PROGRAMME REVIEW

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A programme developed by

SOUTH AFRICA PARTNERS

Fostering partnerships between the United States & South Africa

ACKNOWLEDGEMENTS

Strengthening Prevention Services (STEPS) was a programme of South Africa Partners, an international organisation fostering partnerships between the United States and South Africa. STEPS delivered peer-led educational activities and services, intended to prevent the transmission of HIV, sexually transmitted infections and tuberculosis in male correctional centres. STEPS was part of South Africa's response to the HIV epidemic and supported people in correctional facilities, a key population at heightened risk for contracting HIV.

We gratefully acknowledge the individuals and organisations who contributed to STEPS and to the research, data collection and analysis documented in this programme review.

The STEPS review reference group included Tony Diesel, Thembi Ngubane-Zungu, Nontuthuzelo Mxalisa, Christopher Manyamba, Tinashe Dzvoti, and Martina Bouey. Phakama Moyi, Olwethu Malanti, Agnes Thys, Busiswa Joya, Mncedisi Nyamana, and Casino Gqaliwe supported the review process and Ayanda Honi completed data collection. Tinashe Dzvoti led the quantitative assessment.

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For more information about the STEPS programme please see www.iactsupport.org or email info@iactsupport.org.

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CDC	Centres for Disease Control and Prevention
CD4	Cluster of Differentiation 4
DCS	Department of Correctional Services
HBV	Hepatitis B
HCT	HIV Counselling and Testing
HISP	Health Information Systems Programme
HIV	Human Immunodeficiency Virus
I ACT	Integrated Access to Care and Treatment
MSM	Men who have sex with men
NGO	Non-governmental Organisation
PHSS	Prevention Health System Strengthening
PLHIV	People Living with HIV
QA/QI	Quality Assurance/Quality Improvement
SA Partners	South Africa Partners
SANAC	South Africa National AIDS Council
STEPS	Strengthening HIV Prevention in Correctional Services
STI	Sexually Transmitted Infection
TB	Tuberculosis
UCT	Ubuntu Community Theatre
UNAIDS	Joint United Nations Programme on HIV/AIDS
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organisation

DEFINITIONS

Combination Prevention Programme: Combination prevention programmes are rights-based, evidence-informed, and community-owned programmes that use a mix of biomedical, behavioural, and structural interventions, prioritised to meet the current HIV prevention needs of particular individuals and communities, so as to have the greatest sustained impact on reducing new infections.[1]

Primary Prevention: Primary prevention reduces the incidence of transmission (e.g., fewer people become HIV infected).[2] Primary prevention strategies including education sessions and outreach campaigns often encourage protective measures such as condom use.

Secondary Prevention: Secondary HIV prevention reduces the prevalence and severity of HIV through early detection and prompt intervention.[3] Goals include arresting or slowing HIV disease progression, preventing complications, and limiting disability of people living with HIV.

Staff Members/Officials: The employees in correctional facilities are referred to as staff members or officials.

Peer Educators/Facilitators: Offenders or staff members who were trained by the STEPS team to conduct the programme. The words“peer educator” and “facilitator” are used interchangeably throughout this review.

Quality Assurance/Quality Improvement (QA/QI): As defined by the Health Resources and Services Administration, quality assurance measures compliance against certain necessary standards. Quality improvement is a continuous improvement process. Quality Assurance is required and normally focuses on individuals, while Quality Improvement is a proactive approach to improve processes and systems. Standards and measures developed for quality assurance, however, can inform the quality improvement process.[4]

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[1] UNAIDS, 2010

[2] Substance Abuse and Mental Health Services Administration, 2000

[3] Ibid

[4] This definition is quoted from the Health Resources and Services Administration, http://www.rwpchouston.org/Committees/Documents/Council%20documents/2015/Mtg%20Packet%2004-09-15/18%20Definition-QA%20v%20QI.pdf

EXECUTIVE SUMMARY

This review presents findings, lessons learnt, and recommendations based on the implementation of the Strengthening of Prevention Services in Correctional Facilities (STEPS) programme from 2011 to 2016.

The STEPS programme resulted from an innovative partnership between the South African Department of Correctional Services (DCS) and South Africa Partners (SA Partners), an international, charitable non-governmental organisation (NGO) dedicated to building mutually beneficial partnerships between the US and South Africa in the areas of health and education.

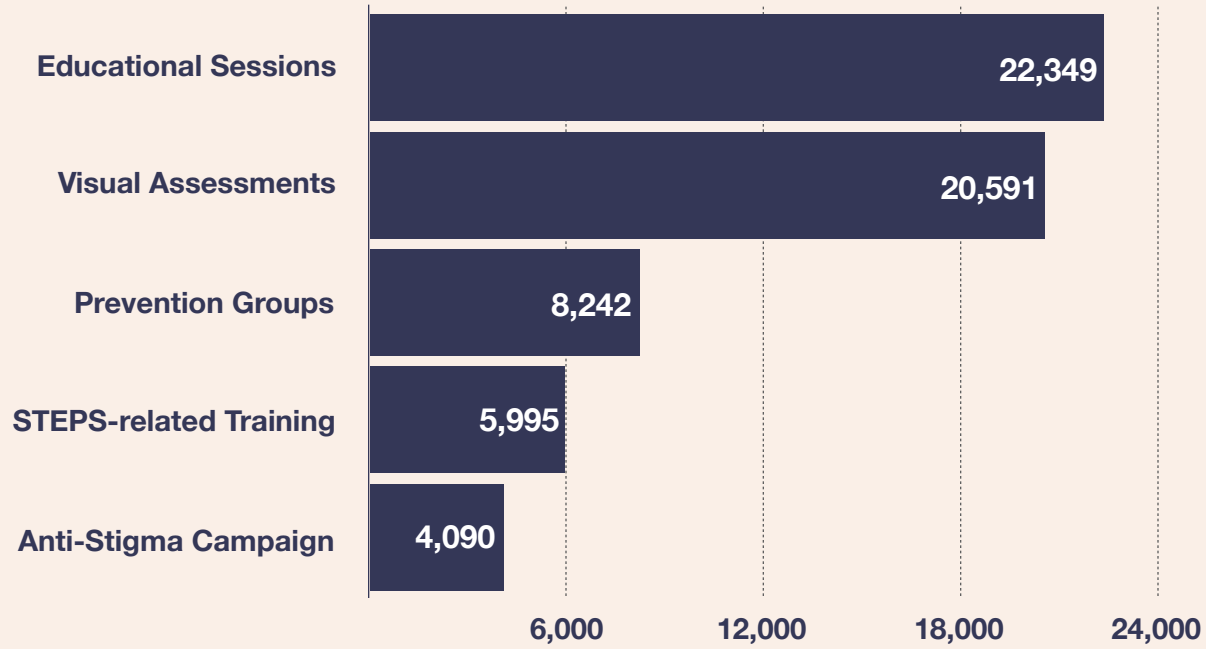
The intervention was designed to support the National Strategic Plan on HIV, STIs and TB and reduce the impact of the Human Immunodeficiency Virus (HIV) epidemic in South Africa by targeting a key population at risk for HIV transmission, offenders and staff members in correctional facilities. STEPS also strengthened the DCS guidelines for the management of TB, HIV, and STIs in correctional facilities, announced in 2013.

STEPS was structured as a combination prevention programme that utilised peer education. A cadre of DCS staff members and offenders were selected and supported to become peer educators who provided education, prevention, testing, and treatment services based on a six-part curriculum:

- Introduction to HIV
- HIV and STIs
- Risk in Correctional Facilities
- Risk Reduction
- Acceptance, Disclosure and Stigma
- Living Positively

STEPS was replicated in 20 correctional facilities in the management areas of St Albans, Kirkwood, Amathole, Mthatha, Sada and East London. The programme was supported by a dedicated programme personnel and participating DCS leaders and staff members at the regional, management area, and facility levels. The team worked extensively with NGO partner organisations to implement activities and provide complementary services at specific correctional facilities. The team also worked with external consultants from Health Systems Information Programme to develop indicators, design data collection tools, and set up a data file within the District Health Information System (DHIS).

Figure 1. Number of People who Participated in STEPS Intervention Activities



Over five years of implementation, STEPS interventions supported the existing services of DCS and NGO partner organisations, to contribute to positive impact (see Figure 1):

- STEPS distributed 139,722 male condoms and helped to increase condom distribution in Eastern Cape DCS facilities very significantly from 1,800 to 34,623 condoms per year
- STEPS distributed 2,315 lubricants and 885 dental dams to offenders; STEPS was the only provider of dental dams from 2011 to 2016
- 22,349 people participated in STEPS educational sessions
- 20,591 visual assessments were conducted as a result of STEPS activities
- 8,242 offenders and staff members participated in STEPS prevention group sessions
- 5,995 DCS officials and offenders participated in STEPS related training from 2011 to 2016 including 457 peer educators, who were selected, trained, and supported to offer STEPS prevention group sessions and other activities
- STEPS personnel and peer educators organised 66 anti-stigma campaigns, engaging 4,090 attendees in learning about internal stigma, the benefits of disclosure, and the need to overcome stereotypes and discrimination

- 2,075 DCS staff participated in consultations, with STEPS personnel and implementing partners, to share information, discuss operations, and explore programme enhancement

Key successes included:

1. STEPS provided comprehensive and essential HIV services to thousands of inmates and staff in correctional facilities, including educational sessions, prevention groups, Ubuntu Community Theatre (UCT) performances, one-on-one peer support, and condom distribution. STEPS peer educators were hugely successful in distributing condoms within their units in correctional facilities, distributing an estimated 139,722 male condoms.
2. STEPS offered HIV Counselling and Testing (HCT) to offenders at the directive of the DCD. This initiative supported existing services to create significant and critical impact in female correctional facilities. In East London Medium C, the STEPS prevention counsellor was the key provider of HCT, and with support from DCS, achieved 99% coverage according to the clinic.
3. STEPS was successful in reducing stigma, helping to normalise conversations about HIV, sexuality, and men who have sex with men (MSM) in correctional facilities.
4. STEPS created an innovative and replicable peer educator programme within correctional facilities, utilising training and support strategies that could apply to peer education programmes targeting other key populations.
5. In cultivating a highly skilled group of peer educators, STEPS fostered human rights, providing inmates an opportunity to increase confidence and self-worth, take responsibility for meaningful services, and become advocates for the offender population.

In accomplishing these gains, the STEPS programme cultivated an innovative and trusting relationship among STEPS personnel, NGO partners, and DCS leadership and staff members.

Following the conclusion of the programme in 2016, STEPS was adapted for inclusion in the National Prevention Programme as part of the DCS Health System Strengthening (PHSS). Funded by the Aurum Institute, the programme includes: sensitisation training, mentoring, technical support, STEPS, and Integrated Access to Care and Treatment (I ACT).

