



PROVIDING COMPREHENSIVE
MEDICAL SERVICES THROUGH
A THREE-PHASE MODEL IN
MALAWIAN PRISONS

AN OPERATIONAL TOOLKIT

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ACRONYMS

ART	Antiretroviral therapy
CO	Clinical officer
CXR	Chest X-Ray
HIV	Human Immunodeficiency virus
HTS	HIV testing services
MA	Medical Assistant
MoH	Ministry of Health
MPHS	Malawian Prison Health Service
MSF	Medecins Sans Frontieres
OPD	Outpatient department
PEP	Post-exposure prophylaxis
RUTF	Ready to use therapeutic food
SADC	Southern African Development Community
SOP	Standard operating procedure
UNODC	United Nations Office on Drugs and Crime
VL	Viral Load



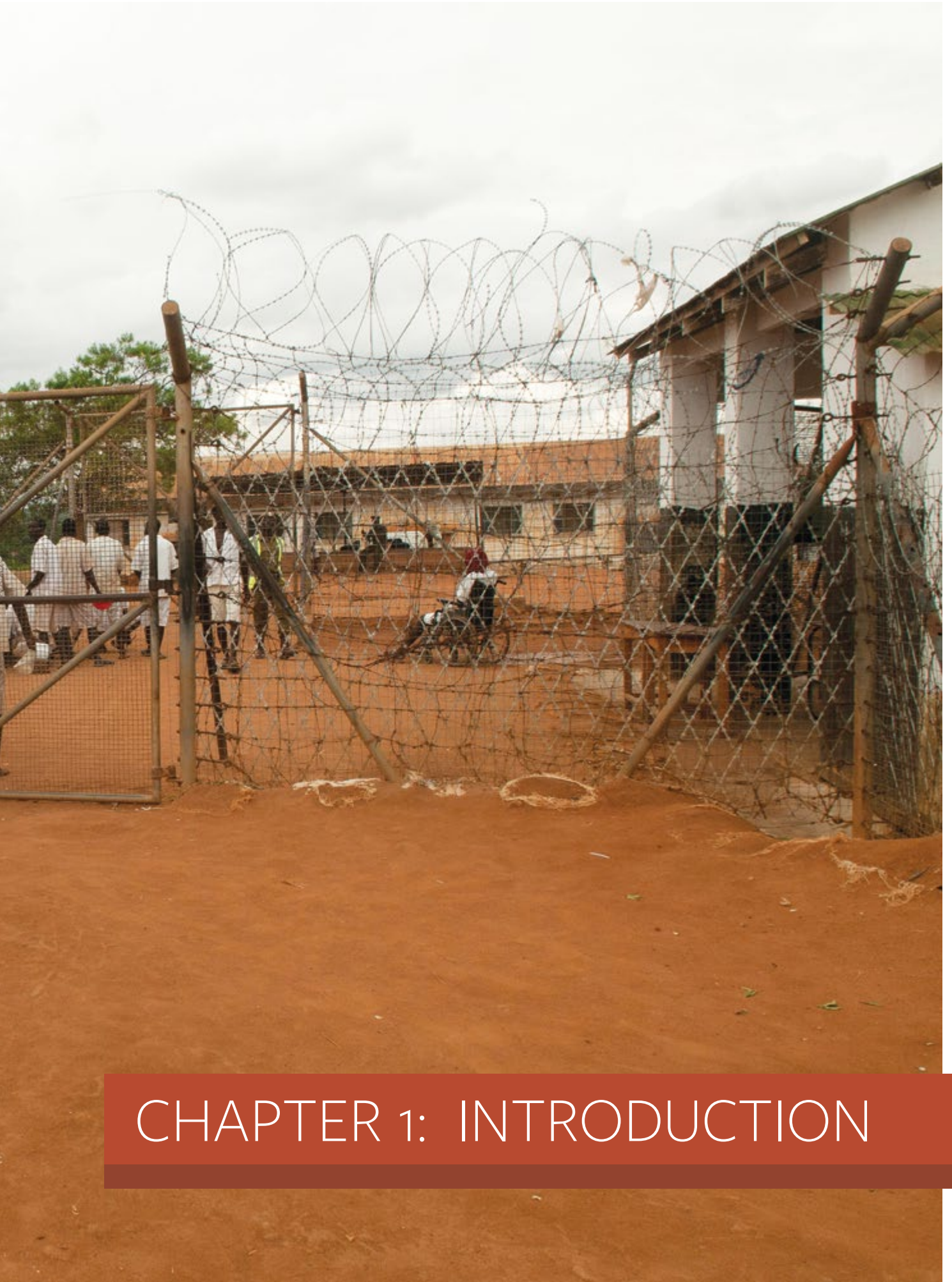
ACKNOWLEDGEMENTS

We would like to express our sincere gratitude to all the medical and non-medical staff that have worked tirelessly to provide access to health care within the Malawian prison system. Our particular thanks goes to Dr Ndindi and to the Malawian Prison services for their unconditional support in improving prisoners' health services. Their humanitarian treatment towards this vulnerable population has ensured the quality of care and respected the dignity and rights of the prison population. Finally, we would like to extend our thanks to the prisoners who MSF has worked with

and treated during their project intervention in Maula and Chichiri prisons. Their cooperation and support has enabled the strong partnership we see today.

We hope this document will enable other prisons in Malawi and the Southern African Development Community (SADC) region to benefit from our experience and be able to implement a model of care that has benefited the health of prisoners and decreased the morbidity related to HIV and TB in prisons.





CHAPTER 1: INTRODUCTION

The Malawi prison service runs twenty-eight prisons distributed across four regions of the country. The institutions are divided into:

1. Maximum security prisons : Zomba (1500-2000 inmates)
2. Central prisons : Maula, Chichiri (800 to 3000 inmates) and Mzuzu and Mzimba (up to 1000 inmates)
3. District prisons (200-400 inmates)

The maximum security and central prisons hold prisoners with longer and more serious sentences. In total, the capacity of all the institutions is estimated at 6,220 individuals, however over double this number of prisoners (15,200) are held nationwide.

Health care in prisons is managed by the Malawian Prison Health Services (MPHS), supported by the Prison Service Commission and is structured according to the category of the prisons. A referral system between the prison healthcare service and the local ministry of health services is required to ensure continuity of care for more complicated cases and those needing hospital admission.

The package of healthcare services that will be described in this toolkit is based on the SADC minimal standards and is supported by the MPHS. The SADC guidance describes a three-phase approach to providing medical services within a prison. A package of care is provided when the prisoner enters the prison, during their stay and at their exit.

Major morbidities presenting within the prison context which are screened for at entry, stay and at exit include HIV, TB, STIs, malnutrition and mental health problems. Hepatitis B vaccination is also offered to all prisoners. In addition, malaria, diarrheal infections and skin diseases present more

commonly due to the high levels of congestion within the cells. Medical and psychological services for victims of physical and sexual violence is also recognized as an integral part of the package of care.

Medecins Sans Frontieres (MSF) has been supporting the MPHS to provide healthcare within two central prisons Maula (Lilongwe) and Chichiri (Blantyre) since 2014 and more recently has provided support to two district prisons. During this period MSF has developed a range of implementation tools and standard operating procedures to support the implementation of the SADC three phase approach to prison healthcare, which will be further described in this toolkit.

? Objective of the toolkit

This toolkit aims to provide a framework and the tools for providing a package of screening, diagnostic and treatment services within the Malawian prison setting at entry, stay and exit.

