision of a comprehensive HIV and AIDS prevention measures.

- (b) To provide within correctional institutions, health services including ART which are equivalent to those available in community outside correctional institutions.
- (c) To improve correctional institutions conditions and undertake other correctional reforms in line with minimum standards prescribed by international standards.
- (d) To reduce overcrowding in correctional institutions in order to minimize the likelihood of exposure to other infectious diseases and to remove the impediments to provision of adequate health services.
- (e) To effect impact mitigation on staff and inmates
- (f) To develop a comprehensive implementation plan for this policy.

The Guiding Principles

- Good prison health is good public health
- Good prisoner health is good custodial management
- Respect for human rights
- Adherence to national and international standards and health guidelines
- Equivalence in prison health care
- Holistic approach to health
- Evidence-based interventions
- Addressing vulnerability, stigma and discrimination
- Collaborative, inclusive and intersectoral cooperation and action
- Monitoring and quality control
- Gender dimensions of HIV and AIDS
- Care and support

POLICY PROVISIONS

Prevention addressing specific risk factors through provision of comprehensive HIV and AIDS prevention measures which include education on HIV and AIDS, voluntary HIV testing and counseling (HTC), provision of preventive materials, bleach and disinfectants, programmes for detection and treatment of sexually transmitted

diseases, provision of preventive measures for mother -to-child transmission for women.

Equivalent Health Services including ART equivalent to those available in the community outside correctional institutions. Also support services available to people with HIV and AIDS outside of correctional institutions must be made accessible to inmates. Counseling, medical care, and access to full range of therapies are minimal requirements for all people living with HIV and AIDS. The comfort requirements of inmates living with HIV and AIDS must be addressed, such as, special diet, and comfortable bedding. Nutrition is fundamental to health and well-being of a person living with HIV and AIDS.

Improving Correctional Institutions Conditions such as living conditions for inmates and working conditions for staff in order to address the issue of HIV and AIDS.

Reducing overcrowding in correctional services institutions in order to minimize the likelihood of exposure to HIV and AIDS and other communicable diseases and to remove the impediments to provision of adequate health services.

Impact mitigation of HIV and AIDS through provision of support to staff and inmates, early release for terminally ill inmates, inmates with disabilities, female inmates, orphaned and vulnerable children of the staff and reducing stigma and discrimination.

Implementing the Policy which entails developing a comprehensive implementation plan as well as policy monitoring and evaluation.

1. PREAMBLE

1.1. Mandate

Strong leadership at all levels of society is one of key elements essential for an effective response to the HIV and AIDS epidemic. Lesotho showed its commitment to scaling up a fight against this pandemic through a series of interventions dating back to 1987 only one year after the first case of HIV was reported in the district of Mokhotlong, when the Government established the National AIDS Prevention and Control Programme (NAPCP) within the Ministry of Health and Social Welfare.

Lesotho AIDS Programme Coordinating Authority (LAPCA) was then established in 2000 and developed the first national HIV and AIDS policy framework. In 2003 His Majesty King Letsie III (Head of State) declared that HIV and AIDS is a national disaster. A term disaster is defined by the Government of the Kingdom of Lesotho National Disaster Management Plan¹, as progressive or sudden, widespread or localized, natural or man-made event which impacts with such severity that the nation or the affected community **has to respond by taking exceptional emergency measures**. No one would deny this fact, given that according to the UNAIDS Epidemiological Fact Sheet on HIV and AIDS for Lesotho 2008 Update, the prevalence rate in Lesotho stands at 23.2%, that Lesotho is a third highest affected country in the world, and that HIV and AIDS mostly affects the economically productive adult population aged between 15 to 49 years.

In 2005, in line with the United Nations' "three one" principles, the National AIDS Commission (NAC) was established through an Act of Parliament to provide coordination of the nation's HIV and AIDS response, to ensure equitable allocation of financial, human and other resources to identified strategic areas.

NAC has since made tangible great strides in discharging this mandate. The National HIV and AIDS Policy, the National Strategic Plan 2006-2011, the National HIV and AIDS Monitoring and Evaluation Plan 2006-2011 are some of the major instruments developed by NAC to guide the nation in its fight against the pandemic.

A fight against HIV and AIDS would be meaningless if attention and priority is not given to the vulnerable.² The Government of Lesotho, through the

¹ Government of the Kingdom of Lesotho, National Disaster Management Plan –approved by Cabinet as working document on 2nd April 1996

² UNGASS Declaration

abovementioned instruments endorsed this undertaking and thus identified and took action through specific provisions to address specific needs of the vulnerable groups and those factors that make them particularly vulnerable to HIV infection.

The most vulnerable sectors of the population in Lesotho have been identified in the National HIV and AIDS Policy as women, children, orphans, widowers, youth, the poor, and alcohol and drug abusers, persons engaged in commercial sex work, Inmates (inmates), and people with disability.

The National HIV and AIDS policy under Section 5.8 acknowledges that Inmates (inmates) are particularly vulnerable to exploitative and abusive sexual relations because of the environment in which they live and, are therefore vulnerable to HIV and AIDS infection. Both the National HIV and AIDS policy and the National HIV and AIDS Strategic Plan 2006-2011 has thus paved the way for and formed the basis for the development of Lesotho Correctional Service (LCS) HIV and AIDS policy and Lesotho Correctional Service HIV and AIDS Strategic Plan. These instruments themselves (National HIV and AIDS and National Strategic Plan 2006-2011) were developed on the basis of the mandate derived from the Constitution of Lesotho under Section 27 which provides that Lesotho shall adopt policies aimed at ensuring the highest attainable standard of physical and mental health for its citizens, including policies designed to-

- (f) Provide for the reduction of stillbirth rate and of infant mortality and for the healthy development of the child;
- (g) Improve environmental and industrial hygiene;
- (h) Provide for the prevention, treatment and control of epidemic, endemic, occupational and other diseases;
- (i) Create conditions which would assure to all, medical service and medical attention in the event of sickness; and
- (j) Improve public health.

1.2. Why HIV and AIDS Policy for LCS

HIV is one of the most serious public health problems in the world. About 33 million people are estimated to be living with HIV, with 2.5 million new infections in 2007. During that year, 2.1 million people died of AIDS. Almost two thirds of people with HIV live in sub-Saharan Africa, but every region of the world is affected by the epidemic. HIV is a global problem, affecting people in every country.³

³ Final Toolkit p10

HIV is a serious health threat for the 10 million people in prisons across the world. In most countries, levels of HIV infection among prison populations are much higher than in the population outside prisons, but the prevalence of HIV infection in different prisons within and across countries varies considerably. In some cases, the prevalence of HIV infection in prisons is up to a hundred times higher than in the community. Even in countries with large heterosexual HIV epidemics, such as Africa, studies have shown that rates of HIV infections in prisons are higher than outside prisons. This is so because firstly many people come to prison already infected with HIV. In other countries, rates are high because of high rates of HIV in the general population. Secondly people become HIV infected in prison. This is because high-risk behaviours are prevalent (particularly sexual relations, both consensual and non-consensual, and injecting drug use), but many prisons still do not provide HIV prevention measures, such as condoms and sterile needles and syringes, that could decrease the risk of HIV transmission. In addition, the risk of transmission may be increased by environmental factors such as overcrowding and violence. Like all persons, therefore, Inmates have a right to enjoy the highest attainable standard of health. In the context of HIV and AIDS, this includes a right to HIV and AIDS prevention tools.⁴

LCS is no exception to the abovementioned scenario as clearly demonstrated by LCS HIV and AIDS situation analysis jointly conducted for informing this Policy and the LCS HIV and AIDS Strategic Plan 2009 -2014.