INTRODUCTION

Over 7,000,000 people are living with HIV in South Africa.[5] In recent years, there has been a reduction in transmission but new HIV infections are still occurring at a high rate: in 2015 an estimated 529,670 people in South Africa were infected with HIV.[6]

The HIV epidemic in South Africa fuels a related epidemic of TB because people living with HIV (PLHIV), who have weakened immunity, are at higher risk for infection and activation. The World Health Organisation (WHO) reports that 65% of TB patients in South Africa are co-infected with HIV.[7] TB is the primary cause of death in PLHIV, one in three AIDS-related deaths are caused by TB.[8]

In response, South Africa developed a National Strategic Plan on HIV, STIs, and TB and is home to the largest antiretroviral treatment (ART) programme in the world with 3.4 million people receiving ART.[9] Furthermore, the nation is committed to achieving the ambitious goals set by the Joint United Nations Programme on HIV/AIDS (UNAIDS) for 90-90-90 by the year 2020:

- 90% of people who are infected with HIV will be diagnosed
- 90% of people who are diagnosed with HIV infection will receive ART
- 90% of people receiving ART will be virally suppressed.[10]

To achieve these goals, customised programmes must be developed to reduce HIV infection among key populations, people who are vulnerable to HIV infection and have little access to prevention, care, and treatment services. Key populations include female sex workers, people who inject drugs, transgender people, some migrant populations, MSM, and offenders and staff members in correctional facilities.

[5] Statistics South Africa, 2016

[6] http://www.timeslive.co.za/thetimes/2016/07/20/New-HIV-infection-topped-500000-in-SA-last-year

[7] World Health Organisation, 2012

[8] The Joint United Nations Programme on HIV/AIDS, Fact sheet 2016

[9] The Joint United Nations Programme on HIV/AIDS, 2016

[10] The Joint United Nations Programme on HIV/AIDS, 2014

The STEPS programme was designed to target a key population in South Africa, offenders and staff members in correctional facilities (see Figure 2).[11]

Figure 2. Correctional Facilities in South Africa

- 240 correctional facilities in South Africa hold 160,280 offenders and detainees
- South Africa has the largest population of people who are incarcerated in Africa, 291 per 100,000 people
- 27.9% of people in correctional facilities are remand detainees who are awaiting trial
- 2.6% are women
- .2% are juveniles or minors
- 25,000 offenders are released from correctional facilities each month
- Correctional facility capacity is estimated at 120,000 indicating overcrowding of 30%
- At the time of STEPS implementation, the Eastern Cape DCS facility capacity was 12,030; the offender population was an estimated 19,793

Sources: Department of Correctional Services South Africa (2011); http://www.prisonstudies.org/country/south-africa, Tshabalala (2012), and Gear (2002)

Offenders are at high risk for HIV infection primarily from sexual activity including consensual MSM, sexual exploitation, and rape. There is limited information about sexual activity in correctional facilities but estimates indicate that 4 to 10% of offenders engage in consensual same-sex activity during incarceration.[12] HIV in correctional facilities is also transmitted through tattooing, injection drug use, and other behaviours related to gang activity.[13]

Currently, it is reported that 22.8% of offenders are living with HIV though the real prevalence is likely higher.[14] Data are reported from voluntary HCT and treatment and fear, stigma, and other barriers prevent many PLHIV from receiving services.

Overcrowding, unhygienic conditions, and the frequent movement of offenders across facilities, contribute to the transmission of TB and other communicable diseases. In one

[11] Many prefer to use the term "inmate" instead of "offender" because "inmate" is thought to be more aligned with rehabilitation: the word "offender" conveys one's identity as a criminal while "inmate" reflects one's time in a correctional facility and not one's personal character. While the authors support the goals of rehabilitation, the term "offender" is used throughout this review per the standard terminology used by the Department of Correctional Services.

[12] World Health Organisation, 2007

[13] Gear, 2001

[14] South African National AIDS Council, 2014

study, 3.4% of inmates were found to have TB, twice the rate of the general population; 66% of these TB cases were previously undiagnosed.[15]

Prior to the introduction of STEPS, DCS offered limited HIV-related programming in the Eastern Cape and other provinces. HIV, TB, and STI testing were primarily conducted by DCS Primary Health Care Clinics. HCT was challenging to access, for example, only available on weekends. Offenders were also hesitant to request HCT due to concerns about confidentiality and stigma, including judgment from staff members and other offenders. Relatedly, there were limited services to address the needs of DCS offenders and staff members who were living with or otherwise impacted by HIV.[16]

While training programmes for HIV interventions were regularly offered to DCS staff members, usually in partnership with NGOs, very few staff participated because training was optional. HIV-related training was perceived to be additional work rather than mission critical.

In 2013, during the first years of STEPS implementation, DCS released guidelines for the management of TB, HIV, and STIs in correctional facilities.[17] Guidelines included:

- Voluntary HCT offered to all offenders when entering facilities, during incarceration at request, and upon release
- Universal screening for anal, oral, and genital STIs is done when entering facilities and upon self-presentation
- All offenders screened for TB symptoms when entering facilities
- All offenders, who are newly diagnosed with HIV, screened for TB
- As of September 2016, all offenders diagnosed with HIV are provided ART[18]
- Isoniazid preventive therapy provided to all HIV-infected adults who are not already taking TB treatment or are asymptomatic

Over five years of implementation, the STEPS programme worked with thousands of offenders and staff members to create positive impact within the context of these guidelines and the broader culture of the South African Department of Correctional Services regarding the prevention of HIV, and the provision of treatment and support for people living with HIV.

[15] South African Department of Health, 2013

[16] Tapscott, 2008

[17] South African Department of Health, 2013.

[18] South African Department of Health, 2016.

THE STEPS PROGRAMME

The STEPS programme prevented the transmission of HIV, STIs, TB and other communicable diseases by building outreach, education, prevention, and access to support for offenders and staff members at correctional centres and remand detention facilities.

Implemented from 2011 to 2016, with generous funding provided by the CDC South Africa, STEPS was founded as a collaborative effort of SA Partners and the South African Department of Correctional Services.

GOALS AND OBJECTIVES

The goals of the STEPS programme included:

1. Increase the uptake of HCT, TB and STI testing, and prevention strategies
2. Establish prevention groups for officials and offenders
3. Assist DCS to implement HIV prevention strategies
4. Assist DCS to develop and implement stigma reduction interventions to increase disclosure and decrease transmission of infectious diseases
5. Provide quality assurance/quality improvement (QA/QI) for STEPS
6. Provide technical assistance to implementing partner organisations promoting QA/QI processes in their peer education programmes

STEPS strived to support the DCS guidelines for the management of STIs, HIV, and TB (see Figure 3).

STRATEGY

STEPS was a peer-education intervention (see Figure 4) that addressed HIV, STI and TB prevention, testing and treatment among offenders and officials in correctional facilities. STEPS utilised a combination prevention approach and included QA/QI as a core component of services.

STEPS relied on a 6-part core curriculum that could be easily replicated but also customised for implementation to suit the each facility's structure, standards, and culture. The intention was not to only to provide direct and immediate assistance to a large and vulnerable population of staff and offenders, but also to create secondary impacts: when offenders

returned home to their communities, they returned with knowledge and strategies to reduce transmission and increase treatment.

Figure 3. STEPS Support for DCS Guidelines for STIs, HIV, and TB	
Standards	Every offender must have access to at least 4 informational and educational sessions about HIV and AIDS
	Every offender must have access to condoms at all times
	Peer education programmes must be implemented as support strategies
	Voluntary HCT must be offered to all offenders at all times
Outcomes	Every offender is knowledgable about HIV transmission, opportunistic infections and prevention strategies
	Every offender can access educational materials
	Every offender can access and utilise condoms
	Peer educators are available to support DCS HIV-related programmes
	Every offender understands the need to know their HIV status and the procedures for HIV testing; HIV testing is voluntary and offenders give written consent before testing; an offender's HIV status must remain confidential
	Every offender has access to pre-test counselling and on-going post-test counselling
Guidelines	Conduct at least one informational or educational session a week with participation of 10 or more offenders: • Use sessions to recruit peer educators and encourage peer leadership • Provide condom demonstrations and information about effective condom use and disposal • Increase awareness of voluntary HCT
	Put informational posters up on facility walls
	Distribute information pamphlets to offenders
Human Rights	Informational and educational sessions increase awareness of offenders' human rights

Figure 4. The Definition of Peer Education

"Peer education… implies an approach, a communication channel, a methodology, a philosophy, and a strategy. The English term 'peer' refers to 'one that is of equal standing with another; one belonging to the same societal group especially based on age, grade or status.' The term 'education' refers to the 'development, training, or persuasion' of a given person or thing, or the 'knowledge' resulting from the educational process."

"In practice, peer education has taken on a range of definitions and interpretations concerning who is a peer and what is education (e.g. advocacy, counselling, facilitating discussions, drama, lecturing, distributing materials, making referrals to services, providing support, etc)."

"Peer education typically involves the use of members of a given group to effect change among other members of the same group. Peer education is often used to effect change at the individual level by attempting to modify a person's knowledge, attitudes, beliefs, or behaviours. However, peer education may also effect change at the group or societal level by modifying norms and stimulating collective action that leads to changes in programmes and policies."

Sources: Quoted from The Joint United Nations Programme on HIV/AIDS (1999) with attributions to Merriam Webster's Dictionary (1985), Shoemaker et al. (1998), and Flanagan et al. (1996)

CURRICULUM

The STEPS curriculum included 6 topics to be discussed during educational sessions, prevention group sessions, dynamic Ubuntu Community Theatre performances, referrals to health services, HCT, health fairs, and other activities (see Figure 5).

Topics were designed to provide information about HIV, STIs, TB, HBV, and other communicable diseases; create a safe space discuss taboo topics including MSM and human sexuality; identify key risks; and, develop effective prevention strategies.[19]

[19] STEPS did not implement a more comprehensive approach to mental health because there was a significant lack of available mental health personnel. All STEPS interventions were structured to meet the prioritised needs of offenders and staff members while utilising available personnel and resources.

Figure 5. The STEPS Curriculum		
Introduction to HIV • HIV/AIDS Basics • HIV Transmission • Exposure and Pre-exposure Prophylaxis • Understanding HIV Status	**HIV and STIs** • STIs including HBV • Testing and Treatment • Connecting HIV and STIs • Condoms (male and female), Lubricants, and Dental Dams • Reducing Risk of HIV and STIs	**Risk in Correctional Facilities** • HIV in Correctional Facilities • HIV Transmission and Risks in Correctional Facilities • High-Risk Behaviours including MSM • TB and Treatment
Risk Reduction • Intervention Strategies in Correctional Facilities • Understanding Risk, Risk Reduction and Prevention • Challenges to Prevention • Negotiating Safe Sex • Prevention Strategies for HIV, STIs, and TB	**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	**Living Positively** • HIV Testing • Exercise and Movement • Safe Sex Practices • Stress Reduction • Nutrition • Hygiene Strategies

PERSONNEL AND PARTNERSHIP DEVELOPMENT

The STEPS programme was supported by a team of dedicated personnel (see Figure 6). The STEPS team collaborated intensively with DCS Regional and Management Area leaders, who provided guidance and permission for all aspects of STEPS implementation. South Africa Partners staff worked particularly closely with the Development and Care Directorate, responsible for offenders and their wellbeing, and with Corporate Services, responsible for the wellbeing of members (see Figure 7):

- DCS leaders identified the management areas and facilities to offer STEPS
- Regional HIV Coordinator informed SA Partners staff about DCS HIV policy and protocols and assisted with partnership development

- Area Coordinator of Development and Care ensured that STEPS implementation abided by management area command policies and QA/QI processes.

