

OSCAR FOUNDATION FREE LEGAL AID CLINIC-
KENYA (OFFLACK)
MALARIA, HIV/AIDS AND OPPORTUNISTIC DISEASES
ERADICATION IN SOUTHERN SUDAN'S PENAL
INSTITUTION [PRISONS]
(Proposal)

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1.0 PROJECT SUMMARY

Oscar Foundation Free Legal Aid Clinic Kenya (OFFLACK) is the sponsor and implementer of this project. It is a non-profit making foundation registered as an NGO in the Year 2005 with an organizational structure comprising the Board of Trustee, the Secretariat and an Executive Director who run the Foundation on a daily basis. The major concern of the Foundation is to address the plight of prisoners who cannot access proper health care facilities and legal assistance.

The Foundation whose head office is in Nairobi and an implementation office in Juba intends run its activities in collaboration with the Government of Southern Sudan through the Commissioner of Prisons of the Sudan. The Foundation has a strong working relationship with the Kenyan Prison's under the Office of the Vice President and Ministry of Home Affairs in Kenya and it is anticipated that the same will be replicated in Southern Sudan. It is evident that with the involvement of medical staff in prisons, coupled with high professional staff from the Foundation, the capacity to deliver services to the target group (prisoners) is no doubt an easy task.

Typical of densely populated prisons in Africa, Sudan's prisons are characterized by overcrowding (congestion). This is coupled with the fact that Southern Sudan had just come out of a long period of civil conflict resulting in the presence of many prisoners including child soldiers; The congestion results in inadequate restful sleep, fresh air and even comfort sitting hence stress and violence. Poor environmental conditions such as drainage, sanitary conditions, vector hazards and non-availability of adequate medical services causes high infection of malaria, TB and HIV/AIDS among the inmates, situation that has in the end resulted in increased cases of opportunistic diseases which include Tuberculosis, Pneumonia and Sexually Transmitted Diseases.

Though the Foundation addresses the plight of this special vulnerable group of prisoners who are who are normally forgotten by society by providing them with legal assistance and controlling the infections through preventive measures i.e. spraying their ward (rooms) to reduce pests, it faces an enormous task as it lacks sufficient resources like medical equipment, medicines, insecticides, administrative costs and other cots. In view of this, the Oscar Foundation will continue to lobby for additional funding to help manage the vice.

To empower the prisoners, Oscar Foundation aims to provide them with their basic rights among them, good health care by controlling the rapid spread of HIV/AIDS and Malaria which is a

common tropical killer. To achieve this, capacity building and regular visits to prison for outreach is very essential.

2.0 REGISTERED LOCATION OF PROJECT

The project is managed from the Oscar Foundation Head office in Nairobi located on the Ground Floor of China Centre along Ngong Road. However, the implementation of activities will be done on location in Sudan especially in Southern Sudan.

3.0 STATEMENT ON PROBLEM ADDRESSED

“There is a destiny that makes u brothers, none goes this way alone. All that we send into lives of others comes back into our own”.

The above is a quotation by Melisa Giovagloni in her book “Angels in the work place”. Honestly, a civilized community like Sudan cannot ignore the fact that a number of HIV/AIDS and Malaria infection in prisons is tremendously increasing. Even when the infection rates of HIV/AIDS has decreased in the world due to dispensation of antiretrovirals, the inmates’ infections rate is actually increasing and yet some of them are coming out into the community after serving their sentences to re-infect the innocent; nothing appears to be done to prevent them from spreading the disease while inside and outside the prison. The facts about HIV/AIDS phenomenon are visible, about 34.3 million people are living with HIV/AIDS in the world and 25 Million of these are in sub- Sahara Africa, and our inmates who are numbering are not an exception. In fact, drug abuse, rape and later on sodomy and lesbianism; due to long stay in prisons without their basic right of conjugal contacts with their spouses, coupled with the congested sleeping patterns where the old, middle and young sleep together, the inmate resort to sodomy and lesbianism, a situation that aggravates the spread of AIDS and since none of them wants to admit practice the same openly, it is hard to ask them to use condoms as this will again encourage the practice considered a norm.

Besides HIV/AIDS pandemic, many opportunities diseases are experienced by the victims among the inmates; among these diseases is Tuberculosis (TB). Tuberculosis is a very common opportunistic infection in persons who are HIV Positive or suffer from AIDS. In such a person, TB is often the first disease that develops when body immunity starts to decrease. This disease is very common among the inmates, though some inmates who are HIV/AIDS negative and staff

are victims to this disease due to congestion and the environmental conditions which are unhygienic i.e. sleeping places and dirty bedding; in fact many of the wardens contract TB in every Penal Institution, while over 60% of inmates are infected per year.

