



**STEPS**  
Strengthening Prevention Services

# IMPLEMENTATION GUIDE



**Strengthening Prevention Services (STEPS) offers structured interventions that promote the prevention of the spread of HIV and other communicable diseases in South African correctional facilities. STEPS specifically targets offenders and officials of the Department of Correctional Services (DCS), key populations identified by the World Health Organisation and United Nations as critically at risk for HIV. The STEPS programme is designed to be part of South Africa's national response to the HIV epidemic.**

**STEPS** offers educational sessions, prevention group meetings and Ubuntu Community Theatre using a curriculum that covers 6 main topics:

- Introduction to HIV
- HIV and sexually transmitted infections
- Risk in correctional facilities
- Risk reduction
- Acceptance, disclosure and stigma
- Living positively

**STEPS** interventions also assist the DCS with outreach strategies that promote prevention activities that include visual assessments, health fairs, printed media and anti-stigma communications.

**STEPS** is coordinated by South Africa Partners in partnership with the Eastern Cape Department of Correctional Services. Local community groups and health facilities also guide **STEPS'** development and implementation. **STEPS** has been implemented at St Albans Medium B Correctional Centre, the Patensie Correctional Centre, Kirkwood Correctional Centre and St Albans Medium A Remand Detention Centre. It is envisaged that **STEPS** will be implemented in

other centres within the Province and in other DCS regions nationally.

This guide provides information for those who are interested in replicating the **STEPS** model including detailed instructions for the processes, procedures and standards to be followed when implementing programme interventions in correctional centres. Strategies are based on past experiences successfully implementing **STEPS** at multiple correctional centres. The intention is to:

- Strengthen HIV/AIDS prevention strategies inside correctional facilities
- Facilitate development and sustenance of customised interventions in correctional centres
- Assist HIV/AIDS officers, managers, peer outreach workers and others to plan, implement, monitor, evaluate and manage prevention interventions effectively and efficiently

**For more general information about the STEPS programme please reference [www.sapartners.org](http://www.sapartners.org).**

# SUGGESTED STEPS FOR **STEPS** IMPLEMENTATION

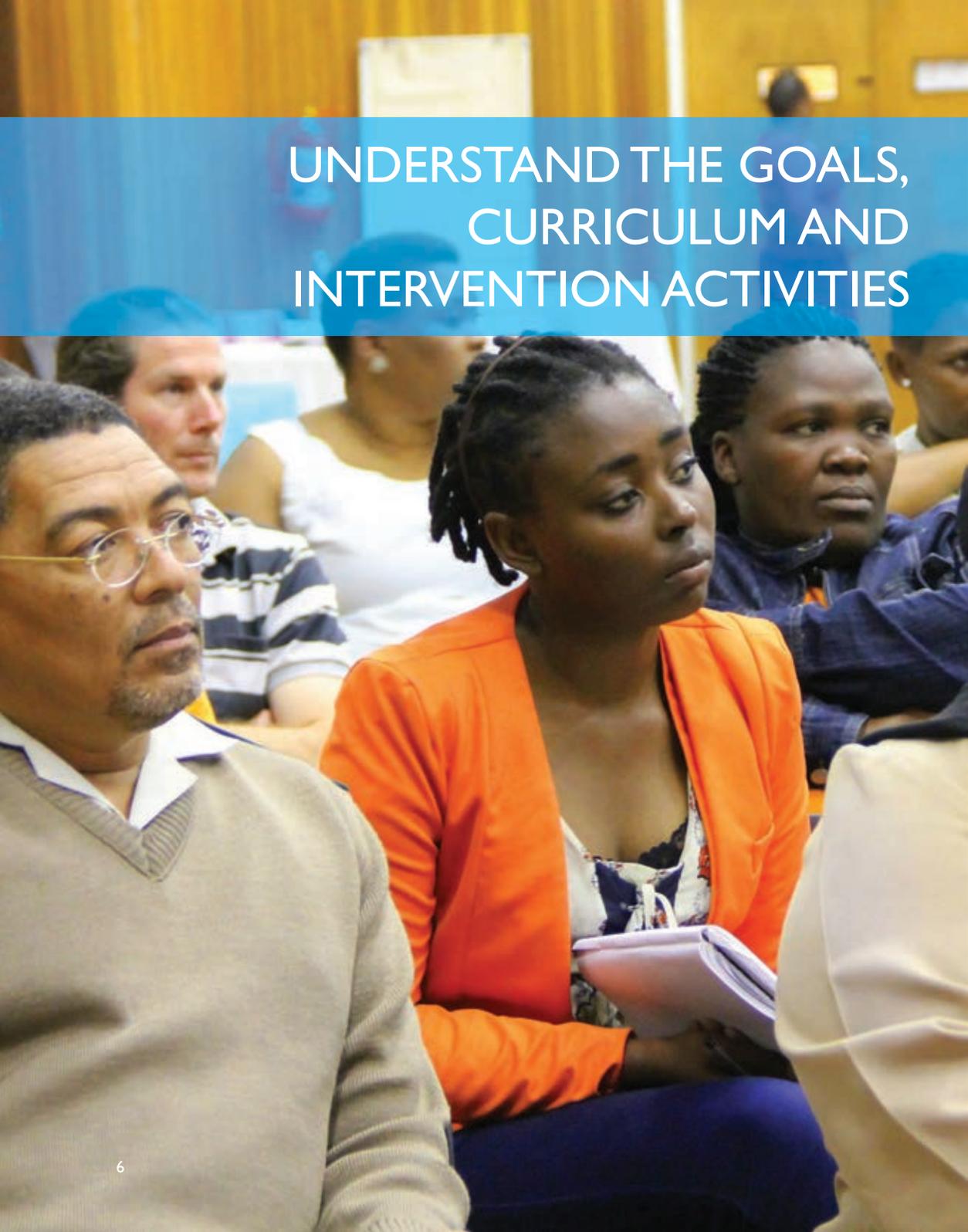


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# ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CBO	Community Based Organisation
DCS	Department of Correctional Services
FBO	Faith-based Organisation
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
I ACT	Integrated Access to Care and Treatment
MCF	Male Correctional Facilities
MSM	Men who have sex with men
NGO	Non-governmental Organisation
PLHIV	People Living with HIV
PEP	Post-Exposure Prophylaxis
PWID	People Who Inject Drugs
SA Partners	South Africa Partners
<b>STEPS</b>	Strengthening Prevention Services
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOT	Training of Trainers



## UNDERSTAND THE GOALS, CURRICULUM AND INTERVENTION ACTIVITIES

### THE GOALS OF **STEPS**

**STEPS** strengthens the prevention of HIV and other communicable diseases for staff members and offenders in correctional centres.

