

PRACTICAL HANDBOOK

The Implementation of HIV-AIDS Control for Prisoners





KEMENTERIAN HUKUM DAN HAK ASASI MANUSIA
REPUBLIK INDONESIA

KEPUTUSAN DIREKTUR JENDERAL PEMASYARAKATAN
KEMENTERIAN HUKUM DAN HAK ASASI MANUSIA REPUBLIK INDONESIA
NOMOR PAS-257.PK.01.06.05 TAHUN 2017

TENTANG

PANDUAN PRAKTIS PELAKSANAAN PENGENDALIAN HIV- AIDS BAGI TAHANAN
DAN WARGA BINAAN PEMASYARAKATAN

DIREKTUR JENDERAL PEMASYARAKATAN
KEMENTERIAN HUKUM DAN HAK ASASI MANUSIA REPUBLIK INDONESIA,

- Menimbang : a. bahwa dalam rangka meningkatkan kualitas hidup Tahanan dan Warga Binaan Pemasyarakatan dengan menurunkan tingkat kematian yang diakibatkan oleh HIV-AIDS serta infeksi oportunistiknya;
- b. bahwa dalam rangka memberikan informasi terkini kepada petugas pemasyarakatan terkait aturan dalam pelaksanaan pengendalian HIV-AIDS dan kolaborasi TB-HIV bagi Tahanan dan Warga Binaan Pemasyarakatan;
- c. bahwa dalam rangka memberikan panduan teknis praktis bagi petugas pemasyarakatan dalam melaksanakan program-program pengendalian HIV-AIDS dan kolaborasi TB HIV;
- d. bahwa berdasarkan pertimbangan sebagaimana dimaksud dalam huruf a, b dan c maka perlu menyusun Panduan Praktis Pengendalian HIV-AIDS bagi Tahanan dan Warga Binaan Pemasyarakatan.
- Mengingat : 1. Undang-Undang Republik Indonesia Nomor 12 Tahun 1995 tentang Pemasyarakatan;
2. Undang-Undang Republik Indonesia Nomor 39 Tahun 1999 tentang Hak Asasi Manusia;
3. Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 tentang Kesehatan;
4. Peraturan Pemerintah Republik Indonesia Nomor 32 Tahun 1999 tentang Syarat dan Tata Cara Pelaksanaan Hak Warga Binaan Pemasyarakatan;
5. Peraturan Pemerintah Republik Indonesia Nomor 58 Tahun 1999 tentang Syarat-syarat dan Tata cara Pelaksanaan Wewenang, Tugas dan Tanggung Jawab Perawatan Tahanan;
6. Peraturan Menteri Kesehatan Republik Indonesia Nomor 21 Tahun 2013 tentang Penanggulangan HIV dan AIDS;
7. Peraturan Menteri Hukum dan Hak Asasi Manusia Republik Indonesia Nomor 29 Tahun 2015 Tentang Organisasi Tata Kerja Kementerian Hukum dan Hak Asasi Manusia Republik Indonesia;
8. Rencana Aksi Nasional Pengendalian HIV-AIDS bagi Warga Binaan Pemasyarakatan dan Tahanan di Indonesia tahun 2017 – 2019;

9. *Letter of Intent between Directorate General of Correction Ministry of Law and Human Rights of Republic of Indonesia and The United Nations Office on Drugs and Crime On Cooperation on the Sub-Programme on Criminal Justice Country Program for Indonesia, 27 April 2016.*

MEMUTUSKAN :

- Menetapkan : **KEPUTUSAN DIREKTUR JENDERAL PEMASYARAKATAN KEMENTERIAN HUKUM DAN HAK ASASI MANUSIA REPUBLIK INDONESIA TENTANG PANDUAN PRAKTIS PELAKSANAAN PENGENDALIAN HIV- AIDS BAGI TAHANAN DAN WARGA BINAAN PEMASYARAKATAN.**
- KESATU : Panduan Praktis Pengendalian HIV- AIDS bagi Tahanan dan Warga Binaan Pemasyarakatan merupakan panduan dan acuan dalam penatalaksanaan HIV-AIDS dan kolaborasi TB-HIV bagi petugas UPT Pemasyarakatan seluruh Indonesia;
- KEDUA : Panduan Praktis Pengendalian HIV- AIDS bagi Tahanan dan Warga Binaan Pemasyarakatan sebagaimana disebut dalam DIKTUM KESATU terdiri dari 8 (delapan) Bab yang meliputi informasi terkini tentang HIV-AIDS, kebijakan yang ada dalam pengendalian HIV-AIDS bagi Tahanan dan WBP, peraturan dan standar yang ada dalam menyediakan layanan konseling dan tes HIV berikut perawatannya, serta bagaimana caranya memiliki jejaring kemitraan dan sistem rujukan, dan beberapa tanya jawab yang sering muncul di lapangan;
- KETIGA : Panduan Praktis Pengendalian HIV- AIDS bagi Tahanan dan Warga Binaan Pemasyarakatan sebagaimana terlampir merupakan bagian yang tidak terpisahkan dari keputusan ini;
- KEEMPAT : Keputusan ini berlaku mulai tanggal ditetapkan dengan catatan bahwa apabila terdapat kekeliruan dalam keputusan ini akan dilakukan perbaikan sebagaimana mestinya.

Ditetapkan di Jakarta
pada tanggal 28 Desember 2017

Pt. DIREKTUR JENDERAL PEMASYARAKATAN

MA'MUN
NIP. 19571212 198101 1 001

PREFACE

Care, support and treatment of detainees and prisoners living with HIV are needed in order to reduce its transmission and spread. This Practical Handbook; The Implementation of HIV-AIDS Control for Prisoners aims to assist correctional officers to better understand how HIV care, support and treatment is implemented.

The Practical Handbook contains latest information about HIV-AIDS, existing policies for HIV-AIDS control among prisoners, existing regulations and standards for providing HIV counseling and testing and its treatment, how to build partnership networks, and a list of questions and answers on matters we often face in the field.

We would like to give our thanks and appreciation to the Editorial Team and consultants who completed this book and to the United Nations Office on Drugs and Crime (UNODC) for funding and supporting the process from its early stages until the end. We hope the Practical Handbook; The Implementation of HIV-AIDS Control for Prisoners can provide benefit in the context of HIV-AIDS control in Correctional Facilities.

