

*Engage & Empower:
Supporting access to TB
Health Services for
Prisoners and other
persons deprived of
liberty*

INVESTMENT PACKAGE

COMMUNITY, RIGHTS & GENDER

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About

The United Nations High Level Meeting on TB Political Declaration outlines commitments to overcoming barriers to accessing services and advancing a TB response that is rights based, gender sensitive and people centered. The Declaration also calls for TB responses promoting gender equality, including among TB key and vulnerable populations – including prisoners and other people deprived of their liberty.¹

Prisoners have been identified as a population at high risk of TB², including in Stop TB Partnership Key Population Data Framework Assessments in Bangladesh, Cambodia, DRC, Georgia, India, Indonesia, Kenya, Kyrgyzstan, Mozambique, Nigeria, Philippines, South Africa, Tanzania, Tajikistan and Ukraine.³ Overcrowding and inadequate infrastructure such as poor ventilation, lack of access to diagnostic tests, in addition to socio-economic barriers are reported to have an impact on TB prevention and management of prisons. There are also concerns regarding the availability and quality of health services in prisons and the impact this has had on the prevalence of TB. Some prisons do not have onsite health facilities or share facilities with other prisons. Health facilities that are available are reportedly understaffed, lack adequate supplies, face delays in getting TB tests results and have equipment that is often broken. Gendered norms and biases also have an impact on how TB (and other infectious diseases) are treated within prisons and thus impacts how different groups of prisoners (and prison staff) access these services. Prison staff may also not be appropriately trained to recognize the symptoms of TB or prioritize inmates' transportation to a health facility for screening.

Utilising the integrated CRG Assessment Protocol⁴, Stop TB Partnership has supported 13 country level assessments pertaining to legal, social, gender and economic barriers to accessing TB services. Stop TB has provided technical assistance to implement the TB CRG Assessment in a further four countries. The experiences of people deprived of their liberty and in prisons features in these assessments. The following have been identified as human rights related barriers to Prisoners access to TB (and other health) services:

1. **Punitive laws, policies and practices:** Relating to the management of prisons and access to health services, including TB treatment and support services. In this respect it is important to understand how laws play out in practice, the impact this has on prisoners and other people deprived of their liberty, and also consider emerging opportunities in response to the varied lived realities.
2. **Stigma and discrimination:** Key and vulnerable populations, including prisoners, experience higher burdens and more intense forms of stigma and discrimination, including social exclusion on the basis of sex, gender, race, ethnicity, sexual orientation, gender identity, disability, among others. Openly judgmental attitudes and

¹ Stop TB Partnership and UNOPS (2018) "UN High Level Meeting on TB Key Targets for 2022" available at http://www.stoptb.org/assets/documents/global/advocacy/unhlm/UNHLM_Targets&Commitments.pdf

² KELIN. (2018). Tuberculosis: An Assessment of the Legal Environment, Kenya.

³ Stop TB Partnerships provides a number of assessment tools for community, rights and gender that are available at: <http://www.stoptb.org/communities/default.asp#CRG>.

⁴ Stop TB Partnership. (2019) TB CRG Assessment Protocol http://www.stoptb.org/assets/documents/communities/TB%20CRG%20Country-Level%20Assessment%20Protocol%20Template_DRAFT.pdf

treatment by health service providers including breach of medical confidentiality and privacy is a major barrier to utilization of services, and can cause stigma, discrimination and violence. Self-stigma is also a major barrier to key populations accessing care.

3. **Gender norms:** Rigid and harmful gender norms also create barriers for Prisoners utilization of services. Prisoners who deviate from these norms experience significant barriers to care, particularly in the form of stigma, discrimination, and even violence. For example, norms that espouse masculinity as strength and self-resilience may inhibit men from seeking preventive care or treatment services.
4. **Availability and accessibility of services:** Certain barriers may exist that limit the availability and/or accessibility of TB and other health services especially for prisoners. It is not sufficient that there are health facilities within remand centers that may provide these services, they should be adequate and appropriate but most of all accessible. Inaccessibility may be caused by several factors including stigma and discrimination against certain groups of prisoners such as persons who use and inject drugs, migrants, indigenous peoples and LGBTIQ+, these facilities may also not be infrastructurally adequate without necessary equipment to render them effective as well as other barriers resulting from literacy, language, race or culture. Prison officials may also act as a barrier to TB services either due to their participation in organised crime and corruption or due to their unwillingness to prioritise the prisoner's health and wellbeing.⁵ It is therefore imperative that these health services where available, are also accessible.

There are human rights-related program areas comprising interventions that are effective in reducing or removing these barriers. If these interventions are funded, implemented and taken to sufficient scale in the country, they will remove or significantly reduce these barriers. The removal of these barriers will increase access to, uptake of and retention in HIV, TB and malaria services and thereby accelerate country progress towards national, regional and global targets to significantly reduce or bring to an end the HIV, TB and malaria epidemics.