**The programme's key objectives include:**

1. Increase uptake of HCT, TB and STI testing and prevention services
2. Establish prevention support groups for staff members and offenders
3. Support the Department of Correctional Services with the implementation of HIV prevention strategies
4. Assist the Department of Correctional Services to develop and implement a stigma reduction intervention that increases disclosure and promotes prevention of transmission of infectious disease



## THE **STEPS** CURRICULUM

### 1. Introduction to HIV

- HIV/AIDS Basics
- HIV Transmission
- Exposure and PEP
- Understanding HIV Status

### 2. HIV and Sexually Transmitted Infections (STIs)

- STIs including Hepatitis B
- Testing and treatment
- Connecting HIV and STIs
- Condoms, Female Condoms and Lubricant
- Reducing Risks of HIV and STIs

### 3. Risk in correctional facilities

- HIV in South African Correctional Facilities
- HIV Transmission and Risks in Correctional Facilities
- High Risk Behaviours including MSM
- Tuberculosis and Treatment

### 4. Risk reduction

- Intervention Strategies in Correctional Facilities
- Understanding Risk, Risk Reduction and Prevention Strategies
- Challenges to Prevention
- Negotiating Safe Sex
- Prevention Strategies for HIV, STIs and TB

### 5. Acceptance, disclosure and stigma

- Offender Rights
- HIV Stigma and Multiple Stigma
- Challenges of Stigma in Correctional Facilities
- Denial, Acceptance and Disclosure of HIV Status
- Confidentiality
- Overcoming HIV Stigma

### 6. Living positively

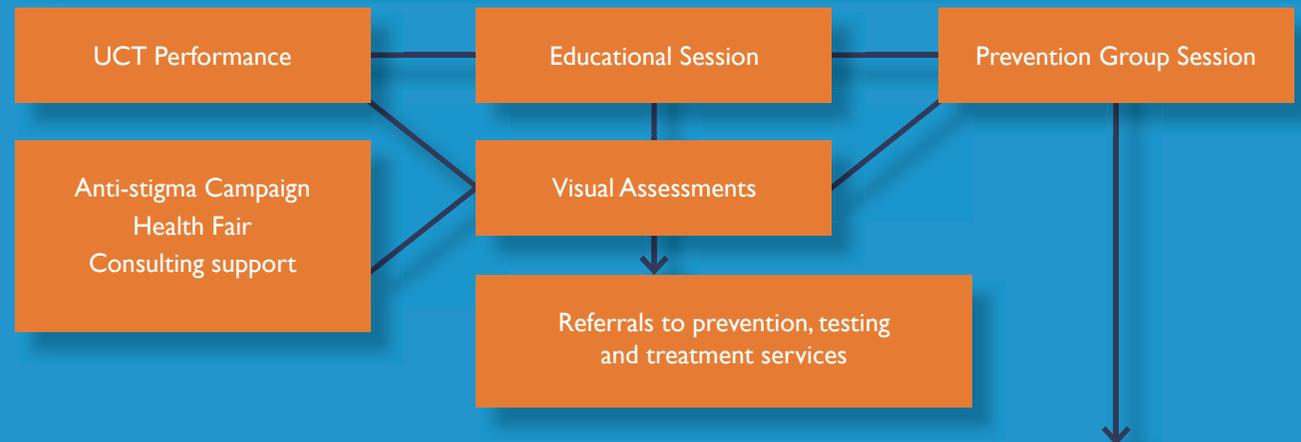
- HIV Testing
- Exercise and Movement
- Safe Sex Practises
- Stress Reduction
- Nutrition
- Hygiene Strategies



## STEPS ACTIVITIES AND SUPPORT

All STEPS intervention activities are designed in conjunction with DCS officials so as to be secure and accessible at points of entry into prevention, testing and treatment with customised schedules, flexible levels of commitment and opportunities for referrals to other health services.

### STEPS INTERVENTION ACTIVITIES



#### TOPICS COVERED IN PREVENTION GROUPS

- Introduction to HIV
- HIV and STIs
- Risks in Correctional Facilities
- Risk reduction
- Acceptance, disclosure and Stigma
- Living Positively

## Educational Sessions for HIV/AIDS, STI and TB

- Presentation of key learning topics extracted from the **STEPS** curriculum
- Designed to convey information and attract participation in **STEPS** interventions
- Usually less than 20 minutes per session
- Offered to staff members during morning meetings or other venues approved by DCS
- Offered to offenders during health checks, meal times or other venues approved by DCS
- Attendance recorded using **STEPS Attendance Register**
- Evaluated by facilitators using **Educational Session**

## Prevention Groups

- 6 meeting topics based on the **STEPS** curriculum
- When offered to staff members, facilitated by a staff member who is trained as a peer educator and **STEPS** facilitator
- When offered to offenders, facilitated by an offender who is trained as a peer educator and **STEPS** facilitator

- Groups generally have less than 10 participants though maximum participation will depend on security regulations
- Group meeting topics can be covered in 1 day or over a series of weeks depending on the needs of participants and facility regulations
- Attendance recorded using **STEPS Prevention Group Attendance Register**
- Evaluated by participants using **Prevention Group Participant Evaluation**
- Evaluated by facilitators using **Group Evaluation Summary**

See **STEPS Guide to Group Meetings** for more detailed instructional information about conducting prevention groups. This comprehensive Guide includes presentation materials, in-class activities, teaching guidance and handouts for successful group meetings. Facilitators also use standardised forms to collect data from participants and to evaluate impact.