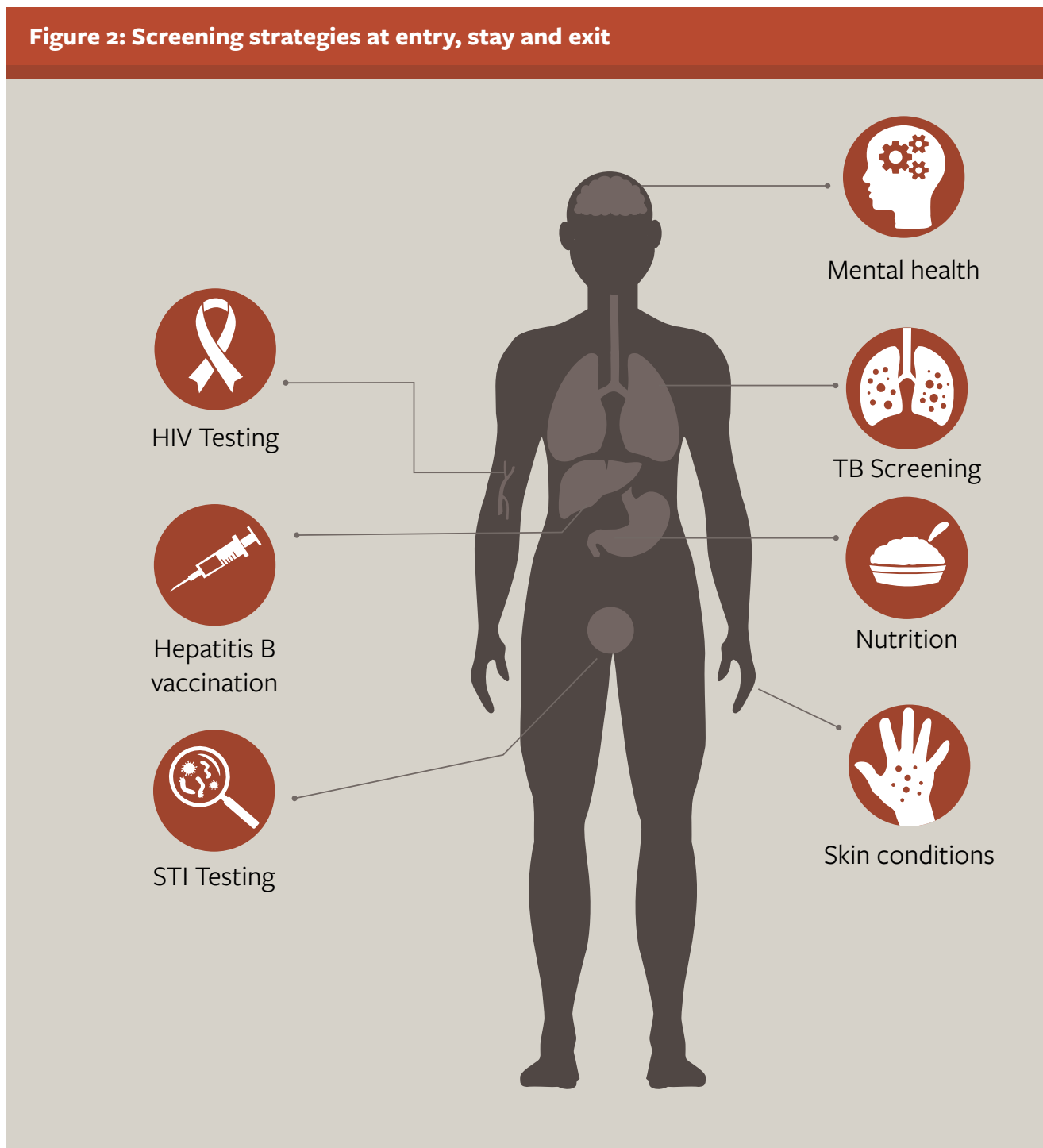
? Who is the toolkit for?

This toolkit has been designed to be used as a practical tool to assist the Malawian Prison Health Services in the scale up of a minimum package of health services as recommended by SADC in prisons across Malawi. It is hoped that it may also be used by other organisations supporting the provision of prison healthcare both in Malawi and within the SADC region.

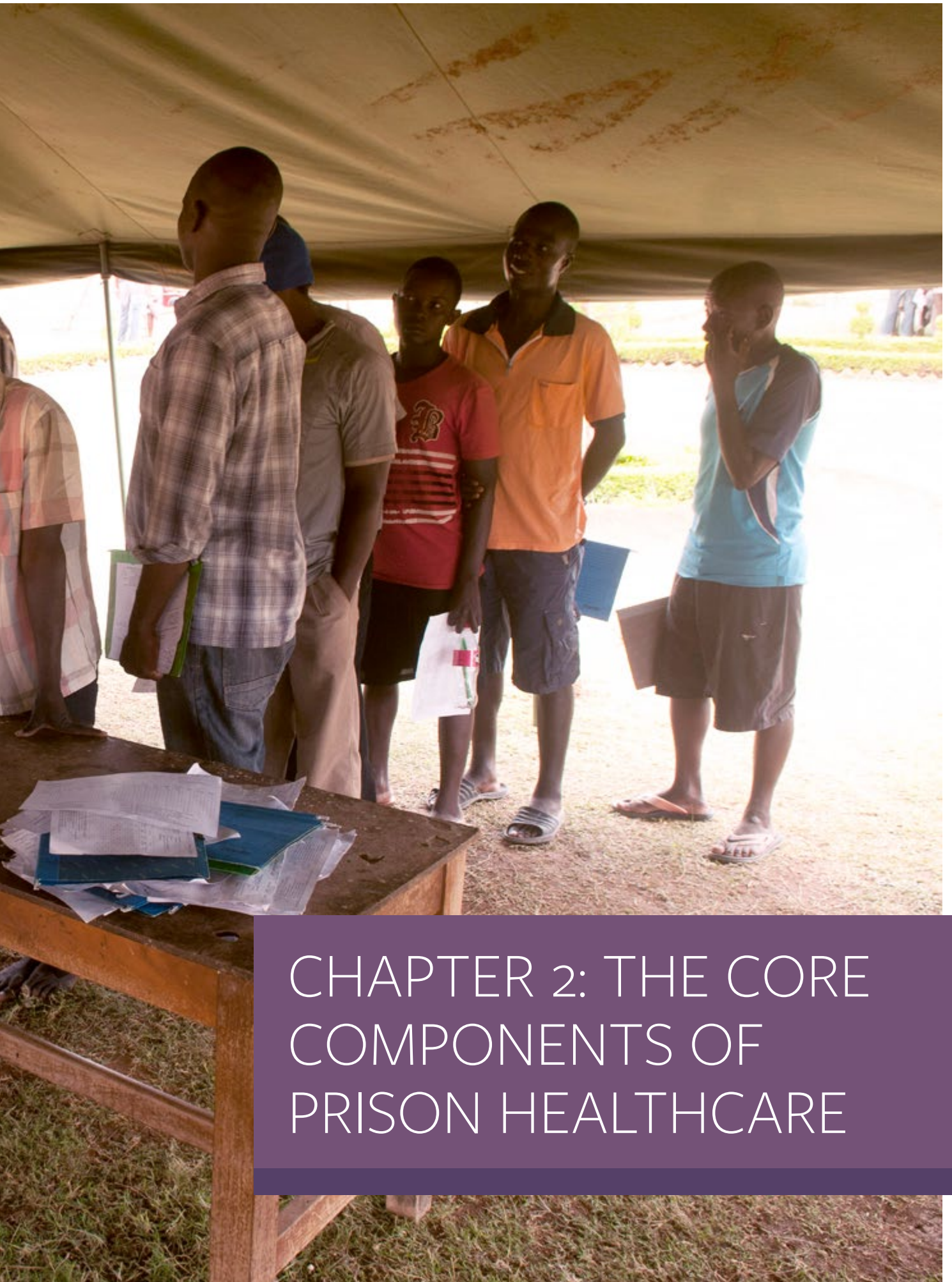
Figure 1: The three-phase model of prison healthcare



Figure 2: Screening strategies at entry, stay and exit








CHAPTER 2: THE CORE COMPONENTS OF PRISON HEALTHCARE

This chapter outlines the components of the health system that are essential to provide the package of healthcare at entry, stay and exit. Not all prisons will provide all services but it must be ensured that prisoners can access medical services on site or through an agreed referral process. Table 1 outlines the screening and treatment package that should be provided at the different levels of prison.

Table 2 outlines the requirements for each of these components at the different levels of prison facility.

 **In order to provide this package the following core components are required:**

- trained human resources
- access to medication
- access to diagnostics and monitoring services
- monitoring and evaluation
- supervision

Table 1: Prison healthcare package

	Maximum security and central prisons	District prisons
Screening services	HIV TB STIs Nutrition Mental health	HIV TB STIs Nutrition
Therapeutic services	OPD, nutrition, HIV, TB and mental health services in line with Malawi primary health care package Hepatitis B vaccination	Provision of simple analgesia for minor ailments and management of self-limiting illnesses (e.g ORS for diarrhea) Testing and referral for malaria treatment Distribution of chronic medications Where feasible monthly clinic by MoH District Medical Officer
Referral System	Referral of clients requiring further investigation not available within prison health clinic Referral of acute medical and surgical emergencies	Referral of all prisoners requiring OPD, STI, HIV, TB, nutrition or IPD services