Some interventions that may be adopted to reduce human rights-related barriers to TB services include:

- Expansion of TB services in prisons to include vulnerable groups of prisoners such as, but not limited to women, children;
- Advocacy for prison infrastructure improvements, including the provision of adequate facilities for the isolation of people with TB as well as timely access to diagnosis and treatment within prisons, without discrimination on the basis of amongst others gender;
- Networking of health information systems between prisons and Ministry of Health facilities to avoid loss of follow-up both while in prison because of movement and after release to ensure a continuum of care;
- Capacity-building of inmates for identification of people with symptoms of TB; and

⁵ WHO Regional Office for Europe (2018) "Good Practices in the Prevention and Care of Tuberculosis and Drug-Resistant Tuberculosis in Correctional Facilities" available at https://www.euro.who.int/_data/assets/pdf_file/0003/360543/TB-prisons-9789289052917-eng.PDF?ua=1 and Dara M., Chorgoliani D., de Colombani P "TB Prevention and Control Care in Prisons" available at https://www.euro.who.int/_data/assets/pdf_file/0005/249197/Prisons-and-Health,-8-TB-prevention-and-control-care-in-prisons.pdf

- Prevention and treatment services for prison staff and their families.
- Adopting and strengthening monitoring systems for violations of health rights that occur within prisons.

In order to effectively realize the above, it would be important to provide adequate resources including financial, human and intellectual. Within a human rights framework, the final duty rests on States to ensure that these rights are available and accessible without discrimination.

Scope and Objectives

This package forms part of a broader series of interventions to find and treat all people with TB, particularly those who currently face barriers to accessing TB services or completing TB treatment, and to support an enabling environment for overcoming the various legal, social and economic barriers that people affected by TB encounter. While it is acknowledged that persons deprived of liberty is a broad description that may include prisoners, this package specifically focuses on the latter and considers specific measures that may be adopted to ensure the effective realization of their right to access TB (and other) health services. With an emphasis of creating a holistic system of health services for prisoners particularly creating linkages and synergies to HIV, malaria and other infectious diseases alongside enhanced access to reproductive health services to inform both state and donor priorities. The interventions proposed in this package must therefore be read within broader interventions on infectious diseases.

This package will further focus on areas of intervention and define a detailed process for the interventions identified. It shall also highlight the expected results from the interventions adopted and the resources necessary to ensure that results are achieved. The package recognizes that prisoners are not a homogenous group, but does not expound on this in this instance. An assumption is made, by the grounding in human rights, that all of the interventions and processes articulated are based on the principles of inclusion and equality for the provision of services without discrimination, towards equality for all concerned including on the basis of gender, sex and gendered identities.

The objectives of this package are:

1. To offer a coordinated response for access to TB and other health services for prisoners.
2. To help countries to operationalize Community, Rights and Gender (CRG) frameworks at the country level, with specific reference to prisoners and other people deprived of their liberty.
3. To unpack interventions and provide solutions on how to operationalize programs for the management of TB in prisons.

Areas of Intervention

1. **Systematic screening for TB** by adopting interventions for systematic screening before entry into prison or remand (or transfer between prison facilities), regular systematic screening within the setting and before release from the facility. This would also involve ensuring that there are facilities which can be separated as part of screening process to limit exposure during screening; ensuring prisons and remand

centers have access to diagnostic services for testing of sputum samples; and working closely with peer-educated prisoners to routinely screen inmates, submit samples for diagnosis and evaluate close contacts of those who test positive. Attention should be paid to the needs of different groups of prisoners on the basis of various identities such as, but not limited to sex and gender.

2. **Treatment, care and support through ensuring availability and access to quality diagnostics, treatment and continuum of care** for all people with TB in Prisons, including those in remand. In addition, given the transitory nature of the prison population, extend access to care and support to those released from prison. Under this intervention it would be important to ensure sufficient (high calorie and high protein) nutritional support for people with TB in prisons. It would also be important to further consider the different needs of different prison populations such as pregnant women and children. Pre and post release programmes that result in a post release continuum of care⁶ (including discharge/referral planning and post release follow-up). Ensure health records are integrated into national data collection systems and can be accessed by healthcare workers and prisoners at different facilities to guarantee continued care.
3. **Engagement of prison staff and law enforcement officers:** engage prison staff and law enforcement officers (not just medical staff) on TB prevention, treatment and care strategies through structured training and sensitization programmes. Develop training materials on TB and human rights in prison and roll out to prison administrators and staff.
4. **Engagement of prisoners as TB key populations:** engage prisoners as TB key populations in national TB strategies and programmes, empower prison leadership and populations with information on TB and TB-related rights, including on gender equality and equity, as well as meaningfully involve them in designing and implementing programmes on TB prevention, treatment, and care in prisons. This could be through creating a cadre of peer human rights educators within each prison (and will have to be regularly refreshed due to transitions into and out of prison) to promote legal and treatment literacy in relation to TB. Similarly, utilize this engagement for follow-up programs in outside health facilities for prisoners (and their families) who are released while protecting their privacy and confidentiality.
5. **Psychosocial support:** psychosocial support groups and counselling services to address stigma among prisoners with TB. This support could extend to monitoring and facilitating access to redress mechanisms for prisoners with TB who face violence and other forms of violations as a result of their TB status. The same needs to be extended for transition back into the community after prison to ensure adherence to treatment and this should be extended to the families and households in contact with the person.
6. **Structural changes and prisons infrastructure:** engage in interventions to address prison infrastructure that do not support measures to prevent spread of TB. For