## Ubuntu Community Theatre (UCT)

- A unique dramatic performance activity to encourage the discussion and development of solutions for critical health challenges

- Performance topics include those that focus on prevention, care and treatment of HIV/AIDS, TB and other infectious or chronic illnesses
- Acting troupes are trained in health issues and the art of theatrical performance
- Troupe members (actors) are also facilitators who encourage audience members to improvise and contribute to performances as they take place
- When performances are conducted among offenders, they are facilitated by an offender and performed for offenders and staff members with permission and according to the facility regulations
- When performances are conducted specifically for staff members, they are facilitated by a staff member and performed by staff members
- Evaluated by facilitators using **Ubuntu Community Theatre Report**

See **A Guide for Theatre Troupes and Troupe Managers** for more detailed instructional information about conducting UCT. This Guide includes detailed guidance for facilitating successful UCT performances.



**In addition, STEPS offers support to DCS in implementing practises that strengthen prevention, testing and treatment for HIV, TB, STIs and other communicable diseases:**

- In concert with all **STEPS** interventions, complete visual assessments for HIV/AIDS, TB, STIs and other communicable diseases using a TB-HIV assessment tool (See the **STEPS TB-HIV Assessment Tool**)  
Depending on the outcome of the visual assessment, the participant may be referred to prevention, testing and treatment services in the DCS Primary Health Care Clinic.
- Display **STEPS** and other relevant posters and distribute **STEPS** and other relevant educational pamphlets at correctional facility testing sites, hospitals and other locations to **encourage prevention strategies**
- Develop an **educational anti-stigma campaign** related to HIV, TB and MSM within DCS, facility leadership and other partner organisations
- **Conduct health fairs** within correctional facilities or in the facility's local community to feature healthy living strategies and personal testimonials from PLHIV, in partnership with DCS and other stakeholders

- **Consult with DCS leadership** to inform and support prevention policies including condom availability, medical male circumcision and the distribution of lubricants

DCS and **STEPS** Area Coordinator evaluate the needs of staff members and offenders to determine the appropriate intervention activity or area for support. There is no set sequence or priority for offering **STEPS** interventions: **STEPS** activities can be implemented simultaneously or as stand-alone events.

# CONNECT WITH THE **STEPS** PROGRAMME MANAGER



All individuals and organisations interested in implementing **STEPS** in their local correctional centre are encouraged to contact the **STEPS Programme Manager** for guidance.

**STEPS** is a programme of SA Partners with a Programme Manager whose objectives include:

- Implement the **STEPS** programme in partnership with DCS to ensure that interventions are coordinated within the continuum of other prevention and health services
- Serve as technical advisor to DCS and others interested in the **STEPS** programme
- Ensure the **STEPS** curricula are kept up-to-date and relevant

**For more information please contact the STEPS Programme Manager:**

Thembi Zungu

South Africa Partners

21 Pearce Street Berea 5241 East London South Africa

Tel: +27 41 363 4748

Email: [tngubane-zungu@sapartners.org.za](mailto:tngubane-zungu@sapartners.org.za)

An Area Coordinator leads efforts to implement the STEPS programme in correctional facilities.



## IDENTIFY STEPS AREA COORDINATOR

### The Area Coordinator is responsible for:

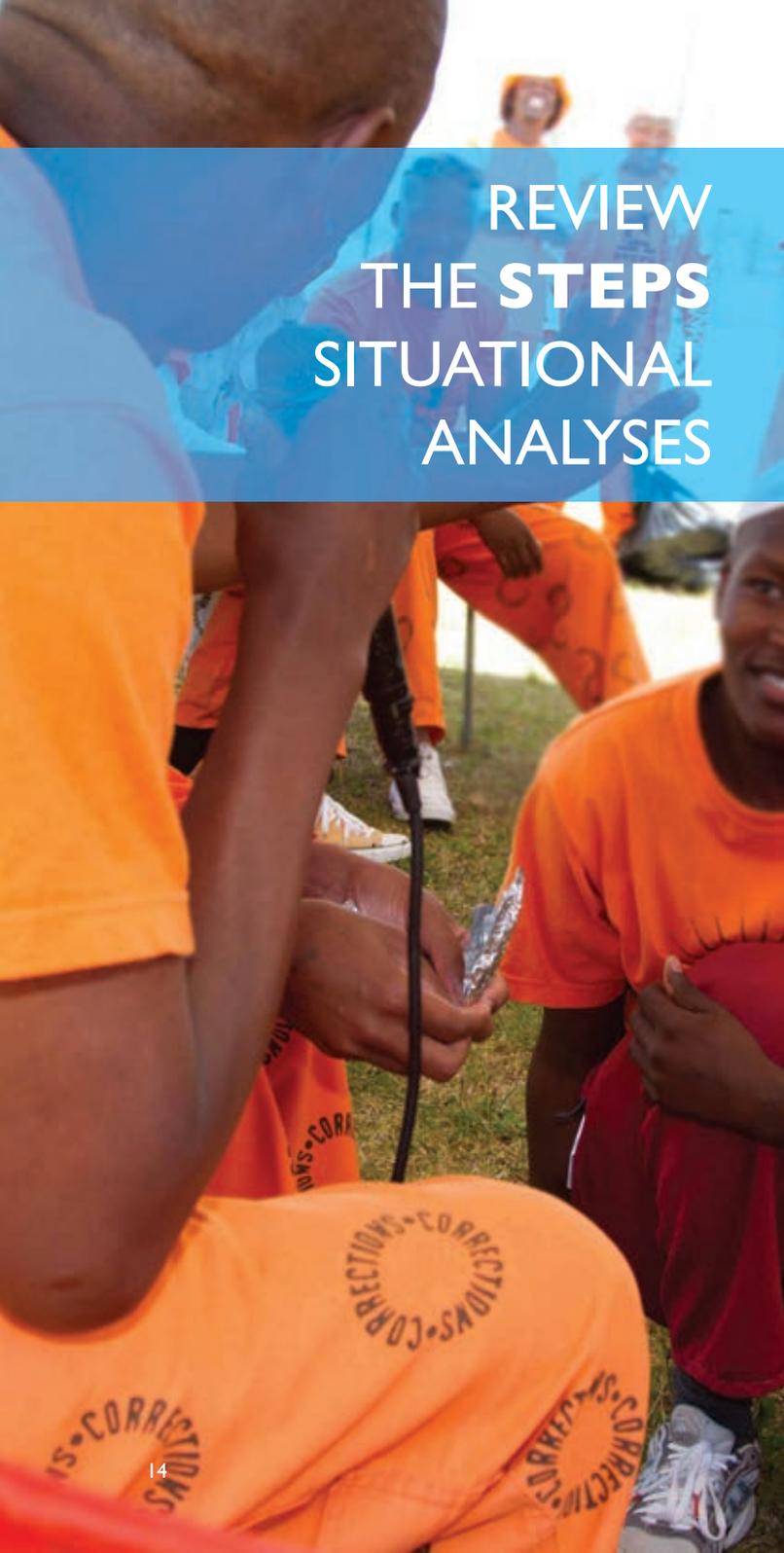
- Coordination with DCS and with the **STEPS** Program Manager
- Assistance to DCS for the scheduling and implementation of all **STEPS** interventions in accordance with correctional centre rules and regulations
- Assistance to DCS for the selection, training and mentoring of facilitators
- Documentation, monitoring to support evaluation of the programme
- Consulting support for the correctional centre's existing HIV/AIDS, HCT, STI and TB services
- Outreach and coordination among local CBOs, NGOs, FBOs, health facilities and other providers of HIV support in the correctional centre or in the local community



