



FIFTH SESSION – EIGHTH PARLIAMENT

FIRST REPORT

**OF THE PORTFOLIO COMMITTEE ON HEALTH AND CHILD CARE ON
THE STUDY VISIT TO LESOTHO ON THE IMPLEMENTATION OF THE HIV
& AIDS PREVENTION PACKAGE IN PRISON SETTINGS.**

Presented to Parliament April, 2018

ORDERED IN TERMS OF STANDING ORDER No. 17:

- At the commencement of every session, there shall be as many committees to be designated according to government portfolios as the Committee on Standing Rules and Orders may deem fit.
- Each Select Committee must be known by the portfolio determined for it by the Committee on Standing Rules and Orders.

TERMS OF REFERENCE OF PORTFOLIO COMMITTEES S.O 20

Subject to these Standing Orders, a Portfolio Committees shall-

- a) Examine expenditure administration and policy of government departments and other matters falling under their jurisdictions as Parliament may, by resolution determine;
- b) consider and deal with all Bills other than a Constitutional Bill and Statutory Instruments or other matters which are referred to them by or under a resolution of the House or by the Speaker;

- c) consider or deal with an appropriation or Money Bill or any aspect of an Appropriation or Money Bill referred to them by these Standing Orders or by Resolution of this House;
- d) monitor, investigate, enquire into and make recommendations relating to any aspect of the legislative programme, budget, policy or any other matter it may consider relevant to the government department falling within the category of affairs assigned to them, and may for that purpose consult and liaise with such department; and
- e) consider or deal with all international treaties, conventions and agreements relevant to it, which are from time to time negotiated, entered into or agreed upon.

On Tuesday, 19th September, 2017, the Speaker announced that Committees of Parliament appointed in the Third Session of the Eighth Parliament would continue with their duties and functions pending appointment of Committees for the Fourth Session. The following Members serve on the Portfolio Committee on Health and Child Care:

Hon. Bhuda S.
Hon. Chibagu G.
Hon. Chikwama B.
Hon. Dutiro P.
Hon. Kachepa N.
Hon. Kwaramba G.
Hon. Dr. Labode R.
Hon. Madzinga P.
Hon. Mahiya M.
Hon. Majaya B.
Hon. Makweya M.
Hon. Mangami D.
Hon. Mapiki J.
Hon. Dr. Mataruse P.
Hon. Matuke L.
Hon. Matsunga S.
Hon. Mguni N.
Hon. Dr. Mombeshora D.T
Hon. Moyo L.
Hon. Mufunga A.
Hon. Muguti R.

Hon. Munengami F.
Hon. Muzondiwa E.
Hon. Ndlovu B.
Hon. Ndlovu M.S
Hon. Ndoro L.
Hon. Nkatazo M.M
Hon. Nkomo M.
Hon. Nyamupinga B.B
Hon. Shava J.
Hon. Sibanda P.D
Hon. Sibanda L.
Hon. Simbanegavi Y.
Hon. Toffa J.
Hon. Tongofa M.
Hon. Tshuma D.
Hon. Vutete M.
Hon. Zhou P.
Hon. Zwizwai M.

Hon. Dr. Labode to be Chairperson

1.0 Introduction

- 1.1 The study visit to Maseru, Lesotho was conducted following a resolution that was made by both the Portfolio Committee on Health and Child Care and the Thematic Committee on HIV and AIDS at a workshop in June 2017. The purpose of the study visit was to afford the Members of Parliament an opportunity to learn from Lesotho Correctional Services about provision of prevention commodities for prison inmates. To this end, the United Nations Office on Drug and Crime (UNODC) sponsored four (4) Members of Parliament together with two (2) representatives from the Zimbabwe Prisons and Correctional Services (ZPCS), one (1) official from the Ministry of Health and Child Care, two (2) representatives from NAC and one (1) representative from UNODC. Parliament of Zimbabwe's delegation comprised of: Hon. Sibanda D.P, Hon. Mapiki J., Hon. Sen. Mumvuri D.D.E and Hon. Sen. Chimhini D.A. The study visit was undertaken from the 11th to the 15th of September, 2017.
- 1.2 Following its findings during the study visit, the delegation made a resolution to hold a follow up meeting to share information and experiences of the study tour with other Members of Parliament who did not undertake the study visit to Lesotho. Accordingly, a follow up meeting on Lesotho Study visit was conducted from the 1st to the 5th of November 2017, at Cutty Sark Hotel, in Kariba. This report is a summary of the findings of both the study visit to Lesotho and the follow up meeting in Kariba.