Director of Healthcare and Rehabilitation of the
Directorate General of Correction,



Asminan Mirza Zulkarnain
NIP. 19580925 198002 1 001

EDITORIAL TEAM

ADVISER

Ma'mun

Pt. Director, Directorate General of Corrections

TEAM LEADER

Asminan Mirza Zulkarnain, Bc.IP, SH, M.Si

Director of Healthcare and Rehabilitation of the Directorate
General of Correction

AUTHORS

1. Muhammad Drais Sidik, Bc.IP, SH, MH
2. Dr. Rachmayanthy, Bc.IP, SH, M.Si
3. Dra. Emi Sulistyati
4. Dewi Sondari, Bc.IP, S.AN, M.Si
5. dr. Hetty Widiayastuti
6. Mutia Sari, SS
7. Arif Rachman, SH
8. Harry, SH, M.Kn
9. drg. Nisaa Nur Alam
10. dr. Tika Kartika
11. dr. Laura Situmorang
12. drg. Dwi Aji Sasono
13. Winanti, S.Psi, M.Si Psikolog

CONTRIBUTORS

1. Sugeng Wiyana (Kemenkes RI)
2. Kemmy Ampera Purnamawati (WHO – Indonesia)
3. Ade Aulia (UNODC – Indonesia)
4. Adhe Zamzam Prasasti (Angsamerah)
5. Felix Neuenschwander (Angsamerah)
6. Budiarto (Angsamerah)
7. Ayie Srikartika (Angsamerah)

TRANSLATOR

Danny Yatim

Linette Collins

CONSULTANT/EDITOR

dr. Nurlan Silitonga, M.Med



GLOSSARY

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
ATD	Anti-Tuberculosis drug
CD4	CD4 is the receptor on a certain cell, such as lymphocytes. The number of CD4 + (Helper) lymphocytes within the plasma is an indicator of the HIV-AIDS infection progress.
CST	Care, Support and Treatment
CTIU	Correctional Technical Implementation Unit (Correctional Facilities) which includes State and Branch Detention Center, Juvenile Detention Center, Prison, Probation-Parole Unit
DC	Detention Center. A facility where people are held awaiting their trial
EFV	Efavirenz: an antiretroviral drug
FDC	Fixed-Dose Combination
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HO	Health Office
HR	Harm Reduction
IDU(s)	Injecting Drug User(s)
IEC	Information, Education and Communication
JDC	Juvenile Detention Center
MOJHR	Ministry of Justice and Human Rights
OI	Opportunistic Infections
PEP	Post Exposure Prophylaxis

PITC	Provider Initiated HIV Testing and Counselling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPU	Probation-Parole Unit
Prisoner	A person held in correctional facility, awaiting trial or serving a prison sentence
RO	Regional Office, Ministry of Justice and Human Rights
STIs	Sexually Transmitted Infections
STOP	Suluh, Temukan, Obati, Pertahankan (Educate, Find, Treat, Maintain)
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counselling and Testing

TABLE OF CONTENTS

PREFACE	i
EDITORIAL TEAM	ii
GLOSSARY	iii
TABLE OF CONTENTS	v
CHAPTER 1: What do you need to know about this Practical Handbook?	1
CHAPTER 2: What latest and important information on HIV-AIDS is essential for you to know?	2
CHAPTER 3: Why is it mandatory to implement HIV-AIDS management for prisoners?	4
CHAPTER 4: What do you need to know about policies on HIV-AIDS control for prisoners?	6
CHAPTER 5: What regulations and standards do you need to know for providing HIV counselling and testing services?	10
CHAPTER 6: Which standards are important for you to know when providing health care to prisoners with HIV-AIDS?	16
CHAPTER 7: Why is it important to build networks and referral systems and how to do it?	23
CHAPTER 8: Frequently asked questions	25

What do you need to know about this practical handbook?

1

- This handbook was developed to meet the needs of officers working in correctional facilities to implement guidelines related to the management of HIV in a practical way.
- This handbook aims to help prison staff respond to questions and complex situations faced in the field so that they can provide optimal HIV care based on existing standards.
- This practical handbook has been developed to provide staff of Correctional Facilities with the necessary tools to understand and provide comprehensive HIV services. These, include health promotion, preventive, curative and rehabilitative services.
- In line with their roles and responsibilities, it is expected that this handbook will help motivate all staff members to play an active role in:
 - Knowing and taking the necessary steps to protect themselves from HIV infection.
 - Help to eliminate stigma and discrimination towards PLHIV and their families.
 - Assist in ensuring easy access to early HIV testing, ART and other support services in correctional facilities, including pre-release.
 - Provide HIV clinical management services.
- This Practical Handbook has been developed based on global and national principles related to HIV management. This includes the provision of comprehensive and continuous HIV services, based on the STOP principles (Educate, Find, Treat and Maintain).
- This handbook has been developed based on the most common questions from the field.

What latest and important information on HIV-AIDS is essential for you to know?

2

Facts about HIV

- HIV is not easily transmitted; HIV can only be transmitted in certain ways, such as risky sexual contact without using condoms, the use and sharing of unsterile needles (including injecting drug use, tattoos, and piercing), mother-to-child transmission, or through HIV contaminated blood transfusion. All HIV transmission is preventable.
- Thanks to scientific advances, the paradigm of HIV control has changed considerably. HIV treatment has become an important tool of prevention. PLHIV, who have been diagnosed at an early stage and who immediately start ART, are able to enjoy a high quality of life. Therefore, it is important to widely promote and provide easy access to HIV counseling, testing and treatment.
- Adherence to ART is crucial to control HIV replication. ARVs are free, subsidized by Government of Indonesia and all PLHIV have the right to access ART for free. Charges are only for administrative purposes, not for the drugs.
- There are more and more facilities providing customer-friendly HIV counselling and testing services, including ART and treatment of opportunistic infections. A list of hospitals, clinics and non-government organizations working with HIV-AIDS and STI can be found under the link <http://www.aidsdigital.net/>
- Evidence has shown that PLHIV can have healthy children who are not infected with HIV.