⁶ An illustration is the Republic of South Africa Department of Health (2013) “Guidelines for the Management of Tuberculosis, Human Immunodeficiency Virus and Sexually Transmitted Infections in Correctional Facilities”. These Guidelines include pre and post release programmes for the management of TB including: TB screening as part of release, counselling, discharge plans, connection to adherence counsellors and support groups.

instance, interventions to support the provision of medical isolation facilities in prisons to ensure the appropriate treatment of prisoners with TB; investments in decongestion of prisons; rapid testing and diagnosis coupled with separation from the general prison population before integration among others.

7. **Legal, policy and regulatory reform:** engage law and policy makers as well as judicial officers for interventions to address punitive laws, policies and practices.
8. **TB, prisons and gender:** develop or contextualise a gender strategy and action plan for prisons to ensure gender responsive programmes within prisons. The development or contextualization of this strategy should take into account: leadership and participation; context of the jurisdiction; provide guidance on rights-based and gender responsive TB programmes aligned to both the national and key population TB strategies; and sustainability.⁷
9. **Monitoring, evaluation and learning:** Comprehensive collection and use of (gender) disaggregated data within prisons. Develop an M&E plan that takes into account: demographic detail, comparative data analysis and reporting, indicators adopted through consensus with prisons population informed qualitative research; appropriate, maximised data utility; and sustainability.⁸ The data should be utilised to inform continuous learning and review of programmes, including the NTP.

Process

Investing in TB for Prisoners requires countries to operationalize Community, Rights and Gender (CRG) frameworks and interventions at the country level, with specific reference to prisoners and other people deprived of their liberty through the following processes:

- (i) Conducting a structured community, rights and gender assessment and TB Stigma Assessment⁹ in-country with specific reference to prisoners.

In this assessment, stakeholders will engage in the following process:

- (a) Inception planning to secure high-level commitment of the relevant government authorities. The planning will also entail establishing a multi-stakeholder working group.
- (b) Actual assessment through the following process:
 - Ethics approval from relevant regulatory authority if necessary
 - Desk review of the relevant in-country literature
 - Multi-stakeholder consultations

⁷ Stop TB Partnership (2020) “Gender and TB: Investment Package” available at http://www.stoptb.org/assets/documents/communities/CRG%20Investment%20Package_Gender%20and%20TB%2006.07.2020.pdf

⁸ Stop TB Partnership (2020) “Gender and TB: Investment Package” available at http://www.stoptb.org/assets/documents/communities/CRG%20Investment%20Package_Gender%20and%20TB%2006.07.2020.pdf

⁹ Stop TB Partnership *TB Stigma Assessment* (2019) http://www.stoptb.org/assets/documents/communities/CRG%20Investment%20Package_TB%20Stigma%20Assessment_10.02.2020.pdf

- Data collection through key informant interview, focus group discussions
- Drafting of initial findings and recommendations
- Multi-stakeholder validation meetings
- Finalization and dissemination of the report.

Such an assessment would utilize qualitative and quantitative data collection methods in order to collate the baseline information for the assessment. This would also take into account methodologies and frameworks for gender balance and representation.

- (ii) Conducting training of prison staff, law enforcement and administrators on TB and human rights.

It is appreciated that providing education and training for prison staff, as well as creating a staff “buy-in” for collaboration with prisoners in the implementation of TB screening activities and prisoner engagement in health service delivery are keys to the success of TB programming in prisons.¹⁰ The process of will involve:

- (a) Developing relevant training material for prison staff, law enforcement and administrators with human rights experts, networks of people affected by TB and civil society participation. The training material could broadly cover topics that may include: (i) basics of TB prevention and care in prisons; (ii) peer-based, patient centered approaches to TB management in prisons; (iii) reducing stigma and discrimination including on the basis of gender; (iv) addressing barriers to TB services in prisons; (v) TB-related human rights; (vi) ensuring confidentiality and privacy.¹¹
- (b) Review of existing pre and in-service training curricula for law enforcement and health care workers with support from the National TB programme, networks of people affected by TB and civil society participation.
- (c) Conduct TB and human rights training and refresher trainings. The refresher trainings should be conducted on a regular basis in collaboration with National TB programs and civil society organizations.
- (d) Conducting sensitization forums between prison officers, networks of people affected by TB and civil society organizations (including linkages with the families).
- (iii) Structured engagement of prisoners in TB interventions:
- (a) Establish multi-stakeholder technical working group comprising of National TB Programme, prison authorities, current and/or former prisoners, networks of people affected by TB and civil society organisations for structured engagement of prisoners in TB programmes and interventions. The working groups shall be balanced and representative of various demographics including on the basis of gender
- (b) Expand peer TB and human rights educator programs within prisons including support to peer groups of people in TB care, peer-led counselling, treatment

¹⁰ Stop TB Partnership “Key Populations Brief: Prisoners.”

¹¹ Global Fund Technical Brief (2020) “Tuberculosis, Gender and Human Rights,” available at https://www.theglobalfund.org/media/6349/core_tbhumanrightsgenderequality_technicalbrief_en.pdf

- adherence support, peer education and individual follow-up, among other programs.
- (c) Conduct educational activities for the prison population on TB and human rights, and provide information on the symptoms, treatment and prevention of the disease.
 - (d) Provide access for networks of people affected by TB and civil society organizations to work with prisoners, involve in prison TB programming and create linkages to supportive treatment in the community for released prisoners.
 - (e) Provide psychosocial support to prisoners and access to community psychosocial support groups for people with TB recently released from prison. These programs should commence while in prison and linkages should be created with community psychosocial support groups to ensure ease of transition.
 - (f) Facilitate buy-in among prison populations through awareness raising interventions.
- (iv) Increase access to TB services for prisoners and people deprived of liberty. The processes involved for this intervention include:
- (a) TB education upon entry and prior to screening
 - (b) Entry screening for TB, and routine screening within the prison or remand setting.
 - (c) Access to TBT to any prisoners who are PLHIV
 - (d) Training of prison officers and prison health officials on TB screening.
 - (e) Training and engaging prison peer educators to provide information to fellow inmates on TB symptoms and for active case finding.
 - (f) Provide access to quality diagnostic tools, medicine, and referral systems for further diagnosis and treatment.
 - (g) Establish a monitoring, reporting and documentation mechanism of rights violations for the prison population and people deprived of liberty.
- (v) Legal and policy reform
- (a) Through the CRG assessment and working group, as well as subsequent costed TB CRG Action Plan, assess and propose legal and policy reforms to facilitate access to TB services for prisoners and other persons deprived of their liberty.
 - (b) Consider criminal justice reform and alternatives to incarceration for nonviolent offenders including less use of pretrial detention and incarceration where non-custodial sanctions are possible is an intervention. This could include a program for early release for 'low risk' prisoners with health conditions.¹²
 - (c) Access to justice programs including legal aid and counselling, and 'know-your rights' to help people to know their rights under health regulations and national law as well as their human and patient rights with respect to TB. This should include assisting people in prison to access legal assistance and basic legal counselling, including through the peer-para legal programs. This could be one of the most direct and effective way for marginalized persons to get access to

¹² Some of the interventions to manage the spread of COVID-19 have included the release of prisoners to decongest prisons that are ill equipped to manage a Pandemic. See Human Rights Watch (May 27 2020) "COVID-19 Prisoners Releases Too Few, Too Slow: Known releases approximately 5% of the global prisons population" available at <https://www.hrw.org/news/2020/05/27/covid-19-prisoner-releases-too-few-too-slow>

TB services, to be protected from compulsory treatment, or involuntary isolation, or to address stigma and discrimination.¹³

- (vi) Prison and health facility infrastructure
 - (a) Through the CRG assessment and working group for developing a costed TB CRG Action Plan, assess and propose reforms to prison and health facilities within prisons infrastructure to facilitate access to TB services for prisoners and other persons deprived of their liberty.

- (vii) TB, prisons and gender
 - (a) Develop or contextualise for TB a gender strategy which shall include an action plan. The strategy should be integrated into national TB plans and Key Population strategies. The strategy may include: integration of TB, HIV, malaria and reproductive health services; accommodation of pregnant women, and women that have given birth while incarcerated; awareness programs to address power imbalances within the prisons that result in a limitation of access to health care; interventions to address impact of stigma and discrimination against sexual minorities and gender non-conforming persons in prison; among others.
 - (b) Roll-out, operationalize and implement gender strategy and action plan.

- (viii) Monitoring, evaluation and learning
 - (a) Develop a monitoring and evaluation plan for all programs developed as a result of the community, rights and gender and stigma assessments. This should include community-based monitoring by civil society, TB survivors and community based organisations.
 - (b) Reach consensus with prison populations, and other key stakeholders on key indicators (this will include both qualitative and quantitative indicators).
 - (c) Conduct quarterly (or bi-annual) monitoring and evaluation exercises.
 - (d) Collect and analyse (gender) disaggregated data and revise or review programs informed by the data.
 - (e) Review monitoring and evaluation plans and key indicators through a collaborative process.