Table 2: Core components of the prison healthcare package

	Maximum security and central prisons	District prisons
Human Resources	<p>1 clinical officer</p> <p>1 medical assistant</p> <p>1 -2 nurses</p> <p>1-2 Counsellors including HTS (nonmedical background)</p> <p>6-8 Patient attendants</p> <p>6-10 clinic based peer educators</p> <p>1 peer educator per 30 prisoners</p> <p>1 Laboratory technician</p> <p>1 Pharmacy technologist</p>	<p>1-2 Patient attendants</p> <p>1-2 Counsellors (prison wardens trained to perform HTS)</p> <p>1 peer educator per 30 prisoners</p>
Medication	<p>Primary health care essential medicine list (See Annex 1)</p> <p>ART (first and second line regimens)</p> <p>TB medication</p>	<p>Simple analgesia, ORS</p> <p>Storage of chronic medications prescribed from MoH clinics including ART and TB medication</p>
Laboratory services	<p>HIV tests (tools to perform the test – timer and SOP)</p> <p>Syphilis tests</p> <p>Malaria tests</p> <p>Xpert MTB / Rif and smear for TB</p> <p>Mobile X-Ray where available</p> <p>POC tests for Hb, Glucose, CD4</p> <p>Referral using sample transport:</p> <ul style="list-style-type: none"> ● VL ● Biochemistry <p>Referral to local hospital for radiology:</p> <ul style="list-style-type: none"> ● X-Ray ● Ultrasound 	<p>HIV tests</p> <p>Malaria test kits</p> <p>Referral for all other investigations</p>
Monitoring and evaluation system	<p>Standard Ministry of Health M and E tools for:</p> <ul style="list-style-type: none"> ● OPD ● HIV testing and ART ● TB ● Nutrition 	<p>Ministry of Health HIV testing register</p>
Supervision and mentorship	<p>Quarterly supervision visits by HIV and TB national programmes</p> <p>Supervision and mentorship by Malawi Prison Health Services, partners and district health officer.</p>	<p>Targeted mentorship by Malawi Prison Health Service, partners and district health officer.</p>

Human resources

Availability of trained human resources for the provision of healthcare is a challenge in most clinics in Malawi, including the prison health care system. To provide the comprehensive package of care described in this toolkit, task sharing of selected activities to cadres without formal medical training has been a key strategy. Table 3 outlines the

roles and responsibilities of the different cadres within the MSF supported prisons. Two key examples of task sharing include the extended role of prison wardens to perform tasks such as HTS and adherence counselling, and the selection of prisoners who are trained as peer educators.

Table 3: Roles and responsibilities of healthcare workers in providing prison health services

Cadre	Roles and Responsibilities
Clinical Officer (CO)	Perform all clinical assessments in OPD and sick bay including HIV and TB services. Identification of prisoners requiring referral to external MoH services when needed
Medical Assistant (MA)	Perform all clinical assessments in OPD and sick bay including HIV and TB services referring to CO when needed. Identification of prisoners requiring referral to external MoH services when needed
Nurse	OPD consultations including ART and TB treatment initiation and maintenance. Weekly or twice weekly outreach to cells to identify sick prisoners
Counsellor	Health promotion; HIV and syphilis testing services; Mental health screening; ART and TB adherence counselling including management of clients with high viral load. Weekly or twice weekly outreach to cells to identify sick prisoners. Supervision and training of peer educators
Patient Attendant	Trained according to national standards to perform specific tasks within the clinic as needed: e.g HTS, microscopy, dispensary assistants, data collection, cleaning of clinic. In district prisons patient attendants will be trained to perform the medical screening package at entry, exit and, in collaboration with partners, during the biannual medical screening
Peer Educator - clinic- 6 in central prisons	Trained for specific tasks: retrieving files, health promotion, assisting clinicians
Peer educator – cells 6- 8/cell approx. 1 per 30 prisoners	Health promotion, identification of sick inmates, assisting with storage of medication for prisoners with no personal storage space; assist with daily medication adherence; tracing of prisoners who miss appointments; promotion of biannual medical screening; assisting with care of inmates in sick bay
Pharmacy technician	Not always present; Pharmacy management according to Malawian MoH standards
Laboratory technician	Performing laboratory investigations available on site (Xpert MTB/Rif, POC HB Glucose , CD4 etc)
Prisoner representatives (Religious leaders/ nyapalas)	Identification of sick inmates; Liaison with cell peer educators during biannual mass screening



Peer Educators

Training of prisoners to become peer educators has been an important task sharing strategy in the provision of the three-phase medical service in prison.

Who can apply to be a peer educator?

Peer educators are required to have basic literacy skills (junior certificate of education) and ideally speak and write English.

They should be convicted prisoners with a minimum sentence of two years to avoid a high rotation and need for retraining.

Although it is not a criterion it is advantageous if peer educators no longer sleep in the crowded central area of the cell (the “Chamba”) for them to assist with medication storage.

The most important requirement is personal interest and evidence of good behaviour.

How many peer educators should be trained?

In central prisons:

- 5-6 peer educators work in the OPD clinic daily
- In the cells, approximately one peer educator for every thirty prisoners

In district prisons:

One peer educator for every thirty prisoners within a cell

What tasks do peer educators perform?

In the clinic, peer educators:

- give health education talks (See Annex 2 for key messages for health talks)
- assist with retrieving files
- assist clinicians on request
- accompany (with a health care worker and prison guard) prisoners requiring referral to hospital
- assist prisoners in the sick bay with daily hygiene

Issues of confidentiality are clearly outlined to peer educators working within the clinic setting.

In the cells, peer educators:

- perform health education 1-2 times a week using the health talk key messages content (See Annex 2)
- promote basic hygiene
- promote information about what health services are available in the clinic and how to report incidents of physical or sexual violence
- observe prisoners within their cell for signs of ill health e.g symptoms of TB, weight loss, skin diseases, signs of depression
- support prisoners to adhere to acute and chronic medication, in particular those with limited literacy skills

- store medication for prisoners with no personal storage space
- encourage prisoners who have missed appointments to attend the clinic
- assist sick prisoners with washing
- promote participation in the biannual medical screening

Peer educators may be asked to sit on the monthly prison committee held with prison management and prisoner representatives (religious leaders, leaders of the cells) to raise health related issues they are observing within the prison.

What training do peer educators receive?

A training schedule has been developed based on content used for other community health cadres. The content covers topics such as basic hygiene, nutrition, malaria, HIV and TB and uses the health promotion key messages as the core content (Annex 2). The agenda and content of this training can be found in Annex 3. The training is organised twice a year and is given by the clinic nurses and counsellors.

Coordination of peer educators

Ongoing supervision of the peer educators in MSF sites has been the responsibility of the counselling staff. A peer educator leader should also be selected as a focal person to whom all peer educators can report.

Drug supply

For central prisons, the essential drug list used for a primary care clinic in Malawi is used (See Annex 1). This includes HIV and TB medications.

In district prisons only simple analgesia and skin ointments are used. A facility for storage of both acute and chronic medication is required within the cell (medication for

one month or less) or in the dispensary (for medication dispensed for more than one month)

Drugs are ordered from the district pharmacy or the pharmacy of the Malawian Prison Health Service headquarter at Zomba.

Laboratory services

The basic package of laboratory tests as outlined in table 2 should be available. Quality assurance is supported through the district laboratory technologist in accordance with Malawi national laboratory standards. Quality control for the

Xpert MTB/Rif is coordinated through remote transmission of results by the national TB programme.

All staff performing HTS should be assessed as part of a standard HTS quality control programme.

Supervision and Mentorship

The national HIV and TB programme performs quarterly supervision visits to all ART and TB sites to assess documentation and outcomes of the programme.

The DMO or medical staff from the central prisons should visit the district prisons to provide supportive supervision to the staff performing the screening activities.

When establishing the three-phase approach a mentorship plan should be made to ensure all the elements in this

toolkit are implemented. Initial training of healthcare workers may be required for example for task sharing of HIV testing services, provision of counselling services and establishing the peer educator support system.

An example of a mentor-mentee agreement and an example mentorship dashboard for introducing HIV activities into satellite prisons may be found in Annex 5.

M and E

For OPD, HIV and TB services the standard Ministry of Health M and E reporting tools should be used. Monthly reporting requirements should be met and data fed back to the prison health care team to support quality improvement activities. The HIV electronic patient record, where used, should be utilised to generate appointment lists, lists of clients who are due viral load testing and those with high viral load.

The additional M and E tool required for the three-phase screening intervention is the **prison health card** shown in figure 3 and found in Annex 4. This form is opened at entry, used during the biannual medical screening, at exit and opportunistically when prisoners present to the clinic. The form guides the clinician to enquire as to whether the client has been tested for HIV, has symptoms of TB or STIs, monitor the weight, records the results of any screening tests performed and the prisoner's hepatitis B vaccination status.

Figure 3: Prison Health Card

Prison Health Card

design updated 07 10 2015

Personal Id: Cohort year: month:

Demographics

Name:

Birth date:

Male Female

Height:

Prison entry

Entry date:

Prison:

Cell:

Convict Remanded Staff

Prison #:

ART

Current ART Id:

Initiation date:

Hep B Vacci (dd mm yy)

1:

2:

3:

Prison Exit

Exit date:

Died.

Transferred to other prison
(send this card to the new prison)

Released

Screening

Screening date (dd mm yy)	HIV		Tuberculosis					STI All					STI M		STI F	
	Test today (1)		Cough (2)	Cough blood (3)	Weight loss (4)	Fever, sweats (5)	Contact with Tb (6)	Abnormal discharge (7)	Pain urinating (8)	Genital sores (9)	Anal pain (10)	Genital warts (11)	Testicular pain (12)	Vaginal hitch (13)	Blood spotting (14)	Vaginal sores (15)
	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
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	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Screening questions.

