HEALTH PROMOTION IN DETENTION THROUGH PEER-BASED INTERVENTIONS

HEALTH CARE IN DETENTION: GUIDANCE DOCUMENT

REFERENCE

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FOREWORD

Despite the care that has gone into its preparation, the guide might contain errors. The authors would be grateful for any corrections that readers might want to send. They would also welcome comments and suggestions for improvement, as the guide should evolve in step with changes in the field.
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INTRODUCTION

At present, almost 11 million people are being held in penal institutions throughout the world: rates of detention have never been higher.[1] This has, of course, led to a proportionate rise in the need for health care in places of detention.

The International Committee of the Red Cross (ICRC) carries out a broad range of activities to address the problems affecting detainees – both their causes and their consequences – in a tangible and effective way; the aim is to ensure that people deprived of their liberty receive humane treatment.[2] The Health Care in Detention team at the ICRC's headquarters in Geneva provides support for doctors and nurses to ensure that all detainees have access to the health care they need. It also helps local detention staff to meet certain minimum standards for health-care provision, and negotiates with penitentiary authorities for the clinical independence of detention health staff. Most of the ICRC's current health-related activities in detention are related to curative care; health promotion receives less attention. This will, however, change in coming years. Health promotion in places of detention will become a matter of priority; it will take a more people-centred approach and will actively involve people deprived of their liberty,[3] in accordance with the ICRC's institutional strategy[4] and its related health strategy.

TARGET AUDIENCE

This document is intended for ICRC personnel seeking to implement health-promotion activities through peer-based interventions at places of detention. It is a practical guide that sets out the various steps that have to be taken at every stage of an intervention.

1 Roy Walmsley and the Institute for Criminal Policy Research, *World Prison Population List*, 12th ed., 2018.

2 ICRC, "The ICRC's action in favour of people deprived of their freedom: Framework of reference", 2011.

3 The ICRC has developed a number of tools and methodologies for community-based protection. See the list of references for more information.

4 ICRC, *ICRC Strategy 2019–2022*, ICRC, Geneva, 2018.

RATIONALE

The document seeks to acquaint ICRC staff working in places of detention with the best methods available. The approach taken here involves a paradigm shift, from a “pathogenic deficit model” of medicine – in which health is regarded purely in biomedical terms – to a “salutogenic model”, which takes into account various social and environmental determinants of health.[5] The Ottawa Charter for Health Promotion – an agreement signed at the First International Conference on Health Promotion, which was organized by the World Health Organization (WHO) in 1986 – led to the development of a series of “setting-based” health-promotion strategies, such as the Health Promoting Prisons movement. Since 2002, a number of countries have introduced health-promotion programmes in prisons; and many penitentiary administrations now use the WHO’s definition of health – “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” – to tackle public-health issues in prisons.

The approach proposed in this document **will enable the ICRC, even more than before, to put people deprived of their liberty at the centre of its detention-related activities.**[6] The approach is based on the idea that many determinants of health can be tackled and improved, regardless of whether they are purely medical or linked to elements of the detention environment. Two important points must be kept in mind:

- Health promotion, through peer-based interventions, in prisons requires the active participation of the people deprived of their liberty, because it seeks to involve them in creating change over time.
- Many other peer-based initiatives related to health promotion have already been undertaken throughout the world.[7] This document seeks to help ICRC doctors and nurses engage detention officials and detainees on their health and well-being.

5 Lidia Santora, Geir Arild Espnes and Monica Lillefjell, "Health promotion and prison settings", *International Journal of Prisoner Health*, Vol. 10, No. 1, 2014, pp. 27–37.

6 The ICRC’s detention-related work has two aspects: monitoring the situation of people deprived of their liberty; and designing and implementing activities in response to the problems they experience. See ICRC, "The ICRC’s action in favour of people deprived of their freedom: Framework of reference", 2011, p. 24.

7 For instance, the EcoSólidos project to recycle waste at the La Joyita prison in Panama, which was begun by a group of detainees. Information on the project is available online.

These are some of the benefits of the approach described in this document:

- It is culturally and contextually appropriate, and delivers the message from within the place of detention. Many writers on the subject argue that peers, because of their lived experience, have a greater capacity for empathy, are less likely to be judgmental, and can be more understanding.[8]
- It is economical and makes the best use of the resources available in the detention setting. However, it should never be regarded as a replacement for curative care.
- The effectiveness of peer-based intervention at the detainee and community levels has yet to be established: more evidence is required in this connection.[9] However, the evidence available indicates that being a peer worker leads to better health[10] and greater empowerment.