Figure 6. STEPS Personnel			
Programme Director			
Programme Manager		National QA/QI Program Manager	
STEPS Trainer		National QA/QI Trainer	
Area Coordinators (3)	Prevention Support Counsellors (3)	Data Capturer	Support Staff
Contracted consultants assisted with the STEPS curriculum, Ubuntu Community Theatre activities, communications, situational analyses, and programme review			

Figure 7. Department of Correctional Services Personnel involved with STEPS	
REGIONAL Development and Care Regional HIV/AIDS Coordinator	Corporate Services Regional Coordinator
MANAGEMENT AREA Development and Care HIV/AIDS Manager, Social Work Manager, Health Services Manager, Education Manager	Corporate Services Human Resource Development, Employee Assistance, Special Programmes Manager
FACILITY Head of Centre Centre Coordinator Corrections, Centre Coordinator Security, Centre Coordinator Operational Support, Social work, Psychologists, Case Management Committee (CMC), Unit Managers, Operational Managers (Regional Hospital or Primary Healthcare), Peer Educators	

Implementation of STEPS was customised to suit the needs of the different correctional facilities but generally involved the following DCS leadership and staff members:

- Head of Centre approved facility access and communications
- Centre Coordinators, Corrections and Security, guided programme planning and logistics to meet all centre regulations

- Correctional facility structures, including the Development and Care Area Office, collaborated with staff and team members
- Unit Manager granted permission and ensured support for implementation of courtyard activities
- Senior Security Officer assigned staff to be on guard during STEPS interventions and training
- Primary Health Clinic provided a workstation
- Operational Manager of Primary Health Care planned HCT Campaigns with STEPS teams and collected clinical data
- Operational Manager of the Wellness Clinic coordinated STEPS activities with peer educators and the Area Coordinator (STEPS)
- HIV/AIDS Coordinator at Management Area planned facility activities, including health days, and communicated with the Head of Centre

Implementing partners and NGOs provided supportive services and guidance. Important NGO partners included:

- TB/HIV Care Association implemented Voluntary Male Medical Circumcision and HCT
- National Institute for Crime Prevention and Reintegration of Offenders provided information about correctional services, correctional facility culture, and procedures; and, developed a referral network for offenders who were discharged
- International Centre for AIDS Care and Treatment Programme (ICAP) assisted with human sexuality presentations and sensitisation training for South Africa Partners and DCS officials
- Mfesane, a faith-based organisation, implemented HCT campaigns in Medium A and Patensie Correctional Centres
- Donald Woods Foundation, TB Screening and HIV Testing at Mdantsane Correctional Centre
- Social Health Empowerment (SHE), Advocacy on sex and sexuality and rights of transgender communities
- Ukhamba, mobile HIV Testing, TB screening, and TB testing
- Beyond Zero (previously the Institute for Youth Development SA), mobile HIV testing, TB screening, and TB testing
- OUT – Well Being, sensitisation curriculum development and training

MONITORING AND EVALUATION

The STEPS team, with the help of external consultants from Health Systems Information Programme, developed indicators, designed data collection tools, and set up a data file in District Health Information System (DHIS).

Data files in the DHIS software captured all data elements related to programme indicators. HISP also provided data collection training throughout programme implementation.

Data capturing was done only when the tools were tallied, signed, and stamped by DCS officials in primary healthcare clinics, supporting the STEPS intervention.

Peer educators collected data at the end of each session using STEPS data collection tools. Collected data was submitted to the Operational Manager at the Primary Health Care for data quality check and signing off. At the end of the month all data tools were collected by the South Africa Partners staff (STEPS Team Member) for submission to the Data Capturer and Information Officer.

IMPACT

This review presents data and findings based on implementation of the STEPS programme in the Eastern Cape from 2011 to 2016. The impact of the STEPS programme is summarised as:

1. Replication in six management areas
2. Prevention strategies for offenders and DCS staff members
3. Training and leadership development for peer educators
4. Support for DCS and partner organisations

REPLICATION IN SIX MANAGEMENT AREAS

From 2011 to 2016, DCS supported implementation of the STEPS programme in six management areas and 20 facilities serving 15,117 offenders (see Figure 8).[20]

STEPS was first piloted at St. Albans and expanded to Kirkwood and East London Management Area. In East London, Mthatha, Sada, and Amatole, the STEPS team provided technical support to implementing partner organisations including, Training of Trainers, training and mentorship for peer educators, officials, and HIV/AIDS, STIs and TB (HAST) counsellors, and QA/QI.

Each correctional facility had a unique culture influenced by its resources, services, staff members, and offenders.

"Working in prisons required a sophisticated understanding of how to operate. Each centre had its own personality. So you couldn't move from one centre to the next thinking you could easily fit in. No, it took time to learn about each centre... and then just when you thought you kinda got it, something happened and you realised that you had just begun to understand…"
- STEPS coordinator

Three situational analyses were completed, utilising interviews with DCS leaders, offender focus groups, questionnaires, and other research methods, to better understand how to replicate and adapt STEPS to match the needs of each facility: St Albans Medium B in 2012, Patensie Correctional Centre and St Albans Medium A Remand Detention in 2013, and Kirkwood Correctional Centre in 2015.

[20] Data presented in Figure 8, specifically for the offender population estimates in DCS facilities, is quoted from the East London Management Area SA report and may be outdated at the time of this review's publication

Topics discussed in the situational analyses included:

- Description of DCS facilities and resources, centre leadership, and staffing structures
- Staff member training and available supportive services
- Selective demographics of the staff member and offender populations
- Existing programmes and support services for offenders
- Strategies within the centre related to HIV, TB, STIs
- Identification of challenges and recommendations for implementing STEPS activities

Figure 8. STEPS Implementation

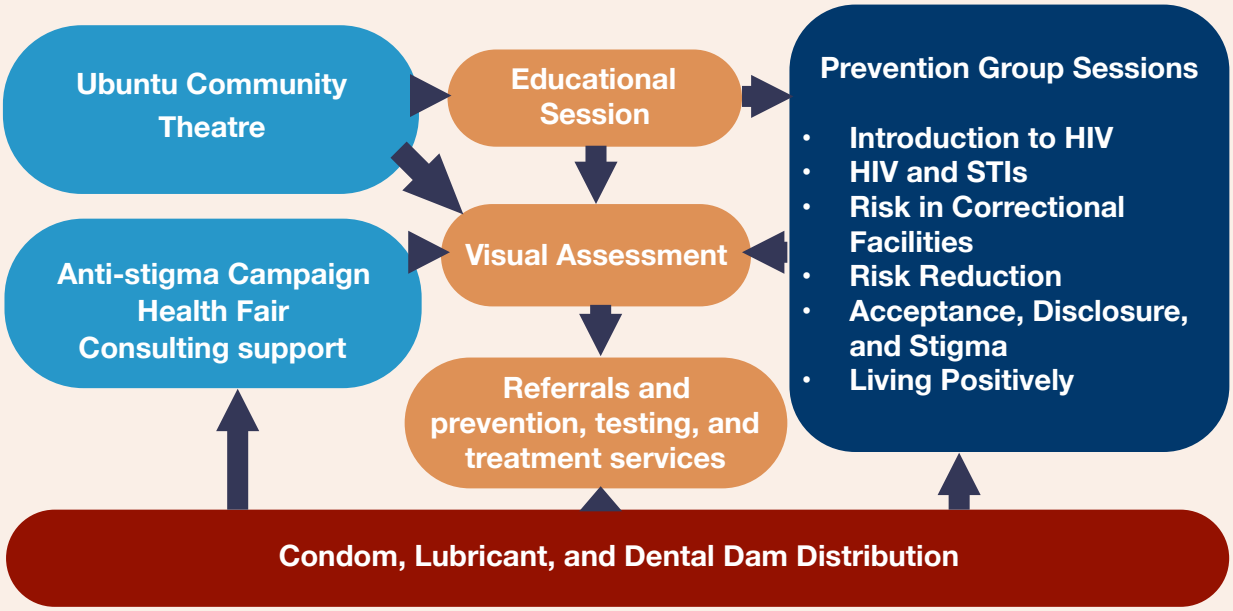
Management Area	DCS Facility	Offender Population	STEPS Peer Educators
Kirkwood	Jansenville Kirkwood Somerset East Graaf Reinet	27 800 107 110	28
Amathole	Grahamstown (Mixed, Medium, and Remand) Middle Drift (Medium) Fort Beaufort (Remand) King Williams Town (Remand) Stutterheim (Medium)	707 806 324 827 62	18
Mtatha	Mtatha (Medium)	1,836	20
Sada	Sada Correctional Centre	371	15
East London	Mdantsane Correctional Centre Maximum Security Centre Medium C (Female facility) West Bank (Remand)	815 1,600 293 1,200	50
St Albans	Patensie PE Prison (with female offenders) Maximum Security Centre Medium B Medium A	500 507 1,657 1,102 1,466	50
TOTAL		**15,117**	**181**

PREVENTION STRATEGIES FOR OFFENDERS AND STAFF MEMBERS

STEPS activities included educational sessions, prevention group sessions, Ubuntu Community Theatre, and additional activities (see Figure 9). All services were offered in collaboration with DCS Operational Managers, with approval and support from the Head of Centre, Unit Managers, Centre Coordinators Corrections and Security. All activities strove to ensure both security and accessibility, in accordance with facility schedules and procedures. All activities were also designed to offer flexible levels of commitment from participants and opportunities for referrals to other health services.

Interventions empowered participants by providing information about HIV prevention, care and treatment, and addressing topics that are otherwise stigmatised. Participants who completed STEPS activities were generally supportive of the programme and its peer educators, willing to engage and frequently available to help peer educators to overcome challenges when they occurred.