HIV (1) If not tested in the last 3-6 months, would you like to have an HIV test today?

(2) Do you have a cough?

(3) Are you coughing up blood?

Tb (4) Do you have unexplained weight loss?

(5) Do you have fever or night sweats?

(6) Have you been in close contact with anyone with TB in the past year?

If any TB question is answered "yes" please investigate TB according to national protocols for prison

(7) Do you have an abnormal discharge? (penile or vaginal)

(8) Does it hurt, burn or tingle when you urinate?

STI All (9) Do you have ulcers/sores in your genital area?

(10) Do you have pain in the anal area or pain when passing stool?

(11) Have you noticed warts in your genital area?

STI M (12) Do you have any testicular pain?

(13) Do you have any vaginal itching?

STI F (14) Do you have any blood spotting after sex?

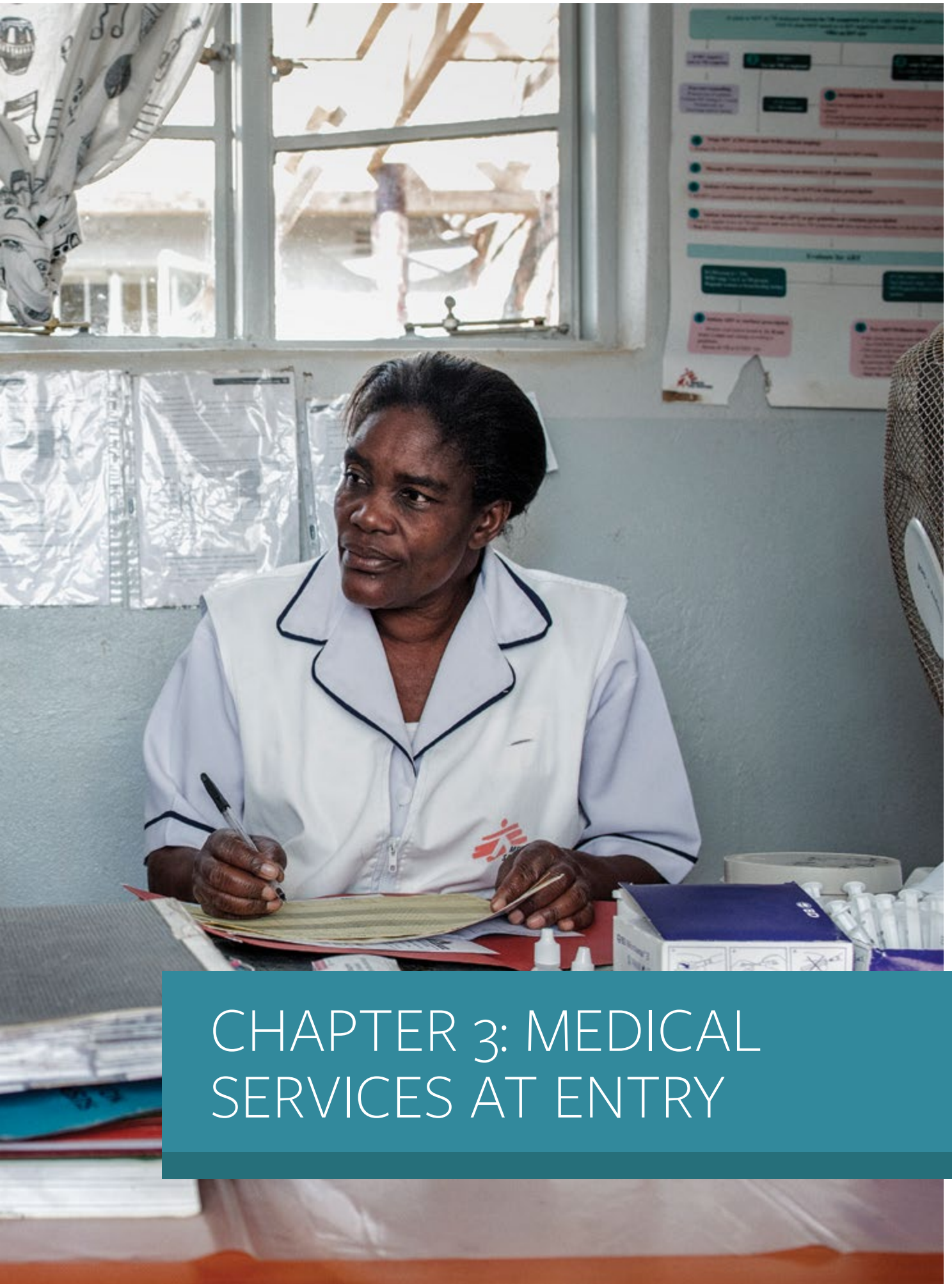
(15) Do you currently have any vaginal wounds?

If any STI question is answered "yes" please treat as per national guidelines

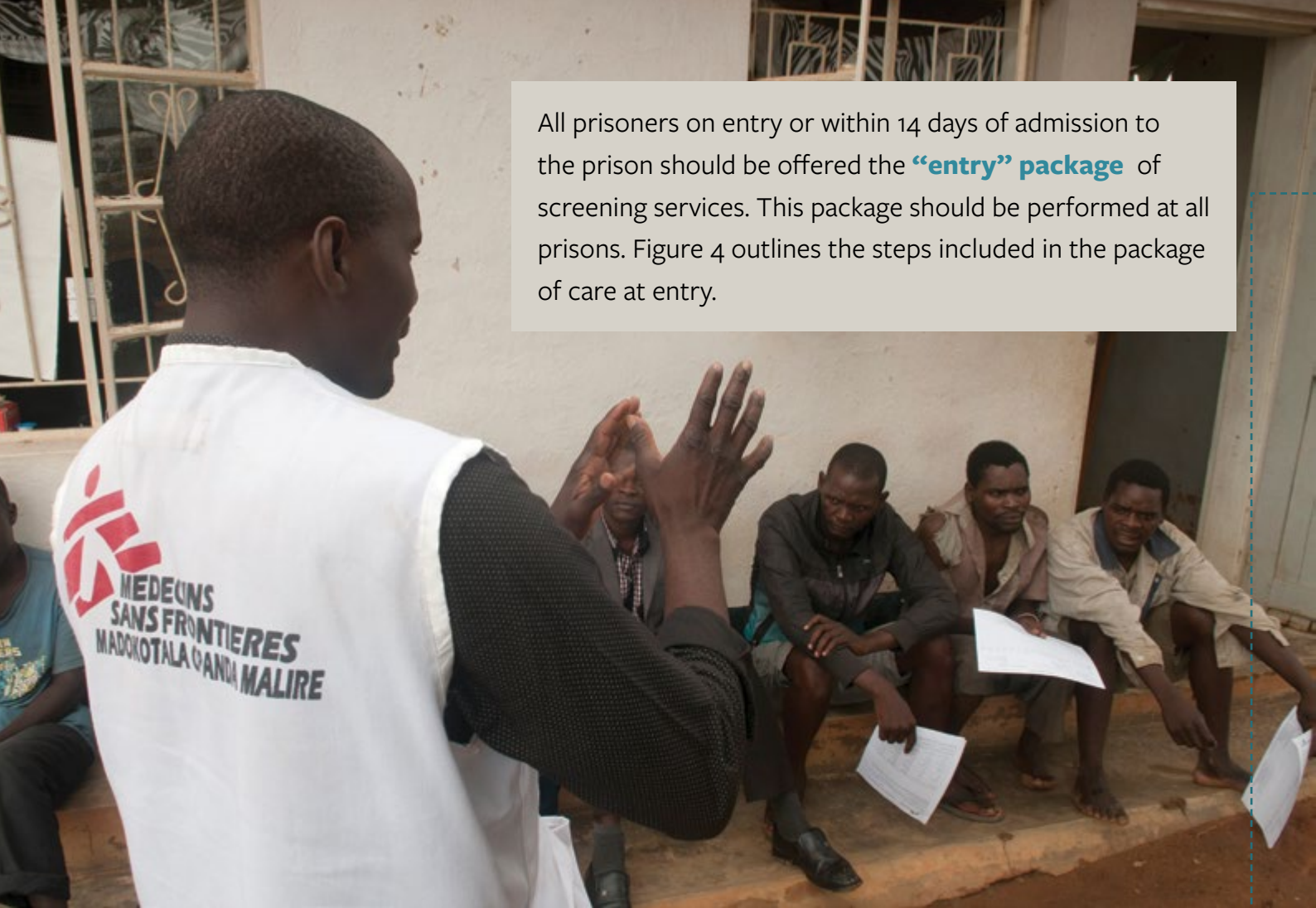
visit date	Residency Status	Weight	BMI	BP	HIV test	Tb screen	Tb Smear	Tb GeneXpert	Syphilis test	STI exam	Other cond.	Referral	Next Appoint
day mo yr	Entry Stay Exit	(kg)			positive negative inconclusive refused not done	suspected all negative on treatment not done	positive negative not done	MTB+ MTB- RIF+ RIF- not done	positive negative not done	positive negative not done	Yes No	Yes No	day mo yr
	En St Ex				P N I R ND	TB N OT ND	P N ND	M+ M- R+ R- ND	P N ND	P N ND	Y N	Y N	
Comments:													
	En St Ex				P N I R ND	TB N OT ND	P N ND	M+ M- R+ R- ND	P N ND	P N ND	Y N	Y N	
Comments:													
	En St Ex				P N I R ND	TB N OT ND	P N ND	M+ M- R+ R- ND	P N ND	P N ND	Y N	Y N	
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Comments:													
	En St Ex				P N I R ND	TB N OT ND	P N ND	M+ M- R+ R- ND	P N ND	P N ND	Y N	Y N	
Comments:													
	En St Ex				P N I R ND	TB N OT ND	P N ND	M+ M- R+ R- ND	P N ND	P N ND	Y N	Y N	
Comments:													

Instructions:
 If the question 'Other condition' is answered 'yes', please specify which condition in the 'Comments' field.
 If the 'Referral' question is answered 'yes', please indicate the reason for referral and the referral destination in the 'Comments' field.