8 Jane South *et al.* "A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons", *BMC Public Health*, 15:290 (2015).

9 S. B. Rifkin, "Examining the links between community participation and health outcomes: A review of the literature", *Health Policy and Planning*, 29 (Suppl. 2), October 2014.

10 Jane South *et al.* "A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons", *BMC Public Health*, 15:290 (2015).

WHAT IS A PEER-BASED HEALTH INTERVENTION?

A peer-based intervention is:

- **A consultative and participatory process** in which a group of people selected from a specific population – in this case, people deprived of their liberty – express their health concerns freely, reflect on them and get help to find adequate solutions. People deprived of their liberty live with their health-related issues and should be given the opportunity to express their concerns.
- **An established space** where common health problems are:
  - treated as issues of public health.
  - given appropriate solutions by members of the population in question, detainees in this case. These solutions are strengthened by the prison authorities and health staff; the ICRC serves as a facilitator.

The **general objective** of peer-based interventions in places of detention is to promote the health and well-being of people deprived of their liberty.

The **specific objectives** of an intervention will depend on the context and on the needs identified by a committee of peers. They will be determined at an early stage of the implementation process, after a peer committee has been set up. Objectives may be related to issues such as those listed below:

- improving adherence to treatment protocols, and thus mitigating the risk of complications and resistance to antibiotics
- improving personal hygiene (by distributing toothbrushes, miswak sticks, etc.)
- reducing the incidence of disease
- taking care of the most vulnerable members of a prison's population (the elderly, disabled people, drug addicts, people with eating disorders or people refusing food, people with non-communicable diseases, etc.)
- raising awareness among staff and detainees of the measures to take during a disease outbreak
- motivating and supporting new detainees
- disseminating informational materials to promote health
- promoting activities related to care and support for sick detainees
- implementing proper waste-management activities, including – whenever possible – recycling

Please note that the issues listed above are only examples. The peer committee will choose whatever is most pertinent.

DOES THIS APPROACH SUIT MY CONTEXT?

A typology of peer-based interventions has been developed,[11] and it identifies three types: *peer support, peer mentoring* and *peer education*. The intervention described in this document conforms largely to the *peer education* type.

Peer education: Peer education in prison settings aims to increase knowledge and awareness. It involves communication, information sharing and skills development among detainees, to increase knowledge, raise awareness, or change behaviour. Peer-education interventions usually involve a training component for detainees recruited as peer educators, which may also have direct health benefits for those individuals.

Peer support: Peer support in prison settings involves peer-support workers providing social or emotional support, or practical assistance, to other prisoners, together with other forms of health-related peer support.

Peer mentoring: The term 'mentoring' describes a relationship between two individuals in which one acts as an example and supports the personal or professional development of the other. In a prison setting it involves the establishment of affirmative relationships between individual prisoners and ex-prisoners, usually with the primary purpose of guiding the personal development of the former and supporting their successful transition from prison life after their release.

Peers are expected to educate and raise awareness among other prisoners – for example, through information sessions on preventing HIV/AIDS and other diseases, communicable and non-communicable. They are also expected to play a role in bringing health-related issues to the attention of the mediator of the peer committee; the objective in doing so is not always to effect behavioural change.

To determine the pertinence or suitability of an intervention, a number of factors have to be considered. This will be discussed next.

11 Jane South, Anne-Marie Bagnall and James Woodall, "Developing a typology for peer education and peer support delivered by prisoners", *Journal of Correctional Health Care*, Vol. 23, No. 2, 2017, pp. 214–229.

SITUATIONAL ANALYSIS FOCUSING ON HEALTH PROMOTION

Usually, a broader situational analysis – or prison assessment – as set out in the ICRC manual titled *Health Care in Detention: A Practical Guide*,[12] and in accordance with the ICRC's results-based management approach, will already have been made.[13] The elements of situational analysis listed below concern health promotion specifically. The situational analysis is perhaps the most important step: it will enable you to assess the pertinence or usefulness of an intervention to your context. The questionnaire in the annex – "Should I consider a peer-based intervention?" – will enable you to carry out a more comprehensive assessment of the situation in a prison. Here are the factors to consider while analysing the situation in a particular prison:

- **Type of prison:** Is it a high-security prison? If it is, can an intervention be carried out even though people are not allowed to move about freely within the prison? If it is a remand prison, would all detainees be able to benefit from the intervention, regardless of where they are in the prison (for instance, if they are segregated from the rest of the population)?
- **Detainee turnover:** When are the potential members of the peer committee likely to be released? In the short, the middle or the long term? The rate of detainee turnover rate is an important element of any situation analysis. Detainees serving their sentences and pre-trial detainees – in prisons holding both groups – might not present the same kinds of problems. One way of dealing with a mixed population of detainees is to use a guaranteed future presence of six months in the prison as a minimum qualification for selection to the peer committee. It is important for detainees to see what they have achieved and to get the necessary recognition from their fellow inmates.
- **Support from the community:** Can the intervention find support from outside the place of detention? Can supporters be found among local authorities, businesses, non-governmental organizations (NGOs), religious groups, and detainee associations or support groups?
- **Interest in health-promotion activities, and support for them, among all stakeholders:** Are all stakeholders interested in and supportive of health-promotion activities?

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12 ICRC, *Health Care in Detention: A Practical Guide*, ICRC, Geneva, 2015.

13 See the Wikipedia entry: *https://en.wikipedia.org/wiki/Results-based_management*

- **Practices related to health and well-being in the prison and in the surrounding community:** Do such practices exist?
- **Power and influence at the place of detention:**[14] Who exercises influence over the detainees? What are the power dynamics within the prison? Do these detainees have the potential to become peer educators? Might an anthropologist be able to provide useful assistance?
- **Language and education:** Are most of the detainees literate? Do they speak the same language? Are there foreigners among them?
- **Common health problems and public-health issues:**[15] How are these assessed and documented by the health staff? What do the detainees and the prison staff think? Identifying common health problems is important. Between five and ten problems or issues should be identified.

THE ICRC'S MULTIDISCIPLINARY APPROACH AT PLACES OF DETENTION

This intervention should be incorporated in the delegation's detention strategy. It must combine the efforts of protection and assistance delegates – as it falls under the activities targeted at people deprived of their liberty – and those of communication delegates as well. It is absolutely essential – in fact, a precondition for any intervention – that the relevant authorities embrace the initiative: it might be necessary to make the idea attractive, even though the setting is a prison. All ICRC detention delegates should be mobilized in the early stages of the process: this, too, is crucial. The initial prison assessment should provide a cross-disciplinary view of the functioning of the prison system and the services – such as health care – and infrastructure that play a role in detention.[16]

14 Frédéric Le Marcis, "Life in a space of necropolitics: Toward an economy of value in prisons", *Ethnos*, Vol. 84, No. 1, 2019, pp. 74–95.

15 A "common health problem" is something that affects many people at the place of detention (malaria, violence-related injuries, etc.). A "public-health issue" may be either a common health problem or a determinant of health. Determinants of health are the factors that affect the health of individuals and communities (poor access to care, idleness, overcrowding, etc.).

16 See ICRC, "The ICRC's action in favour of people deprived of their freedom: Framework of reference", 2011, p. 26.

All the factors listed above can be analysed through direct observation, individual interviews with key informants, brainstorming, focus-group discussions, and by reading documents or articles. A number of resources are available online, such as the KAP (knowledge, attitude, practices) Survey.[17] This step – the analysis – is a safeguard and should be mandatory before any planning is done. Potential peers within the prison might have very different concerns, and might be psychologically incapable of discussing or reflecting on the factors that determine their health (which might be the case if, for instance, ill-treatment or torture is a common practice in the prison and nothing is being done to address it).

STAKEHOLDER ANALYSIS THAT INCLUDES THE ICRC

Mapping all the stakeholders, including the ICRC, is a necessary step in understanding the dynamics within a place of detention.[18] Health-promotion activities are usually aimed at detainees, but it is of the utmost importance to include prison staff as well, because they, too, will benefit from these activities and will also carry the messages to others. For a peer-based intervention to be successful, those who have been selected for it must participate actively and must adhere to a way of thinking that might be new and unfamiliar to them.

A number of different stakeholders might be identifiable, such as:

- **people deprived of their liberty:** the backbone of this intervention. The size of the prison population matters, but we suggest keeping things simple: there should be no more than ten people in the beginning, all of them willing to be part of the group.
- **prison staff:** experience has shown that interventions might run into resistance from prison staff, especially when they don't fully understand why the initiative is being undertaken or what the process is.