Expected Results

The process identified above will enhance the coordination of provision of TB and health services to prisoners and other persons deprived of liberty. It will ensure that the different

¹³ Global Fund Technical Brief (2020) “Tuberculosis, Gender and Human Rights,” available at https://www.theglobalfund.org/media/6349/core_tbhumanrightsgenderequality_technicalbrief_en.pdf

stakeholders within the prisons and other services are able to offer comprehensive and appropriate TB health services. Through the proposed infrastructural, legal and policy recommendations a suitable framework against which further interventions such as psychosocial support and the engagement of prisoners as a TB key population, shall exist.

The processes identified will also build the capacity and knowledge of prisoners, build data and information on human rights barriers and violations experienced by Prisoners and other persons deprived of liberty, affected by TB and identify potential remedies to address the documented violations.

Through this it is expected that:

1. There shall be a noted change in the attitudes and behaviour of prison and other law enforcement officers towards prisoners including those in need of TB health services contributing to better health outcomes.
2. Enhanced techniques for responding to TB by prison and law enforcement officers shall be developed, adopted and institutionalized by relevant stakeholders.
3. Regional and national evidence-based law, policy and strategy shall be strengthened to improve access to TB services for prisoners and other people deprived of liberty.
4. Prison staff shall be sensitized on access to TB health services for Prisoners and other persons deprived of liberty.
5. There shall be enhanced prevention and treatment services for prison staff and their families as well as the inmates and, where relevant, surrounding communities.
6. TB interventions in prisons are developed and implemented with a gendered lens addressing the structural barriers of access to health resulting from norms on gender and sexuality.
7. Improved TB programming in prisons as a result of a monitoring, evaluation and learning process with data collected continually and analysis utilised to review and improve programmes.
8. Systematic monitoring and evaluation of the outcomes of these interventions for learning and adaptation purposes.

Resources

INTERVENTION	DESCRIPTION	COST CONSIDERATIONS
1. Goal: To conduct structured community, rights and gender assessments in-country with specific reference to prisoners to identify gaps in the implementation of access to TB health care		
1.1. Establish a multi-stakeholder working group	<p>The multi-stakeholder working group shall be convened to guide the CRG assessment as well as the roll out of interventions within prisons. They shall act as an advisory group for the relevant ministries and the TB programme in making the necessary reforms to ensure that a rights-based approach to TB in prisons is adopted.</p> <p>Its composition shall necessarily include prison populations and persons that have been incarcerated; former prisoners; prison staff and official; relevant ministry officials; police; TB, HIV and Malaria programs staff; Judiciary; probation officers and social workers; civil society; and constitutional bodies among others.</p>	<p>Meeting costs to facilitate periodic multi-stakeholder and multi-sectoral convenings (these may be physical or virtual depending on the available infrastructure)</p> <p>Costs of police and prison officials (for security) to facilitate the attendance of persons within the prison population</p>
1.2. Identify expert(s) to lead in country assessment(s)	<p>This shall take place in line with each country's procurement laws and policy framework. A tender process that is transparent and accountable should be adhered to.</p>	<p>Cost of contracting expert(s) to undertake in country assessment</p>

<p>1.3.Data collection and analysis</p>	<p>Once a research team has been procured they will develop a methodology (part of the procurement assessment) and will employ that methodology (or methodologies) to collect disaggregated data as part of the CRG assessment. Once data is collected it shall be taken through a process of analysis to identify key findings that shall guide the interventions each country shall employ.</p> <p>Depending on country context this process may require ethical approval.</p>	<p>Costs to conduct field visits, undertake interviews, convene focus group discussions and employ other methodologies identified by expert(s) including gender experts as well as persons versed with KPs (e.g. racial minority, indigenous, migrant etc.).</p> <p>Cost of research team including enumerators, supervisors and data analysts</p>
<p>1.4.Drafting of initial findings and recommendations</p>	<p>Draft findings from data collection and analysis. This shall include recommendations of interventions informed by the expertise of the research team and a comparative study with other countries' TB programs.</p>	<p>Cost of research team</p>
<p>1.5.Host a meeting to interrogate and validate findings and recommendations</p>	<p>The multi-stakeholder working group shall be convened to validate findings, provide inputs, ask for further research if necessary and interrogate the quality of the research as well as the practicality and feasibility of the recommendations.</p>	<p>Meeting costs to facilitate multi-stakeholder validation meeting</p> <p>Costs of police and prison officials (for security) to facilitate the attendance of persons within the prison population</p>