1.3. LCS Situational Analysis

Applicable Laws and Policies

The existing laws, policies and practices relevant to Lesotho Correctional Service were analyzed with a view to determining whether they push risk behavior underground or make it hard to communicate with vulnerable people, prohibit or permit discrimination against people living with HIV, increase vulnerability to infection or its consequences, including those related to imprisonment, reinforce or contradict existing laws and practices, reinforce or contradict commitments made in international agreements, and jeopardize the constitutional rights of citizens.

The results of the review indicate that the existing Laws (Constitution of Lesotho, Public Health Order, Prison Proclamation, Rules and Standing Orders) are silent on HIV and AIDS. The international guidelines however, emphasize the importance of having legislation and policies in place that guide HIV and AIDS activities and programmes within countries. The guidelines reviewed were therefore used as frameworks upon which this Policy was developed. These guidelines include

⁴ ibid

UNAIDS HIV AND AIDS Prevention, Care, Treatment and Support in Prison Setting: a framework for an effective National Response; WHO Guidelines on HIV Infection and AIDS in Prisons 1993; UNAIDS International Guidelines on HIV AND AIDS and Human Rights 2006 Consolidated Version; UNGASS Declaration; ILO Code of Good Practice on HIV and AIDS and the World of Work; SADC Code on HIV and AIDS and Employment; Arusha Declaration on Good Prison Practice 1999.

Management and Coordination of HIV and AIDS within LCS

LCS has an established health department that manages and coordinates HIV and AIDS activities and programmes. The Department has 32 health professionals working in it. At Correctional Institution level, there are Health Units that implement Health Programmes for staff and inmates including HIV and AIDS. Each Unit is assigned a professional Nursing Sister to work in it. The Health Units are functional except for Mokhotlong and Quthing which presently do not have Nursing Sisters in place.

In most Correctional Institutions, inmates have established Support Groups to provide support to their colleagues that are under ARV treatment. The Support Groups also assist in coordinating some HIV and AIDS activities among inmates.

The annual budget for health only covers drugs and medicines. The budget is prepared by Regional Pharmacy Technologists. The budget is managed and coordinated by the Senior Assistant Commissioner-Health at the Headquarters. There is also available 2% of the annual budget in the Ministry of Justice and Human Rights from which LCS can finance some HIV and AIDS activities for inmates and staff. The fund is controlled by the Ministry of Justice and Human Rights. The awareness of the 2% Government contribution toward HIV and AIDS care was low amongst the LCS staff.

Health Units at most Correctional Institutions do not have adequate space allocated for their work. There is also a shortage of other equipment and furniture necessary for effective health management in the correctional Institutions.

Monitoring and evaluation of HIV and AIDS programmes is weak and ineffective across all Correctional Institutions. Reporting on HIV and AIDS and other health matters is done through monthly reports prepared by Nursing Sisters in the various institutions. Standard forms used in collecting data need to be improved so that data collected is accurate, relevant, comprehensive and of high quality, and can be used for monitoring and evaluation of the programmes in the Correctional Service.

Health and HIV and AIDS Issues

Health services within correctional service are targeted for the inmates only, whilst members have to seek for care outside the workplace. Types of health services provided are the following:

- a) HIV Testing
- b) Ongoing counseling (psychosocial)
- c) Management of minor conditions and ailments

Risk Behaviours among Inmates

While high risk behaviors common to correctional institutions put inmates at a higher risk for HIV infection while incarcerated, most HIV positive inmates seem to have been infected before being sent to prison.

Sodomy was repeatedly reported to be a wide spread practice despite the fact that it is illegal. Many inmates find themselves being abused because they lack necessary toiletries, such as soap, petroleum jelly (Vaseline), tooth paste and others and also to obtain favors of food and cigarettes. Others are coerced into the practice by gangs that exist in the prisons.

There were conflicting views regarding condom use because some inmates felt that supplying condoms would promote sodomy while others were of the view that the supply should be continued because sodomy would never stop.

One of the risks observed that could predispose staff members to HIV and AIDS infections and other infections, was that there is no isolation of inmates with contagious infections such as multi drug resistant TB, chicken pox and many other infections. They also do not use protective material such as masks for the above stated case.

Other factors putting inmates at risk of HIV infection were the exchange of razor blades used for cutting hair and sharp needles used for tattooing.

Education on HIV & AIDS

Awareness about HIV and AIDS among the inmates was found to be very high, and this is attributable to regular visits by organizations such PSI, LPPA and Ministry of Health and Social Welfare through KYS who give health talks and information about HIV and AIDS and assist the inmates to develop HIV and AIDS messages using drama and music. Staff members on the other hand, seemed to have low knowledge about HIV and AIDS when compared to the inmates, the possible explanations for this could be that they are not exposed to information on HIV and AIDS and also training always targets those assigned to do HIV and AIDS work.

HIV Testing and Counseling

Confidentiality of the HIV test results remains a challenge because inmates have to attend HIV and AIDS clinics in the nearby hospitals where they are being escorted by various officers. While there is a very low uptake of HIV testing among the staff members, some mentioned that they would rather do the testing elsewhere

because they do not trust their fellow workers who perform the testing, since some divulge their status or results, while others are not professional counselors.

HIV and AIDS Issues for Female Inmates

Women face increased vulnerability to HIV infection and have higher rate of infection in prison than men. According to this HIV and AIDS situation assessment, 25 inmates at the Female Section in Maseru out of a total of 40 were living with HIV and AIDS. Pregnant mothers are always tested for HIV and enrolled into PMTCT program at government hospitals. There were reports that female inmates were not supplied with condoms.

HIV and AIDS Preventive Initiatives for Inmates with Disability

Inmates with disability may face increased vulnerability to HIV and AIDS because of their condition. The nature of an inmate's disability is usually taken into cognizance when they are assigned work however the discretion to allocate the work is however left with the officer in charge of the specific assignment as there are no guidelines available. No assistive devices are available to mitigate the effects of the various disabilities on the inmates such as hearing aids, unless these are provided by outside organizations, something that happens very rarely. When HIV and AIDS talks are given to inmates, those with a hearing impairment do not benefit from the information given. Inmates with mental disability are vulnerable to sexual abuse and exploitation by other inmates.

Infection Control and Overcrowding

The majority of correctional sites were found to be overcrowded with poor ventilation. Overcrowded prison conditions are detrimental to efforts to improve prison living standards and health care services and to preventing the spread of HIV infection amongst the inmates. Overcrowded living conditions also increase the likelihood that the health of inmates living with HIV and AIDS will suffer through exposure to other infectious diseases and to unhygienic conditions and create additional impediments to ability of prison medical staff to provide adequate health services.