Challenges

- The general public still has limited knowledge about HIV and related medical advances.
- The general public still has limited knowledge on where to go for HIV testing and treatment.
- Many services are not easily accessible for people at high risk of HIV (key populations).
- Access to HIV testing, and ART coverage is low, and there are high rates of treatment drop out and loss to follow up.
- Stigma and discrimination towards PLHIV and their families remains one of the main obstacles for HIV programs. Both lead to fear, which

makes people reluctant to go for HIV testing. As a result many PLHIV do not know their HIV status. This facilitates the further spread of HIV and leads to poorer health outcomes and late diagnosis. In the worst case some PLHIV receive treatment too late or not at all.

National HIV-AIDS Strategy

The Ministry of Health has agreed to implement the global commitment to ending the HIV-AIDS epidemic by reaching the 3 zeros in 2030 - zero new HIV infections, zero HIV-related deaths and zero HIV-related discrimination. To achieve this target, the government of Indonesia is using the STOP strategy.

- Educate.
- Diagnose the person with HIV as early as possible.
- Treat the person with HIV with ARVs as early as possible.
- Maintain adherence in consuming ARVs.

By expanding and intensifying this strategy, by 2027 Indonesia will also achieve the global target of 90-90-90:

- 90% PLHIV know their HIV status.
- 90% diagnosed PLHIV receive ART.
- 90% PLHIV undergoing ART will have a suppressed (undetectable) viral load.

Why is it mandatory to implement HIV-AIDS management for prisoners?

3

Prisoners are citizens and have the same rights as people outside of Correctional Facilities to access health care. This includes the right to be protected from HIV transmission and to receive comprehensive care, support and treatment services.

The Directorate General of Corrections and the Ministry of Justice and Human Rights of the Republic of Indonesia have an obligation to fulfill and guarantee the rights and health of prisoners, including related to HIV-AIDS.

Below is an overview of laws and regulations related to the health of prisoners:

1. Law No 12/1995 on Corrections
2. Law No 39/1999 on Human Rights
3. Law no 23/2002 on Child Protection
4. Law No 29/2004 on Medical Practice
5. Law No 35/2009 on Narcotic Drugs
6. Law No 36/2009 on Health
7. Law No 24/2011 on Social Security
8. Government Regulation No 32/1999 on Terms and Procedures of the Implementation of Prisoner Rights
9. Government Regulation No 57/1999 on Collaboration in Providing Guidance for Prisoners
10. Government Regulation No 58/1999 on Terms and Procedures for the Implementation of Authority, Duties and Responsibilities of Care for Prisoner in Detention center
11. Regulation of the Minister of Health No 21/2013 on HIV-AIDS Control
12. Regulation of the Ministry of Interior No 18/2016 on Regional Government Guidelines for Development, Control and Evaluation of Work Plans 2017

13. Regulation of the Ministry of Health No 43/2016 on Minimal Standards for Healthcare Services
14. National Action Plan on the HIV-AIDS Response for Health 2015 - 2019
15. National Action Plan on HIV-AIDS Control for Prisoners and Detainees in Indonesia, 2017-2019



What do you need to know about policies on HIV-AIDS control for prisoners?

4

Referring to the document National Action Plan on HIV-AIDS Control for Prisoners and Detainees in Indonesia, 2017-2019, following is a detailed job description for correctional staff at all levels of HIV control.

National Level

The Directorate General of Corrections as the responsible body has authorized the **Directorate of Health Care and Rehabilitation as the central program management coordination authority**, with the following tasks, functions and authority:

1. To manage programs at the national level, including regulating, annual program planning, training, supervising, technical assistance, monitoring and evaluation.
2. To provide and mobilize resources (financial, materials, and human) from the central government and international and domestic partnership funding.
3. To promote partnerships and collaboration between the government sector, private sector and community organizations to accelerate the achievement of targets (qualitative and quantitative).
4. To manage research implementation and program development.
5. To supply equipment and other program items as needed, such as IEC materials, precautionary devices, and consumables, where these cannot be obtained by correctional facilities.
6. To provide technical assistance on management and technical implementation at the provincial level to correctional facilities level as needed.
7. To periodically compile and publish progress reports on program implementation.

Regional Level

The Head of the Regional Office of the Ministry of Justice and Human Rights as the responsible body for program implementation in the area, authorizes the **local Head of Correctional Division with the following tasks, functions and authority**:

1. To provide political and operational support from the provincial

government and relevant technical sectors.

2. To coordinate the development of annual program planning at the provincial level.
3. Through coordination with relevant sectors, to provide supervision, monitoring, and control at the correctional facility level.
4. To assist correctional facilities to increase access to supply of consumables and drugs, particularly for reagents, ARV, drugs for treatment of TB and opportunistic infections.
5. To conduct regular monitoring and evaluation in the region.
6. To complete a program progress report and distribute it accordingly.

Correctional Technical Implementation Unit (CTIU – Correctional Facilities) Level

A. Heads of Prisons, Juvenile Detention Centres (JDC), State Detention Centres (DC) and Branch Detention Centre (DC)

The heads of Prison, JDC, DC and Branch DC shall increase coordination with Heads of Probation-Parole Unit (PPU) in the region and the prison referral hospital (Pengayoman Hospital) in the Greater Jakarta area. They shall take the lead in implementation of correctional system HIV-AIDS control and TB-HIV collaboration programs in an integrated framework with the following tasks, functions and authorities:

1. The heads of Prisons, JDC, DC and DC Branches will form and operationalize an integrated HIV-AIDS TB team and involving actively participation of PPU.
2. To build collaboration among relevant technical sectors to increase program service networks for prisoners.
3. To develop annual work plans and budgets using existing mechanisms.
4. To manage program implementation by mobilizing available resources.
5. To create a supportive environment for program implementation.

6. To increase active participation of prisoners to assist program implementation, such as through peer education.
7. To conduct recording and reporting of the results of program implementation and submit monthly reports to the Provincial office of Ministry of Justice and Human Rights and to the Directorate General of Corrections.
8. To include health care and rehabilitation activity in the Correctional Database System.
9. To conduct regular evaluation of program implementation.

