**Salemba Prison**

- Opened in April 2008 - Minimum security
- Over capacity (designed for 250 inmates; June 2015: 1,677 inmates) - Intake from other detention centres in Jakarta
- Poor hygiene and sanitation
- Prison population: different profiles, culture and religions and issues
- Narcotic offenders separated from other offenders
- Clinic established in 2009 - low services utilisation

**HIV profile in Salemba Prison**

- 2009 – 07/2011: 13% inmates tested for HIV, 33% positive
- Of 33%, only 57% willing to attend clinic
- 98 cases assessed ART eligible, only 33 started ART
- Most HIV positive were IDU
- HIV-TB co-infection: Sept-Oct 2011: 10/30 TB suspected has pulmonary and lymphadenopathy TB
- No addiction rehabilitation program in Salemba due to lack of staff capacity

**Challenges to start ART**

- Patients’ concerns:
  - Fear of side effects
  - Not ready for life long ART
  - Fear of discrimination & stigmatisation
- Patients’ conditions:
  - Uncontrollable opportunistic infections
  - Severe depression
  - Non-adherence due to addiction and lack of post-release support services
- Clinic staff:
  - Lack of clinical updates and confidence
  - High workload and low motivation

**Challenges to HIV care, support and treatment**

- Limited resources: 4 general practitioners, 1 dentist, 2 nurses
- Prison authorities are more concerned with security issues than medical care
- HIV related stigma and discrimination
- HIV high-risk practices (unprotected sex, sharing needles in drug use and tattooing et al)
- Poor adherence to treatment

**Project planning**

- Salemba submitted a 27 week plan July – December 2011 to HCPI and ASHM; approved as pilot project
  - ASHM provided funding
  - HCPI/technical guidance and support via HCPI prison project team
  - Directorate General of Corrections, Ministry of Justice and Human Rights (Ditjenpas) informed
- 2012 – 2014 ASHM funding for Salemba Prison project as part of DFAT Regional HIV Health Care Capacity Building Program/ Indonesia
  - 2012 HCPI on-going support from the national narcotic prison program team
**Project objectives**

- Early diagnosis of HIV and related issues for prisoners
- Adequate access to ART for inmates with HIV in prison and after release
- Increased awareness of HIV infection and drugs use among inmates
- Increased awareness of HIV infection and drugs use among prison staff
- Reduced morbidity and mortality rates among PLWHA in Salemba Prison

**Salemba HIV Care and Management Model**

Source: Salemba Prison 2014

**Project activities**

**Leadership**

- Leadership training for Salemba Prison HIV Clinic Manager and mentors (ASHM International Short Course in HIV and regional HIV/AIDS Conferences)
- Link Salemba Prison Clinic with sector partners for support:
  - HCPI and Dijenpas
  - IDI
  - Angsamerah
  - Hospitals and laboratories
  - Community organisations (Partisan, Red Institute local NGO for post-release treatment and referral)

**Clinic**

- In-house training and bedside teaching on HIV, TB, STI, and addiction medicine
- Clinical mentoring by partner clinics and referral hospitals
- Training peer educators, care givers and nurse aides on HIV, counseling, care and support skills
- IEC on HIV and addiction medicine for prison management and staff

**Routine activities**

**Clinic**

- HIV, TB and STI screening and treatment
- Nutrition supplement
- CD4 and laboratory support

**Rehabilitation and Support**

- ART adherence
- Addiction management (IEC/peer/counseling)
- Pre- and post-release assistance

**Coordination**

- Peer educator coordination meetings
- Care giver coordination meetings
- Pre- and post-release program coordination meetings

**Routine activities (Cont.)**

- Salemba HIV clinic staff, peer educators and ‘nurse aides’ working together
**Collaboration with sector partners for post-release support**

The continuing comprehensive service for PLWHA in Salemba prison had succeeded to improve the quality of service, increase the service utilisation by the prisoners and contribute to reduced morbidity rates.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Salemba Prison Program achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011-2012</td>
</tr>
<tr>
<td>Peer educators recruited, trained and remained in IEC</td>
<td>18</td>
</tr>
<tr>
<td>Inmates screened for HIV and TB</td>
<td>855</td>
</tr>
<tr>
<td>Inmates on ART</td>
<td>26.8% [11/42]</td>
</tr>
<tr>
<td>Post-release escort</td>
<td>1 prisoner escorted after released</td>
</tr>
</tbody>
</table>

**More results & conclusions**

- **Prison health care model recognised by Ditjenpas**
  - Out of 149 designated priority prisons for HIV support, Salemba is one of 56 which are now delivering comprehensive services for HIV and one of 11 designated **model prisons**
  - Model prisons have capacity to deliver comprehensive HIV care, act as training centres for staff from other prisons and provide mentoring to staff in health services in other prisons
- **A small scale investment and support (direct funds provided to partner equivalent to AU$ 5,000/year) could provide valuable results when provided in the right momentum through the right approach**

**Lessons learnt**

- Building capacity for prison and clinic staff
- Empowering inmates for peer support (carers, nurse aide, peer educators)
- Collaboration and partnerships with community organisations and sector partners for support and wise use of resources
- Policy development from this project: successes of Salemba Prison project recognised, mentoring Pemuda Prison. Ditjenpas sees value for replicating the model in prisons across Indonesia independent of narcotic prison status
- Proposal to ASHM to expand the HIV health care model into other prisons
- DFAT ended the Regional HIV Health Care Capacity Building Program

**Expansion to Pemuda Prison 2013**

- **HIV Counselling**
- **Peer support group discussions**
- **Clinical mentoring by IDI & Salemba Clinic**

**Lessons learnt**

- Salemba Prison
- Pemuda Prison
- Ditjenpas
- HCPI
- Angsamerah Institution
- Indonesia Medical Association (IDI)
- ASHM International

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Disclosure of Interest

I have no actual or potential conflict of interest in relation to this presentation.