Figure 9. STEPS Intervention Activities



Activities Conducted Primarily by STEPS Peer Educators

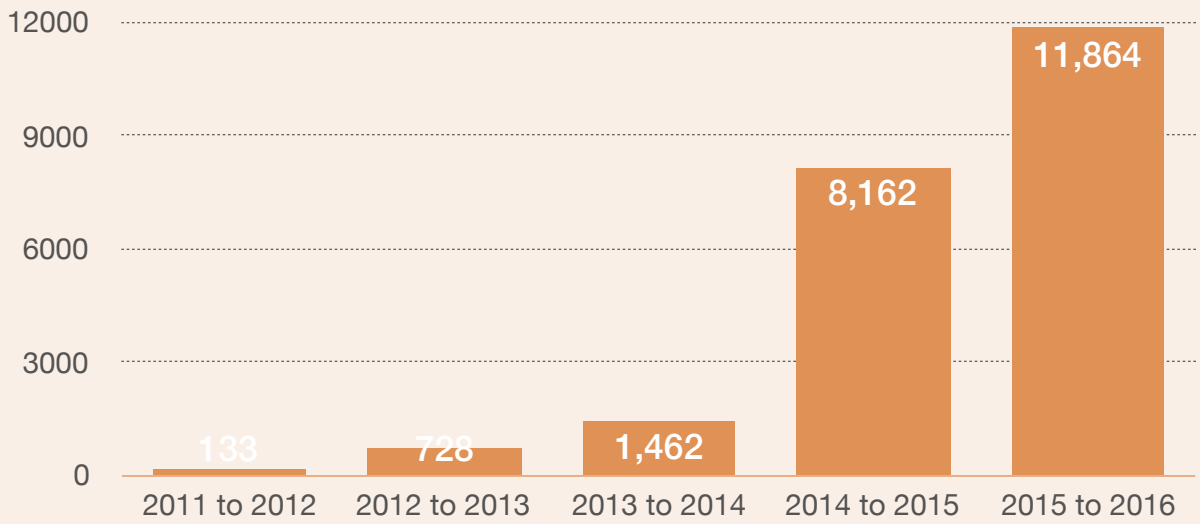
Educational Sessions

Educational sessions were 45 to 60-minute sessions about sexuality, gender norms, violence, substance use, human rights, and HIV prevention, designed to convey information, combat stigma, and increase participation into other STEPS activities. Educational sessions helped participants to openly discuss issues of male sexuality and MSM, highly taboo subjects. Every session ended with a condom demonstration. A register recorded participation. Multiple-choice questionnaires assessed participants' knowledge of topics after the sessions.

Impact

A total of **22,349 people, 21,614 offenders and 735 staff members**, participated in STEPS educational sessions (see Figure 10).

Figure 10. Participation in STEPS Educational Sessions



Educational sessions were offered to staff during morning meetings (parades) and to offenders during health checks, meal times, and additional venues when approved by DCS. Sessions with offenders grew to become so popular, peer educators faced space constraints until shifting to offer sessions in courtyards. This new venue allowed large numbers of offenders to attend. Sessions with staff members were more challenging to implement. DCS staff who were trained to be STEPS peer educators conducted the sessions but faced difficulty gaining participation, especially when trying to run groups for higher rank officials.

Prevention Group Sessions

STEPS offered a series of six prevention group sessions about HIV prevention and risk reduction using the STEPS curriculum. Participants were expected to complete at least five of the six sessions. Groups generally had less than 15 participants although maximum participation depended on security regulations. Attendance was recorded and participant knowledge and facilitator skills were evaluated. Groups were convened for the participation of offenders or for staff members; groups did not mix participants who were offenders with staff members.

Impact

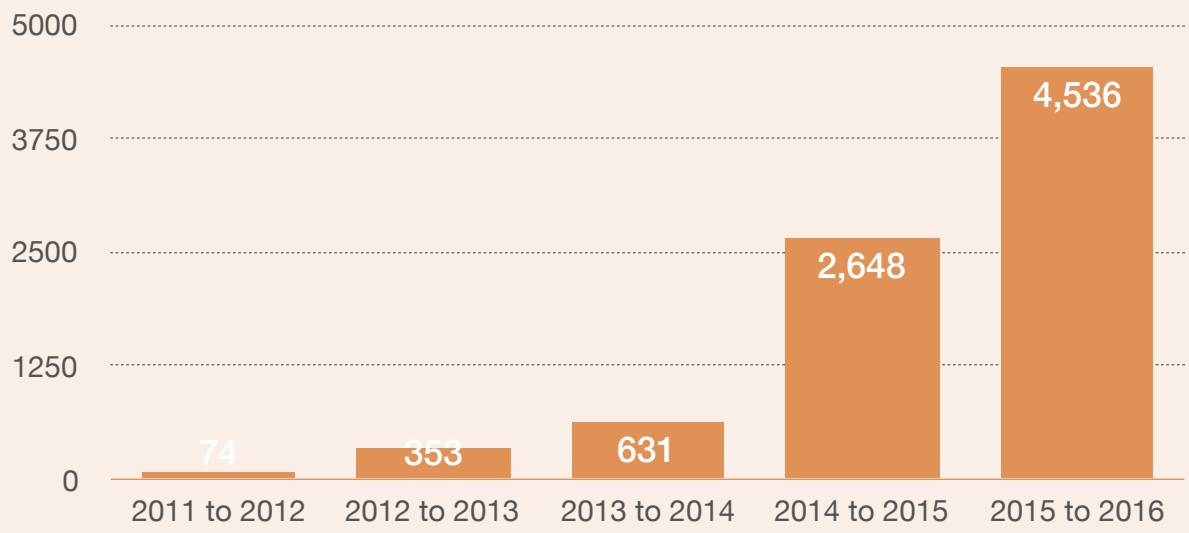
8,242 offenders and staff members participated in STEPS prevention group sessions (see Figure 11).

The prevention group meeting curriculum was appreciated by offenders for being "bold in considering sex and related issues," and for relating specifically to prevention in correctional facilities.

Participants who completed the meetings were provided with a STEPS manual containing the meeting curriculum. Peer educators reported that these manuals were excellent resources for learning more about HIV prevention and for answering questions from other offenders.

Offenders who participated were also given a letter of recommendation stating that they attended the sessions and outlining topics covered. This letter was placed in the offender's file with the Case Management Committee.

Figure 11. Participation in STEPS Prevention Group Sessions



Ubuntu Community Theatre

Ubuntu Community Theatre (UCT) was a dramatic improvisational theatre performance that explored complex dilemmas facing individuals, offenders, and staff members. All performances facilitated audience discussion and the development of solutions for critical health challenges.

Performances portrayed scenes from daily life in correctional centres and tackled themes including prevention, care, and treatment of HIV, STIs, TB and other

infectious or chronic illnesses. All UCT performances related to reducing stigma and advocating for HCT. While presenting these serious topics, UCT performances also provided entertainment and an element of lightness to the correctional centre environment.

"Inside here people get very bored. UCT gave people information and was more engaging. So you can imagine, when you did UCT there is so much more interest."

- STEPS peer educator (offender)

Impact

82 Ubuntu Community Theatre performances were offered to offenders and staff members through STEPS.

Acting troupes were composed of peer educators, offenders and staff members, who were trained in health issues and the art of theatrical performance. Troupe members wrote the script and purposely included opportunities for the audience to improvise and contribute to performances as they took place. Performers were committed and talented, and audiences were appreciative.

Separate performances were held for staff members and for offenders. Performances for offenders gained participation and enthusiasm from peer educators more easily. Performances for staff members were less engaging initially, as peer educators were self conscious performing for peers and superiors.

"I think the high point of STEPS was the UCT… There were a lot of guys in the audience. Some were lazy in school or had no school. With STEPS, if they did not understand or they got bored, then they could have a play. UCT was interesting and lively. It gave information easily and with accuracy."

- Parolee

Condom, Lubricant, and Dental Dam Demonstration and Distribution

Impact

STEPS distributed **139,722 male condoms** and helped to increase condom distribution in Eastern Cape DCS facilities very significantly from **1,800 to 34,623 condoms per year** (see Figure 12). STEPS also distributed **2,315 lubricants** and **885 dental dams** to offenders. STEPS was the only provider of dental dams from 2011 to 2016 (see Figure 13).

STEPS promoted the distribution male condoms, female condoms, lubricant, and dental dams to encourage prevention strategies. These activities were instrumental in acknowledging and beginning to change standards related to MSM, human sexuality, and the need for protective strategies in correctional centres.

"In the past, we were in denial. We knew that it was happening but we pretended to ourselves that it was not because it was not allowed."

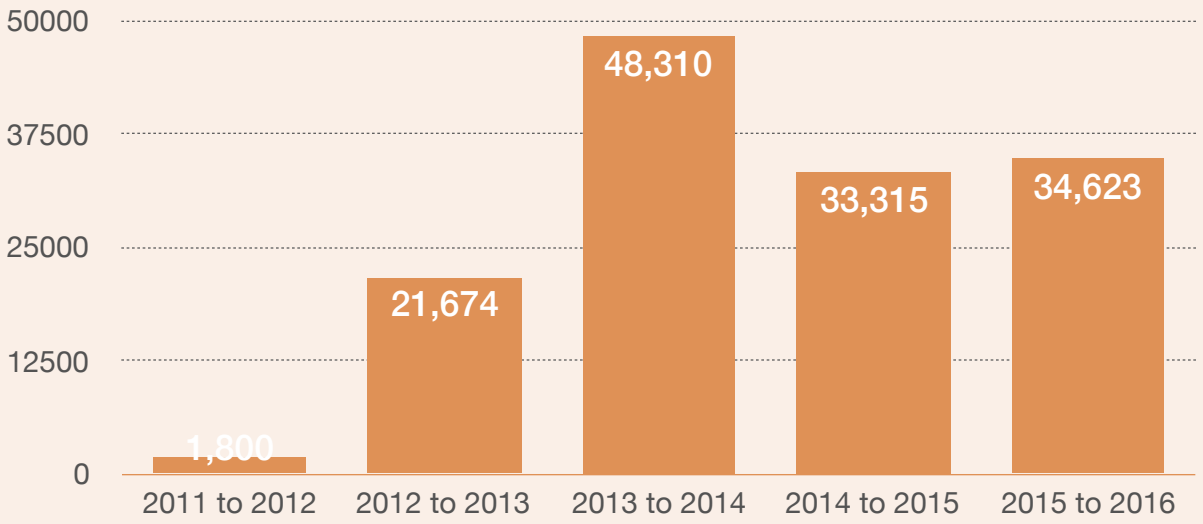
- DCS staff member

Initially during STEPS implementation, DCS primary healthcare and wellness clinics stocked male condoms, which were available without the provision of lubricant. The STEPS situational analysis found that offenders who used these condoms also used petroleum jelly, cooking oil, and peanut butter as lubricants, substances that are not as effective as water-based lubricant.

Offenders also accessed "Safer Sex Packs" with two branded condoms and lubricant from an NGO. These were highly preferred to the DCS Choice Branded Condoms.

In 2012, through a partnerships with NGOs, STEPS also began to provide condoms, lubricant, and dental dams during all other major programme activities. Peer educators collected and distributed condoms to offenders within their units. Peer educators also did daily checks to ensure that the DCS condom containers in cells and clinics were sufficiently supplied.