## REQUEST GUIDANCE AND PERMISSION FROM DCS AND OTHER ADVISORS

### Guidance and permission must be requested from DCS Executive and Management staff regarding all aspects of STEPS implementation:

- Head of the Centre approves communications and facility access for **STEPS** trainers and other external stakeholders involved in STEPS implementation
- Coordinator Correction oversees the movement of offenders and guides STEPS intervention logistics to meet centre regulations
- Senior Security Officer assigns staff members to be on-guard during STEPS interventions and training
- Operational Manager Primary Health Care plans of HCT Campaigns and collects clinical data, including the number of offenders tested and treated for HIV, TB and STIs
- Operational Manager Wellness Clinic coordinates STEPS activities in collaboration with STEPS facilitators and the Area Coordinator
- HIV/AIDS Coordinator stationed at Area Command plans facility activities, clarifies roles, communicates with the Head of Centre and prepares for Health Days
- Area Coordinator Development and Care strategically supports and guides STEPS implementation with focus on Area Command policies and quality assurance and improvement processes
- Regional HIV Coordinator, at the Provincial level, provides guidance based on HIV policy and accepted DCS protocols, and assists with partnership development



# REVIEW THE STEPS SITUATIONAL ANALYSES

**It is essential to review the previously completed Situational Analyses to better understand the context for implementing STEPS in correctional centres.**

The issues explored in the Situational Analyses include:

- Current context for correctional centres in South Africa
- Identification of potential programme partners
- Specific information about available health care, mental health and social services within the centres related to HIV, TB, STIs, injecting drug users (IDU) and other health concerns
- Mapping of trainings and interventions offered within the centres related to HIV, TB, STIs, IDU and other health concerns
- Identification of systems that can negatively impact the ability to establish and maintain on-going contact with offenders and staff members, for example, the existence of gangs

It is important to recognise that all correctional centres are influenced by different infrastructure and resources, services, staff members and categories of offenders: each centre is unique in its culture and ways of operating. As a result, the **STEPS** programme must be adapted and customised each time it is replicated.

If there is a need, a situational analysis should be undertaken of the centre or area command wishing to implement the **STEPS** programme.

See *Situational Analysis of St Albans Medium B Correctional Centre* (February 2012) and the *Situational Analysis of Patensie Correctional Centre and St Albans Medium A* (June 2013) for more information.



# SELECTION OF STEPS FACILITATORS

**STEPS is implemented by facilitators, offenders and staff members, who are carefully selected to skilfully offer STEPS intervention activities in correctional facilities.**

DCS assists the implementing organisation with the identification, interviewing and selection of **STEPS** facilitators from the offender population.

**STEPS** facilitators:

- Demonstrate commitment to the curriculum and facilitation strategies
- Recruit participants for educational sessions, prevention groups, UCT and other interventions
- Plan, organize and implement all programme offerings
- Work closely with STEPS trainers for coaching, mentoring and support
- Provide measurement and evaluation data as requested

Facilitators may be alumni of the STEPS prevention groups or other activities. Facilitators who are staff members may also be employed in the correctional centre's health services not as a "facilitator" but in another role, taking on **STEPS** as part of their provision of services to the correctional centre community. Potential facilitators are encouraged

to consider how the **STEPS** intervention activities might complement existing job responsibilities.