B. Probation-Parole Unit (PPU)

The Head of PPU shall increase coordination with the Heads of Prison, JDC, DC, and Branch DC in managing the planning and implementation of integrated HIV-AIDS control and TB-HIV collaboration programs within the framework of a correctional system with the following tasks, functions and authorities:

1. To instruct and operationalise Task Forces as the implementers of the HIV-AIDS control and TB-HIV collaboration programs for prisoners.
2. To develop joint program planning with the HIV-TB teams in Correctional Facilities in each region.
3. To increase collaboration between PPU's as needed.
4. To operate an information management system for prisoners.
5. To provide couple counselling services for prisoners living with HIV and their families (spouses).
6. To ensure continuity of service programming for prisoners.
7. To conduct a recording system for results of program implementation and to submit monthly reports to the Regional Office of Ministry of Justice and Human Rights and the Directorate General of Corrections.
8. To conduct regular evaluation of program implementation.

C. Prison Referral Hospital (Pengayoman Hospital)

The Head of a Pengayoman Hospital shall increase coordination with Heads of Prison, JDC, DC, and Branch DC (particularly in the greater Jakarta area) in managing the planning and implementation of HIV-AIDS control and TB-HIV cooperation programs in the correctional system with the following tasks, functions and authorities:

1. To form and operationalise an integrated HIV-AIDS TB team at the hospital level.
2. To build collaboration among relevant technical sectors in order to increase program service networks for prisoners.
3. To develop annual work plans and budgets through existing mechanisms.
4. To manage program implementation by mobilizing available resources.
5. To create a supportive environment for program implementation.
6. To conduct recording and reporting of the results of program implementation and submit monthly reports to the Regional Office of Ministry of Justice and Human Rights and the Directorate General of Corrections.
7. To include health care and rehabilitation features into the correctional database system.
8. To conduct regular evaluation of program implementation.

References

References shall include all guidelines and relevant technical standards for HIV-AIDS control in Correctional Facilities. These can be accessed through the following link <http://www.ditjenpas.go.id/standar/>

What regulations and standards do you need to know for providing HIV counselling and testing services?

A. The following is a list of important documents you can use as a complete reference on the implementation of HIV counselling and testing services in Indonesia including for Correctional Facilities.

1. The Minister of Health Regulation no 74/2014 on Guidelines for HIV Counseling and Testing Management
2. The Minister of Health Regulation no 15/2015 on HIV and Opportunistic Infection Laboratory Check-up Services
3. Standards for TB, Hepatitis, Scabies, Leprosy and other Communicable Disease Control, 2015 Directorate General of Corrections, Ministry of Justice and Human Rights, RI
4. Standards for Primary Health Care Services in Correctional Facilities 2015 Directorate General of Corrections, Ministry of Justice and Human Rights RI
5. Guidelines for HIV-AIDS and STI Comprehensive Services in Prisons, DC and PPU, 2012. Directorate General of Disease Control and Environmental Health, Ministry of Health and Directorate of Corrections, Ministry of Justice and Human Rights
6. Technical Instructions for Filling out Recording and Reporting Forms on HIV AIDS and STI Control Programs, 2015 Directorate General of Disease Control and Environmental Health, Ministry of Health

B. Please ensure that provision of HIV counselling and testing follows globally and nationally agreed principles - the 5 C's informed consent; confidentiality; counselling; correct test results; connections to care, treatment and prevention services.

- Informed Consent, is the agreement that a person or guardian gives for HIV testing after receiving and understanding a complete explanation by the health officer of the procedure or to be given to the patient/client.
- Confidentiality, is the fact that all information and counseling between clients and health officers or counselors and results of the laboratory tests will not be disclosed to any party without the consent of the patient/client or guardian. The information may be

disclosed to another health care worker in charge of the patient for the purpose of health care according to the health condition of the patient.

- Counselling, is the dialogue between a counsellor and client aimed at providing clear and comprehensible information to the client or patient. The counselor should provide information, time, attention and expertise to assist clients to understanding themselves, and to seek and implement a solution to a problem taking into consideration all the limitations surrounding the problem.
- Correct test results. Test results have to be accurate. HIV testing and results need to follow national HIV testing standards. Test results need to be communicated immediately to the patient/client.
- Connections to care, treatment and prevention services. The patient/client needs to be contacted and referred to an effective HIV prevention, care, support and treatment service supported by a good and monitored referral system.

C. HIV Counselling and Testing should be preceded by a dialogue between client/patient and the counselor/ health officer with the purpose of providing information on HIV and AIDS and to facilitate the patient's ability to make decisions regarding the HIV test.

- It is mandatory that all Correctional Facilities staff motivate prisoners to take HIV counselling and tests.
- HIV counselling and testing may be provided by an officer who has the competency to conduct HIV counseling and testing. If the Correctional Facility does not have an officer with the needed competency, then it should collaborate with an external party.

D. HIV counseling and testing services can be offered under the following conditions:

1. Prisoners
 - Through IEC programs, entrance health examination, visit to the prison, JDC, DC, clinic, and at the pre-release program.
 - Identified as having HIV infection risk factors.
 - Indicate symptoms of HIV opportunistic infections (tuberculosis, candidiasis, skin infection).



- Have a special condition vulnerable to HIV infection such as history of injecting drug use and/or STI symptoms.
- Admit that they have a partner living with HIV.

2. Correctional Staff

- Staff who have work accidents and may be exposed to HIV and require PEP (Post-Exposure Prophylaxis)

E. HIV Counselling and Testing services needed:

- 1. Voluntary Counselling and Testing;** the client/patients voluntarily initiates taking an HIV test.
- 2. Regular Offer;** counseling and testing services are regularly offered to prisoners as part of the healthcare package. Services can be offered at any time, during entrance examination, during the sentence and before being released.
- 3. Provider Initiated Counseling and Testing:** health care providers can take the initiative to offer HIV testing to prisoners based on a clear medical indication. This is usually offered to prisoners who are pregnant, or who indicate opportunistic infection. The voluntary principle still applies and will still need an informed consent.

F. Methods of providing HIV testing:

- 1. First method:** testing is conducted by the health officer in the Correctional Facilities with reference to two regulations:
 - a.** Minister of Health Regulation no 15/2015 on HIV and Opportunistic Infection Testing Laboratory Services
 - b.** Minister of Health Regulation no 74/2014 on HIV Counseling and Testing Implementation Guidelines

You also need to coordinate with the health facilities within your Correctional Facility to assist in providing educational support and to explore the possibility of receiving support in the availability of antibody reagents and training, including quality control.