Treatment and Care

Data shows that Inmates who require ARV treatment are referred to hospitals where they are given adherence counseling and treatment education, monitoring of CD4 count, viral load and management of opportunistic infections. Certain prison procedures such as searching of inmates disrupt the schedule for medications. Some sites have allocated watches in the cells for inmate living with

HIV to ensure that medications are taken timely; the problem is that the supply of batteries is not always constant.

Nutrition

In general, in most of the sites inmates were dissatisfied with the food given to them, the major complaint was that they eat the same thing for many days e.g. beans. Also the food especially meat was not always fresh. All the sites provided fruits to the inmates although not on a regular basis. Food supplements for inmates are sporadically supplied by the LCS Health Department at head quarters.

Stigma and Discrimination

Some staff members were reported to be stigmatizing inmates. In general stigma was not clearly understood, for example one inmate said that inmates living with HIV and AIDS stigmatized themselves by having special food or special considerations. Stigma was expressed in various ways among women inmates, for instance, not allowing those infected to cook, avoidance, not sharing utensils and neglecting others.

Impact Mitigation

There is no programme to mitigate the impact of HIV and AIDS on the staff members who are infected and affected by the HIV and AIDS pandemic.

1.4. HIV and AIDS and Human Rights

As a member of the international community, Lesotho is bound by a number of international instruments and covenants, that are particularly relevant to HIV in prisons and which therefore call for putting in place mechanism to address human rights of inmates in a holistic manner. These instruments prescribe that:

- All persons deprived of their liberty have the right to be treated with respect and dignity and not to be subjected to cruel, inhumane or degrading treatment or torture;
- Inmates must not be discriminated against, but must be separated according to their sex, age and whether or not they have been convicted;
- Accommodation in which inmates live must be conducive to maintaining good health, provide access to bathing and sanitary facilities and have adequate lighting, ventilation, heating and floor space;
- Inmates must have a diet sufficient for health and be provided with drinking water.
- Inmates retain all rights that are not taken away as a fact of incarceration. Loss of liberty alone is the punishment, not the deprivation of fundamental human rights.

1.5. WHO Is Covered by the Policy

This Policy cover the inmates as they are at most risk of contracting HIV and AIDS within the correctional service setting. The Policy has special provisions for vulnerable groups within LCS. These include female inmates, young adult inmates, juvenile offenders and infants kept in correctional institutions with their incarcerated mothers, inmates with disabilities especially those with mental disability incarcerated at Mohale's Hoek Correctional Institution, and to immigrants such as Chinese especially in relation to language.

The second group of people covered by this Policy is LCS staff. Because they get into contact with the inmates on day to day basis, staff is equally at risk of infection in correctional institutions especially as it has been observed that they do not have proper training and do not use proper precautions. Staff has responsibility to protect themselves and the inmates from HIV and other infections such as hepatitis and TB. The provisions of this Policy will be over and above those made in the Public Service HIV and AIDS Draft Policy due to unique position which the LCS staff occupies within the correctional service setting.

Health officers working within correctional institutions are a third group covered by this policy. They provide leadership role on issues of health within correctional institutions generally. Apart from treating patients, they also provide counseling and necessary information and education to inmates and staff on HIV and AIDS in order to raise awareness, and address stigmatization and discrimination and changing behavior.

The fourth group which is covered by this policy is the LCS management because they have a central role to play of ensuring the implementation of this Policy within the correctional institutions settings.

1.6. Key areas for Action

The Policy is going to address a number of key areas which have been identified as currently posing a great challenge to an effective response of HIV and AIDS within the correctional institutions in Lesotho. When proper interventions that are laid down in this Policy are effected, it is envisaged that change will occur to these key areas, and any such change will necessitate a periodic review and an update of the policy so that the policy remain relevant to challenges and needs of any given time within LCS.

The seven broad key areas which are going to be addressed in this Policy have been identified as-

- Prevention measures for both inmates and staff which include education, voluntary HIV counseling and testing, provision of preventive materials, in order to prevent high risk behavior and to reduce the risk of transmission within correctional institutions;
- Provision of treatment, care and support equivalent to that available outside the correctional institutions, which include access to ART because inmates like all persons have a right to enjoy the highest attainable standard of health according to existing international rules;
- Improvement of poor conditions such as poor sanitation, lack of space, poor nutrition, idleness, lack of proper classification systems as they exacerbate rate of infection within the correctional institutions;
- Reducing overcrowding within correctional institutions through engaging the judiciary and relevant authorities with a view to increasing the use of non-custodial sentences;
- Impact mitigation and treatment for sick staff and inmates;
- Reducing stigma and discrimination in the context of workplace;
- Implementation of this Policy -because without appropriate plans a good policy is meaningless.

1.7. Linkage with other instruments

This Policy shall have a bearing on the LCS HIV and AIDS Strategic Plan 2009-2014 (developed concomitantly with this policy). It shall have a bearing also on existing Prison Rules for inmates and staff and with respect to staff, any existing human resource systems within LCS, to a certain extent to public service workplace policy on HIV and AIDS, therefore this might call for a revisit of these laws and systems to determine how the provisions of this policy will be integrated in order to be able to enforce this policy through disciplinary or grievance measures where the policy has been transgressed.

2. POLICY FRAMEWORK

2.1. Goal of the Policy

The Goal of the LCS HIV and AIDS policy is to prevent new HIV infection, provide treatment, care and support for those infected and to mitigate the impact of HIV and AIDS on LCS staff and inmates.

2.2. Objectives of the Policy

- (a) To reduce the risk of HIV transmission in correctional institutions by addressing specific risk factors through provision of comprehensive HIV and AIDS prevention measures.
- (b) To provide within correctional institutions, health services including ART which are equivalent to those available in community outside correctional institutions.
- (c) To improve conditions within correctional institutions and undertake other correctional reforms in line with minimum standards prescribed by international community.
- (d) To reduce overcrowding in correctional institutions in order to minimize the likelihood of exposure to HIV and other communicable diseases and to remove the impediments to provision of adequate health services.
- (e) To effect impact mitigation on staff and inmates.
- (f) To develop a comprehensive implementation plan for this policy.