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17 Médecins du Monde, *The KAP Survey Model: Knowledge, Attitude & Practices*, 2011: *https://www.medecinsdumonde.org/en/actualites/publications/2012/02/20/kap-survey-model-knowledge-attitude-and-practices*

18 A methodology for mapping stakeholders can be found here: *https://collab.ext.icrc.org/sites/TS_ASSIST/_layouts/15/WopiFrame.aspx?sourcedoc=/sites/TS_ASSIST/activities/HEALTH/PHC/00_To_Start_This_PHC_Database/RBM_Cycle/Empathy%20mapping%20ICRC%20only.pptx&action=default*. Additional information can be found in ICRC, *Health Systems and Needs Assessments in Prisons: A Practical Guide and Toolkit*, ICRC, Geneva, 2018.

- **health staff:** the nature of health-care provision at the place of detention should also be taken into account. Do doctors visit inmates in their cells? Is the health facility within the place of detention or outside?
- **penitentiary authorities and government ministries.**
- **NGOs, charities, and religious organizations:** support for vocational training and education can enable detainees to acquire skills and certification.
- **the ICRC** and National Red Cross and Red Crescent Societies.

BRINGING PRISON STAFF ON BOARD

The intervention should be led by prison health staff, whenever possible. Its relevance and usefulness – to their own work – must be explained to them. Local health staff should be urged to become focal points at their places of detention. Penitentiary authorities, including senior officials, and prison health staff must cooperate closely: this is crucial. Setting aside sufficient time and resources (financial and human) is also very important, in order to ensure that activities can be followed up from the beginning. Health promotion is most effective when senior officials provide active and continuing support for it. This issue of commitment has been identified as vital for the success of health-promotion activities.

THE ICRC: POTENTIAL ROLES AND ACTIVITIES

What role can the ICRC play in a health-promotion project in a prison setting? The following are examples drawn from past experience:

- "Bridging the gap between inside and outside":[19] The ICRC can bring together different stakeholders interested in working at places of detention: local communities, NGOs, private firms, etc.
- Health-promotion activities have been undertaken without the ICRC's support, but the ICRC has had a hand in launching many of them. Through its privileged dialogue with the authorities and community health services, the ICRC can advocate the value and usefulness of a given project.

19 This phrase was used in connection with the EcoSólidos project in Panama. See: *https://www.icrc.org/es/document/panama-ecosolidos-un-problema-transformado-en-oportunidad*

- By bringing together people deprived of their liberty and giving them an opportunity to talk freely about their problems, the ICRC makes itself accountable to a group of people who might be counting on the organization's ability to bring about positive change. The ICRC can help prison authorities, prison health staff and detainees get a project off the ground. The project can then be handed over to them; when necessary, a fourth party can be mobilized to help them.

WHAT IS THE PROCEDURE FOR IMPLEMENTATION?

As has already been mentioned, the situational analysis will reveal the existence of between five and ten health problems or health determinants. Health-promotion activities are a tool to tackle these problems or issues. After the authorities have given their consent, and after prison staff, the ICRC and the project managers have obtained the commitment of all stakeholders – and feel secure about the reliability of this commitment – the project can be set in motion.

STEP 1: PEER SELECTION AND CREATION OF HEALTH-PROMOTION COMMITTEE

SELECTION CRITERIA

The peer selection process is decisive. The recommendation is to involve as many people as possible: prison health staff, prison management, security staff, social workers and/or prison education staff. The number of peers selected doesn't depend on the size of the prison population, and a maximum of ten peers should be selected. Anyone else who has shown a willingness to take part in the project should also be considered – not for the health-promotion committee necessarily, but for some other role in the project. Peers **are not health workers**.

The people selected should meet at least some of the following criteria:

- They should have the acceptance and respect of all the other inmates.
- They should be motivated and willing to work with the entire detainee population.
- They should have the time and energy necessary.
- They should be literate and able to communicate with their peers.
- They may themselves have encountered an issue at the place of detention, and thought about possible solutions.
- They may themselves be affected in some way – by illness, for instance.
- They should have demonstrated initiative and a capacity to influence people.
- Other:____

ADVERSE EFFECTS OF POWER AND INFLUENCE IN PRISON

Prison life is ruled by the interplay of various influences, hierarchies and organizational relationships, both formal (between prisoners and staff) and informal (between inmates or among staff members). The peer selection (or invitation) process is likely to disturb the fragile equilibrium existing in a prison: first, because it differentiates between detainees; and second, because it ends by giving some detainees more rights than others (e.g. permission to circulate in hallways). ICRC staff interested in promoting health through peer-based interventions should keep in mind the potential consequences of selecting and training peer educators.[20] These consequences are twofold: detainees might abuse their position of trust (e.g. by distributing contraband);[21] and they might also come in for criticism and abuse from other prisoners, based on the erroneous perception that they have transferred their allegiance to prison staff.