### **EXAMPLE:**

*In STEPS' pilot implementation, the following priorities were identified for facilitators:*

- *Ability to read and write and complete simple calculations*
- *Fluency in local language and ability to understand English*
- *Ability and confidence to stand and present in front of an audience*
- *Maturity and experience*
- *Good interpersonal skills*
- *Respect for others and commitment to maintain confidentiality*
- *Experience and interest in HIV education and related matters*
- *Enthusiasm for the work involved*
- *Physically fit to carry out the work*
- *Ability to maintain confidentiality*

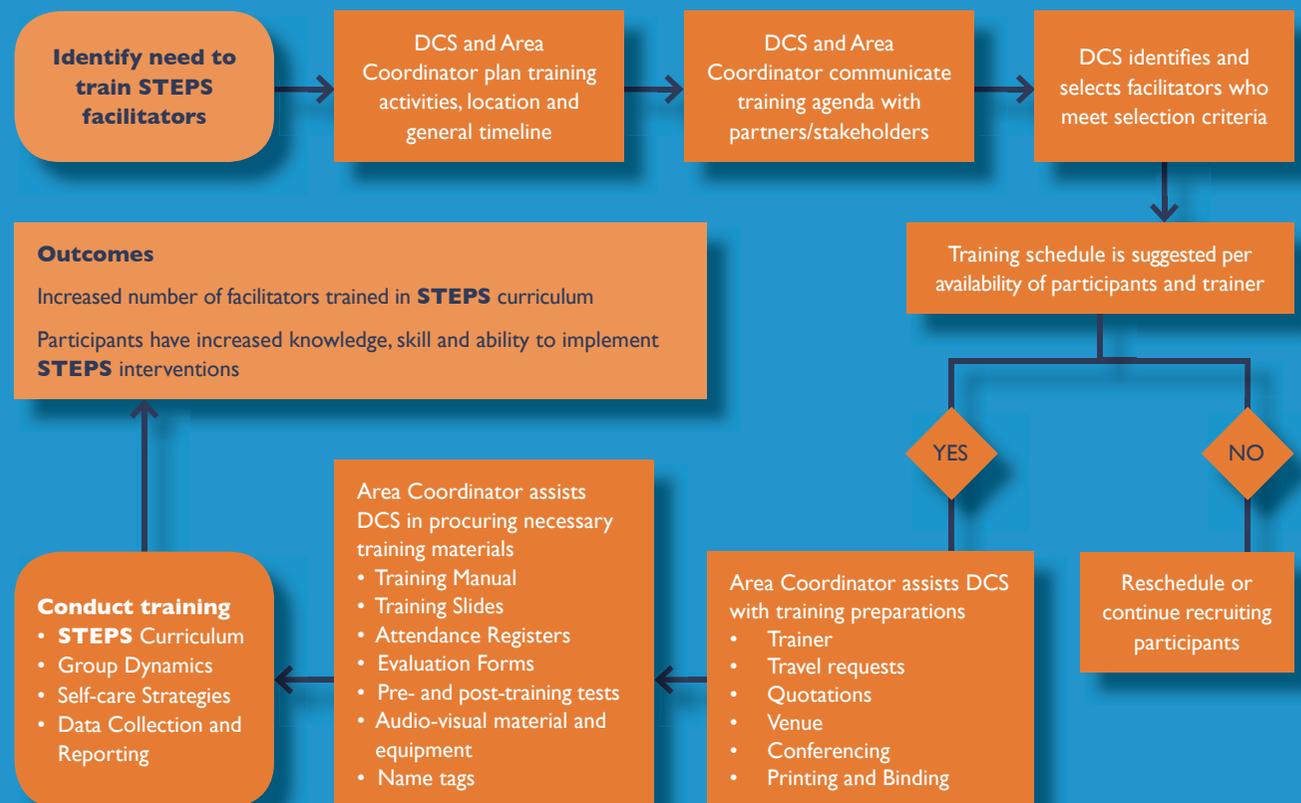
# TRAINING OPPORTUNITIES



## PRIMARY TRAINING FOR **STEPS** FACILITATORS

**STEPS strongly invests in the training of all facilitators, both offenders and DCS staff members, to ensure that intervention activities are implemented consistently and with high quality.**

### TRAINING FLOWCHART



DCS assists the implementing organisation by determining the availability of facilitators for the duration of the training.

The **STEPS** facilitator training includes:

- Detailed review of the 6 curriculum topics with a focus on the key issues facing offenders and staff members in correctional facilities
- Knowledge and skills to facilitate, organize and maintain effective and sustainable **STEPS** prevention groups
- Strategies to manage group dynamics and challenging behaviours
- Designed to challenge common misunderstandings and misinformation
- Allows sufficient time to discuss, practise and absorb training content
- Guidelines for self-disclosure and appropriate boundary setting
- Resources for self-care
- Taught by **STEPS** trainers using the **STEPS Training Manual**
- Evaluated through pre- and post-course assessment

The **STEPS** Area Coordinator assists DCS in procuring the necessary training materials. Materials may include:

- Training manual
- Training slides
- Attendance registers and evaluation forms
- Audio-visual material and equipment
- Name tags

Key scientific phrases and concepts are not easily translated into local languages. It is important that facilitators have on-going opportunities to discuss the curriculum with mentors and other facilitators to ensure they are presenting topics in local languages accurately.

## ADDITIONAL TRAINING AVAILABLE TO FACILITATORS AND DCS STAFF

- **Ubuntu Community Theatre Training:** empowers **STEPS** facilitators with the theory and skills to implement community theatre through script-writing and performance
- **Visual Assessment Training:** 2-hour workshop that teaches participants how to use the **STEPS** TB-HIB Assessment Tool to screen for TB, HIV and STIs

- **Condom Care, Distribution and Use:** 4-hour workshop for participants to learn correct processes for storing, distributing and using condoms and lubricants
- **Sensitisation Training:** 2-day training taught by an external stakeholder to educate peer educators, including **STEPS** facilitators, about human sexuality and challenges faced by Key Populations, including offenders and staff members in correctional centres
- **Advocacy Toolkit:** 3-day Department of Health training that focuses on the importance of human rights, disclosure, communication, facilitation and advocacy in the implementation of HIV programmes
- **Mirror Session:** 1-day training for DCS social workers to learn debriefing and mentoring activities and techniques for offering professional help to **STEPS** facilitators and peer educators as needed
- **Monitoring and Evaluation:** ½-day workshop to define monitoring and evaluation processes with practical demonstrations of **STEPS'** data collection tools



## SELECTION AND TRAINING OF TRAINERS

**STEPS Trainers ensure that the STEPS programme is offered effectively and that facilitators receive on-going mentoring and support.**

Currently, trainers are staff members of SA Partners who have:

- Excellent understanding of HIV, AIDS, STIs, TB and other communicable diseases
- Expert-level knowledge of group management and training techniques
- Completed the **STEPS** Facilitator Training
- Previous experience and training as a trainer

Anticipating rapid growth and replication of the **STEPS** programme, we expect that future **STEPS** trainers will be DCS employees in the health or educational sectors and other stakeholders from NGOs.