2.3. Guiding Principles

This policy was developed to a large extent in line with the eleven (11) principles articulated in the UNAIDS HIV and AIDS Prevention, Care, Treatment and Support in Prison Settings -A Framework for effective National Response, as well as those articulated in the National HIV and AIDS Policy. These principles are said to reflect the international consensus as well as the National consensus on effective prison management and ethical treatment of Inmates. As such, the requirement is that all policies and other instruments affecting management of HIV and AIDS in

prisons, should be informed by and reflect these and other internationally acceptable principles⁵ as follows-

- **Good prison health is good public health:** Inmates are members of society and are eventually released back to the community and the relationship between prison health and overall public health is fundamental, reducing incidence of disease in penal institutions also benefits the staff and in enhancing workplace health and safety.
- **Good prisoner health is good custodial management:** Protecting and promoting prisoner health increase workplace health and safety, Improving prison conditions can help reduce tensions and violence within prisons and improving prison health and conditions can lesson workplace stress and improve job satisfaction.
- **Respect for human rights:** Inmates retain all rights that are not taken away as a fact of incarceration, like all persons, inmates have a right to the highest attainable standard of health; States are prohibited from inflicting inhumane or degrading treatment on people in detention; States are obliged to implement legislation, policies and programmes that promote health in prisons and reduce spread of HIV and other infectious diseases. Also, there should be no discrimination against workers on the basis of real or perceived HIV status and that HIV screening should not be required of job applicants or employees.
- **Adherence to national and international standards and health guidelines:** this means that standards and norms outlined in established international human rights instruments and public health guidelines should be followed when developing responses to HIV and AIDS in prisons.
- **Equivalence in prison health care:** Inmates are entitled without discrimination to a standard health care equivalent to that available to the community outside correctional institutions, including prevention measures.
- **Holistic approach to health:** A holistic approach to HIV and AIDS is required and must be integrated with broader measures for prison conditions and health care.
- **Evidence-based interventions:** Interventions should be based upon empirical evidence of their effectiveness, be based upon recognised and evaluated models of best practice, therefore the policy and plans must be evaluated in order to determine their effectiveness.

⁵ UNAIDS HIV and AIDS Prevention, Care, Treatment and Support in Prison Settings –A Framework for effective National Response P. 8

- **Addressing vulnerability, stigma and discrimination:** Those vulnerable to or affected by HIV and AIDS are also communities at increased risk of criminalisation. The socio-economic conditions that increase vulnerability to HIV also increase vulnerability to imprisonment; the fear of HIV and AIDS related stigma and discrimination deters both Inmates and staff from accessing HTV and other prevention measures and discourages those living with HIV and AIDS from seeking treatment and care services; All HIV and AIDS initiatives for Inmates and staff should address HIV and AIDS related stigma and discrimination as an integral component.
- **Collaborative, inclusive, and intersectoral cooperation and action:** The development of the policy should involve: all levels of government including those responsible for multi-sectoral response coordination (e.g. NAC) and for public health sector issues (e.g. MOHSW), prisons and places of detention (Police cells); legislative frameworks, law enforcement and the courts, the cultural, social and economic environment that affects the individuals and communities most vulnerable to HIV and incarceration, NGOs and CBOs and those providing services for Inmates, Researchers and academic institutions, People living with HIV and AIDS (PLHA) and employees and their representatives.
- **Monitoring and quality control:** Policy must be implemented on the ground, regular reviews and quality control assessments of prison conditions and prison health services must be encouraged, prisons should be included in the public health surveillance system and/or health care record management systems, consistency with national and international norms should be promoted to ensure that they support the development of evidence based responses.
- **Reducing prison populations:** Overcrowded prison conditions are detrimental to prison living standards, prison health care services and HIV and AIDS prevention efforts as they create conditions for increased prison violence, increase the likelihood of exposing PLHA to other infectious diseases and unhygienic conditions and create additional impediments to prison health staff ability to provide adequate health services, therefore action to reduce prison populations and overcrowding should be an integral component of a comprehensive HIV and AIDS strategy.
- **Gender Dimensions of HIV and AIDS:** The gender dimensions of HIV and AIDS should be recognised, special attention should be given to women Inmates as women are more likely to become infected and are more adversely affected by the pandemic.
- **Care and support:** Solidarity, care and support should guide the response in the workplace. All employees including those living with HIV and AIDS are entitled to affordable health services and there should be no discrimination

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against them and their dependents in access to benefits and occupational schemes.

2.4. Policy Provisions

2.4.1. Prevention

Objective

To reduce the risk of HIV transmission in correctional institutions and the Juvenile Training Centre by addressing specific risk factors through provision of comprehensive HIV and AIDS prevention measures which include education on HIV and AIDS, voluntary HIV testing and counseling (HTC), provision of preventive materials, bleach and disinfectants, programmes for detection and treatment of sexually transmitted diseases, provision of preventive measures for mother -to-child transmission for female inmates.

2.4.1.1. HIV and AIDS education

Rationale

Education is an essential precondition to the implementation of HIV preventive measures for both inmates and staff as they both need to be informed about ways to prevent HIV transmission. Education and IEC materials should be appropriate to educational level, age, gender and other categories available within correctional institutions. Education for inmates should begin on admission as part of general orientation process. Since transmission of HIV can happen in a few minutes, consideration should be made as to how to ensure that all offenders, even those admitted for only a few days are able to participate in the orientation so provided.

Policy Statement

- I. LCS shall provide on a weekly basis, compulsory, free of charge HIV and AIDS education and/or IEC materials for all categories of inmates (male, female and inmates with disability) and all categories of LCS staff, and such education shall be comprehensive and in line with Annex 1.
- II. Information on HIV shall be made to individual inmates on admission, throughout incarceration period and on exiting correctional institution and kits including condoms, blades and other personal utensils shall be provided to the inmate during the induction and exit interview.
- III. LCS shall ensure that health service providers receive appropriate up to date training in HIV issues in order to be able to provide up-to-date education on HIV and AIDS issues to inmates and staff.

- IV. LCS shall train peer educators who will provide in consultation with trained health service providers, appropriate education to inmates and staff.
- V. LCS shall strive to equalize gender relations by encouraging and supporting men as carers and members of support groups.
- VI. LCS shall strive to provide education and awareness for men, including risk assessment and strategies to HIV and AIDS Prevention.
- VII. LCS shall ensure availability of posters on HIV and AIDS in all facilities and departments. These posters shall be changed periodically to assure that message passed is accurate and of interest to inmates and staff. A selection of these posters shall be made with health service providers, inmates and staff representatives.

2.4.1.2. Voluntary HIV Testing and Counseling (HTC)

Rationale

Education alone is not enough to combat transmission. It should be augmented with HIV testing and counseling for giving information and support for behavior change, and as a way of diagnosing those living with HIV, and offer them necessary treatment, care and support.

Policy Statement

LCS shall-

- I. Provide on- site HTC services to all employees and inmates at all times and free of charge;
- II. Use only trained personnel who will also get refresher courses as and when necessary to provide HTC in LCS;
- III. Use only validated test kits in line with national HTC policy;
- IV. Invite on a quarterly basis, organizations that provide HTC outside correctional institutions to come and provide HTC to inmates and staff. LCS shall require HTC as one of the requirements for HIV and AIDS mitigation and shall provide information and education to enable inmates and staff to make informed choice as to whether to undertake a test or refuse testing;
- V. Allow voluntary and anonymous HIV testing by outside community-based agencies, provided that prior permission and arrangements from LCS has been obtained and made;

- VI. Ensure that in order to protect LCS, its employees and inmates, on site HTC services will be undertaken only on production of a written consent by a person to be tested;
- VII. Provide adequate and on-going psychosocial support to those who provide HTC services in correctional institutions by utilizing expertise outside the Correctional Services institutions for such purpose;
- VIII. Ensure strict quality control on confidentiality of any medical information relating to HIV status and disclosure of all inmates and employees;
- IX. Ensure that any inmate or staff undergoing HIV test, receives both pre-and-post test counseling.