It is also the advent of HIV/AIDS epidemic and inter-relationships between HIV/AIDS and Sexually Transmitted Diseases (STDs) that has made STD an urgent public health priority. The presence of STD's greatly enhances the ability of HIV to be transmitted to an infected person. So chancroid, Chlamydia infection, gonorrhoea, syphilis and trichomoniasis may increase the risk of HIV/AIDS transmission may fold. Thus all efforts to limit the spread of HIV/AIDS must include a programme aimed at preventing and controlling the spread of Sexually Transmitted Diseases among prisoners. Incidentally, a number of STDs are reported in medical centres which serve the prisoners.

Though we do not have the exact figures on malaria infection rates, nobody can deny that it is a major killer disease in Sudan and other parts of the world, or prisons being no exceptions. Malaria is among the leading six tropical diseases that contribute significantly to human misery in the tropics and accounts for 20% of all hospital admissions and between 30-50% of out-patients. It is also a leading cause of anaemia among pregnant women. For prisoners, malaria accounts for 70% of all outpatients and admissions: Out of the 8-10 inmates who die daily in prisons 6-8 (80%) of them are as a result of malaria infections. Many factors contribute to rampant malaria incidents in prisons; first the prisoners are a vulnerable group who are totally forgotten by both the Government and the community in that during budgetary allocations, minimal resources are provided which are hardly sufficient for the prisoner's health care and coupled with a number of breeding sites for mosquitoes. Secondly the tendency by inmates not to keep their wards/rooms clean. Thirdly, there is obvious decay in authorities (government) control efforts in penal institutions by not providing adequate personnel, tools and equipment (lack of functional laboratories).

4.0 JUSTIFICATION OF PROPOSAL

Given the preceding scenario, the vulnerable group of these prisoners is unhealthy, poorly nourished and wears tattered clothing. Due to congestion, inmates lack basic physiological needs like adequate and restful sleep, fresh air and comfortable sitting. The congested environment, apart from being unhealthy is likely to predispose the inmates to stress and provokes violence, frequent collapses due to prolonged standing due to circulatory failure. Subsequently, common

diseases like malaria, respiratory infections, diarrhea diseases, skin diseases, intestinal worms, TB and HIV/AIDS becomes widespread thus causing the deaths of inmates.

Secondly, these inmates who are subjected to harsh hazards, once out of jail after completion of their sentences, become bitter and vengeful and the whole episode eventually breeds grave danger to the society at both local and national levels: -

- It breeds rape cases which increases HIV/AIDS infection rates.
- Increase of such inmates from prison threatens and/or undermines economic development as they seldom afford anti-retroviral and malaria drugs or any other contracted diseases while out of prison.

The scenario therefore calls for concerted effort by Oscar Foundation, Donors, Government and the community to assist this special vulnerable group of prisoners. This is the basis for the formation of the Oscar Foundation and commencement of this project.

5.0 OBJECTIVES OF THE PROJECT

“Man is not alone in the world and one cannot attain anything without the aid of another man. Nothing therefore is important to man than man”.

5.1 BROAD OBJECTIVE

The above quotation are words of philosopher Spinoza, therefore, with these words in mind, the broad objective of Oscar Foundation includes eradicating malaria in all prisons through both preventive and curative methods. On the other hand, control and reducing HIV/AIDS infection rates together with minimizing opportunistic infections as well as caring for the chronically ill victims. Subsequently, once released from prisons, the inmates can effectively contribute to the national economy.

5.2 SPECIFIC OBJECTIVES

- Quarterly fumigation of all prisons aimed at controlling vectors that cause death due to poor sanitary conditions which breed pests like mosquitoes, lice, cockroaches etc.
- Provision of improving the dilapidated prisons condition in southern Sudan

- Provision of impregnated permethrin “MBU” cloth to all penal institutions made of nylon, polyester impregnated with Permethrin chemical manufactured by WELLCOME Kenya Ltd. which is safe to man, locally available and can last for over six months before impregnation. It is based on WHO recommended use of permethrin impregnated fabrics.
- Penal institutions outreach (health education sessions).
- Provision of medicines to penal institutions, provision of tools and equipment i.e. HIV/AIDS, Malaria, STI and TB Kits.
- Care and support for the chronically ill in prisons.