Trainers are expected to:

- Demonstrate expert-level knowledge and experience related to the **STEPS** curriculum and facilitator training strategies
- Identify and recruit future support group facilitators
- Mentor, coach and train support group facilitators

- Assist with data collection and reporting
- Work closely with DCS, partner organisations and the Programme Manager

**STEPS** invests in TOT through a mandatory training:

- Reviews key points for **STEPS** content, facilitation strategies, group activities and time allocations
- Allows sufficient time to discuss, practise and absorb training content
- Taught by trainers with advanced training on all aspects of the **STEPS** programme
- Evaluated through pre- and post-course assessment

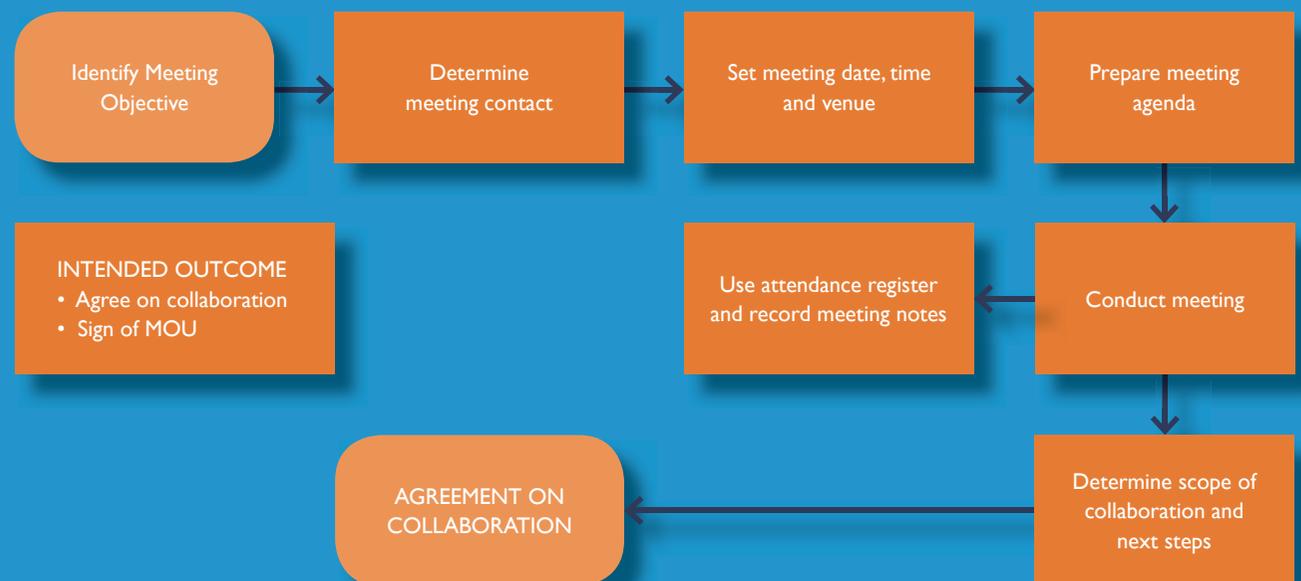
# OFFERING STEPS INTERVENTION ACTIVITIES AND SUPPORT



## CONDUCTING PLANNING OR CONSULTATIVE MEETINGS

The STEPS programme requires many different types of meetings with many different types of audiences including: consultative meetings with DCS leadership or staff members; meetings with partner organisations or existing health services; and, planning meetings for future STEPS activities.

### FLOWCHART FOR PLANNING OR CONSULTATIVE MEETINGS





All meetings generally follow the same process of conduct:

- 1. Identify the goal or objective** – the person convening the meeting must identify and communicate the meeting goal, for example, to re-integrate HCT services with the correctional centre’s Primary Health Care services.
- 2. Identify appropriate contact within the DCS and make appointment** – call/sms/email the correct contact and inform them of your meeting goal and availability. It is important to follow DCS protocol and regulations when setting up meetings within the DCS system.
- 3. Determine meeting date, time and venue** – it is preferable to hold meetings within the correctional centre as it is not easy to have correctional officers or other staff members leave the centre during work hours.
- 4. Prepare the meeting agenda** in consultation with the DCS official participating in the meeting
- 5. Conduct meeting**
- 6. Determine scope of collaboration and next steps**
- 7. Utilise attendance register and take meeting minutes** – the attendance register serves as a record of participants’ attendance; meeting minutes document the discussion and decision-making process.

## PARTICIPANT RECRUITMENT AND REFERRALS

**STEPS** facilitators use a variety of techniques to introduce **STEPS** to staff members and offenders and to recruit and refer potential participants.