2.4.1.3. Distribution of preventive materials

Rationale

Despite the fact that consensual sex (mostly sodomy) between inmates is still prohibited, sexual activity between inmates take place and has been identified as one of the common ways in which HIV is transmitted in correctional institutions. In this regard, safer sex practices should be encouraged for all sexually active inmates, and this should be accompanied by provision of safer sex materials such as condoms and water -based lubricants to be used with condoms. The use of water-based lubricants can help prevent condom breakage during anal intercourse, thus making the condoms currently available more useful in the prison context. Also, because lubrication reduces tearing of the rectum as a result of anal intercourse, the risk of transmission is further reduced. For this reason, condoms and other preventive materials for both male and female inmates should be provided throughout their period of detention and prior to any form of leave or release.

Tattooing has also been identified as one potential mode of transmission within the correctional service institutions as it is widespread among the inmates. One way of addressing this would be the provision of sterilizing agents.

Policy Statement

LCS shall-

- I. Provide HIV and AIDS education to both inmates and staff, which is comprehensive enough to change behavior;
- II. Ensure sustainable supply of condoms and other safer sex materials such as water based lubricants to use with condoms and female condoms and dental dams for both male and female inmates;

- III. Ensure that condoms and other safer sex materials are accessible in a confidential manner for instance placing them in toilets and showers, where they can be obtained discreetly and without requiring face-to-face interaction and in non-discriminatory fashion;
- IV. Distribute bleaches and other disinfectants so that inmates can sterilise implements used for tattooing.

2.4.1.4. Reduction of risky behavior within correctional institutions

Rationale

HIV can be transmitted through sharp objects which are usually used by inmates for tattooing and ear-piercing as well as the exchange of blades for cutting hair and shaving(as they have potential of cutting flesh and spilling blood). These objects can also be used in fights with possibility of causing wounds within correctional institutions. On the other hand most of the inmates are fairly young people at their prime age, who easily get bored if not effectively occupied, and this tempts them to engage in unsavoury activities such as gangsterism, sodomy, fights, etc., which can result in the transmission of HIV if blood and other fluids could be spilt.

Policy Statements

- I. LCS shall ensure that inmates are searched periodically, on admission and every time they come back from work for implements which could cause wounds during fights.
- II. LCS shall strive to establish barber shop services to be run by trained barbers in all correctional institutions to reduce dependence on blades for shaving.
- III. LCS shall ensure that each inmate is supplied with a toothbrush on admission and at three months intervals to eliminate the practice of sharing these utensils.
- IV. LCS shall provide vocational and life-skills training to inmates.
- V. LCS shall allow inmates access to sports facilities, other recreational activities and other extra mural activities at least twice a week.
- VI. On admission, and following the health assessment done on admission, every inmate shall be assigned specific supervised work.

2.4.1.5. Detection and treatment of sexually transmitted infections

Rationale

Early detection and treatment of sexually transmitted infections other than HIV, is crucial because such infections increase the chances of HIV transmission.

Policy Statement

LCS shall-

- I. Through the health service providers counsel and encourage inmates and staff to undergo medical examination which shall include detecting any existing STIs, therefore if any STIs are detected, free medical treatment shall be promptly provided to any such individual.;
- II. Provide information on safe sex practices and prevention of STIs.

2.4.1.6. Protecting staff

Rationale

High rates of HIV and other infectious diseases in correctional services institutions make them more stressful places in which to work. It is essential that staff receive initial and ongoing training to enable them to do their duties in a healthy and safe manner and to feel secure themselves and be confident to give inmates appropriate guidance and support. This training should enable them to anticipate and manage situations in which they may be exposed to HIV or TB.

Policy Statement

LCS shall-

- I. Ensure that staff receive initial and ongoing training to enable them to do their duties in a healthy and safe manner; this training shall also include provision of first aid;
- II. Ensure that when on duty, staff has access to protective equipment, such as latex gloves, masks, protective eyewear, soap, and mirrors for use in searching. In the same manner it shall be incumbent upon staff to use the relevant protective materials where such materials have been provided on the basis of universal precautions;

- III. Ensure that safe work procedures are developed; including search procedures and that they are followed. Such procedures shall address immediate action, follow-up action, record keeping and confidentiality;
- IV. Ensure that staff has access to professional counseling and follow-up services after possible and definite exposure to blood and body fluids which will include post-exposure prophylaxis (PEP) treatment.

2.4.2. Equivalent Health Services

Objective

To provide within correctional institutions, health services, including ART equivalent to those available in the community outside correctional institutions.

Rationale

Correctional service staff and inmates are members of society and inmates are eventually released back to the community. They are therefore entitled to the standards of health services equitable to that available to the broader community. Health in prison is a right guaranteed under international law, as well as in international rules, guidelines and conventions. The right to health includes the right to medical treatment and to standards of health equivalent to those available in the community.

The fight against HIV and AIDS has to be holistic and multi-dimensional as the pandemic has a strong relationship with other diseases as well as causing opportunistic infections which require swift treatment. Other acute illnesses requiring immediate attention occur unexpectedly. Therefore essential health services in LCS are a necessity.

2.4.2.1. Providing access to ART

Rationale

The right to medical care in prisons includes the provision of antiretroviral therapy (ART) in the context of a comprehensive HIV treatment, care and support. The advent of combination ART has significantly decreased mortality due to HIV infection and AIDS where ART has become accessible. There is parallel decrease in mortality rate among incarcerated individuals in correctional systems where ART has become accessible⁶. ART is already accessible in health services outside the

⁶ UNAIDS- HIV and AIDS in places of detention – Toolkit for policy makers, programme managers, prison officers, and health care providers in prison setting 2008

correctional institutions in Lesotho. Data shows that inmates who require ARV treatment are referred to hospitals where they are given adherence counseling and treatment education, monitoring of CD4 count, viral load and management of opportunistic infections.

Policy Statements

- I. LCS guarantees that inmates and staff shall have access to antiretroviral therapy in the same manner as that available to people outside the correctional institutions.
- II. LCS shall make arrangements and/or maintain existing arrangements with public health clinics, hospitals and civil society organizations, including organizations of people living with HIV, to provide health care and other services including ART, for inmates.
- III. LCS guarantees to provide means of adherence to ART for inmates and staff that are on ART, in order to reduce a risk of drug resistance and treatment failure; such measures may include allowing inmates on ART to keep their medication upon them, or to be provided with their medication upon arrest and incarceration, and at any time they are transferred within the system or to court hearings, or placing clocks in cells for purpose of signaling the time for medication especially at night.
- IV. LCS shall educate staff and inmates about the importance of continuity of treatment and shall raise this issue at the Justice Sector forums in order to sensitise other member of the Justice Sector on the importance of continuity of treatment.
- V. LCS shall ensure that decision for inmates to start antiretroviral treatment is based on medical grounds and given by health personnel who have received comprehensive management of HIV and AIDS, including the provision of ART.
- VI. LCS shall ensure that “buddy systems” and/or support groups are established to among other things, facilitate adherence to treatment within correctional institutions for both staff and inmates.
- VII. LCS shall put in place a comprehensive discharge planning system for inmates nearing release, including a system for referral to treatment in the general community in liaison with the relevant community councils.