A code of conduct – for the peers who have been selected – can be drawn up to mitigate these adverse effects.

20 Jane South *et al.* "A qualitative synthesis of the positive and negative Impacts related to delivery of peer-based health interventions in prison settings", *BMC Health Services Research*, 16:525 (2016).

21 James Woodall *et al.* "Expert views of peer-based interventions for prisoner health", *International Journal of Prisoner Health*, Vol. 11, No. 2, 2015, pp. 87–97.

CREATION OF THE HEALTH-PROMOTION COMMITTEE

The aim of establishing a health-promotion committee is to bring together the various stakeholders to reflect on issues they have encountered. It also gives them an opportunity to discuss the health problems identified by the situational analysis mentioned above. The main role of the committee, however, is to validate the proposals made by the peers. The composition of the committee is shown in the figure below.

Figure 1. Peer-based Intervention Management Structure

STEP 2: SELECTION AND PRIORITIZATION OF HEALTH PROBLEMS BY PEERS

The core idea of this approach is to have detainees reflect critically on their situation and think about possible solutions, which will create a cycle of action–reflection–action. The sustainability of the initiative depends on peers having a sense of ownership of it. In this connection, it might be helpful to decide on a set of ideas – a philosophy, so to speak – on which to base the project, and to select an emblem or logo for the project. The project is likely to have a significant impact on the ethos of the place of detention, and that should always be kept in mind. At this point – when problems are being selected and prioritized – it is important that peers speak freely about their concerns, which is why prison staff should kept out of the preliminary discussion of the issues to be tackled. However, to guarantee their approval and support, they should be brought into the process as soon as possible.

PARTICIPATORY LEARNING AND ACTION: TOOLKIT AND METHODS

The ICRC detention doctor or nurse, and other health professionals, will play a key role in identifying and prioritizing the issues to be addressed by a health-promotion activity. A balance should be found between what the detainees would like to tackle and what is feasible. This requires everyone to **work in a participatory manner**. A participatory approach goes beyond consultation: it "promotes the active participation of communities in the issues and interventions that shape their lives".[22] Focus-group methodology can help to build consensus and create a common language, as it were, but it is only one of the many different tools and visual methods for facilitating collective thinking and learning; there are many others, such as maps and problem trees.[23] It is of the utmost importance to think about the choice of tools to enable active participation.

The problems and issues to be tackled can be chosen on the basis of a number of different criteria, such as the severity of the problem (for instance, disability), its extent, and its consequences (social, economic, etc.). The health-promotion activity should provide an answer to the following questions:

- What is the issue at stake? From the five to ten common health problems identified, prioritize no more than three, and then do an in-depth analysis of the priorities (problem tree, determinant, consequences) with the detainees.
- How will health promotion address it? Some of the determinants might already have been dealt with by other means, and there is no need for the health-promotion project to tackle them.
- What is the time frame?
- How often will the meetings on health promotion, among peers or between peers and the target audience, be held?
- What is the target group? Do we expect the entire prison population to participate?

22 Sarah Thomas, "What Is participatory learning and action (PLA): An introduction", 2004.

23 Additional tools and methods can be found on the website of the International Institute for Environment and Development: *https://www.iied.org/participatory-learning-action*.

Prioritization is done on the basis of pre-defined criteria and through negotiations among the various parties involved: mainly detainees, health professionals, prison staff, and the ICRC. It should result in a short list of no more than three common health problems.

FRAMING THE DISCUSSIONS

The ideas come from the people deprived of their liberty. The facilitator of the project – either the ICRC or the prison's health staff – must discuss the feasibility of their proposals with them, candidly and openly, to prevent any later frustration. Staff should ensure that discussions with the peer committee are confined to the matter at hand, and not used to report other issues. This can be especially difficult if the issues in question concern torture and ill-treatment; when that is the case, alleviating the suffering of the people affected and putting an end to the misconduct should take precedence over everything else (see the chapter on procedures for implementation).

At the end of this step, you should have:
- an objective
- a target audience
- time and space for the project.

STEP 3: PLANNING WITH PEERS

The planning part will help you to establish the workflow of your intervention. The methodology should follow the typical project-management cycle: logical framework, general and specific objectives, and monitoring and evaluation. Activities can be implemented after the specific objectives have been agreed upon and regular meetings scheduled. Planning should include the following:
- defining the activities necessary to reach the objectives
- allocating resources: it should be kept in mind that a budget will be needed for buying training supplies (teaching tools, promotional materials, etc.), providing incentives, and for meeting other expenses[24]
- implementing activities and monitoring them
- providing feedback to stakeholders
- dealing with the turnover rate among committee members.