Figure 12. DCS Male Condom Distribution during STEPS Implementation



The STEPS team also purchased condom demonstration models (dildos) to use during training in all correctional centres. As part of the condom use demonstrations, offenders learned essential information, including why oil-based lubricants can cause condoms to break. Initially, peer educators were nervous to conduct condom and lubricant demonstrations. With support from the STEPS team, experience and confidence grew so that peer educators were able to independently conduct demonstrations and to advocate to have demonstrations at their centres.

Figure 13. South Africa Partners Prevention Supplies Distribution through STEPS	
Male condoms	13,033
Female condoms	1,130
Lubricants	2,315
Dental Dams	885

It is important to note that some staff members were initially resistant to distributing condoms condoms, arguing that STEPS condom protocol promoted sexual violence, rape, and anal sex. However, research has found no correlation between condom distribution and an increase in violence or rape. Rather, studies indicate that condom distribution led to an increase in safe sexual practices.[21] Over the course of STEPS implementation, some staff changed their opinions and became receptive to condom distribution and demonstrations.

"Before, we didn't have the condom demonstrations, we just had condoms. Now, STEPS makes a difference with the demonstrations because everyone talks about condoms and their use; they start to normalise condom use. It is very important."

- Development and Care Manager

I ACT Group Sessions

Beginning in 2015, I ACT group sessions were offered to offenders and staff members to empower people living with HIV to access care and support without fear of discrimination.

Impact

43 open and 46 closed groups were convened to serve **8,242 participants** in Kirkwood, St Albans (Medium A and B), Mtatha, and Patensie, East London (Medium C and Mdantsane).

I ACT offered six facilitated group sessions about:

- HIV, AIDS, and Opportunistic Infections including TB
- Treatment Literacy and Adherence
- Acceptance of Status
- Disclosure
- Prevention with Positives
- Nutrition and Self-care

One-on-one Outreach and Support

Within their units, peer educators encouraged HCT, shared information, demonstrated condoms, distributed condoms, lubricants, and dental dams, and recruited fellow offenders to

[21] World Health Organisation, 2007

participate in prevention groups, and other activities.

Originally, the STEPS implementation plan also included outreach and support with offenders' families, while offenders were still incarcerated. Unfortunately, these services were not possible due to families preferences to be at the correctional facility on weekends, while STEPS activities were implemented weekdays, Monday to Friday.

"The peer educators worked systematically and targeted offenders who were potential participants cell by cell. We can't work like that. We rely on [STEPS peer educators] to talk to all offenders, especially those who are hard to reach."

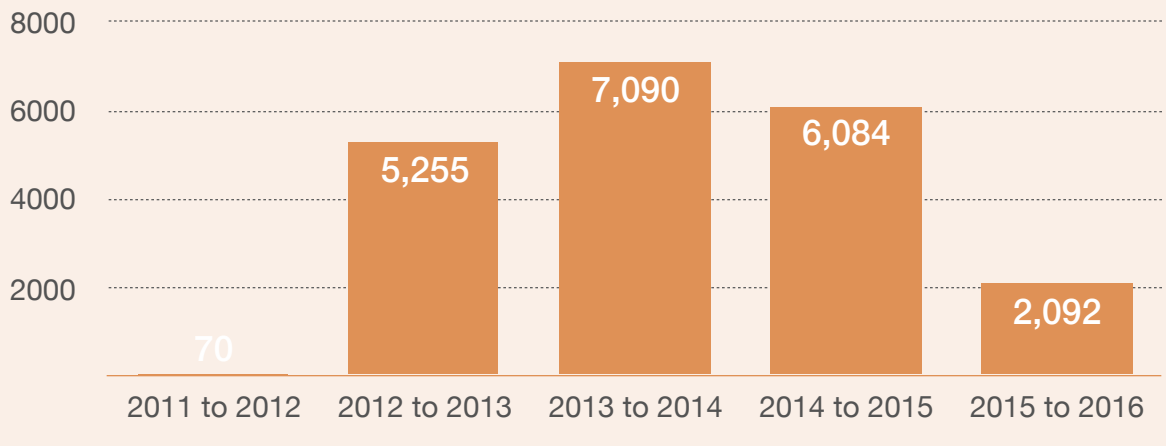
- TB HIV Care Association HAST counsellor

Activities primarily conducted by STEPS personnel

Visual Assessments

STEPS personnel developed an assessment tool, a checklist of basic questions, to help rapidly assess symptoms related to HIV, TB, STIs and other health issues needing attention. Peer educators and officials were trained to use the assessment tool during educational sessions. If a participant was found to be at risk, they were referred to primary healthcare or to a counsellor from TB HIV Care Association for prevention, testing, and treatment services.

Figure 14. Visual Assessments for HIV, STIs and TB



Impact

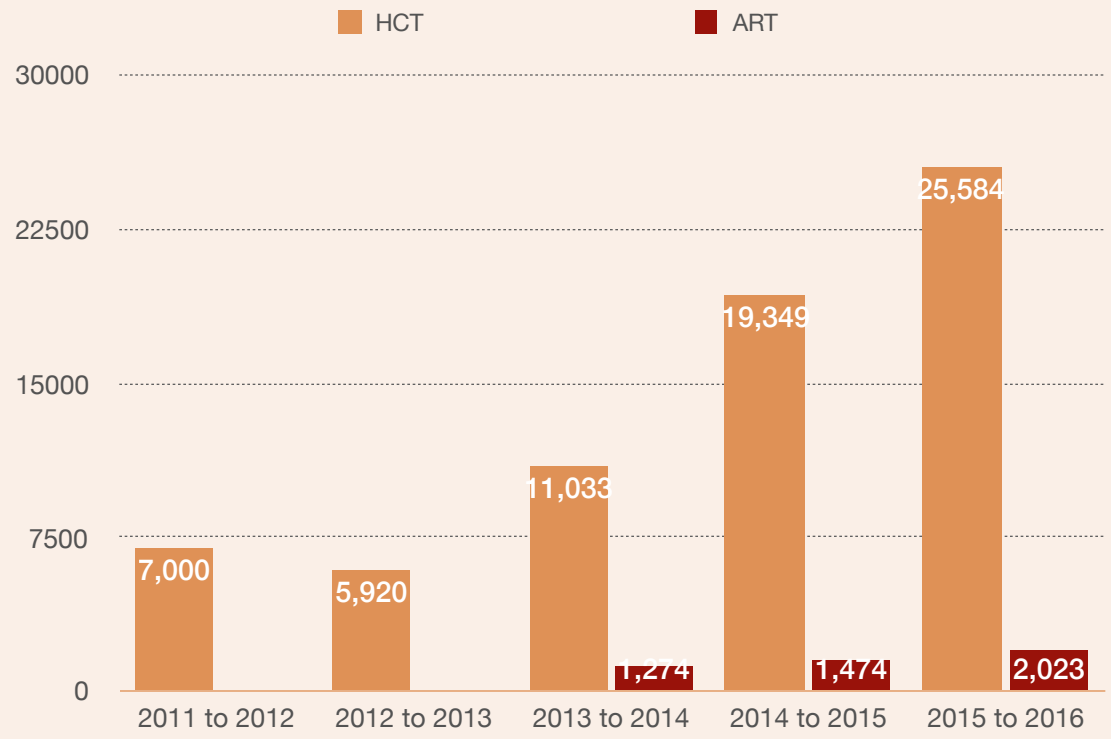
20,591 visual assessments were conducted during STEPS implementation (see Figure 14).

HIV Counselling and Testing (HCT)

Impact

942 HIV tests were conducted directly by STEPS personnel. From 2011 to 2016, STEPS prevention activities also contributed to the existing efforts of DCS and NGO partners. During this time HCT increased to **68,886 offenders** and ART to **4,771** (see Figure 15).[22]

Figure 15. HCT Testing and ART for Offenders



[22] Data presented in Figure 15 are reported from the DCS Annual Programme Indicators. STEPS prevention activities contributed to these outputs.

Demand for HCT and the provision of HCT grew significantly during STEPS implementation, increasing 365% from 2011 to 2016.[23]

Initially, STEPS sought to increase HCT in correctional facilities by increasing referrals for offenders and staff members to participate in counselling and testing at primary health clinics. HCT was originally promoted to staff members at health fairs, however, uptake was very low. Staff members explained their preference to obtain HIV testing with their private health providers through the governmental medical aid services offered to all DCS employees. This ensured confidentiality and reduced the chance of unintended disclosure, discrimination, or stigma.

"No one talks about HIV. Even during those years when staff members were dying, we whispered about HIV, it was too much to expect staff members to disclose their HIV status. It may seem strange because we are so much like family working in these conditions. But we are like a dysfunctional family because we never disclose HIV to each other… it would spread so fast… we like to gossip about ourselves. It is not healthy… I don't know any members that have HIV but they must be here."

- DCS staff member

Apart from the STEPS programme, staff members did not talk about HIV amongst themselves and felt that it would be foolish to disclose their HIV status to anyone in the centre.

Understanding this situation, the STEPS team shifted focus to increase HCT among the offender population. As demand for HCT among offenders increased, health clinics were challenged to meet the demand.

In response, the STEPS team partnered with DCS and NGOs to increase access to HCT:

- The Regional HIV/AIDS Coordinator recommended the use of the Rapid Test for HCT in place of ELISA
- STEPS partnered with Beyond Zero and IYDSA to increase staff capacity to provide HCT
- STEPS referred offenders to TB HIV Care Association's HCT team

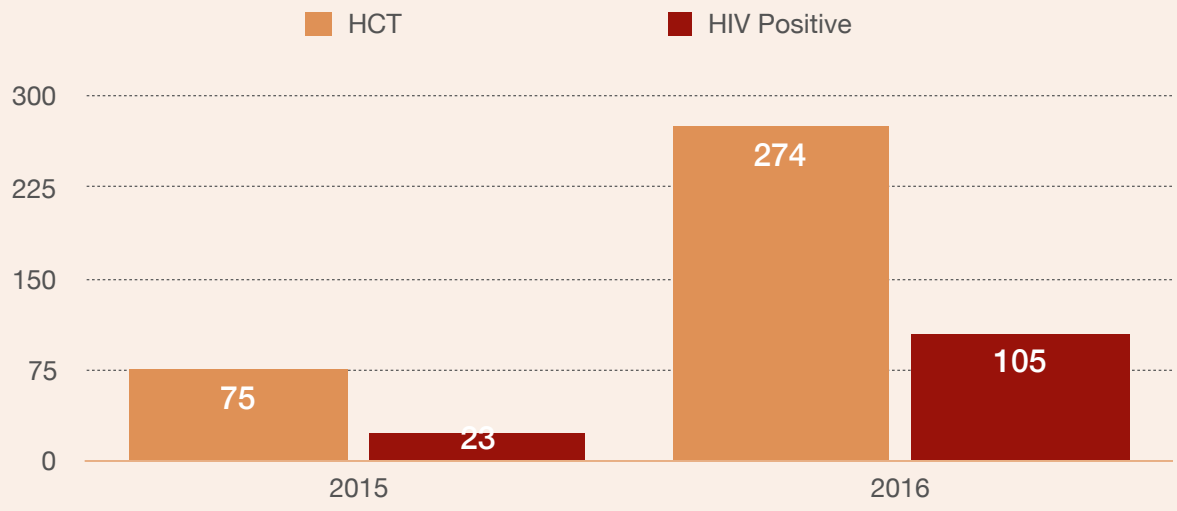
In 2014, the CDC determined the need for STEPS to offer HCT directly. STEPS team members were trained by the Department of Health, Nelson Mandel Metro District and offered HCT to offenders at health fairs, anti-stigma campaigns, and prevention group sessions.