2.4.2.2. Support Services

Rationale

There is no justification for inmates serving a sentence during which they are forced to sacrifice their freedom to also be forced to forego their health and well being. Accordingly all support services available to people with HIV and AIDS outside of correctional institutions must be made accessible to inmates. Counseling, medical care, and access to full range of therapies are minimal requirements for all people living with HIV and AIDS. The comfort requirements of inmates living with HIV and AIDS must be addressed, such as, special diet, and comfortable bedding. Nutrition is fundamental to health and well-being of a person living with HIV and AIDS. Vitamin and diet supplements should be made available. Food is usually served at designated times only. Thus if an inmate have no appetite at those times, he/she has no choice but to wait until the next meal. As people with HIV and AIDS often have suppressed or erratic appetites, inmates living with HIV and AIDS must have food available when they are hungry.

Policy Statements

LCS shall-

- I. Allow community-based workers serving people with HIV and AIDS to provide services to inmates who desire them. Such services include, medical, psycho-social support and they should be coordinated and integrated with the services in the community where follow-up can be continued after release;
- II. Allow inmates with HIV and AIDS to have access to alternative therapies available to people with HIV and AIDS outside correctional institutions, provided that such alternative therapy is prescribed or approved by LCS Medical Officer in line with guidelines to be developed for this purpose;
- III. As far as possible meet special dietary needs of inmates with HIV and AIDS without compromising their confidentiality;
- IV. As far as possible meet the comfort needs of inmates living with HIV and AIDS by providing them with enough clothing and adequate bedding.

2.4.3. Improving Correctional Institutions Conditions

Objective

To improve correctional institutions conditions such as living conditions for inmates and working conditions for staff in order to address the issue of HIV and AIDS.

2.4.3.1. Living Conditions

Rationale

Sub-standard living conditions in correctional institutions can increase the risk of HIV transmission among inmates by enabling correctional institutions violence in the form of fighting, bullying, sexual coercion and rape. Conditions like idleness and boredom or stress can cause some of this unsavoury behaviour and provide a breeding ground for gangsterism. Sub-standard conditions can also have a negative impact on the health of inmates and correctional staff by increasing their exposure to infectious diseases such as tuberculosis (TB). Such sub standards conditions include unhygienic and unsanitary environments, confining inmates in spaces that do not meet minimum requirements for size, natural lighting, ventilation, limited access to open air and to educational, social or work activities, basic hygiene, portable water and proper healthcare.

Policy Statements

LCS shall-

- I. Put in place and/or maintain a proper system of classification which keeps children and youth separately from adults, women from men, pre-trial Inmates separate from sentenced Inmates, in order to decrease the likelihood of sexual abuse and violence within the correctional institutions;
- II. As far as is possible, adhere to set limits for toddlers that should be kept in custody with their incarcerated mothers, in this regard, shall consult with social welfare department in the MOHSW, regarding care of such toddlers whose mothers are incarcerated;
- III. As far as possible put in place improved conditions with reasonable space, decent sanitation and daylight and regular access to open air in order to improve the general health of inmates and staff and, reduce the spread of TB;
- IV. Maintain correctional institutions kitchens in accordance with national health standards;
- V. Ensure reduction of violence, including sexual violence through hiring of additional staff among other ways because appropriate security is needed to

reduce incidents of violence including sexual violence. The security should enhance the health of Inmates and not impact negatively on it;

- VI. Detain HIV positive inmates in correctional institutions closer to their homes as far as is possible, to maintain the needed social support by being close to their next of kin.

2.4.3.2. Working conditions for staff

Rationale

Poor infrastructure impacts negatively on the ability of LCS to deliver adequate health services to both inmates and staff.

Policy statements

LCS shall-

- I. As far as possible provide well equipped facilities for improved delivery of health services;
- II. Ensure that health services are provided by well trained personnel;
- III. As far as is possible, employ, retain and maintain required staffing levels of suitably qualified personnel including pharmaceuticals, paramedics and other health providers;
- IV. Enhance security to enable efficient supervised activities of inmates;
- V. Ensure that Security issues will take health issues into consideration, and vice versa;
- VI. As far as possible ensure that staff members who are critically ill are posted to correctional service institutions close to their homes, and this decision shall be based on medical grounds.

2.4.4. Reducing overcrowding

Objective

To reduce overcrowding in correctional services institutions in order to minimize the likelihood of exposure to HIV and AIDS and other infectious diseases and to remove the impediments to provision of adequate health services.

Rationale

Overcrowding in correctional services institutions poses a threat to prevention, treatment, care and support of HIV and AIDS and other infectious diseases are easily spread in these conditions. The problem of overcrowding becomes a challenge in correctional services institutions as it also leads to risky behaviour.

Policy statements

LCS shall-

- I. Advocate for the use of diversionary measures by the Justice sector;
- II. Advocate for the application of non- custodial sentences and alternatives to imprisonment by the judiciary;
- III. Advocate for the effective use of the Speedy Court Trials Act;
- IV. Advocate for the enactment of sentencing guidelines;
- V. Facilitate deinstitutionalization of inmates through the effective use of alternatives to imprisonment such as home leave, parole, amnesty and halfway houses.

2.4.5. Impact Mitigation

Objective

To effect impact mitigation of HIV and AIDS on staff and inmates

2.4.5.1. Support

Rationale

HIV and AIDS have had a seriously negative social and economic impact on all who have been infected and affected such as orphaned and vulnerable children, those caring for the sick inmates, fellow workers and family members and of course the sick individual themselves. The people infected and affected require support with on-going home based care, food packages and sometimes the means to get the sick to seek medical attention.

Policy Statement

LCS shall-

- I. Ensure that Home-based care (HBC) is available for inmates and staff in need of it;

- II. Encourage and support formation of support groups within correctional institutions and encourage and support registration of such support groups with outside organizations mandated with oversight of support groups;
- III. Provide inmates with vocational and life skills to help them earn a living after detention;
- IV. Allow spiritual counseling to be provided to infected and affected inmates and staff;
- V. Ensure that inmates who have been victims of rape, sexual violence or coercion have timely access to PEP as well as effective complaint and redress mechanisms and procedures;
- VI. Educate and inform inmates and staff about their rights under this policy, prison rules, disciplinary code and grievance procedures and other existing LCS systems and procedures to enable them to enforce such rights where they have been violated;
- VII. Ensure that programmes providing continuity of care after release are established for inmates with HIV and AIDS;
- VIII. Allow community groups and agencies which provide services and education to people with HIV and AIDS access to provide such services within correctional institutions in order that a link can be established for the inmate prior to release into the community;
- IX. Look into establishing and if found feasible establish a contributory medical scheme for staff;
- X. Look into possibility of assigning a doctor to each correctional institution to ensure accessibility of health care for infected members of staff.
- XI. Facilitate access of orphans and vulnerable children of diseased and HIV affected staff to benefits, other entitlements and any relevant assistance as necessary.