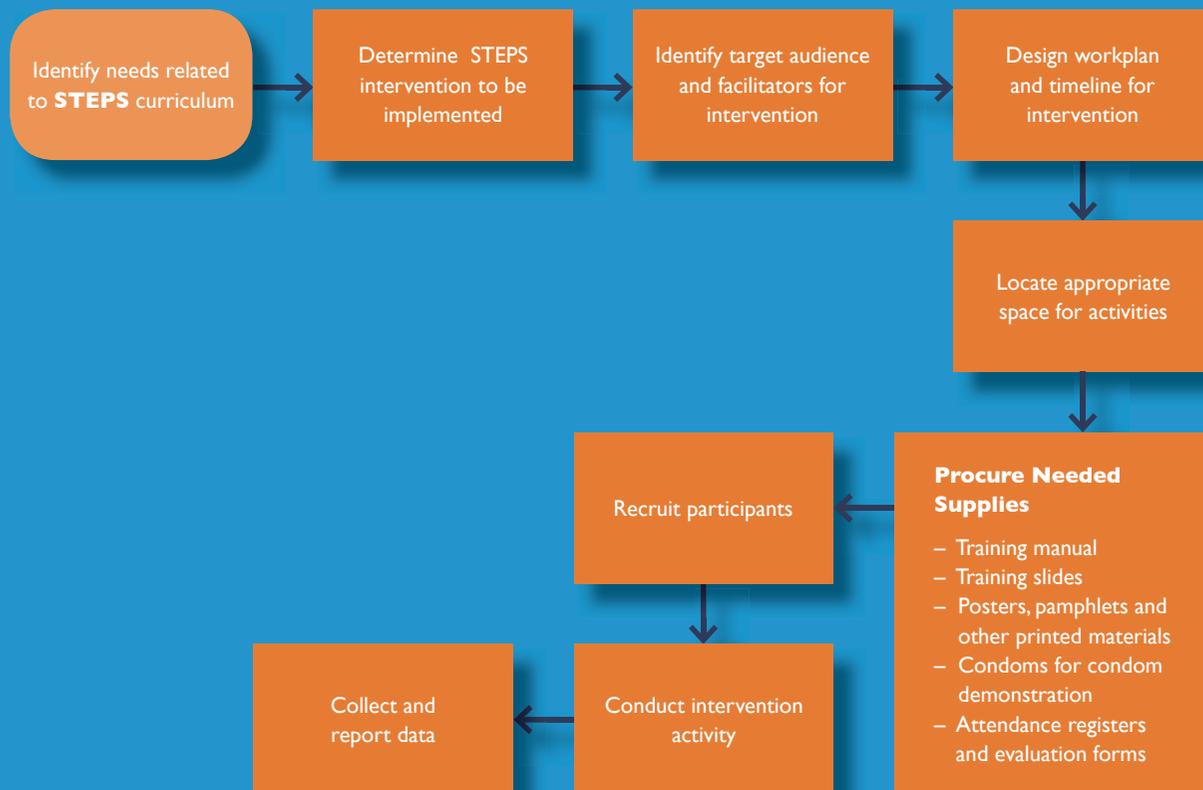
Using official communication channels that are sanctioned by DCS, **STEPS** facilitators share information about **STEPS** with their target audience to encourage participation. Facilitators are instructed by DCS about how to communicate with potential participants at testing locations, health facilities, educational venues and other locations.

With approval from DCS, **STEPS** facilitators also regularly conduct brief educational sessions in spaces where potential participants may be. Facilitators provide information on a relevant topic and then advertise the upcoming **STEPS** prevention group or UCT to their audience.

*Many of **STEPS**’ potential participants, especially those who are HIV positive and have not disclosed their status publicly, have major concerns about stigma and discrimination. It is NOT productive to refer to **STEPS** interventions as “HIV/AIDS support groups” – this deters participation.*

## ESTABLISHING STEPS INTERVENTION ACTIVITIES

### ACTIVITY FLOWCHART



**All STEPS intervention activities must be offered in accordance with correctional centre rules and regulations and approved in advance by DCS. All participants must also agree to abide by group norms, especially regarding confidentiality.**

It is essential to consult with DCS prior to conducting any **STEPS** interventions to determine:

- Needs of staff members and offenders related to the **STEPS** curriculum
- Type of **STEPS** intervention activity to be implemented
- Specific target audience for intervention
- Lead facilitator and co-facilitator for the intervention
- Workplan for facilitators
- Schedule for intervention
- Location for intervention
- Participant recruitment strategies for intervention, to be conducted by DCS and with approval, **STEPS** facilitator
- Other communication strategies to be conducted by DCS and, when necessary and with approval, the **STEPS** facilitator or area coordinator



All **STEPS** activities are offered by 2 facilitators, a lead facilitator and a co-facilitator. The co-facilitator ensures that Attendance Registers and evaluation forms are completed by all participants correctly.

Each activity has a specific target audience. Target audiences may be staff members, offenders, juveniles or other segments of the population in the correctional facility. **STEPS** interventions should NOT be offered across target audiences. For example, activities should be developed for staff members or offenders – not both. Similarly activities should target juvenile offenders or adult offenders – not both.

During all intervention activities, in particular **STEPS** prevention groups and UCT, participants may disclose personal health information. **STEPS** trainers and facilitators must ensure that all participants are willing to abide by the group rules or norms, including confidentiality. It is also essential that all participants understand and commit to maintain confidentiality during and after **STEPS** activities.

It is important to be deliberate with the scheduling for activities:

- Educational sessions and UCT performances should not conflict with established health, educational and seasonal events in the correctional facility
- Prevention groups should be scheduled to suit the needs of participants. For example, groups may hold 6 meetings in 1 day; 3 meetings in 2 days; 2 meetings for 3 days; or 1 meeting a week for 6 weeks depending on the availability of participants and the regulations of the correctional facility

The **STEPS** Area Coordinator assists DCS in procuring supplies that facilitators need to conduct the **STEPS** intervention activity. Supplies may include:

- Training manual
- Training slides
- **STEPS** Guide to Group Meetings with Handouts
- Posters, pamphlets and other printed materials
- Condoms for condom demonstration
- Attendance registers and evaluation forms.



## MENTORING AND SUPPORT

**STEPS** facilitators are observed during prevention group meetings and then mentored throughout their time by their Area Coordinators, Trainers and other selected DCS officials. It is advised that debriefing is made available to **STEPS** facilitators through Mirror Sessions.