[23] Annual HCT and ART data was reported from the Eastern Cape DCS, HIV/AIDS Directorate

"STEPS really helped us and reduced our workload. We reached our targets for testing. Now all those who are entering the system are screened and tested. Even when the STEPS person is not here, we take a list and she will catch up, providing counselling and testing."
- DCS health professional at Medium C, Female Centre, East London

Direct provision of HCT was most widely adopted at the female correctional facilities. In the year prior to the introduction of STEPS HCT, the East London Medium C female correctional centre tested 15 offenders for HIV with 2 testing positive.[24] 110 offenders were receiving ART. The STEPS prevention support counsellor began to offer HCT directly and then became the key provider of HCT at the facility. Testing increased to cover 99% of all offenders.[25] In 2015, 31% of the 75 offenders tested were HIV positive. In 2016, 38% of the 274 tested were HIV positive (see Figure 16). This HIV prevalence is considerably higher than among women in the general population, estimated at 22%.[26]

Figure 16. HCT Testing by STEPS Personnel, Medium C, East London



[24] These data were collected and reported by the researcher who conducted the East London Management Area Situational Analysis

[25] These data reflect a dramatic increase in testing; many factors, far beyond STEPS programme activities, contributed to this increase

[26] Shisana et al (2014)

In 2016, 942 offenders were tested across all facilities implementing STEPS, including those serving women.

Anti-Stigma Campaigns and Health Fairs

Impact

STEPS organised **66 anti-stigma campaigns**, engaging **4,090 attendees** in learning about internal stigma, the benefits of disclosure, and the need to overcome stereotypes and discrimination.

Anti-stigma campaigns combined the strategies of UCT performance, educational sessions, and sensitisation training and were conducted by STEPS personnel, with the support of peer educators. Campaigns were popular activities, effectively gaining the participation of offenders and staff members.

STEPS held 29 health fairs, serving 6,665 participants, an average 229 attendees per fair. The specific theme of the fairs varied but always promoted information about HIV prevention, human sexuality, and HCT. Fairs usually included an Ubuntu Community Theatre performance. Starting in 2015, all fairs included condom demonstrations and condoms and lubricant distribution. The fairs were highly effective in reaching participants; staff members and offenders regularly continued to discuss the content of the health fairs after the event was completed.

"Now, almost everyone here knows their status… We have developed a very open culture here. It has made things easier. Trust has developed now among the inmates around HIV. Even the officials know and understand STEPS."

- Health professional at the clinic

Separate health fairs were held for officials and for offenders. Health fairs for offenders required the approval and support from the Head of Centre. Security had to be well planned in advance.

Fairs were offered as a collaborative programme among STEPS, DCS, and NGO partner organisations. NGOs partners included:

- Social Health and Empowerment (SHE)
- TB HIV Care Association
- Donald Woods
- South African National Council on Alcoholism and Drug Dependence (SANCA)
- Foundation for Professional Development Fund (FPD)
- Beyond Zero
- Ukhamba

Over time, more offenders and staff members participated in anti-stigma campaigns and health fairs, changing feelings about HIV.

"Stigma is still here but we are getting to our goal by making people aware that in this era and time we can't treat HIV as a draconian disease. HIV is manageable."

- STEPS peer educator (offender)

Promising progress was observed in the female facility, Medium C in East London. Before STEPS, offenders hid ART medication, taking them only at night only when other offenders were asleep. Offenders did this even though it was well known that the prevalence of HIV was very high. After STEPS implementation, the sentiment was seen to change.

"I didn't tell anyone, I was so ashamed of myself. But slowly I saw the care in the centre. We supported each other…Then I was quite comfortable and knew I was not alone. There were others who understand."

- Offender, Medium C, East London

Voluntary Medical Male Circumcision Referrals

STEPS promoted Voluntary Medical Male Circumcision during education sessions and referred offenders to TB HIV Care Association for further information and services.

TRAINING AND LEADERSHIP DEVELOPMENT FOR PEER EDUCATORS

The STEPS programme trained selected DCS staff and offenders to become peer educators, leaders and facilitators who used the STEPS curriculum to disseminate information and model positive behaviour related to prevention, testing and treatment for HIV, STIs, and TB.

Impact

5,995 DCS officials and offenders participated in STEPS related training from 2011 to 2016. **457 peer educators** were selected and trained to run prevention groups and educational sessions. **270 peer educators** were supported and trained to become UCT troupe members (see Figure 17).

Prevention Group Training for Peer Educators

DCS staff assisted with the identification, interviewing and selection of peer educators from the offender population. Once selected, all peer educators received intensive training to learn the STEPS curriculum. All training sessions were highly interactive and designed to model the same adult learning strategies used during STEPS educational sessions and group sessions.

"It was valuable. Whatever knowledge and skill I acquired through STEPS trainings, I was able to share with my fellow offenders so that they might have knowledge and make informed decisions about their lives."

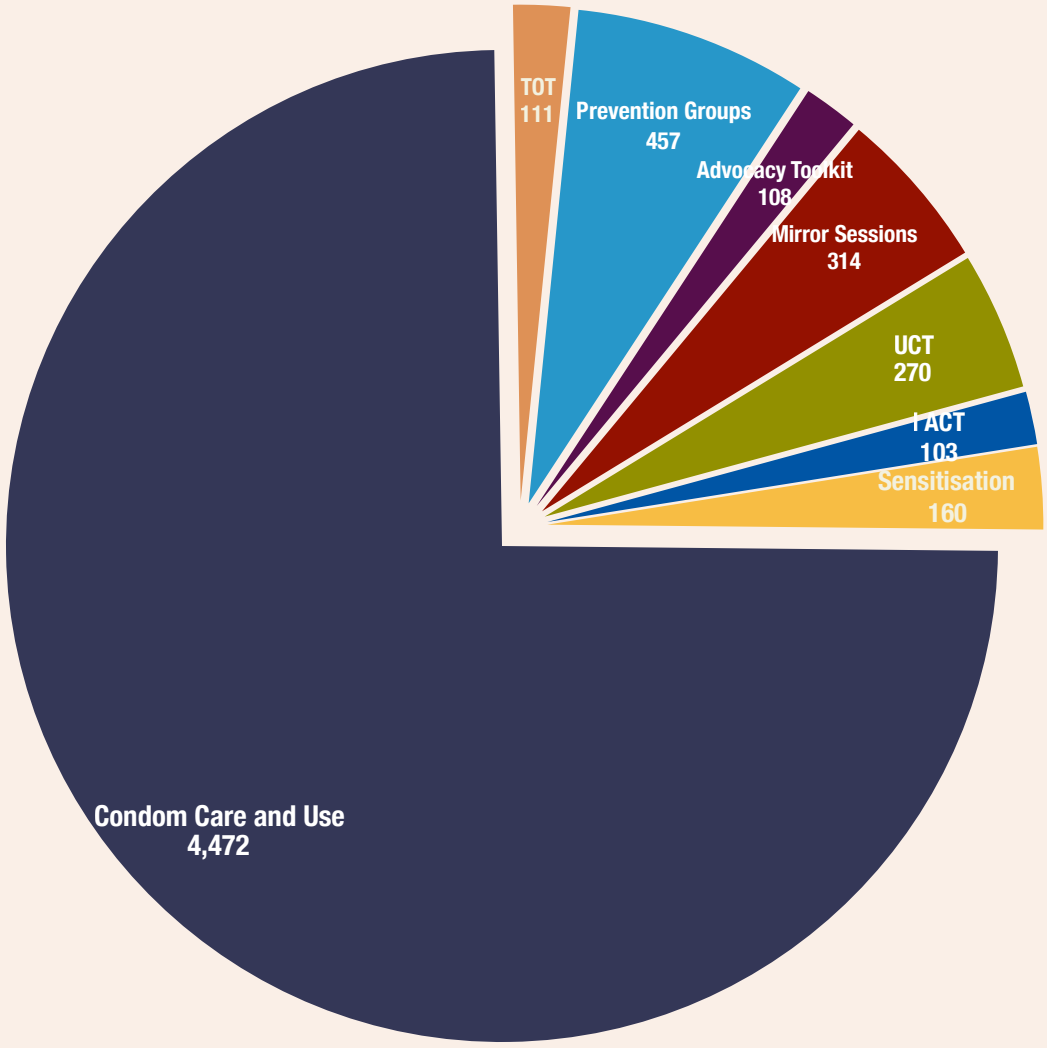
- STEPS peer educator (offender)

Training topics included:

- The STEPS curriculum
- Knowledge and skills to organise, run and maintain effective STEPS prevention groups
- Strategies to manage group dynamics and challenging behaviours
- Facilitation skills to challenge misunderstandings and misinformation
- Guidelines for self-disclosure and boundary setting
- Resources for self-care

Peer educators were provided with T-shirts, with the STEPS logo, and identification tags to easily identify peer educators and raise awareness for group sessions and other activities.

Figure 17. Participants in STEPS Peer Educator and Related Trainings



Initially, peer educators, initially may have felt shunned because of their involvement with STEPS, an HIV-related programme.

"At first there was stigma with being with STEPS, but soon offenders would want us at their sections. They would ask us to go and say, 'When are you coming to our section?'"

- STEPS former peer educator (Parolee)

Over time, as offenders became more familiar and responsive to STEPS, this stigma decreased. STEPS peer educators in East London and Kirkwood correctional facilities developed a support network to withstand the discrimination they experienced. This support helped them to build confidence, increase their comfort with disclosure, and promote the STEPS curriculum.

Planning and Supervisory Meetings

Peer educators were assessed and supported by STEPS personnel to strengthen their knowledge of the STEPS curriculum, presentation skills, planning and preparation for sessions, and ability to connect participants to health and educational services.

Mentorship sessions

STEPS trainers, coordinators, and mentors observed and assisted peer educators during their first few times offering STEPS interventions. As a peer educators' experience with the STEPS curriculum deepened, trainers and mentors continued to offer on-going mentorship, coaching, technical assistance, and one-on-one consultations to provide feedback and support.

Mirror Sessions/Debriefing

Mirror sessions were a debriefing tool to support peer educators to address areas of concern, reduce stress, and avoid burnout. Mirror sessions were an essential opportunity to talk, share experiences and develop trust among peer educators.