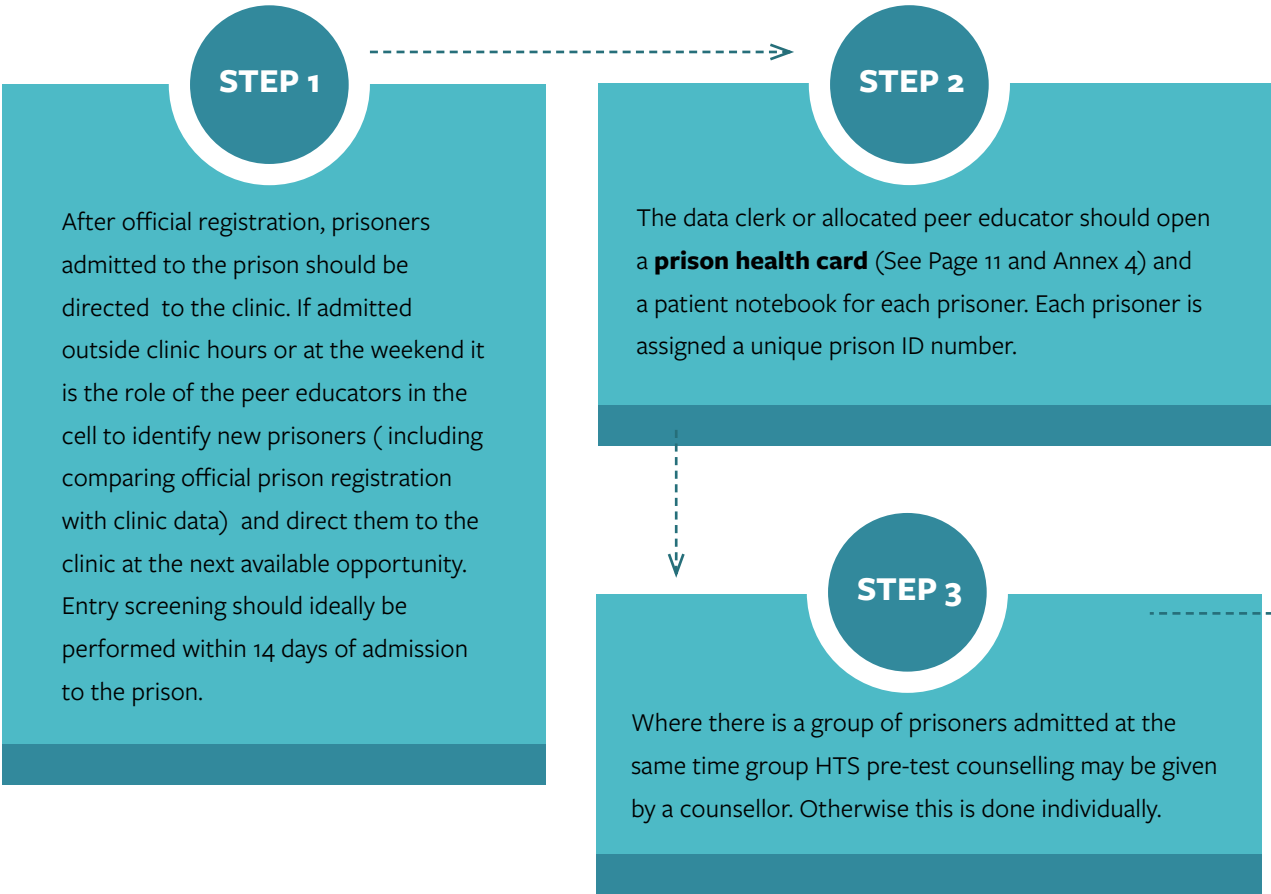


CHAPTER 3: MEDICAL SERVICES AT ENTRY



All prisoners on entry or within 14 days of admission to the prison should be offered the “**entry**” package of screening services. This package should be performed at all prisons. Figure 4 outlines the steps included in the package of care at entry.

Figure 4: Steps in screening at entry



STEP 4

Prisoners are seen individually by the counsellors for



HIV and syphilis testing.

HIV pre-and post-test counselling is performed in accordance with the Malawi HTS guidelines. Results of the HIV and syphilis test are noted on the prison health card.



Mental Health Screening

The objective of the mental health screening is to identify those prisoners with severe psychiatric disorders and those with mild to moderate depression and anxiety. The screening tool used can be found in Annex 6. Those with evidence of acute psychosis should be referred for the appropriate mental health services and where necessary admitted. Prisoners with mild to moderate signs of depression should be identified to the peer educators, so they may be offered peer support within the cell and to monitor for worsening of symptoms.

Explanation of the norms of prison life

Providing information about the organisation of daily life within the prison (organisation of meal times, lock up times, how to maintain basic hygiene, role of the nyapalas and peer educators within the cell) is an essential part of the preparation for entering the prison.

How to report physical and sexual violence and how to access post exposure prophylaxis (PEP)

Prisoners should be made aware of their right to report physical and sexual violence to the authorities within the prison and that they may access the clinic for medical treatment including PEP.

STEP 5

Prisoners are then seen individually by a clinician (CO, MA or nurse; in district prisons patient attendants should be trained to ask the basic screening questions). Using the prison health card clinicians specifically screen for:



HIV – documentation of the HIV test is noted. For any client testing positive they should be linked to care and treatment – see page 22