2.4.5.2. Early release for terminally ill inmates

Rationale

World Health Organisation (WHO) recommends compassionate or early release of terminally ill inmates in order to facilitate contact with their families and friends and allow them to face death with dignity and in freedom. Such early release

fulfils not only a compassionate role, but in many cases can also serve a health promotion function in recognition that the life expectancy of the terminally ill prisoner may be lengthened as a result of receiving care in the community.

Policy statements

LCS shall-

- I. Ensure that where appropriate and based on medical grounds, terminally ill inmates shall be released on medical grounds;
- II. Ensure that authorities shall act expeditiously without unnecessary delays in initiating and processing applications for early release on medical grounds;
- III. Ensure that health officers seek to actively identify inmates whose state of health would qualify them for early release, as it is not always easy for ill inmates to initiate applications for early release themselves;
- IV. Ensure that LCS health providers or social workers contact the family of such inmate and to facilitate availability of care upon release;
- V. Ensure that palliative care is available in correctional services institutions at the end stages of life of an inmate who cannot be released.

2.4.5.3 Inmates with disability

Rationale

Inmates with disability face increased vulnerability to HIV and AIDS because of their condition. They live in the same cells as other inmates in all the Correctional Institutions, and participate in various institutional activities. According to LCS management, the nature of an inmate's disability is usually taken into cognizance when they are assigned work. The discretion to allocate the work is however left with the officer in charge of the specific assignment as there are no guidelines available. No assistive devices are available to mitigate the effects of the various disabilities on the inmates. For example inmates with a hearing impairment have no access to hearing aids, unless these are provided by outside organizations, something that happens very rarely. When HIV and AIDS talks are given to inmates, those with a hearing impairment do not benefit from the information given. Inmates with mental disability are vulnerable to sexual abuse and exploitation by other inmates.

Policy statements

LCS shall-

- I. Facilitate availability of assistive devices, and other assistance for use by various categories of disabilities within correctional institutions, such as wheel chairs, hearing devices, and others, through collaboration with relevant outside organizations catering for needs of such disabilities;
- II. Ensure that the needs of psychiatric inmates are met by among other things providing training and education about HIV and AIDS to workers at psychiatric institutions and ensuring that inmates have access to treatment and counseling.

2.4.5.4 Female inmates

Rationale

Women experience HIV and AIDS differently from men, both physically and socially⁷. Women are diagnosed with HIV infection later, reach an AIDS diagnosis faster and die sooner. As a group, women inmates have more health problems than male inmates. Many have chronic conditions resulting from lives of poverty, family violence, sexual assault, adolescent pregnancy, malnutrition, and poor preventive health care. Women have traditionally been caregivers, often subordinating their health and well-being to that of others.

Policy statement

LCS shall-

- I. Ensure availability and distribution of prevention materials addressed specifically to women (e.g. female condoms, dental dams, thin latex gloves, water soluble lubricants, bleach kits), in such a way as to protect their confidentiality;
- II. Ensure that women with HIV and AIDS have access to appropriate treatments and hospital care including gynecology care, and PMTCT programs;
- III. Ensure that female inmates with HIV and AIDS have access to outside resources such as female counselors and women groups.

⁷ HIV AND AIDS in Prison Systems: A Comprehensive strategy a brief from PASAN to Minister of Correctional Services and the Minister of Health Canada 1992

2.4.5.5. Infants and Toddlers in Custody

Rationale

Some infants and toddlers below the age of two are normally kept in custody with their incarcerated mothers. Some of these babies are living with HIV and AIDS or get exposed to HIV through the transmission of mother to child. It is therefore important that they get access to the necessary health care and nutrition support. They also need protection from the possibility of abuse which is always a fact of life in corrections settings.

Policy Statements

LCS shall:

- I. Protect infants and toddlers under their care from any form of abuse.
- II. Provide the babies with appropriate care including feeding options for those babies living with HIV and AIDS.

2.4.5.6. Stigma and discrimination

Rationale

It is important to mitigate the effect of stigma and discrimination meted to HIV positive inmates and staff. HTC policy recognizes that fear of stigma and discrimination militates against people accessing HTC thereby continuing the cycle of transmission that underlies the HIV and AIDS epidemic, and that stigmatization is a powerful inhibition to changing knowledge and behaviors and/or the ability to take up preventive measures.

Policy Statements

LCS shall-

- I. Ensure that disciplinary measures will be instituted against anyone found to be stigmatizing and/discriminating an inmate or employee on the basis of their HIV status;
- II. Ensure that no segregation of inmates shall be effected on the basis of HIV status unless it is for the benefit of the inmates;
- III. Ensure that recruitment, promotion, training, transfer and termination shall not be influenced by the HIV status.

2.4.6. Implementing the Policy

Objective

To develop a comprehensive implementation plan, as well as monitoring and evaluation framework for this policy.

2.4.6.1 Implementation plan

Rationale

Once the LCS HIV and AIDS Policy is developed, it is imperative that the policy is implemented and enforced. The effective implementation of this policy will by necessity entail improving LCS management systems and infrastructure. Even a well thought out policy does not serve any purpose if implementation is not effected.

Policy statements

LCS shall-

- I. Establish HIV and AIDS Committees and shall develop the terms of reference for HIV and AIDS committees at both headquarters and station levels;
- II. Induct existing and new staff and inmates on this HIV and AIDS Policy;
- III. Ensure timeous dissemination of information to enable networking and the formation of a proper database on HIV and AIDS matters;
- IV. Build and /or maintain existing networks locally and regionally on HIV and AIDS issues;
- V. Improve collaboration with the implementing partners so as to source required funds for the implementation of this policy;
- VI. Ensure that infrastructure will be upgraded and facilities improved to meet appropriate standards in order to address issues of HIV and AIDS;
- VII. Develop an HIV and AIDS plan of action with the requisite budget, part of which may be sourced externally;
- VIII. Deploy the necessary personnel timeously.
- IX. Revisit the existing Prison rules, Standing Orders, systems and procedures and those related to corporal punishment in order to ensure that they are sensitive to HIV and AIDS issues

2.4.6.2. Review, Monitoring and Evaluation of the Policy

Rationale

In order to assess the impact of the policy, it is critical that the policy is continuously monitored and periodically evaluated. This will entail regular reviews and quality control of prison conditions and prison health care which are integral to HIV prevention and care and support to inmates and staff living with HIV. There will be need for independent monitoring as well.

Policy Statements

LCS shall:

- I. Develop the necessary indicators and track changes in these indicators in order to monitor all the elements of the policy on the basis of the National M&E Framework;
- II. Undertake a baseline survey to establish the baseline data;
- III. Endeavour to be part of the national public health surveillance system;
- IV. Review the policy at regular intervals, to take into consideration any change in the HIV and AIDS environment and other factors.