<p>1.6. Finalization and dissemination of assessment outcomes</p>	<p>Revisions shall take place informed by the above process and if there is a need for further research or interrogation this shall take place at this stage. Once research is finalised a dissemination plan of the assessment shall be developed and implemented to ensure key stakeholders have the necessary findings to guide in the development of interventions.</p>	<p>Costs of developing and printing popular versions of the assessment outcomes</p> <p>Costs of publishing outcomes on various platforms including on websites of state agents</p> <p>Meeting costs to facilitate the dissemination of the assessment outcomes among:</p> <ul style="list-style-type: none"> ● Multi-stakeholder working group ● Prison populations ● Healthcare workers (primarily those within prisons but this can be expanded) ● Prison officials ● Police services
<p>2. Goal: To conduct trainings for prison staff, law enforcement, health care workers and administrators on TB and human rights</p>		
<p>2.1. Assign and contract CSOs to structure, standardise, and implement trainings on TB and human rights</p>	<p>The CRG assessment will have provided key recommendations on how structured trainings should take place. For the purposes of ensuring an independent training program subject to quality control CSOs can implement standardized trainings on TB and human rights alongside pre and in-service training or as part of pre and in-service training. Where the training curricula cannot</p>	<p>Cost to contract lead organisation (taking into account sub-granting activities)</p> <p>Cost to structure and standardise trainings including the development, validation and dissemination of a training curriculum on TB and human rights</p> <p>Costs to carry out training among law enforcement, healthcare workers and administrators.</p>

	<p>substantially change these can serve to address gaps in trainings as supplementary to existing in-service training or as refresher courses. These should however be in as much as possible be integrated into existing training mechanisms.</p>	
<p>2.2. Review meeting(s) to determine content/focus of trainings</p>	<p>Monitor the impact and sustainability of the trainings and make recommendations on its implementation.</p>	<p>Costs to review curriculum, training methodology Costs to assess impact of trainings</p>
<p>2.3. Review of existing pre and in-service curricula for law enforcement and health care workers</p>	<p>The CRG assessment will have provided key recommendations on how structured trainings should take place. This shall include pre and in-service trainings as well as refresher courses. Pre and in-service training will have the necessary structures and will be ongoing – this process shall be geared towards ensuring both the content and the training methodology imbue a rights-based approach to TB in prisons and include the necessary lessons to increase access to TB services in prisons. The review shall look at the curricula’s suitability to meet this goal, go through a process of revision informed by the CRG assessment and the</p>	<p>Cost to structure and standardise trainings including the development, validation and dissemination of a training curriculum that includes health and human rights</p>

	new curricula and teaching methodology shall be incorporated into the existing training structures.	
3. Goal: To ensure structured engagement of prisoners in TB programming and interventions		
3.1. Identify and facilitate prisoners engagement with the multi stakeholder technical working group	Convene multi-stakeholder TWG to develop an action plan guided by the recommendations of the TWG on strategies and mechanisms towards structures engagement of prisoners in TB programming.	<p>Costs to popularise the multi stakeholder technical working group through engagement with the prison population</p> <p>Costs to participate in physical meetings (if any) including the costs of security, transport, meals etc.</p> <p>Costs of infrastructure to facilitate attendance of virtual meetings or of meetings virtually</p>
3.2. Identification and accreditation of CSOs and other organisations or institutions to work with prisoners for TB programming	Develop a framework for accreditation of organisations and institutions to undertake structured engagements with prisoners and accredit necessary organisations that can undertake the trainings.	<ul style="list-style-type: none"> ● Costs of developing SOPs for the accreditation of CSOs to work with prisoners for TB programming ● Costs of accrediting CSOs ● Costs of contracting CSOS to undertake TB and human rights programming in prisons
3.3. Develop and launch peer and TB Human rights education programmes and educational activities for prison population	Informed by the CRG assessment develop standardised training curriculum, standardised methodology and roll these out through accredited institutions in prisons throughout the	<ul style="list-style-type: none"> ● Cost to structure and standardise trainings including the development, validation and dissemination of a training curriculum on TB and human rights

	country informed by an action plan.	<ul style="list-style-type: none"> ● Costs to carry out training for prison populations
3.4. Development and implementation of supportive treatment programmes for prisoners	Informed by CRG assessment, identify gaps within treatment programmes that result in non-adherence or poor uptake. Develop an action plan to address the gaps within treatment through the multi-stakeholder TWG and implement the gaps nuancing prison specific issues and through a gendered lens. The implementation of supportive treatment programmes may include increase in commodities, isolation facilities, messaging geared towards stigma and counseling and adherence support.	<ul style="list-style-type: none"> ● Costs to provide commodities including medicines and nutritional supplements ● Costs to isolate prisoner while they are contagious ● Costs of messaging workshops ● Costs to facilitate adherence support groups and to increase treatment literacy ● Costs to contact, counsel and test household/family members (this can be accomplished without infringing on confidentiality of prisoner if necessary)
3.5. Development and implementation of community support programmes for released prisoners	To ensure post-release follow up and continued support for persons with TB – develop programmes within communities where prisoners are being released. This shall require an assessment of existing community support programmes and create linkages between these programs and those within prisons. Post-release	<ul style="list-style-type: none"> ● Costs to provide commodities including medicines and nutritional supplements ● Costs of messaging workshops ● Costs to facilitate adherence support groups and to increase treatment literacy