24 The issue of providing incentives for people deprived of their liberty is a sensitive one. Whether such incentives should be provided will depend on the potential reactions of the penitentiary authorities or other actors; in any case, the issue should be discussed in advance with the ICRC team.

Numerous factors militate against inmates taking part in such projects or persisting with them. There are a number of strategies to prevent peers from dropping out, but the context will determine each one's suitability.

NOTE

The next two steps – implementation and monitoring and evaluation – have been left out deliberately. Health-promotion activities follow the project cycle described in the ICRC's *EcoSec Handbook: Planning, Monitoring and Evaluation* (2018)[25], and should be implemented in line with it.

25 ICRC, *EcoSec Handbook: Planning, Monitoring and Evaluation*, ICRC, Geneva, 2018.

ANNEX

SHOULD I CONSIDER A PEER-BASED INTERVENTION?

1. What are the health problems? ____________________________________

2. Have past health-promotion activities been successful in tackling them?
   [ ] Yes
   [ ] No

3. What is the objective of the project? _______________________________

4. What is the target audience? What types of detainee? _______________

5. Will it be possible to attract and maintain the interest of prison authorities?
   [ ] Yes
   [ ] No

6. Will it be possible to attract and maintain the interest of health staff? Do they have time to spare?
   [ ] Yes
   [ ] No[26]

7. Will it be possible to attract and maintain the interest of the ICRC delegation?
   [ ] Yes
   [ ] No

8. Are there people deprived of their liberty at the place of detention with the time, the ability and the willingness to work as peer educators?
   [ ] Yes
   [ ] No

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26 If the answer is "no", a peer-based intervention may not be appropriate. This applies to some other questions as well.

9. Will the prison authorities allow them to attend peer-committee sessions?
   [ ] Yes
   [ ] No

   If the answer is "no", can the prison authorities be persuaded about the usefulness of the process?

10. What will the peers need to meet the objectives?
    [ ] Initial training
    [ ] Refresher training and continuous education
    [ ] Educational and promotional materials
    [ ] Supervision
    [ ] Meeting space
    [ ] ____________________

11. Can any of the stakeholders provide these necessities?
    [ ] Yes
    [ ] No

12. Will the members of the committee need incentives to participate?
    [ ] Yes
    [ ] No

    If "yes", what types of incentive will they need?
    [ ] Cash incentives
    [ ] Certificate of participation
    [ ] More time outside their cells (in the open air – and even outside the place of detention)
    [ ] T-shirts, hygiene kits, etc.
    [ ] Other: ____________________

13. Can the ICRC or someone else provide these incentives?
    [ ] Yes
    [ ] No

14. Can the ICRC guarantee support for peer members and regular contact with them, in case they encounter challenges or obstacles to their work?
    [ ] Yes
    [ ] No

15. What type of facility is the place of detention under consideration? ___

16. Is this intervention suitable for the circumstances?
    [ ] Yes
    [ ] No

17. Is there a risk of peers being subjected to discrimination because of their involvement in the project?
    [ ] Yes
    [ ] No

18. Is there a risk of peers taking advantage of their position?
    [ ] Yes
    [ ] No

19. Can some other actor – private firm, local NGO, National Red Cross or Red Crescent Society, etc. – provide support as well?
    [ ] Yes
    [ ] No

20. *Other?*

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ACKNOWLEDGEMENTS

This guide was developed by Dr Siaka Konate and Tom Fereol of the ICRC's Health Care in Detention Programme.

Valuable comments and suggestions were provided by the following: Dr Amalid Chebly; Dr Carole Dromer; Dr Elena Leclerc; Dr Elias Saad; Dr Judith Herrera; Natalie Deffenbaugh of the ICRC's Unit for Persons Deprived of their Liberty; Dr Robert Charles Parterson; Vincent Ballon, Head of the ICRC's Unit for Persons Deprived of their Liberty; and Dr Ziad Tome.

The ICRC would also like to express its gratitude to Irène Aboudaram of Médecins du Monde - France, and Yves Chauchaix of the Centre Hospitalier Universitaire Grenoble Alpes, for their assistance.

The guide is dedicated to Tom Fereol, who lost his life in Peru in July 2019.

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4484/002 06.2020