"The Mirror Sessions were very good for us. We learned about ourselves and we learned about others… There was a lot of pain but we grew stronger and grew more courage and confidence. Then we started to stand up for other things too. We become the people in the centre who promoted the rights of the prisoners. So when we went to the Management Committee, we were more comfortable to raise the things that were not right. And other prisoners saw this and then come to tell things because they wanted us to talk to the managers for them…."

- STEPS peer educator

Mirror sessions also improved peer educators' self esteem, increased their abilities to advocate for humane and rehabilitative approaches when problems occurred, and gave confidence needed to contribute in Participatory Management Committees. Each session was an hour to 90 minutes and consisted of (1) group case discussions, (2) group in-service training, and (3) individual support. Discussion topics included: self-reflection, counselling, role expectations, loss, bereavement, and stages of grief, dealing with denial, domestic violence, crisis counselling, and termination. The facilitator led a discussion and, with the group, tried to find solutions to challenging issues.

"If there were any conflicts that needed to be resolved, we would hold a mirror session. It helped us to take care of one another."

- STEPS former peer educator (Parolee)

Mirror sessions were held weekly for peer educators and primarily conducted by DCS social workers. Mirror sessions for staff members and offenders were conducted separately.

ADVANCED TRAINING

Advanced training was also offered to STEPS peer educators and others to learn to facilitate additional activities, beyond educational sessions and prevention groups. Training included:

- Visual Assessment/Screening for HIV, TB, STIs, 2-hour workshop
- Monitoring and Evaluation, half-day workshop
- Quality Assurance and Quality Improvement, 3-day training
- Condom Care, Distribution, and Use, 4-hour workshop
- Ubuntu Community Theatre, 3-day training

STEPS also offered the following advanced training opportunities:

Sensitisation Training

2-day training conducted by OUT Wellbeing, a partner NGO, for DCS staff members to learn about MSM, human sexuality, gender norms, and other taboo topics. As STEPS was implemented, South Africa Partners recognised the need to develop a sensitisation curriculum that was customised for the correctional services environment. This new sensitisation training was structured as part of Prevention Health System Strengthening and offered to 160 DCS (Eastern Cape) staff members.

Advocacy Toolkit

3-day Department of Health training, included five components: disclosure, rights, facilitation, advocacy, and communication. 108 STEPS peer educators from East London (Medium C and Mdantsane), St Albans (Medium A and B) and Kirkwood were trained in the Advocacy Toolkit content.

Mirror Session

1-day training, for DCS social workers about debriefing and mentoring techniques for supporting STEPS peer educators. 314 people participated in Mirror Session training. Initially, this training was provided by Fort Hare Psychological Services Centre but over time, the training was conducted independently by the STEPS team.

I ACT (Integrated Access to Care and Treatment

5-day training, to support the care and treatment of offenders and staff who are living with HIV. Introduced in correctional centres in 2015, 103 STEPS peer educators were trained to also conduct I ACT group sessions. In 2016, due to the success of the curriculum and the need for services, I ACT was integrated with STEPS and other services to form the STEPS Comprehensive Package of training.

Train the Trainer

Training for DCS officials and NGO stakeholders to become skilled trainers of STEPS peer educators. 111 DCS members completed the Training of Trainers (TOT). Initially, TOT was difficult to implement due the 5-day training curriculum, the competing schedules of DCS officials, and the limited pool of officials who were willing and able to be trained to become skilled facilitators. The STEPS team worked with DCS and determined an opportunity to train Employee Assistant Practitioners and Human Resource Development staff as TOTs to resolve these issues.

SUPPORT FOR DCS AND PARTNER ORGANISATIONS

Consultations and Continuum of Care Meetings

2,075 DCS staff participated in consultations, with STEPS personnel and implementing partners, to share information, discuss operations, and explore programme enhancement. Meetings allowed practitioners to discuss activities, address challenges and plan for future partnerships. Specific meetings about the continuum of care were conducted quarterly and coordinated by TB HIV Care.

The consultations were considered a vital component of the programme, greatly assisting organisations that were working closely together, many for the first time.

Regional Partners Meeting

Quarterly meetings were hosted by Eastern Cape DCS and South Africa Partners to bring STEPS implementing partners and stakeholders together to discuss HIV prevention strategies, share best practices, and resolve challenges.

Quality Assurance/Quality Improvement (QA/QI)

The National QA/QI Programme Manager and Trainer from South Africa Partners trained DCS regional level staff and officials from the 6 DCS management areas that implemented STEPS. 3 QA/QI training sessions were offered serving 34 participants. QA/QI ensured that STEPS targets were met and addressed the quality of the work being delivered, putting in place measures by which to continuously assess performance.

The STEPS team from East London, Kirkwood and St Albans also implemented QA/QI programmes. The team met with the health personnel consisting of the Area Coordinators, Social Workers, Development and Care, Health Care Workers, Corporate Services and Employee Assistance Practitioners. A comprehensive QA assessment was conducted and quality improvement tools were developed by the QA Trainer.

The STEPS team also provided technical assistance and training to implementing partner organisations by promoting QA/QI processes within their peer education and outreach programmes.

DCS Community Corrections

Community Corrections assists offenders who are paroled with reintegration into the community. In Port Elizabeth, the STEPS outreach worker collaborated with social workers at Community Corrections to organise educational sessions targeting parolees. The aim of these intervention was to track the impact of offenders' referrals to health services after parole, to continue educational sessions in the community, and to support the care and treatment of parolees living with HIV.

Upon release, parolees had letters from the correctional clinic enabling them to continue ART and other medications for chronic conditions at the community clinic. Some parolees indicated that they had integrated to clinics in the community with relative ease. Other parolees were difficult to reach or engage after release. Parolees often changed cell phone numbers. Some did not want to continue communication or meet; they wanted to keep their correctional centre experience in the past.

LESSONS LEARNT

Trust among Staff Members, Offenders, STEPS and Partners is a Critical

The implementation of STEPS interventions hinged on a working relationship among DCS staff members, offenders, STEPS personnel and other other partners.

Staff members had to have trust to allow offenders opportunities to participate in activities and training. While the STEPS team had little control in building this trust, it was clear that when members and offenders had greater trust in each other, there was a greater chance of successful implementation of STEPS.

Staff members also had to trust the STEPS personnel implementing the programme to follow all regulations, seek approval for all activities, and fully support established protocols. DCS leadership was critical for establishing trust and support. In Kirkwood and East London Medium C, centre leadership were very receptive of the STEPS programme and trusted personnel to implement activities while enforcing rules and regulations. Leaders understood the programme objectives and sought to help to achieve them. The programme was scaled up rapidly and the comprehensive STEPS package was achieved in a short time.

Offenders who serve as Peer Educators must be Recruited and Retained

One key challenge for implementing STEPS, particularly in remand detention centres, involved the recruitment, training and retention of peer educators.

Peer educators were the heart of the programme, the key personnel facilitating most programme activities and avenues for support. The STEPS team invested heavily in training and supporting peer educators. Offenders who became STEPS peer educators invested significant amounts of time and effort. Understanding these investments, it was imperative to retain and support peer educators to participate in STEPS for as long as possible.

STEPS negotiated financial incentives to recruit and retain peer educators. Offenders who worked in other intensive service programmes, such as agriculture and monitors, received monetary credit. Understanding the need for parity, the STEPS management team worked with the Case Management Committees in Kirkwood, Mdantsane, and Middledrift to recognise STEPS as an official programme and provide peer educators with similar

incentives. Gratuity amounts were based on the level of a peer educator's past education, experience with peer education, the STEPS training they received, and the STEPS activities conducted. The financial incentive motivated peer educators to increase education, training, experience, and the number of STEPS activities offered. The effect of incentives was significant, ultimately generating a new pool of peer educators who felt valued and were more respected, reliable, and competent.

STEPS was strategic in selecting peer educators who were less likely to be transferred. Detainees in remand detention centres, as well as other offenders, were frequently transferred or released with minimal notice, disrupting STEPS implementation. It was impossible to ensure that detainees and offenders who become peer educators would stay in the facilities where they were selected and trained. STEPS management tried to track and encourage detainees and offenders who were transferred to work as peer educators in their new locations but this was challenging. In response, the STEPS management team adjusted the peer educator model in remand detention centres to select and train offenders who worked and lived in remand centres while serving longer sentences. This ensured that peer educators were retained and also consistently able to offer STEPS activities.

Interventions must match Offenders' and Staff Members' Schedules

Not surprisingly, STEPS was easier to implement at smaller correctional centres where there were less overcrowding and less movement of the offender population, facilities where a typical daily schedule was maintained by most staff and most offenders. This said, the plans for STEPS activities were constantly adjusted to match the schedules and resources of the staff members and offenders.

From 2011 to 2012, STEPS prevention group sessions experienced decreasing participation, due to the requirement to participate in at least 5 of the 6 sessions and the frequent and rapid transfer of offenders among correctional facilities. Understanding these factors, the STEPS team condensed the prevention group meeting schedule so that it could be completed in one day instead of several. This scheduling change succeeded in engaging large numbers of offenders while still presenting all of the curriculum content. As a result, participation in STEPS prevention groups grew rapidly during each year of implementation.

Relatedly, staffing shortages and the changing shift schedules of DCS staff members had to be acknowledged when STEPS interventions were scheduled. This was especially the case for activities that required more than one day of participation, including the STEPS Prevention Group and TOT training. In response, components of training were bundled to reduce the time

commitment required. For example, Mirror Sessions were offered during the STEPS Prevention Group training.

Lastly, interventions had to adjust to emergency situations. During Operation Vala, for example, several correctional facilities experienced lockdowns and STEPS activities had to be temporarily stopped. This change in services could not be planned in advance nor could it be prevented due to the emergency. Rather the STEPS team had to adjust and shift the schedule for interventions when facilities were put back on to their regular schedule.

The Distribution of Condoms is Essential

While the STEPS programme was highly effective in increasing the distribution of condoms and other prevention supplies, there remains a critical need to distribute more condoms. Safer Sex packs, provided by NGO partners, consisted of brand name condoms and lubricants. These were the condoms of choice. Often the stock was used before the next resupply happened.

Strategies to Combat Stigma Differ by Location and Audience

The STEPS programme was implemented in six different management areas and 20 facilities, each with a culture determined by the different resources, services, staff members, and offender population. In all facilities, STEPS implemented fun, engaging, and challenging activities that combatted taboos and stigma. Ubuntu Community Theatre was particularly well received because drama was not seen as a threat, even when the theme of the drama was HIV, MSM, and human sexuality.

Whilst STEPS contributed to decreasing HIV related stigma at several of the facilities, significant levels of stigma continued to exist in varying degrees. Some STEPS activities caused high levels of discomfort. In one instance, a DCS staff member walked out of training due to their discomfort with the content. Peer educators and staff worked hard to try to meet participants where they were so that they could include challenging content without jeopardising participation.