5.2 PLANNED ACTIVITIES (STRATEGIES)

- Capacity building for the staff and selected inmates who will ensure sustainability.
- Recruitment of extra staff specifically for the project
- Purchasing of all the needed medicines, insecticides and equipments.
- Prompt diagnosis, fumigation and actual treatment of the ailment in question including VCT tests.
- Provision of MBU cloth for all prison and a few bed nets for female prisoner’s children who number about 49.
- Monitoring and Evaluation focusing on drugs effectiveness and/or resistance

6.0 PROGRAMME IMPLEMENTATION

The Programme will be implemented in four phases while others will run concurrently.

Phase I: Recruitment of Staff and/or resource persons

Though Oscar Foundation has a working relationship with the staff who work under it and who work with the inmates, the Foundation will nevertheless hire a few technical and managerial staff to facilitate projects implementation. These people will include medics, program officer and general staff.

Phase II: Capacity building, outreach and counseling

Oscar Foundation recognizes community participatory approach as the preferred way in the execution of community projects and consequently plans to train the staff and the committee members of the inmates who will be democratically elected by their own. Once trained, they will be expected to reach the larger population of the other inmates within their respective prisons.

The training will further inculcate and equip both the committee members with necessary skills and knowledge in counseling, social care, personal and environmental hygiene. Secondly, it is at this stage that our technical staff would hold open lectures and demonstrations in all the problems where all health education matters, including importance of taking the HIV tests, personal and environmental hygiene and positive living both psychologically, physically and socially be discussed. Basic primary health care should be imparted to all inmates including cleaning toilets, room cleaning and proper disposal of waste within their halls of residence. This kind of outreach should be a continuous exercise. It is at these meetings that causes of HIV/AIDS, Malaria counseling and their both preventive and curatives measures will be explained to all inmates.

Phase III:-Purchase of Medicine, Insecticides, tools and equipment

It is important to note here that the work of fumigation (spraying) aimed at controlling vectors which cause diseases in prisons is currently being carried out by the Oscar Foundation in conjunction with the prisons department. However the enormous resources required has made the process slow. With the support of the Government of Southern Sudan, the Foundation anticipates to purchase antiretrovirals for HIV/AIDS patients, anti-malaria tab, more insecticides and disinfectant and other medicines for opportunistic diseases including sanitary equipment and tools. Besides the tools and equipment which include:

Diagnostic kit for malaria consisting of microscopes, blood slides, needles and syringes, spirits and disinfectants, cotton wool, disposal packets and patient cards.

- Diagnostic kit for HIV/AIDS and opportunistic diseases like TB and STIs.
- Spraying equipment e.g. gloves and chemicals.
- Permethrin chemicals for impregnating “MBU” cloths.

Phase IV: Actual Diagnosis, VCT and Treatment of all ailments promptly.

The actual analysis of malaria, HIV/AIDS, Tuberculosis and STI's to commence and medicines be dispensed to patients while intensification of fumigation is emphasized. All inmates to undergo malaria parasite tests (MPs) and recommended for treatment. Every prison must have a VCT Centre and an equipped or functional laboratory and other equipments including enough medicines for its inmates population.

7.0 TARGET GROUP

All inmates and Wardens in the Southern Sudan are the targeted group.

8.0 METHODOLOGY

Many of the methods have been covered in the implementation section. However, the Foundation stresses frequent visits to these penal institutions to discuss with inmates while carrying out a quarterly exercise of spraying and carrying out mass malaria tests. Advocacy so that authorities set aside at least one day in every month meant for cleaning purposes. As discussed earlier, the Foundation will establish a partnership with all the medical staff working in all prisons so that projects are implemented while involving them.

For HIV/AIDS chronically ill patients, fellow inmates will be trained to take care of them as brothers and sisters. Single use (disposable) syringes, gloves and needles are recommended for client care and surgical procedures. Contaminated waste which involves blood, urine, body fluid and stool and other item like dressing materials; gauze, gowns, linen, blades, gloves and others are disposed off using containers without leaks and which are washed by concentration of 0.5% Jik when emptied.

9.0 MONITORING AND EVALUATION

The Oscar Foundation will carry out a continuous/periodical review and surveillance at every level of the hierarchy of the implementation of its activities to ensure that input, deliveries, work schedules, target outputs and other required actions proceed according to plan (monitoring). The purposes of this monitoring will be to achieve efficient and effective project performance by providing feedback to enable the Foundation Management to take timely corrective action in

case of shortfalls and constraints. Besides, evaluation which involves a process of determining systematically and objectively the relevance, effectiveness and impact of activities in the light of the Foundation's objectives, will be carried out at the end of implementation.

For technical monitoring, blood samples from the inmates will be taken for analysis to determine the decrease of malaria instances. Data will be collected to indicate the number of those seeking malaria treatment. If the number is reduced then the project will be seen as a success. Common clinical complaints reduction will be another indicator of malaria eradication success.