- 2. Second method:** collaborate with other health facilities (Community Health Centre, hospital, laboratories) for the following:
 - Blood sample is drawn by the Prisons, JDC, State and Branch DC health officer, and sent by the staff or taken by a team from the external health facility.

- Through regular visits of an external health facility team to provide HIV testing in the Prisons, JDC, State and Branch DC.

G. How to obtain equipment and supplies to conduct HIV testing:

- Take the initiative to coordinate with the Health Office, Community Health Centre and community organizations to meet Correctional Facilities' needs for reagents and other health equipment needed to conduct HIV testing.

H. What officers need to note when offering HIV testing:

- Provide explanation of the benefits of HIV testing
- Provide information on confidentiality so that the client/patient fully understands. The health officer needs to provide a consent letter on status disclosure signed by parties, the health officer and the prisoner. Those who may know about the HIV status are: partner/spouse, families, health officers, referral officers, Head of the Correctional Facilities' and PPU Case manager.
- The health officer or person in charge in Correctional Facilities' are responsible for the prisoners' status disclosure and need to ensure that the information will not be misused.
- Prisoners may not be forced or punished if they decline to take the offered HIV test.
- There should be a consent letter clearly stating that the detainee or prisoner agrees or does not agree to take the HIV test.
- Prepare a list of healthcare services and referral networks close to the Correctional Technical Implementation Unit, for example:
 - Health care facilities (hospitals, community health centres, clinics, laboratories).
 - List of specialists for medical examination and follow-up, including for providing ARV.
 - List of community organisations providing social and economic support to the PLHIV and their families.

The list needs to be updated and easily accessed by all members of the health care team.

- Ensure that PLHIV receive ARV treatment.

I. What health officers need to do when informing a prisoner of an HIV diagnosis:

- Explain the meaning of being HIV positive and evaluate the patient's ability to manage the information.
- Explain clearly about the treatment plan and service package the prisoner will receive.
- Give time to listen and to ask about the patients needs and worries.
- Provide support; explain that a person living with HIV is not alone and that there are many other people living with HIV. Explain that the prison team and general public are concerned.
- Provide positive evidence that being HIV positive is not the end of everything.
- Explain that HIV is relatively easy to manage, like other chronic diseases such as hypertension and diabetes. There is many physicians who are concerned and have sufficient knowledge and experience to treat HIV including clinically complex situations.
- Evaluate the possibilities of failure in treatment, such as if the prisoner still injects drugs or has used violence in the prison.
- Explain clearly the importance of immediate ARV treatment for PLHIV for their health and to prevent transmission of the virus.
- Motivate and discuss possibilities of follow-up visits if other matters need to be discussed.

J. Post Exposure Prophylaxis (PEP)

PEP is a self-protection mechanism to prevent HIV transmission as a result of exposure to the virus from occupational accidents, such as exposed to syringes when installing infusion.

Treatment for Occupational Exposure:

- First aid is given when the person is injured. Wounds on the skin exposed to blood or bodily fluids should be cleansed with clean water and soap. If the nose or eyes are exposed, they should be cleaned with clean water.

- Wounds should not be massaged, pressed, or sucked.
- Evaluate the risks of infection and evaluate the exposure source.
- Conduct HIV testing.
- ARV should be given within 4 hours to a maximum of 72 hours after exposure, and if the HIV test result is non-reactive. The physician may provide ARV drugs for one month.
- Choice of treatment regimen
 - TDF + 3TC + EFV or
 - TDF + 3TC + Lop/r
- Contra-indication of Nevirapine is the risk of high hypersensitivity among people with normal CD4.
- Submit a report on the occupation accident exposure.
- Evaluation should be conducted for side effects of ARV prophylaxis. HIV testing should be repeated on the third month.
- If no medical doctor is available, contact the nearest Community Health Centre or hospital providing PEP. An information and cooperation system should be established with external health facilities that provide PEP.
- For more comprehensive information on PEP, refer to the ART 2014 guidelines.

What standards do I need to follow when providing health care for prisoners with HIV-AIDS?

A. The following are important documents used as reference for the care of people living with HIV at the Correctional Facilities.

1. Law no 36/2009 on Health
2. Law no 29/2004 on Medical Practices
3. Law no 24/2011 on Social Security
4. Government Regulation No 32/1999 on Terms and Procedures of the Implementation of Prisoner Rights
5. Government Regulation No 57/1999 on Collaboration in Providing Guidance for Prisoners
6. Government Regulation No 58/1999 on Terms and Procedures for the Implementation of Authority, Duties and Responsibilities of Care for Prisoner in Detention center
7. Regulation of the Minister of Health No 21/2013 on HIV-AIDS Control
8. Regulation of the Ministry of Health No 43/2016 on Minimal Standards for Healthcare Services
9. Regulation of the Ministry of Interior No 18/2016 on Regional Government Guidelines for Development, Control and Evaluation of Work Plans 2017
10. Minister of Health Regulation no 87/2014 on Antiretroviral Treatment
11. Technical Instruction of HIV/AIDS and STI Control at Primary Healthcare Facilities 2016. Directorate General of Disease Prevention and Control, Ministry of Health
12. Standards for TB, Hepatitis, Scabies, Leprosy and other Communicable Disease Control, 2015 Directorate General of Corrections, Ministry of Justice and Human Rights, RI
13. National Action Plan on the HIV-AIDS Response for Health 2015 - 2019
14. Guidelines for Tuberculosis Control in Correctional Facilities

15. National Action Plan on HIV and AIDS Control in the Health Sector 2015-2019

16. List of Hospitals, Clinics and non-Governmental Organizations concerned about HIV, AIDS, and STIs

B. Important matters that need to be conducted by health officers when treating prisoners living with HIV-AIDS

- Determine HIV clinical stage.
- Conduct screening and treatment for opportunistic infections (if any).
- Provide cotrimoxazole prophylaxis as needed.
- Provide isoniazid (INH) preventive therapy (IPT) as needed.
- Provide information on nutritional promotion as needed.
- Provide ARV.
- Evaluate adherence to treatment.
- Monitor side effects of ARV and provide tips to overcome side effects, if any. Educate on the side effects of ARV without giving scary information, as many people do not take ARV out of fear of the side effects. Side effects of ARV vary amongst PLHIV. It usually takes one month for adaptation.
- Monitor symptoms caused by opportunistic infections and ensure continuous treatment.
- Evaluate need for psychological and other social support of the PLHIV for self-acceptance and acceptance by families, partners and friends. Organise peer support.
- There should be a systematic communication mechanism that enables PLHIV to ask for help in emergency or life-threatening situations (such as situations related to side effects or violence caused by stigma and discrimination).
- Motivate PLHIV to ask sexual partners to access HIV counseling and testing services.