Symptoms of TB



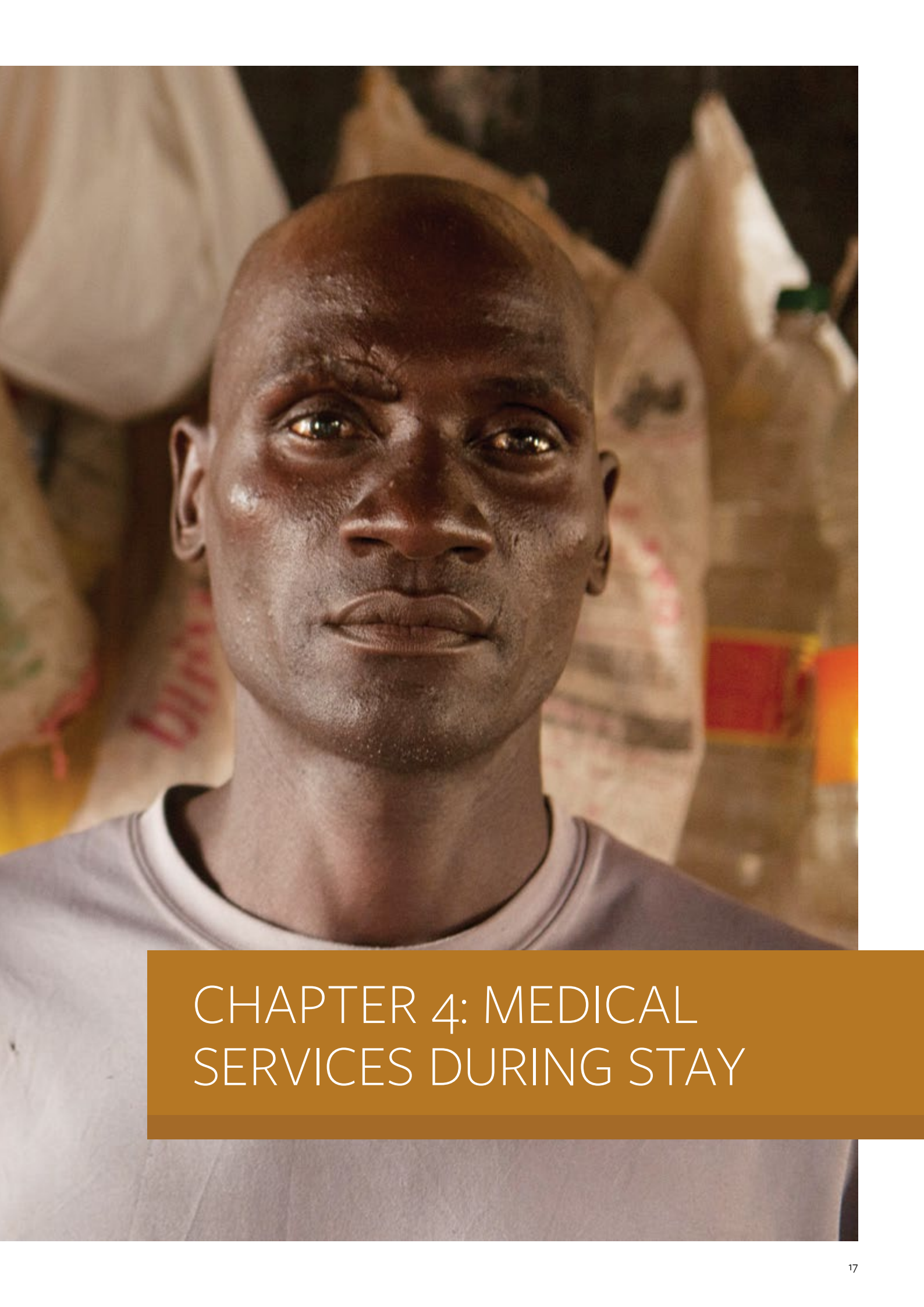
STI symptoms



Hepatitis vaccination is offered to all prisoners using a rapid vaccination schedule (Day 0, 7, 28).

Where this screening is performed by a clinician a full medical history and examination should be carried out to identify existing and acute medical problems. Where the entry assessment is carried out by a medical attendant, patients with long term conditions requiring chronic medication or clients with acute medical issues must be referred to the local ministry of health services.





CHAPTER 4: MEDICAL SERVICES DURING STAY

Biannual medical screening

To ensure all prisoners have had access to medical services and as part of infection control procedures within the prison, all prisoners are offered to attend for a medical screening twice a year. The activity should be led by the prison health services but will require collaboration with partners to screen the 1500-3000 prisoners held at central prisons.

Planning

When to perform the screening?

- To avoid the rainy season (the extra space needed to screen the prisoners is usually in tents and prisoners are locked in the cells when raining due to security issues) mass screening is usually performed in November (before the rains) and in March (after the rains).
- Approximately 150-200 prisoners are screened per day in large central prisons.

What logistical planning is needed?

It is suggested that planning between the prison healthcare team and partners starts one month before the planned screening. Points to consider:

- Identification of location for screening to be carried out. The suggested stations required to screen 150-200 prisoners daily are shown on pages 20 and 21
- Sourcing of additional tents, tables and chairs
- Identification of additional HR. Experience from Maula and Chichiri prisons has shown that approximately 150-200 prisoners can be screened with existing prison health staff plus 4 -6 additional staff to support HIV and syphilis testing

- Printing of additional stationary (sufficient prison health cards, TB sputum request forms, tally sheets to record daily activities)
- Provision of additional test kits (HIV, Syphilis, sputum containers, Xpert MTB/Rif cartridges) from ministry of health or implementing partners
- Where feasible refreshments may be offered for peer educators and staff supporting the screening
- Schedule for which cells to be screened each day to be made. This will depend on the estimated number of prisoners that can be screened daily
- Prison officers in charge should be made aware of the daily planning to organise the opening of cells and additional security measures needed.

Sensitisation

Two weeks before the planned screening, peer educators and the nyapalas for each cell should begin to sensitise prisoners about the screening event. It should be made clear what services will be offered (HIV, TB, STI screening and hepatitis B vaccination) and the benefits for their individual health but also for the communal health of the cell to prevent infection. In addition to the standard screening for HIV, TB and STIs one other health issue may be raised e.g. screening for skin disease or distribution of soap to encourage prisoners to attend.

Performing the screening activities

On the day of screening the selected cell/s is opened approximately 30 minutes earlier than the other cells. Prisoners are guided by the prison wardens to station 1 in the screening area.

Station 1: Distribution of prison health cards and weighing

All prison health cards for the selected cell are pulled out. Peer educators are allocated to distribute the prison health cards to prisoners and to document the weight for each prisoner. Each prisoner is called by their name according to their prison health card and queues to be weighed. Any prisoner without a prison health card is allocated one and given a unique identifier.



Station 2: Triage for HTS and Syphilis testing

Each prisoner is seen by a clinician to decide whether HIV and syphilis testing is due. The current recommendation is that all prisoners should be offered testing every six months. If prisoners directly request an HIV test it may be performed if the previous test was more than three months ago. Any patient due HTS / syphilis testing is directed to the HTS area (Station 3). If testing has been performed within 6 months they are directed to the registration area (Station 4)

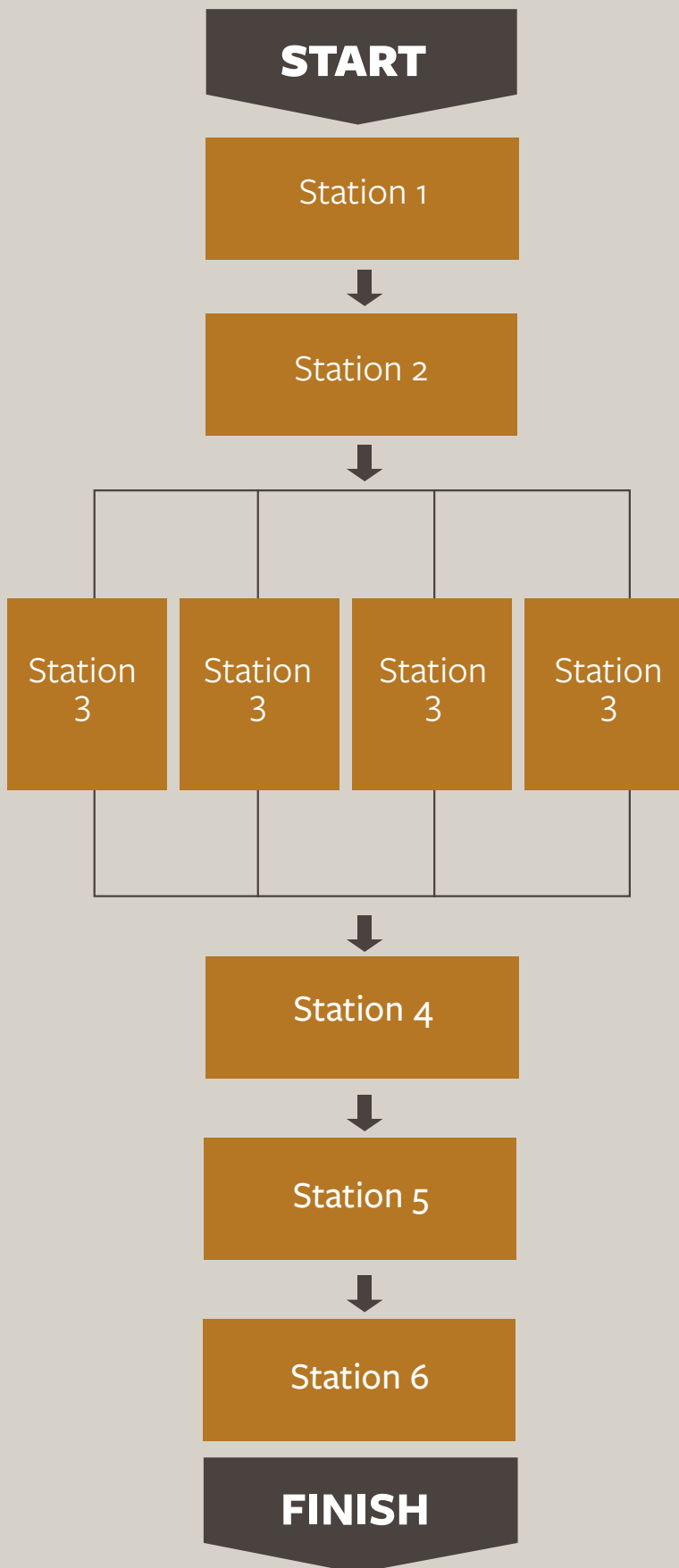
Station 3: HIV and syphilis testing

In central prisons aiming to screen 150-200 prisoners per day, 3-4 HIV testing stations are needed. To meet the demands the following patient flow is suggested:

- Prisoners should be organised to queue away from the entrance of the tent/ room where testing is being carried out to maintain privacy
- Pre-test counselling may be given to a group of 10 prisoners together
- Each prisoner should be allocated a unique sequential number from the HTS register used at the testing point
- Each prisoner in the group is then invited individually into the testing room and their full details recorded in the HTS register
- Blood is drawn and the first rapid test performed according to the standard Malawi HIV testing SOP. Syphilis testing, if due, is also conducted following the standard SOP.
- The unique identifier number from the HTS register is written onto the test kit
- The unique number assigned from the HTS register is listed on a paper and the time when the buffer is added documented. A timer should be started when the buffer is added to the first rapid test.
- To meet the demand for testing the counsellor does not wait one by one for each test result.
- The next prisoner is invited into the room to be bled and the same steps described above carried out. This is repeated for the group of 10. For each test the time the buffer is added is noted.
- Using the timer, it must be ensured that no test is read before 15 minutes has passed and no test is read later than 60 minutes from the addition of buffer.