**STEPS** trainers, coordinators and mentors observe and assist facilitators during their first **STEPS** intervention activities. Facilitators are assessed and given support to strengthen their presentation skills, knowledge of the **STEPS** curriculum, planning and preparation for sessions and ability to connect participants to health and educational services. As facilitators' experience with the **STEPS** curriculum grows over time, trainers and mentors continue to offer mentoring, coaching, technical assistance and one-on-one consultations to provide feedback and support.

It is important to recognise that **STEPS** facilitators, like participants, may have suffered traumatic events, for example, the death of loved ones, deteriorating health, extreme stigma or ostracism, sexual assault or community violence. **STEPS** intervention activities may trigger painful memories and post-traumatic stress disorder. Debriefing should be made available through Mirror Sessions. Mirror Sessions were developed with the assistance of the University of Fort Hare Psychological Services Centre and involve:

- “Caring for the carer” series of 10 workshops
- Building facilitators' capacity to deal effectively with the challenging issues raised by the participants
- Providing on-going support and counselling for facilitators

DCS social workers receive training to offer the Mirror Sessions and other debriefing activities to support **STEPS** facilitators and other peer educators in the correctional centre.



## DATA COLLECTION, MONITORING, EVALUATION

**STEPS facilitators and DCS officials compile and submit data to the Area Coordinator and Programme Manager to assist with programme evaluation.**

Trainers and facilitators receive training and support to successfully complete records for **STEPS** educational sessions, prevention groups and UCT. Data collection tools include:

- **STEPS Attendance Register** for educational sessions
- **Educational Session** for facilitator evaluation
- **STEPS Prevention Group Attendance Register**
- **Prevention Group Participant Evaluation**
- **Group Evaluation Summary** for facilitator evaluation
- **Ubuntu Community Theatre Report** for facilitator evaluation

Attendance registers are signed by DCS officials to approve that the activities were conducted. All completed and signed documents are then returned to the **STEPS** Area Coordinator who signs off and begins to aggregate data to complete a Report. Reports are sent to the Programme Manager and/or Information Officer who is assessing programme data.

Training records and pre- and post-training participant tests are also submitted to the Programme Manager and/or Information Officer.



## QUALITY ASSURANCE AND QUALITY IMPROVEMENT

**It is important to ensure that STEPS interventions implemented in all locations meet the programme's quality standards and strive for quality improvement.**

**STEPS** processes are benchmarked against 10 quality assurance standards for peer education and outreach programs serving Key Populations:

1. An implementation plan is developed that reflects the prevention and health needs of the Key Population
2. Effective processes are used to identify, select, train, and retain peer educators and outreach workers
3. Accurate HIV, STI, and TB prevention, transmission and risk-reduction information is provided
4. Peer education and outreach programmes promote and support the use of prevention commodities
5. Facilitation of risk profiling, risk-reduction counselling and skill building activities to reduce HIV/STI risk behaviours

6. Key populations are referred to available, sensitised and competent health and psychosocial services
7. An enabling environment is established to support members of a key population in accessing, using and advocating for prevention, health and social services
8. Peer educators and outreach workers receive supervision and support
9. A plan for the monitoring and evaluation of a peer education and outreach programme is developed and implemented
10. A plan is developed and implemented to assess and improve the quality of the peer education and outreach programme

**STEPS** also utilises a standard assessment tool to annually assess programme quality and develop best practises. See the **PDSA Cycle Worksheet** for more information. This process ensures that the **STEPS** programme meets baseline expectations, develops best practises to improve service offerings.

# SUMMARY POINTS FOR **STEPS** IMPLEMENTATION



**STEPS intervention activities support staff members and offenders to prevent HIV/AIDS and other communicable diseases in South African correctional facilities.** The intention is to enable participants to become informed advocates for their health and to increase engagement in prevention, testing and treatment services.

**STEPS** is implemented in correctional facilities where there is **a need for an intervention that is structured and curriculum-based.** STEPS presents detailed information about key topics and also offers an interactive exchange and sharing among participants. While developed to primarily address HIV/AIDS, STEPS is also applied to provide support for those with TB, STIs and other chronic illnesses.

#### **STEPS activities include:**

- Education sessions
- Prevention group meetings
- Ubuntu Community Theatre
- Visual assessments, anti-stigma campaigns, health fairs and other activities that support DCS efforts related to prevention, testing, treatment and support for HIV and other communicable diseases
- Mirror Sessions for **STEPS** trainers, facilitators and others who implement the programme

**STEPS is easily ‘piggy backed’ with existing educational and health services in correctional centres,** for example HIV/AIDS testing and primary health care activities.

**It is essential to gain the support of DCS before attempting to establish STEPS.** This requires:

- Coordinated guidance from **STEPS’** Programme Manager and DCS leadership
- Commitment to abide by and uphold all established DCS rules and regulations
- Information sharing and a willingness to make referrals among educational and health service providers, trainers, facilitators and other service providers from local NGOs, CBOs, FBOs and health facilities operating in the correctional centre and in the local community

**External stakeholders and organisations play important roles in strengthening HIV programming in correctional centres,** especially when demand for health services increases because of STEPS and other peer education programmes.

Supportive structures including **debriefing and Mirror Sessions** must be in place for **STEPS** facilitators, staff members and offenders who work within the programme.

## STEPS RESOURCES INCLUDED ON THE ACCOMPANYING CD

- *STEPS Guide to Group Meetings*
- *Ubuntu Community Theatre: A Guide for Theatre Troupes and Troupe Managers*
- *STEPS TB-HIV Assessment Tool*
- *Situational Analysis of St Albans Medium B Correctional Centre*
- *Situational Analysis of Patensie Correctional Centre and St Albans Medium A*
- *STEPS Attendance Register*
- *Educational Session*
- *Prevention Group Attendance Register*
- *Prevention Group Participant Evaluation*
- *Group Evaluation Summary*
- *Ubuntu Community Theatre Report*
- *PDSA Cycle Worksheet*





A program developed by



**SOUTH AFRICA PARTNERS**

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