C. The following is a list of supporting tests to monitor the health of people living with HIV. It is important to note that PLHIV should not be prevented from taking ARV if these tests are not available. Supporting tests are important during the first to the fourth examination.

1. Full blood test (Haemoglobin, thrombocyte, leucocyte and differential counts)
2. CD4 Count
3. SGOT and SGPT
4. Creatinine Blood Test
5. Chest X-Ray
6. Sputum smear microscopy or even better with Rapid Molecular Diagnostic for TB
7. Viral Load
8. Syphilis serology testing (VDRL/RPR, TPHA)
9. Pregnancy test (for women of productive age)
10. PAP smear to dismiss cervix cancer
11. HbsAg
12. Anti-HCV (for drug users and men who have sex with men living with HIV)

D. Key information on ARV therapy (ART)

- ART is immediately needed for prisoners diagnosed with HIV. For comprehensive information on ART with opportunistic infections and other co-infections, please refer to the ART 2014 guidelines.
- ART adherence is important to decrease HIV load.
- ART is provided for the purpose of:
 - Decreasing viral load until undetectable (< 1000 copies/ml of blood)

- To prevent opportunistic infections
- To increase quality of life
- To prevent transmission
- To increase recovery and to maintain immune function
- Challenges in ART services:
 - Adherence
 - Psychological disorders
 - Use of alcohol and drugs
 - Patient educational level
 - Differentiate viral resistance cases and adherence
 - Information about side effects and IRIS
 - Communication skills
 - Geographical conditions

E. Palliative care for prisoners living with HIV

Palliative care for prisoners is basically the same for all patients, namely:

- Provide comfort to the patient.
- Identify all symptoms of the patient in relation to HIV infection.
- Treat symptoms caused by other illnesses of the patient, such as inflammatory reactions, treatment and medication effects.
- Always use Universal Precautions so that the health care provider does not become a mediator in transmitting infections among patients and to him/herself.

F. When to refer a person living with HIV to another health facility

- When no health officers are available in your facility.
- When Patients have symptoms which cannot be treated in your facility refer them to other external HIV-AIDS and STI service providers.

- PLHIV taking ART who have completed their sentence should be referred for follow-up treatment to a hospital, community health centre or clinic that provides ARV.
- Prisoners with conditional leave or discharge will be referred to PPU for follow-up treatment. PPU will serve as case managers in a comprehensive HIV-AIDS and STI service program after release.

G. Matters that need to be prepared when prisoners living with HIV are being discharged

- Prepare a medical resume that covers the patient's health status and medication received, and other important relevant issues. The resume should be sealed and a contact person provided.
- Make a copy for your files in the institution.
- If the person is not accompanied by a health officer, give clear instructions to the for follow-up treatment accompanying person about what needs to be taken into account, what needs to be done and not done, without disclosing the health status of the patient.

H. Treating prisoners living with HIV in the absence of medical doctors

- The health officer-in-charge should coordinate with the local Health Office, Community Health Centre and local hospital and seek assistance with healthcare services.
- When relocating PLHIV it is important that the head of Correctional Facilities has coordinated with Directorate of Corrections and Regional Office. This will facilitate necessary adjustments to the conditions to meet needs of the person living with HIV.

I. Referral stages for people living with HIV

The ensure an effective and efficient referral mechanism be systematic and follow logical steps. Some steps that you need to take are:

1. Prior to the referral, there should be coordination between the health officer and the referral institution and coordination with the head of Correctional Facilities to facilitate the referral process.
2. For referrals from detention centre or prison to local hospitals or prison referral hospital, if located in the same province, you should prepare a referral letter from the head of detention centre

or prison to the Head or Director of the referral hospital, together with an investigation report of the prisoner and his/her criminal history.

3. Attach referral letter and patients treatment resume from the polyclinic, and other supporting test results such as lab and radiology tests and send to the hospital emergency unit.
4. Provide health insurance card or other health protection schemes, if any.
5. If referral is across provinces, a supporting letter from the Head of the Regional Office to the referral health facility should be added.
6. Attach list of patients medications.
7. When referring from Prison to PPU or from DC to DC or from DC to Prison, prepare and attach a letter notifying changes in status from the Head of Correctional Facilities with a copy send to the Ditjenpas, Regional Office of origin, and Regional Office of destination, if locate in another province. Attach all documents by following the same model explained above.
8. If Pengayoman Hospital refers a patient for treatment, or for consultation to a hospital with better facilities, follow the same steps mentioned above. The letter of notice from the Head of the Pengayoman Hospital to the Head of the Correctional Facility of origin, with copies sent to the Regional Office and Director General of Corrections, should be attached.
9. Persons living with HIV on ART who have completed their sentence in the Detention Centre and Prison will be referred to a hospital//Community Health Centre/clinic which provides ARV for follow-up treatment.

An important matter you need to conduct when referring a patient is to carefully watch over the care process of the prisoner by monitoring their progress at the referred institution and you own.

J. Information needed to initiate ART among detainees and prisoners living with HIV and their families

The following information is needed before starting ART. If the criteria are met, then ARV may be provided.

- Medication has to be taken for life. If the person living with HIV stops

consuming it, then his or her medical condition will become worse.

- Medication does not cure the patient from HIV, but it suppresses replication of the virus.
- Patients must continue to have safe sex and refrain from sharing needles and syringes.
- If the person forgets to consume the medication more than 3 times in one month, then the virus will become resistant and the medication will no longer be effective.
- Medication should be taken as required.
- If the patient feels nausea when taking medication, then the drugs should be consumed during meals.
- If the patient has diarrhea, he/she still needs to eat and drink.
- The benefits of ART is that it will prolong life and increase the quality of life.
- There are medication side effects and interactions.
- It is important to disclose HIV status to certain people.
- It is important that partners and children are tested for HIV.
- It is important to live a healthy lifestyle.

Why is it important to build networks and referral systems and how to do it?