- Once all 10 prisoners have been bled each prisoner is then called back individually to receive their result.
- Any positive HIV test is confirmed, post-test counselling given and the client linked to care and treatment services
- Outcomes of the HIV and syphilis tests are documented in the prison medical card



Station 4: Registration

This station is staffed by the clinic based peer educators. A daily tally sheet is kept documenting which prisoners have attended, the number of HIV and syphilis tests performed and the number of prisoners accepting to have TB and STI screening at station 5.



Station 5: Medical screening

Clinicians perform the screening questions for TB and STIs and identify any prisoner due Hep B vaccination.

For clients screening positive for TB, instruction is given as to how to produce a sputum specimen for TB testing. The prisoner is directed to a coughing booth to collect the sputum. Prisoners are asked to attend the OPD in the afternoon or next day to receive the results.

STIs are treated syndromically according to Malawi STI guidelines.

Prisoners are asked if they have any other major complaint and these are addressed by the clinicians.

Station 6: Hepatitis B Vaccination

Prisoners' Hep B vaccination status is checked on the prison health card and if not complete they are directed to the nurse assigned to provide hepatitis B vaccination.



HIV treatment (first and second line) should be provided in maximum security and central prisons according to the standard 2016 clinical management of HIV in children and adults in Malawi. Ministry of health documentation (ART Mastercards) and reporting tools should be used. CD4 testing may be performed on site using POC technologies where available. Viral load monitoring is performed by sending plasma or DBS samples to the local ministry of health viral load laboratory. HIV services may be offered at a specific day / time or integrated into the general OPD services.

In district prisons, prisoners on ART need to be referred to the nearest ART clinic where an agreement is made to provide HIV care to the local prison.

The following section describes how ART service delivery may be differentiated to adapt to the specific challenges faced by prisoners living with HIV.

Differentiated ART delivery for prisoners stable on ART

Clients are defined as being stable on ART when they are:

- Six months on ART
- Have a suppressed VL < 1000 copies/ml
- Have no concurrent opportunistic infections or uncontrolled co-morbidities

When stable, clinical visits are performed every three months and ART refills are collected every month from the clinic. Due to overcrowding and lack of storage space it is not felt to be feasible for prisoners to store more than one month supply in the cell.

Stable clients may be offered two options to collect their ART:

Individual ART refill:

The prisoner sees a clinician once every three months. The clinician prescribes 3 x one month ART supplies.

For the two subsequent refill visits, the client attends the pharmacy window directly to collect their ART.

Prison ART Group refill – See figure 5 for how prison ART groups function.

Prisoners on ART in district prisons should if possible be reviewed clinically every three months at the nearest MoH ART clinic. Where storage of ART at the prison dispensary is feasible a 3 month supply of ART should be provided, but one month is distributed to the prisoner to keep in the cell. For refill visits when stable the prisoner may be offered the option to collect the medication either individually or where numbers allow, the patient attendant may choose to form a prison ART group.



Role of peer educators in HIV care

As part of their role, peer educators have the following responsibilities regarding the provision of HIV care:

- Provide health education on how HIV is transmitted and the benefits of HIV testing
- Support daily adherence to ART for HIV positive clients in their cell
- Store ART for prisoners who do not have access to any storage space
- Assist with activities of the prison ART groups
- Support tracing of any client who does not attend for ART appointments
- Identify clients who develop new clinical symptoms requiring medical intervention

Figure 5: Prison ART Groups (PAGs)



WHEN	WHERE
Clinical review every 3 months; ART refill every month at booked time for the group	Clinic waiting area or in dispensary in district prisons
WHO	WHAT
Group refill may be performed by clinician or counsellor	ART refill Peer support and education



? Who is eligible to join a prison ART group?

Any patient fulfilling the criteria of stability (page 22) is eligible to join a prison ART group

? Who forms the groups?

The group formation is led by a delegated member of the prison ART clinic team. In MSF supported sites this has usually been a member of the counselling team. Each site should decide which staff member will take this role.

Ideally groups are formed of between 10-15 clients from the same cell but depending on numbers, clients from 2-3 cells may need to be combined.

Each group is assigned a group number and their mastercards can be filed together.

Each group should nominate a group leader.

Clients should be asked to consent for the peer educators in their cell to be informed of who is a member of each of the PAG groups. As part of their tasks, peer educators should support clients with adherence and ensure clients on ART attend for their clinical and refill appointments.

? What happens during a clinical visit?

Patients are seen every three months by a clinician (CO, MA or nurse). The clinical visit should be carried out according to the guidance in the guidelines on ART and follow the format of the ministry ART mastercard.

Three, one month prescriptions for ART should be made and the prisoner dispensed a once month supply.

What happens during a group refill visit?

STEP 1

The day before or morning of the group meeting:

The group: The group leader is asked to gather the group in the cell or in an agreed meeting place in the prison grounds. Group members are asked to raise any specific problems or challenges that they would like to address during the group meeting at the clinic

The clinic: Mastercards of the group are pulled and the ART for each client can be prepared

STEP 2

At the assigned time the group leader should ensure all their group members attend the clinic.

The group meets in the assigned area (usually the clinic waiting area) and group discussion is facilitated by the nominated health care worker at the clinic. The group should be encouraged to share issues and challenges. Group discussion should usually last for 20-40 minutes depending on the needs of the group

STEP 3

ART is distributed to the group members

STEP 4

Documentation

The refill is documented in the mastercard and the visit entered into the M and E system. The date for the next group meeting or clinical visit is documented in the ART appointment diary.

? What happens if a group member does not attend?

One of the main benefits of the groups is the peer responsibility for ensuring each member attends for their refill. If a member is missing, it is the group leader's responsibility to work with the group and peer educators in the cell to trace the whereabouts of the prisoner and encourage them to attend.

? What does the group do in between clinic visits?

In between visits, group members support each other with their daily adherence. Group members with storage space may also assist other members with the storage of their medication. Groups may choose to meet 1-2 times a month to discuss health issues and provide peer support.

The peer support may be extended when a group member is found to have a high viral load. Although the client with high viral load will be asked to attend for additional counselling sessions they may benefit from peer support to share experience of how better to manage adherence.


TB

Due to inadequate food provision in quantity and quality, overcrowded conditions and poor ventilation of the cells, rates of TB in prison are higher than in the general population. TB diagnosis should be accessible in all prisons in Malawi and initiation and maintenance of TB treatment performed at all high security and central prisons. In district prisons, prisoners suspected or diagnosed with TB should be referred as soon as possible to the nearest ministry of health service offering TB diagnosis and treatment.

In all sites prisoners receive TB treatment daily at the clinic or dispensary through a directly observed therapy system. District prisons should arrange appropriate referral for monitoring and repeat prescribing with a one month supply provided from the ministry of health TB clinic at each visit.

In the context of high rates of TB and high HIV prevalence rates in the Southern African setting, health services within prison should ensure that the principles of HIV/TB integration are in place.

Intensified case finding

As part of the three phase screening strategy all prisoners should be screened for TB at entry, twice a year during stay and at exit. All HIV positive clients are screened for TB at each clinical visit.

Peer educators should be trained to identify any prisoner who is coughing or complaining of other TB associated symptoms such as night sweats and weight loss and alert the clinic staff to this. Importantly all close contacts of any diagnosed case of TB should be screened as soon as possible. The tool used to support documentation of contact tracing can be found in Annex 7.

To enhance TB diagnosis in prisons, Malawi NTP has approved Xpert MTB/Rif as the first diagnostic test to be performed for all TB suspects. Xpert MTB/Rif cartridges should be made available via the national TB programme. Xpert MTB/Rif testing should ideally be performed onsite or when necessary, samples transported to the nearest TB

laboratory performing Xpert MTB/Rif testing. Two sputum samples are required, one for Xpert and where positive the second for smear examination to classify the case.

Chest X-Ray (CXR) is not routinely offered as a screening test for TB but the use of mobile CXR is being investigated as a tool to screen for TB in prison settings. Ideally CXR, where available, is recommended for all prisoners at entry.

IPT

IPT should be offered to HIV positive individuals with negative TB screening according to the 2016 clinical management of HIV in children and adults in Malawi (Section 9.3)

Rapid Initiation of ART

In HIV/TB co-infected individuals ART initiation is recommended as soon as possible and no later than 14 days after initiation of TB treatment.