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ANNEX 1: HIV and AIDS INFORMATION AND EDUCATION - AN EXTRACT ⁸

Information and education programmes should:

1. Be a part of a broader health education and health promotion programme;
2. Provide the facts about HIV and about how HIV is and how it is not transmitted, as well as information on other diseases that are common in prisons, in particular sexually transmitted diseases, hepatitis B and C and TB;
3. Contain accurate, non-judgemental, accessible and relevant information;
4. Raise awareness among inmates and staff of health issues related to risk activities such unprotected sex, tattooing, as drug injecting, and body piercing;
5. Educate inmates about how they can protect themselves from infections, including education about correct use of condoms and lubricants, how to inject safely, how to clean needles and syringes, and how to clean skin piercing equipment;
6. Educate staff about the use of universal precautions, to prevent HIV transmission during their work within the prisons;
7. Counter stigma and discrimination against people living with HIV and AIDS and those vulnerable to it in correctional institutions;
8. Explain how HIV and other diseases manifest themselves, and what treatments are available;
9. Respond to the needs of different populations, in particular, female, youth, people with disabilities and cultural minorities;

⁸ UNAIDS –HIV and AIDS in places of detention-A toolkit for policymakers, programme managers, prison officers and health care providers in prison settings 2008

10. Encourage and promote peer education (Peer education, designed and delivered by inmates for inmates, is particularly effective. Peer educators play a vital role in educating other inmates, since most of the behaviours that put inmates at risk of HIV in prisons involve illegal or forbidden and stigmatized practices, therefore peers may be the only persons able to speak candidly to other inmates about ways to reduce the risk of contracting infections as they would not likely be viewed with suspicion. Peer educators are more likely to be able to realistically discuss the alternatives to risk behavior that are available to inmates, and are able to judge which educational strategies will work within the correctional institutions and the informal power structures among inmates.
11. For female inmates, contain information on mother-to-child transmission and is linked to access to comprehensive reproductive health services for HIV positive female inmates;
12. Include a variety of pedagogical approaches and use of brochures or videos. Paper documents can be handed out to new inmates, and these documents should be available in correctional institutions for consultation at any time. These documents should be written in several languages according to the local context. These documents should have as many pictures as possible to make them easy to understand. Inmates often react well to videos and to oral presentations. Experience shows that education sessions are much more effective if they are interactive;
13. Be provided to inmates upon admission (information package on HIV and AIDS)
14. Be developed and designed with the inputs and participation of inmates;
15. Be developed and designed with the inputs of staff;
16. Sustained by provision of refresher courses and other sessions;
17. Involve NGOs and other professionals from outside in providing education (experience has shown that inmates develop more trust with staff from outside NGOs and other professionals than with correctional institution staff);
18. Monitored and evaluated to find out whether inmates and staff understand the information and whether the interventions reduce risk behavior.

ANNEX 2: LIST OF RELEVANT TERMINOLOGY

HIV and AIDS

Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). Immunodeficiency is defined as having a faulty immune system that causes a person to become very ill or die from diseases that healthy people can easily fight off. HIV becomes AIDS when the number of a certain protective cell in the body (the CD 4 cell) becomes so low, that a person starts to get sick from common or "opportunistic" infections." Opportunistic infections include tuberculosis (TB), Kaposi sarcoma, pneumonia and AIDS, among others. HIV is passed from person to person through:

- Transmission of blood or other bodily fluids through sexual contact
- A transfusion of infected blood
- To a baby from its mother, during birth or breastfeeding
- Use of contaminated hypodermic needles

Civil Society

Civil society refers to the arena of unforced collective action around shared interests, purposes and values.

Code of Practice

Codes of practice provide practical advice on prevention strategies; and/or practical means of achieving compliance with general duties or specific regulatory requirements. For example, the International Labor Organization (ILO) has a Code of Practice which outlines principles and standards for addressing HIV AND AIDS in the workplace.

Company

The terms 'Company' and 'Organization' are used interchangeably in this Policy to include any commercial sector entities, government agencies, non-profit organizations, labor or trade unions, or other groups who have use for an HIV and AIDS workplace policy .

Discrimination

Discrimination is denying someone opportunities or benefits that are available to other people because they have HIV and AIDS or are thought to have HIV and AIDS. Discrimination can be enacted as a prejudiced or prejudicial outlook, action, or treatment.

Goal

Anticipated and preferred outcome of the workplace interventions put in place.

Impact

A significant or major effect due to implemented workplace interventions.

Indicator

Any of a group of statistical values (for example, prevalence of HIV infections in the workforce) which when taken together, give an indication of the impact of implemented interventions. These pieces of information should be directly linked to goals.

Law

A law is primarily meant to refer to a piece of legislation, but may also refer to regulation.

Legislation

Legislation is an act of a parliament commonly referred to as a law.

Local Councils

Councils established under the Local Government Act.

Multisectoral

A multisectoral approach includes various sectors of society, such as health, justice, education, agriculture, industry, NGOs, and civil society. This list is illustrative, not exhaustive.

National

When we have referred to national government or national laws/regulations, the intent is to address the highest governing body within a country.

NGO

Nongovernmental Organization

Organisation

The terms 'Organization' and 'Company' are used interchangeably to include any commercial sector entities, government agencies, nonprofit organizations, labor or trade unions, or other groups who have use for an HIV AND AIDS workplace policy .

Policy

A definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions'. A policy can be developed by a government, business, association, or organization. A policy is not a law.

Prevalence

A measure of the proportion of people in a population affected with a particular disease at a given time.

Prevention

An activity aimed at preventing the spread of HIV AND AIDS.

Reasonable Accommodation

Reasonable accommodation means making changes to the work environment or an HIV positive individual's job requirements so that they can keep working and continue to be a productive contributor.

Regional

The term regional refers to groupings of countries in close proximity to one another. In this Policy regional refers to Southern African Development Community (SADC)

Regulation

A regulation is a rule or order issued by an executive body or regulatory agency of a government and having the force of law.

Sexually Transmitted Disease (STD) OR Sexually Transmitted Infection (STI)

A communicable disease or infection transmitted by sexual intercourse or genital contact.

Stakeholder

A person or group that has an investment, share, or interest in something. Stakeholders involved in workplace policy development might include groups such as government departments, companies, employees and community members.

Standard

A prescribed guide for conduct or action set up and established by an authoritative body (such as the ILO or UN) as a rule for the measure by which the policy should strive to meet. Standards are also commonly referred to as guidelines or benchmarks.

State

A state is a politically organized, definite territory; commonly referred to as a country or nation-state.

Stigma

Stigma involves using negative labels to refer to someone perceived as different, which results in an individual being shunned or rejected by others. Stigma puts up walls and works against individuals and families from seeking the help they need due to the fear of negative discrimination.

Susceptibility

The term is used to describe the individual, group and general social predisposition to infection. This concept may be operationalised at any level, from an entire "society" or country, down to a household. Thus individuals, societies and nations

are more or less susceptible to infection, and the speed and extent of HIV spread will be determined by the susceptibility.

Workplace HIV and AIDS Policy

A workplace policy on HIV and AIDS lays out the steps that the organization is taking and details their commitment to fight HIV and AIDS in their workplace (and community).

Universal Precautions

Universal Precautions are a simple standard of infection control practice to be used to minimize the risk of blood-borne pathogens.

Vulnerability

Vulnerability describes those features of a social or economic entity making it more or less likely that excess morbidity and mortality associated with disease will have adverse impacts upon that unit. Thus families, communities and societies will be more or less vulnerable to the impact of increase mortality and morbidity.