7

A. Many Correctional Facilities have limited capacity to provide HIV care in terms of facilities and medical and non-medical human resources. Building a network will benefit and support the provision of a comprehensive and sustainable HIV-AIDS service.

The benefits of a partnership network and referral system are as follows:

- Correctional Facilities will receive multisectoral support from the government, community organizations and private sector. This will also assist with harmonizing policies for comprehensive HIV-AIDS services.
- Increased collaboration with health care service providers determines a successful referral system.

Partnership networks can be developed at the national, provincial, and district/municipal level as well as the medical specialist level.

From the explanation above, it is evident that building a partnership network and referral system will provide benefits for comprehensive and sustainable healthcare services for people living with HIV-AIDS, particularly for HIV-positive prisoners.

B. The following are key stages in building a network. They may be adjusted according to the conditions at your Correction Facility.

1. Identify contact persons in each institution that are able to support HIV-AIDS services at your facility.
2. Schedule a meeting with the contact person or representative of the service provider or institution.
3. Document all persons-in-charge and service facilities available, either clinical-based, community-based or home-based services.
4. Develop a referral feedback work plan so that the referring institution will know that the referred person has been served and the client's needs have been met and your institution will receive the results to follow-up.
5. Always be proactive to avoid any cases of referred patients being neglected.

C. Experience has shown that networking and referral systems have been set up in many Correctional Facilities providing HIV-AIDS services according to the steps mentioned above. The following are some tips based on experiences of prisons in building networks with HIV-AIDS teams.

1. Coordinate with municipal or regional level AIDS Commissions.
2. Coordinate with the local Health Office, particularly the unit responsible for disease prevention and control. If possible, set up an appointment to meet the Head of the office, or write an official letter.
3. Through the local community health centre seek further information on HIV and AIDS services available in the city, district, or province.
4. Develop a mapping of minimal needs to implement an HIV-AIDS program with the existing human resources.
5. If the nearest Community health centre does not provide HIV-AIDS services, then you should build networks and referral systems with the local AIDS commission and general hospital.
6. Collaborate with local community organizations involved in providing HIV-AIDS services and support for people living with HIV.
7. Whenever you receive invitations to attend coordination meetings with relevant institutions, make your attendance to the meeting a priority.
8. Sign a Memorandum of Understanding if both parties have agreed to build a continuous collaboration.

A. What can I and other staff in the Correctional Facilities' do to control HIV? Other staff include health care officers, security officers, structural officials, registration officers and PPU staff.

Refer to the roles described in the HIV-AIDS and STI Service Guidelines for Prisons (Ministry of Justice and Human Rights and Ministry of Health 2012):

1. Prison doctors and nurses (Health care providers)

- Provide medical check for prisoners
- If the prisoner cannot be treated at the Correctional Facilities write a referral letter about the patients' health for the referral hospitals, Submit the health examination report to the socialization unit.
- Request medical records from the referral hospital concerning the patients' illness and treatment.

2. Socialization Unit

- Receive medical records from the physician and record in the Register G.
- Report to the Head of the Correctional Facility when a prisoner is ill and needs treatment.
- Make a letter of statement to the families of the sick prisoner.
- Coordinate with the Head of Security to make an official letter of instruction for guarding the patient.

3. Head of Correctional Facilities

- Receive and study the medical records.
- Give instructions to the Head of Security to issue an official letter for guarding the patient.
- Receive all medical records of all prisoners receiving treatment from the referral hospital.

4. Security Administrative matters

- Issue an official letter to the security officer in charge of guarding the patient.
- Issue an official letter to discharge the prisoner who is to receive

treatment outside of the Correctional Facility.

- Coordinate with the head of Socialization Unit.
- Submit the letter of guarding and discharge to the Head of Security.

5. Prison Security Unit

- Receive the guarding and discharge order from Security Administration Head.
- Check the prisoner who is being referred to a hospital outside the Correctional Facilities.
- Refer the prisoner in need of treatment to the Head of Guard Unit.
- Report on how the referral process was implemented to the Head of Correctional Facility.

B. Who can provide information, education and communication on HIV?

Officers in the Correctional Facilities and partner NGOs are required to provide HIV-related information, education and communication (IEC). IEC is done through formal or informal activities or during a socialization activity.

1. IEC in the Correctional Facilities will be implemented by:

- Socialization staff
- Counselors
- Medical staff (doctors)
- Nurses
- Health peer educators

2. Health education for prisoners includes:

- Group lecture sessions
- Individual counseling
- Meetings with health peer educators
- Health promotional media (video, leaflet, booklet, banner, banner)

C. What can be done to make a successful, comprehensive and sustainable IEC program?

The following activities can be done:

- The management of IEC on HIV, TB, STI, and drug use should be integrated into the socialization system.
- Capacity building of Correctional Facilities staff through training workshops.
- Organizing and mobilizing resources for IEC implementation by the socialization unit, in collaboration with other stakeholders such as Community Health Centre, Health Office and community organizations.
- Increase participation of prisoners through health peer education or other existing models known to be effective.
- Provide IEC materials to support effectiveness of IEC implementation.
- Provide technical support for Correctional Facilities by the Regional Office and Direction General of Corrections. This may be done to strengthen collaboration with relevant governmental sectors, community organizations, and mass media in each area of the Correctional Facilities.

D. How should I treat people living with HIV?

There is no reason to treat PLHIV differently from other prisoners. People with HIV are not physically different from people who are not infected. They have the same rights to as other people and can remain in the same cell with other prisoners. We do need to watch over the health of prisoners with HIV. Whenever symptoms of illness appear, immediate check-up and complete treatment are needed.

E. What should I do if a prisoner with HIV on ARV has no accompanying documents?

- Ask for the patient's ARV treatment card
- Ask the patient where he or she previously received CST services

- Ask for contact numbers of the previous CST service (name of doctor and phone number)
- Ask for confirmation from the CST service facility and request documents needed.
- If your Correctional Facility provides CST services, then ARV therapy can be immediately provided at UPT.
- If your Correctional Facility does not provide CST services, then ARV therapy can be provided at the nearest CST service facility.