Integration of TB and ART services

HIV/TB co-infected individuals should receive their clinical appointments and medication refills for both ART and TB treatment on the same day, in the same clinic and where possible from the same health care worker.

Adherence to TB medication

Counsellors should provide information on how to take TB medication and on how to recognise common side effects. Standard ministry of health TB flip charts can be used to assist counselling patients on TB. Peer educators should also assist patients continuing TB medication in the cell to adhere to their daily medication. They may also store tablets for prisoners who have no access to space for storage of personal possessions.

Infection control

Infection control interventions should be implemented in the cells, OPD and sick bay settings.

Infection control within the cells

In some cells additional ventilation may be provided using whirly bird devices installed in the ceilings. Such devices will not be available in all sites but where feasible windows should be left open to allow cross ventilation.

Within the cell any patient who is coughing or displaying other signs suggestive of TB should be rapidly identified by the peer educators and encouraged to attend the clinic. If the prisoner does not attend, the peer educator should alert the prison health care staff so they can review the patient during their weekly visits to the cells.

When identified as a TB case the prisoner should be moved from the main cell and be isolated in the TB section of the sick bay until 2 weeks of TB treatment have been completed.

Prisoners identified as TB suspects in the district prisons should be referred as soon as possible to their nearest MoH facility for diagnostic assessment. Where there is

a strong suspicion of TB and there is delay in diagnosis the prisoner should be moved from the main cell where possible. In district prisons TB patients are admitted in ministry of health hospitals for the first two weeks of treatment.

Infection control at the OPD

Cough triage should be implemented at the OPD. Coughing patients should be given surgical masks and be fast tracked for clinical assessment. Health promotion on how to “cover your cough” should be included in daily health talks.

Promotional posters in TB infection control have been developed to encourage good cough hygiene.

Health care workers should be provided with N95 masks to wear when attending to coughing patients and those with known TB.

Infection control in the sick bay

Patients diagnosed with TB should be moved from their cell to the sick bay for the first 2 weeks of treatment.

If very sick consideration should be given to transferring the prisoner to the nearest MoH hospital facility.



Nutrition

Availability of food is limited within the prison setting, especially for prisoners held away from their family home. Hence monitoring prisoners' BMI is an essential part of the medical screening process. Height is recorded at entry and weight measured and BMI calculated at entry, during the biannual screening exercise and at exit. Physical examination should also identify cases of micronutrient deficiency such as pellagra.

Cases of malnutrition are treated according to the Malawi Ministry of health nutrition guidelines:

Adult prisoners with severe malnutrition (BMI of < 16 or MUAC < 18.5 cm) are offered therapeutic feeding on a daily

basis at the clinic using 2 pots of ready to use therapeutic food (RUTF)(260g, 2700kca/day or 6 sachets of RUTF (92g 3000kcal/day) until their BMI exceeds 17 after which they are treated as moderate malnutrition.

Adult prisoners with moderate malnutrition (BMI ≥ 16 to < 17 or MUAC ≥ 18.5 to < 22 cm) are provided with 4.5kg of Likuni Phala (containing 10% sugar) and one litre of vegetable oil per month (1500kcal per day) or 3kg of corn soya blend (super cereal).

Therapeutic food is currently provided by partners supporting nutrition programmes within the prisons.



Mental Health

Responding to both acute and chronic mental health conditions is an important component of prison medical services. The tool found in annex 6 is used at entry to screen for severe psychiatric disorders and for depression and anxiety.

Prisoners with severe psychiatric disorders requiring medication should be reviewed twice a month by a clinician with mental health training where available. Access to antipsychotic and antidepressant medication as per the Malawi essential medication list should be available within the central prison pharmacies. During an acute episode, prisoners may be moved to the sick bay or a separate cell to avoid possible violence within the cell and where necessary, referral to a specialised psychiatric hospital should be made.

Conditions within the prison are often extremely challenging and peer educators play a vital role in discussing issues of mental health in the health talks and observing their cell mates for changes in behaviour that may indicate the development of depression, anxiety or more severe mental illness. Such prisoners should be encouraged to attend the clinic where counselling may be offered and the need for medication assessed.

The clinic health staff should also work with the prison authorities to ensure activities such as football, choir and regular open days with theatre or dance are organised. Such activities can incorporate health education messages and engage prisoners in activities that may be therapeutic for those with mild to moderate depression.



OPD Services

OPD services in central prisons should be provided according to the Malawi Standard Treatment Guidelines. Prisoners should be opportunistically screened for TB and mental health conditions and attention paid to the management of diarrhoea and skin conditions to prevent outbreaks within the cells.

Peer educators play an important role in identifying sick cell mates and encouraging them to attend the clinic. Under the supervision of the clinic health staff they also provide the daily health talks at the OPD clinic (See Annex 2) .

An example of a specific campaign to tackle an outbreak of scabies is given in the SOP in Annex 8.

Physical and sexual violence

The prison health service should ensure prisoners are aware of their right to report incidents of physical or sexual violence and are able to access medical care (including access to PEP). Prison health care workers should provide the necessary documentation should the prisoner wish to report the incident to the prison authorities or other third party such as UNODC or other legal and paralegal organisations. Standard reporting forms that may be used as medical certificates can be found in Annex 9. The following steps should be followed when examining a victim of violence:

- Consent should be obtained from the prisoner wishing to report the incident that they agree to share the details of the medical consultation with the prison authorities or other third party (e.g UNODC or other legal organisation)
- Perform a full history and clinical examination
- Record the nature and position of any injuries using the anatomical reporting template
- Complete the medical certificate
- Treat any acute injuries
- In the case of sexual violence provide prophylaxis for STIs and HIV (PEP)
- Provide psychological support to the victim



Sick Bay

In central prisons, a sick bay with 10-16 beds is provided for cases requiring short term observation or for cases who have been recently discharged from the hospital but are not fit enough to return to the cells. A separate room of 3-4 beds is allocated for patients completing their first 2 weeks of TB treatment or TB patients who are physically more unwell.

Every week one health care worker (CO or MA) is allocated to review prisoners in the sick bay daily. Peer educators are also assigned to the sick bay to assist prisoners with basic hygiene.

Referral to secondary care

All prisoners should have access to health services from the ministry of health system that are not available in the prison for both acute and chronic conditions. Transfer to the nearest MoH hospital should be arranged with the prison authorities. Patients with acute conditions and those attending for routine follow up of medical conditions, should be accompanied by a member of the prison warden

staff and peer educator. The health care worker who has made the referral should follow up with staff at the ministry of health facility to monitor the progress of the admission. Fig 6 outlines the responsibilities of the prison and health care team when a prisoner has been identified as needing referral to specialist services.

Fig 6: Roles of prison staff in the referral of prisoners to MoH hospital OPD or IPD services.







CHAPTER 5: MEDICAL SERVICES AT EXIT

Medical screening at exit

All prisoners should be offered the medical screening package before they exit the prison.



Every month the prison authorities provide the clinic with a list of prisoners due for release the following month.



Peer educators are asked to bring prisoners to the clinic 2 weeks prior to their exit date.



If HIV testing has been performed more than six months ago they are offered HIV testing services by the counsellors



Each prisoner is then assessed by a clinician, screened for TB and STI symptoms and the prison medical card completed indicating that this is the exit assessment in the first column.



Where necessary prisoners are linked with the social welfare services to support their reintegration into the community



For any prisoner with a chronic condition requiring ongoing follow up (HIV, TB, hypertension, diabetes) they should be linked to their selected ministry of health clinic.



Ensuring linkage to ministry of health services

To ensure continuity of care for patients on ART, TB and other chronic medications the following procedures are followed:

Identifying a MoH clinic: During the exit consultation, the prisoner should identify their choice of MoH ART / TB clinic. The prison health clinic should have the contact details of all nearby health facilities to advise them that a transfer will be made.

Documentation: On the day of exit prisoners pass through the clinic and are provided with

- standard ministry of health HIV or TB transfer forms
- their updated ART mastercard or TB treatment card
- their patient clinic notebook

- one month supply of ART, TB treatment or other chronic medication

Confirming linkage:

- Prisoners are advised to attend their clinic of choice within five days of discharge from the prison.
- Two weeks after the patient has left the prison, a nominated member of the prison healthcare team contacts the clinic to confirm whether the patient has registered.
- If the patient has not registered they are called by the health care worker.
- One further call is made to the identified clinic after 2 weeks to confirm linkage. If this has not occurred this is documented in the prison clinic register.

ANNEXES

The annexes listed below are available on the USB flashdrive provided with this booklet. It is also available for download at:



<https://samumsf.org/en/resources/hiv/key-populations/prison-toolkit-malawi>

Annex 1: Standard Drug List

Annex 2: Health talk key messages

Annex 3: Peer educator training materials

Annex 4: Prison medical card

Annex 5: Mentorship tools

Annex 6: Mental health screening tool

Annex 7: TB tools

Annex 8: SOP for scabies mass screening

Annex 9: Medical certificates for physical and sexual violence



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