	<p>programmes should create a follow up mechanism between the staff and health officials within prisons, the former prisoner and community programs. Through this linkages the continuum of care should not be broken – treatment records should be accessible, adherence support should be identified and made available prior to release and stigma and discrimination programmes should be put in place and former prisoners linked to them at release.</p>	
<p>3.6.Facilitate buy-in among prison populations through awareness raising interventions</p>	<p>Conduct awareness raising campaigns through multiple methods – use of information and educational material; creation of leadership programs around TB; support of prisoners to attend necessary TWGs and other meetings that may influence interventions and programming; ensure that decision making is transparent and that officials within the TWG are held accountable; facilitating continuous dialogues led by prison population members within the TWG to clarify their mandate, meaningfully</p>	<ul style="list-style-type: none"> ● Costs to roll out awareness raisings campaigns ● Costs to facilitate a participatory process of selecting representatives for the Multi-stakeholder technical working group ● Costs to facilitate continuous engagement by the representative with prisons population

	discuss interventions and provide feedback.	
4. Goal: To increase access to TB services for prisoners		
4.1.Enhanced and systematic TB screening for prisoners, prison officials and healthcare workers within prisons	Develop and implement a TB Screening Plan for Prisons informed by the CRG Assessment. This should necessarily include increased screening through pre-incarceration screening; provision of isolation facilities; strategies for active and passive screening; contact tracing and screening; as well as regular mass screenings.	<ul style="list-style-type: none"> • Costs to set up routine (active and passive) TB screening and testing in prisons; adapt/develop SOPs; adapt data collection and reporting processes • Resources for diagnostics
4.2.Training of relevant prison (and affiliated) within prisons for effective screening	Include within the pre and in-service training a module of TB screening to ensure continuous active and passive screening that meets the standards of efficacy.	Costs to strengthen the capacity of prison officials, healthcare workers to identify and refer possible, diagnose and refer possible TB cases
4.3.Peer education on TB symptoms and treatment	Identify and nurture a pool of peer educators among prison populations to both identify and educate other prisoners on TB screening and management. This will include facilitating peer educators in their engagement with other prisoners such as provision of facilities and materials for engagement.	Costs to identify and build the capacity of TB champions among the prison population to screen and refer possible TB cases

5. Goal: To advocate for the reform of laws and policies for access to TB services for prisoners		
5.1. Convene the CRG assessment and working group to identify areas of potential reform including criminal justice reform and alternatives to incarceration for nonviolent offenders	Informed by the CRG assessment and working with the experts the multi-stakeholder working groups can engage in multiple convening to identify areas and provide recommendations for reforms in the criminal justice system to decongest prisons; inculcate a rights-based approach to health in prisons; and improve the health and welfare of persons that have been incarcerated.	
5.2. Identify and engage civil society organisations to assess, propose and advocate legal and policy reforms to facilitate access to TB services for prisoners	CSOs shall engage in advocacy campaigns (dependent on country context) towards legal and policy reforms that would ensure the implementation of the CRG recommendations. This would work towards ending TB in prisons by having an enabling legal and policy framework that shall support access to TB services in prisons and create measures to mitigate TB infection in prisons.	Cost to contract or engage the organisation to undertake assessment and advocacy
5.3. Convene the CRG assessment and working group, assess and propose reforms to prison and health facilities within prisons infrastructure to facilitate access to TB services for prisoners and	The multi-stakeholder working group shall propose infrastructure reforms to mitigate both TB infection in prisons but for all persons deprived of liberty; as well as reforms to facilitate access to TB	This assessment would not be costed within this package but should be taken into account in taking into account human rights and gendered dimensions in the improvement of prison infrastructure. Necessary infrastructure improvements