F. What is needed for a person living with HIV to begin consuming ARV?

An HIV patient needs to meet the following requirements before consuming ARV drugs:

- HIV positive test results (documented).
- Medical indication.
- Does not need referral to hospital for serious illness requiring specialist treatment.
- Treated after 1-2 weeks of opportunistic infection.
- Agrees and ready to start ARV treatment. Understands ARV and the possibilities of side effects. Ensure that there will be adherence. Has support for medication adherence. Able to overcome obstacles which may interfere with adherence, when released from Correctional Facilities.
- CST team available in the Correctional Facilities and coordination with local hospital is also available.
- Continuous availability of ARV.

G. Where can I obtain IEC materials?

You can make your own IEC, download from the internet, or obtain it from contact partners such as community health centre, community organization, and relevant agencies.

H. How do you assess HIV risk factors among new prisoners?

All new prisoners need to receive initial medical check-ups. Assessment of risk factors will be conducted for new prisoners with health problems, risky behavior, drug dependence and symptoms of opportunistic infections or STIs. The prisoner can then be referred to the health clinic for further examination or treatment. Risk factor assessment includes the following:

1. Anamnesis of illness in the past 6 months.
2. Anamnesis of HIV risk behavior (drug dependence, injecting drug use, promiscuity, unsafe sex).
3. Signs of drug dependence (scars from injecting, TB, opportunistic infections, STIs, tattoos).
4. Signs of physical trauma.
5. Menstruation history and pregnancy test for women detainees and prisoners.
6. Referral letter or medical resume from previous Rutan/Lapas.

I. How do I approach a prisoner with risk behavior who refuses HIV testing?

If you find a prisoner who finds it difficult to decide whether he/she wants to take the test, here are some approaches you can use:

1. Provide relevant information on HIV-AIDS.
2. Conduct motivational counseling.
3. If the prisoner refuses, make an informed consent that he/she disagrees.

J. How do I get forms for HIV counseling (HIV testing, informed consent, etc.)?

Forms may be available and replicated from the following document Guidelines for HIV-AIDS and STI Comprehensive Services in Prisons, DC and PPU, 2012.

K. How do I motivate prisoners living with HIV to disclose their status to significant others such as family members, partner and other concerned parties?

Share with the PLHIV the benefits of disclosing their status to families, partners, and other concerned parties who may provide support to them. Disclosing one's status is one way to prevent further transmission to family members and partners. After disclosing one's status, people living with HIV can further motivate their family and partners to go for HIV testing.

L. What are the risks of discontinuing ART?

If you find people living with HIV who were receiving ARV therapy, but have stopped, provide immediate counselling and identify the obstacles they face. Do the best you can to prevent their discontinuation of ARV therapy. Explain again the benefits of ARV therapy. Explain that therapy is a long process and is necessary to promote health and quality of life of PLHIV.

Talk about the risks of discontinuing ARV therapy:

1. All ARV drugs must be discontinued and this will cause withdrawal symptoms and each person has different symptoms.
2. Opportunistic infections may appear.
3. If drug resistance happens, then the therapy will need to go to a different line of treatment.

M. What are the procedures for relocating prisoners with HIV-AIDS to PPU with conditional discharge status?

Prison/DC case manager needs to coordinate with PPU to monitor the patient after release with conditional discharge status. This has to be accompanied by supporting documents.

N. How do you treat a prisoner involved in injecting drug use in the Prison and Detention Center?

There are alternative interventions that can be provided to them:

1. Methadone therapy program (MMT)

2. Needle syringe exchange program
3. Bleaching program
4. Rehabilitation program

There are no current regulations for harm reduction programs, particularly needle syringe exchange, for prisoners. At present only methadone therapy and bleaching programs are available for those in need.

O. What needs to be done if there is a HIV positive child in the Correctional Facilities?

This is explained in the HIV Therapy Guidelines for Children from the Ministry of Health (2014). Treat HIV positive children like other children in need of care and support. The following points are taken from the guidelines:

1. Evaluate the child's nutrition and growth status and intervention needs.
2. Provide vitamins regularly (collaborate with the Community Health Centre or hospital).
3. Evaluate the child's immunization status.
4. Examine any symptoms or signs of opportunistic infection and exposure to TB. Conduct opportunistic infection diagnosis and treatment before providing ARV therapy.
5. Examine the child's HIV staging based on clinical criteria.
6. Ensure that the child receives Cotrimoxazole.
7. Identify other medications given to the child, which may interact with ARV treatment.
8. Examine the child's immunological status, if possible.
9. Evaluate the family situation.

Cooperating with the child's parents and family is an important element in the care of the prisoner's child. Make them your partner so that the family can make decisions.

P. What needs to be done if there are limitations (facilities, human resources) in HIV-AIDS control?

No single organisation can provide all the human resources, facilities and infrastructure needed for perfect service delivery. Building networks and partnerships with external organisations is necessary.

- Build an internal coordination mechanism among units, managers and staff so there will be mutual support.
- It is your responsibility to submit reports of activities and programs to your superior. Report all achievements and challenges in implementing the program, including any deficiency or needs for facilities and human resources. Provide written reports so that all steps can be monitored as input for future internal and external planning and advocacy.
- Involve your superiors in each activity you conduct so they can directly observe what is being done and the constraints.

Q. Where do I go for assistance when I face difficulties in the Correctional Facilities?

Seek support from your superior and partners. Collaborate with community organizations and the media to voice your concerns to higher authorities.

R. What is the system for recording and reporting?

There are several recording and reporting systems:

- Correctional Database System (SDP)
- HIV-AIDS and STI Information System (SIHA)
- Integrated Tuberculosis Information System (SITT)

The reporting system should go through a hierarchy, with copies sent to the Health Office.

S. How do you treat HIV positive, pregnant women prisoners?

Cooperate with health care services which provide care, support and treatment and mother-to-child-transmission programs. Read the mother-to-child-transmission dan ARV guidelines.

T. What is the permit mechanism for Prison clinics?

The permit regulations for establishing clinics will follow the Minister of Health Regulation guidelines on clinics 9/2014 and The Directorate General of Corrections policy for clinic permits.

U. If you need further information, please contact us:

Muhammad Drais Sidik, Bc.IP, SH, MH	: 081337574868
Dra. Emi Sulistyati	: 085781497566
dr. Hetty Widiayastuti	: 087871805900
Mutia Sari, SS	: 081311521786
Arif Rachman, SH	: 081266657043