A more general culture of stigma was felt in St Albans Medium B and Medium A. Offenders complained of a lack of confidentiality in the hospital, where files of offenders who were HIV positive were easily identified. Most peer educators who worked in St Albans Medium B and A felt comfortable disclosing their status, but other HIV positive offenders did not. This affected offenders' willingness to get tested for HIV. In order to succeed in HCT and HIV

prevention strategies, HIV related stigma must continue to be challenged and new norms of behaviour must be adopted.

"Stigma was very prevalent here. People just didn't trust each other. It was a little better after STEPS, because peer educators talked openly about HIV. I think it will take a long time to change. But STEPS took the first steps…"

- Health professional, St Albans Medium B

There is Potential for Stronger Partnership with Community Corrections

"We should put the skills we learned at STEPS to better use. We could work with Community Corrections and support other parolees. But once we are out, it is up to us. I am using my knowledge with my family but I should do more because I have learned a lot."

- STEPS former peer educator (Parolee)

STEPS intended to partner with Community Corrections to develop a system for referrals that connected parolees to local clinics and enabled peer educators to continue facilitating STEPS activities in the local community.

In Port Elizabeth, STEPS piloted activities with Community Corrections, trying to partner with Community Corrections leadership, social workers, and local organisations. While parolees were able to initially attend educational sessions, coordinated by the STEPS outreach worker, challenges prevented sessions from continuing. Parolees, who were former STEPS peer educators, wanted to continue to promote prevention strategies in their communities but had no means to do so. The partnership with Community Corrections was not continued, nor more fully developed, due to limited resources and competing priorities.

Stronger partnership among STEPS practitioners and Community Corrections would assist former STEPS peer educators to reach out to and engage parolees and other community members in learning about and implementing prevention strategies and accessing care and treatment for HIV.

RECOMMENDATIONS

1. **Develop a continuity plan for STEPS.** A specific strategy, to be determined by DCS leadership, correctional centre management, and the STEPS team, needs to be developed to ensure continuity of the STEPS programme. The strategy should include:
   - Identification of "champions," who have an approved and formal responsibility to implement the STEPS programme at each of the centres
   - The provision of mentoring, monitoring, and technical assistance to DCS staff members who are implementing STEPS in local facilities
   - The offering of additional Training of Trainers courses, particularly with DCS staff members
   - Exploration of the idea of training of peer educators who are offenders, particularly those serving long sentences, to become STEPS trainers

2. **Translate training manuals in to local languages.** STEPS training manuals are currently written in English. Trainers will benefit from translated materials so that they are not distracted or spending time doing live translation during training. Participants will benefit by increasing access to information during the training and being able to reference materials after training is complete.

3. **Carefully select STEPS Trainers.** Ensure that the DCS staff members who are selected to become STEPS trainers are well-suited to training peer educators, understand the STEPS strategy and curriculum, and are committed to the implementation of the programme. There may also be potential for offenders with long sentences becoming trained as trainers.

4. **Provide quality condoms, lubricants, and dental dams.** During implementation in the Eastern Cape, the STEPS team and implementing partners were the sole providers of lubricants and dental dams. Male and female condoms, lubricants and dental dams are all key strategies for HIV and STI prevention and need to be provided consistently and on demand. The quality of condoms, lubricants and dental dams also needs to be reviewed, as products judged to be of higher quality are more likely to be used.

5. **Implement Sensitisation Training to increase information about human sexuality and HIV prevention strategies.** During STEPS implementation, some DCS staff members resisted the condom protocol and the provision of lubricants at correctional centres due to

regulations and stigma against MSM. Sensitisation training should become a component at DCS Training Colleges so that staff members have opportunities to learn and discuss MSM and other topics about human sexuality that are considered to be taboo. On-going sensitisation training and support should also be provided to staff members.

6. **Address the need for HIV prevention, testing, and treatment at female correctional facilities.** HCT uptake was high at female centres. The number of female offenders who tested positive for HIV was also high. Understanding the HIV epidemic at female correctional centres is crucial. A comprehensive HIV prevention, treatment, and care approach is needed. A primary provider of HCT should always be identified for offenders and staff members seeking testing. The high rate of HIV also demonstrates the urgent need for the provision of female condoms, lubricants, and dental dams at female facilities.

7. **Increase access to mental health services, especially for juvenile offenders.** Unfortunately, the STEPS team, DCS, and partner organisations experienced a shortage of staff who were qualified to provide comprehensive mental health services. These services are crucial for rehabilitation and recovery from trauma. As STEPS was implemented, it was clear that mental health services should be a priority, particularly for juvenile offenders.

8. **Adopt STEPS training at Correctional Colleges.** The training was intentioned to increase staff members' understanding of the need for HIV prevention strategies targeting key populations, including offenders. The training was also planned at an early stage in staff member development, to encourage support for the implementation and sustainability of STEPS. South Africa Partners began negotiations to add STEPS to the training curriculum of Correctional Sciences at Zonderwater. Such a training component would also be valuable at the Kroonstad Correctional Training Centre and other similar centres.

9. **Develop STEPS activities for parolees.** Offenders, former offenders (parolees), professional nurses, and DCS staff members requested continued support through STEPS activities for parolees in local communities. While the STEPS intervention provides offenders with essential information related to HIV prevention and health, parolees need on-going support to maintain these strategies once they return to their communities. Former peer educators, who are parolees, can become a valued resource, offering educational sessions, prevention group sessions, and other activities that convey information and combat stigma.

10. **Incorporate STEPS as an official DCS programme.** If STEPS became an official programme of DCS, the intervention would gain credibility among staff members and offenders and rather than being seen as additional or optional work, would be treated as a requirement. Furthermore if STEPS activities were incorporated into staff members' job responsibilities, they would have financial incentive to implement the programme effectively, similar to the financial incentives received by offender peer educators. A financial exchange of this nature increases the perceived value of the programme, while adding legitimacy.

11. **Customise the STEPS intervention to accommodate the most pressing needs of different offender populations:**
    - The specific needs of juvenile and female offenders should be considered when expanding the programme
    - Awaiting trial offenders at Medium A are at high risk of transmission and urgently require increased HIV and TB screening and referrals by DCS health services in order to support the continuum of care and initiation of ART

12. **Gain official accreditation for STEPS training programme.** Seek accreditation for STEPS training classes within the Integrated Employee Health and Wellness Programme and Education and Training Programmes. Accreditation would increase incentives for staff members and offenders to participate and complete the training.

13. **Produce Ubuntu Community Theatre videos.** The Ubuntu Community Theatre activity was extremely successful in informing and engaging both staff members and offenders. Peer educators recommended the creation of videos of Ubuntu Community Theatre performances about STEPS-related themes for viewing at centres where where live performances are not possible due to security concerns.

CONCLUSIONS

The Strengthening of Prevention Services in Correctional Facilities (STEPS) programme was implemented from 2011 to 2016 as a strategy to support the National Strategic Plan on HIV, STIs and TB and reduce the impact of the Human Immunodeficiency Virus (HIV) epidemic in South Africa.

STEPS was designed to engage a key population at risk for HIV transmission, offenders and staff members in correctional facilities and cultivated an innovative partnership between the Eastern Cape Department of Correctional Services (DCS) and South Africa Partners. Working with DCS, STEPS interventions succeeded in strengthening the DCS guidelines for the management of TB, HIV, and STIs in correctional facilities, announced in 2013.

STEPS was a combination prevention programme that supported peer educators, trained offenders and staff members, to facilitate most programme activities, provide one-on-one support, and conduct data collection. Peer educators invested substantial time and effort to become trusted programme leaders. While increasing knowledge and skill, peer educators also benefited from increased confidence and self-worth.

All STEPS services were based on a six-part curriculum that was customised to suit the needs of offenders and staff members:

- Introduction to HIV
- HIV and STIs
- Risk in Correctional Facilities
- Risk Reduction
- Acceptance, Disclosure and Stigma
- Living Positively

STEPS succeeded in offering services in 20 correctional facilities across six management areas within the Eastern Cape of South Africa. The programme engaged thousands of offenders and staff members in learning strategies to prevent the transmission of HIV, STIs, and TB and to maintain health. STEPS also successfully made gains to discuss human sexuality and MSM, combatting stigma and discrimination that can deter people with HIV from seeking testing and treatment.

Key lessons learnt included:

- Trust among staff members, offenders, STEPS personnel, DCS leadership, and other NGO partner organisations was critical; the success of failure of interventions depended on strong working relationships and effective communication
- Peer educators were the heart of the STEPS programme, the key personnel facilitating most programme activities and avenues for support; it was essential to select, train, and provide on-going support for peer educators so that they were retained within the programme over time
- Interventions had to support DCS regulations and standards, including the complex schedules of offenders and staff members
- While the STEPS programme dramatically increased the distribution of condoms and other prevention supplies, there remains a critical need to distribute more condoms
- STEPS succeeded in implementing a wide range of fun, engaging, and challenging activities that combatted HIV stigma, especially related to MSM and human sexuality; more activities must be offered to continue dismantling the significant levels of stigma that persist
- There is an important opportunity to develop a stronger partnership among STEPS Peer Educators (parolees) and Community Corrections to engage parolees and other community members in learning about prevention strategies and accessing care and treatment for HIV

Over five years of implementation, STEPS supported the existing services of DCS and partner NGOs to contribute to creating broad impact, increasing the distribution of male condoms, access to HCT, and HIV-related educational opportunities and services for offenders and staff members.

Recommendations related to future STEPs implementation include:

- Develop a continuity plan that involves replicating the STEPS interventions more broadly
- Translate STEPS training manuals into local languages to increase ease of use and access to materials after programmes are completed
- Carefully select STEPS Trainers who are knowledgable of the subject area and experienced in facilitating complex learning opportunities
- Develop strategies to increase the provision of quality condoms, lubricants, and dental dams
- Implement Sensitisation Training to increase information about human sexuality and HIV prevention strategies among DCS staff members
- Address the critical need for HIV prevention, testing, and treatment at female correctional facilities
- Increase access to mental health services, especially for juvenile offenders

- Adopt the STEPS training regimen at Correctional Colleges, to increase access to training as part of professional development for staff members
- Develop STEPS-related activities for parolees
- Incorporate STEPS as an official DCS programme
- Customise the STEPS intervention to accommodate the most pressing needs of different offender populations
- Gain official accreditation for STEPS training programme
- Produce Ubuntu Community Theatre videos

In conclusion, Strengthening Prevention Services was an effective tool for engaging the offender population in correctional facilities located in the Eastern Cape. Recognising this success, the STEPS intervention was adapted for inclusion in the National Prevention Programme as part of the DCS Health System Strengthening (PHSS). This programme was designed to:

1. Increase the sensitisation of staff members, inmates, and other stakeholders on topics of MSM, sexuality, gender norms, violence, substance dependence and human rights; and,
2. Increase the implementation of STEPS and I ACT
3. Ensure that prevention health education is standardised at facility level

The PHSS includes: sensitisation training, technical support, mentoring, STEPS, and I ACT.

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