<p>other persons deprived of their liberty.</p>	<p>services that may include isolation facilities within prisons; access to health facilities on a regular basis; among others.</p>	<p>may include: isolation facilities, screening and testing rooms, increased capacity to accommodate prison populations; decongestion of prisons; facilities to separate persons prior to screening and isolation among others. Additionally, to address issues of data management and record keeping</p>
<p>6. Goal: To ensure that TB interventions in prisons are developed and implemented with a gendered lens</p>		
<p>6.1. Develop or contextualise for TB a gender strategy which shall include an action plan.</p>	<p>Informed by the CRG assessment which shall identify gaps in the existing TB strategy and response within prisons. The country can revise and existing TB gender strategy or develop one where none is existent.</p>	<p>This can take place simultaneously with the review of a National TB Plan and the results from the CRG assessment can inform the Gender Strategy.</p> <p>If a country already has a National Gender Strategy, this may be contextualised for Prisons or if a Gender strategy for prisons exists this may be updated informed by the assessment.</p>
<p>6.2. Roll-out, operationalize and implement gender strategy and action plan.</p>	<p>The strategy should contain an action plan which is costed. This shall ensure its implementation as against specific timelines within the action plans to address issues of gender inequality and disparity.</p>	<p>The action plan must be costed and budget lines indicates</p> <p>Investment in civil society organisations to advocate for the inclusion of budget lines in national or state level budgets</p> <p>Investment in civil society to hold the State to account for the implementation of the action plan</p>

<p>7. Goal: Improve TB programming in prisons through a monitoring, evaluation and learning process</p>		
<p>7.1. Develop a monitoring and evaluation plan for TB programs in prisons developed as a result of the community, rights and gender and stigma assessments</p>	<p>The TB strategy should include a monitoring and evaluation plan. If one is available this can be revised to include recommendations from the CRG on key points of data collection towards measuring a rights-based and gender responsive TB programme in prisons. This M&E Framework can be developed or revised (where one exists) at the different levels of TB programming and ensure that the issues specific to prisons are captured and documented.</p>	<p>This should be done to complement the CRG assessment and should be costed within that assessment</p>
<p>7.2. Reach consensus with prison populations, and other key stakeholders on key indicators (this will include both qualitative and quantitative indicators).</p>	<p>As part of the process of developing the M&E strategy and the data collection tools, the experts employed in this process must engage with prisons populations and other key stakeholders on the key indicators that should be included to ensure continuous learning and improvement.</p>	<p>This should complement CRG assessment and should be costed within the assessment</p>
<p>7.3. Conduct quarterly (or bi-annual) monitoring and evaluation exercises.</p>	<p>M&E exercises shall be conducted as prescribes by the M&E strategy.</p>	<p>The cost to develop data collection tools</p> <p>The cost to conduct M&E exercises within prisons and with key stakeholders this may include the cost to facilitate participation of</p>

		prisons population in M&E Exercises Costs of enumerators, supervisors and data analysts
7.4. Analyse data and revise or review programs informed by the data.	Analysis of data collected and provision of recommendations towards the revision, of review of the TB programme or a component within the TB programme.	Costs of data analysts Cost to convene the Multi-stakeholder TWG to review the analysis vis a vis the program objectives
7.5. Review monitoring and evaluation plans and key indicators through a collaborative process.	The M&E strategy should prescribe the frequency with which the plan and the key indicators should be revised but this ought to be done through a collaborative process including the multi-stakeholder working group and other key stakeholders.	Cost of a research team to measure efficacy and impact of the program and the M&E Plan Costs to convene multi-stakeholder TWG to review report from research team and make recommendations for changes to M&E Plan

Key actors that should be included in these intervention areas include but are not limited to:

1. Persons that have been incarcerated or that are being held in prisons;
2. Former members of prisons population;
3. Ministry responsible for correctional services;
4. Ministry for Health ;
5. National/federal (and/or State/provincial) TB Programme;
6. Members of the National HIV and Malaria programmes;
7. Prison officials (including wardens, officers and ground staff);
8. Judiciary including resident judges;
9. Probation and aftercare services;
10. Social workers;
11. Court users committees;
12. Police Services;
13. Ministry responsible for police;
14. Medical practitioners (working within prisons and epidemiological experts)
15. Civil society organisations (including community based organisations working towards reintegration of prisoners);;
16. TB survivors, activists and champions; and

17. Constitutional bodies.

Annex

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Stop TB Partnership and TB People “Declaration of the Rights of People Affected by Tuberculosis” available at <http://www.stoptb.org/assets/documents/communities/FINAL%20Declaration%20on%20the%20Right%20of%20People%20Affected%20by%20TB%2013.05.2019.pdf>

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Stop TB Partnership (2020) “Gender and TB: Investment Package” available at http://www.stoptb.org/assets/documents/communities/CRG%20Investment%20Package_Gender%20and%20TB%2006.07.2020.pdf

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WHO (2018) “Good practices in the prevention and care of tuberculosis and drug-resistant tuberculosis in correctional facilities” available at http://www.euro.who.int/_data/assets/pdf_file/0003/360543/TB-prisons-9789289052917-eng.PDF?ua=1

WHO Regional Office for Europe (2018) “Good Practices in the Prevention and Care of Tuberculosis and Drug-Resistant Tuberculosis in Correctional Facilities” available at https://www.euro.who.int/_data/assets/pdf_file/0003/360543/TB-prisons-9789289052917-eng.PDF?ua=1