2.0 Objectives of the Tour

The objectives of the tour were as follows:

- i. To understand the implementation of comprehensive HIV & AIDS prevention package in prison settings.
- ii. To appreciate the operating environment in the Lesotho Correctional Services as well and to gather evidence on the efficacy of HIV prevention services and commodities in prison settings.
- iii. To strengthen Members' policy oversight, with particular focus on provision of comprehensive HIV services and commodities.

3.0 Methodology

The approach of the tour was in two phases: the first day was a meeting with stakeholders who work with the LCS in HIV and AIDS programming and the other two days were tours to two correctional facilities. One facility was a fairly medium sized whilst the other was a much bigger Maseru Central Prison. All their facilities have a complement of all health staff except Medical Doctors whom the LCS has failed to recruit over the years.

4.0 Key Findings

4.1 The Lesotho Correctional Services (LCS) has a comprehensive HIV and AIDS programme which provides prevention commodities, including condoms to both staff and inmates. Currently, the LCS has been implementing the Minimum standards on health for prison settings since 2010. The standards include 15 key intervention strategies which are as follows:

- i. Information, Education and Communication;
- ii. Condom Programmes;
- iii. Prevention of sexual violence;
- iv. Drug dependence treatment, including Opioid Substitution Therapy;
- v. Needle and Syringe Programmes
- vi. Prevention of transmission through medical and dental services
- vii. Prevention of transmission through tattooing, piercing and other forms of skin penetration,
- viii. Post-exposure Prophylaxis;
- ix. HIV testing and counselling;
- x. HIV treatment, care and support;

- xi. Prevention, diagnosis and treatment of TB;
- xii. Prevention of Mother to child transmission of HIV;
- xiii. Prevention and treatment of sexually transmitted Infections;
- xiv. Vaccination, diagnosis and treatment of viral hepatitis; and
- xv. Protecting staff from occupational hazards.

3.2 However, regarding the provision of condoms to inmates, the LCS recognizes that sodomy is an offence under the country's laws, hence technically they do not provide condoms but make condoms available to inmates. This technicality is supported by an administrative directive to the Commissioner of Lesotho Correctional Services which gives him powers to ensure condoms are available to inmates. The condoms and lubricants are put in "public areas" and other strategic areas within the correctional facility. As sexual relationships in correctional facilities remain a criminal offence it is difficult to find used condoms hence no one is really aware of how used condoms are disposed of although there is evidence that condoms are being collected on a regular basis.

3.3 The Zimbabwe delegation was given an opportunity to interact with inmates and staff at Maseru Central Prison as well as prison staff at the other facility to allow discussions on common health issues affecting their stay in prison, work and Health & HIV programming for inmates. The tour ended with a debriefing meeting at Maseru Central Prison. Thereafter, the delegation deliberated and resolved to share experiences from the study visit.

3.6 Follow up Meeting on Lesotho Study Visit

3.6.1 Pursuant to the above resolution, the UNODC in conjunction with NAC organised a feedback meeting which was held from the 1st to the 5th of November 2017, in Kariba. This was to afford the delegation that went to Lesotho an opportunity to present its findings and experiences of the study visit. The workshop participants included Members from the following Committees:

- Portfolio Committee on Health and Child Care;
- Portfolio Committee on Justice, Legal and Parliamentary Affairs; and
- Thematic Committee on HIV and AIDS.

3.6.2 The workshop was aimed at deliberating on comprehensive HIV and AIDS prevention strategy, borrowing from the Lesotho study visit on HIV prevention in correctional institutions. Of interest to note during the workshop was the presentation on the findings in the report *on Assessment of HIV Prevalence and Risk Behaviours among the Prison Population in Zimbabwe*. The report provides baseline information from a cross sectional survey which was carried out throughout the four administrative regions of the Zimbabwe Prison Service in 2011. The four administrative regions were: Matebeleland region

(Mat.North & South and Bulawayo); Manicaland (Manicaland and Mash. East); Mashonaland (Mash. West, Central and Harare) and Mid-Masvingo (Masvingo and Midlands). The main aim of the study was to establish the HIV prevalence and risk behaviours among the prison population in Zimbabwe. The following are some of the findings in the report:

- i. Overall HIV prevalence among prison inmates is at **28%** with female inmates having a prevalence of (39%) while that for male inmates was at **26.8%**
- ii. According to the research findings eighty percent (80%) of the inmates reported that there is high risk of TB transmission in prisons .Seventy percent (70%) of the respondents reported that there was no risk to STIs transmissions. More than thirty (35%), of the inmates indicated that they were at risk of contracting HIV.
- iii. Knowledge of HIV and its causes is quite high among prison inmates. However there are still some inmates who think that HIV can be transmitted by sharing utensils (over 20%), kissing (over 40%), mosquito bites (30%) and shaking hands (just below 10%).
- iv. Close to 20% of the inmates interviewed reported that most prisoners use Mbanje in prison, as compared to an average of about 5% who reported that most prisoners use alcohol and other illicit forms of alcohol. Less than 5% of the respondents reported that most prisoners use Ecstasy, Cocaine and LSD
- v. About 85% of the respondents reported psychological violence, 70% physical violence and just below 40% sexual violence in the prisons. 64.3 % (1406) of the inmates acknowledge that there is negotiated sex among prisoners. However, only 17% (372) of the inmates interviewed acknowledged that there is negotiated sex between prison inmates and prison officers. 43 % (700) of the respondents acknowledged that some prisoners provide sex in exchange for goods such as food, blankets, toothpaste and other services. However, only 4.1% of the inmates admitted to engaging in transactional sex in prison.
- vi. 36,2% of the males reported that most inmates who indulge in homosexuality negotiate and agree compared to 1.1% of the females who agreed that it happens among female inmates. 32,4% said that it is not always that inmates agree, however only 8,1% females reported that it sometimes happens. 19% male inmates reported that negotiated sex never happens among inmates compared 80% females who responded likewise. 11,5% males expressed ignorance of negotiated sex as compared to 10,8% females.
- vii. The bigger prisons which have more people seem to account for the significant numbers of prison inmates who are HIV positive. These are Harare Central, Chikurubi maximum and Khami.
- viii. There is lack of clear policies and legal frameworks on prevention strategies among incarcerated populations in Zimbabwe.

3.7 The following are the resolutions that were made at this workshop:

1. ZPCS should expeditiously conduct incidence survey on HIV transmission in prisons to come up with scientific evidence required for HIV and AIDS comprehensive package programming in Zimbabwe prison settings by June 2018.
2. Ministry of Justice, Legal and Parliamentary Affairs should strive to decongest prisons by utilising restorative justice and reclassification of inmates by December, 2018.
3. Portfolio Committees to call the MoHCC with regards to the revival of the Mental Health Review Tribunal Board by February, 2018.
4. Government should Strengthen Coordination between MOHCC, NAC and ZPCS through regular meetings by December 2018.
5. Parliamentarians to ensure that there is coordination of HIV policies from police, prisons and the judiciary by December 2018.
6. The Portfolio Committee on Health and Child Care should vigorously lobby the Ministry of Finance and Economic Development to allocate 15% of the 2018 national budget to the MoHCC in line with the Abuja Declaration to enable improved health service delivery in the country.
7. The Portfolio Committee should continue to lobby for the Public Health Bill to be brought to Parliament by January, 2018.
8. Government should develop a safety and infection control policy for ZPCS by December 2018.
9. The Parliamentarians should lobby for the review of Section 79 of the Criminal Law Codification and Reform Act regarding the willful transmission of HIV by June 2018.
10. NAC and UNODC should organize another meeting to review progress on the above resolutions by February 2018.

4.0 Recommendations

In light of the foregoing, the Portfolio Committee on Health and Child Care recommends that the MoHCC should come up with a policy to enable prison inmates to access condoms and lubricants by December 2018.

The Committee also recommends that the MoHCC sets up GeneXpert machines in prison settings to test for tuberculosis by October 2018.

The Committee further recommends for the provision of other important health equipment and medical supplies in prison settings by December 2018

5.0 Conclusion

As Zimbabwe strives to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS related deaths, it must leave no one behind. Thus, by protecting the inmates, the country will be protecting its society for prisoners are a community, they come from the community and they will return to the community.