

FINAL EVALUATION



EVALUATION OVERVIEW

IMPROVING COMPREHENSIVE MANAGEMENT OF TUBERCULOSIS AND HIV IN PRISON SETTINGS IN MADAGASCAR

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Evaluation dates: January - May 2023

Key project data

- **Country:** Madagascar
- **Budget:** €1,596,309
- **Lead organization:** Institut Pasteur in Madagascar
- **Start date:** 01/10/2019
End date: 30/09/2023
- **Partners:** Roman Apostolic Catholic Church/Catholic Chaplaincy of Prisons, Humanity & Inclusion and People Power Inclusion

Background

Access to health care for people in prison settings is impacted by many challenges that go above and beyond simply being incarcerated, including overcrowding and poor nutrition. It is estimated that volatile living conditions increase the risk of developing tuberculosis by around eight times in prison settings compared to among the general population, while HIV prevalence in prisons is estimated to be 0.3%. As tuberculosis is the leading cause of death among people living with HIV, it is particularly pertinent to give specific focus to HIV co-infection.



Project leads and implementation approach

Under the MIARINA project, the Institut Pasteur in Madagascar and their implementing partners collaborated with the Directorate for the Humanization of Detention and Social Reintegration, which is part of the Ministry of Justice, and the Tuberculosis Control Directorate and the Sexually Transmitted Infections and AIDS Directorate, which are part of the Ministry of Public Health.



Project objectives

Overall objective

Contribute to improving comprehensive management of tuberculosis and HIV infection in prison settings.



Expected outcome 1

Establish a functional inter-ministerial committee.

Expected outcome 2

Establish a mechanism for effective prevention and care in target prisons.

Expected outcome 3

Establish a psychosocial and economic support mechanism that enables reintegration and continuity of treatment.

Expected outcome 4

Generate evidence to improve awareness and case management approaches.

Evaluation results



Relevance

The MIARINA project's objectives and approaches are aligned with national tuberculosis (TB) control strategies that target prison populations in terms of awareness, testing and care. HIV care under the project is broader than the interventions set out in the National Strategic Plan, which are limited to behavior change communication.

Needs have been identified on the basis of prior experience, which has guided planning. The various different components (operational research, TB and HIV care, psychosocial and socio-economic support to enable post-prison reintegration) operate at different levels and are complementary to support prisoners with TB.

Effectiveness

Despite restrictions due to the COVID-19 pandemic and organizational and personnel changes, the MIARINA project successfully implemented planned activities. Mass sensitization combined with training nurses and a number of cellmates has contributed to identifying new cases of tuberculosis and HIV. The mechanism set up in collaboration with health services has made it possible to treat all diagnosed cases. Adherence to anti-tuberculosis treatment was supported by nurses who monitored patients while they were in prison. Adherence to antiretrovirals is less clear due to confidentiality issues. Continuity of treatment remains a key challenge when prisoners are released. There remains a lack of information on treatment to facilitate prisoner decision-making to protect themselves and those around them and to adhere to treatment. Prison staff trained in psychosocial and economic support have been extensively involved in interventions. This component has contributed to the development of skills among target inmates that will be useful to them when they are released from prison.

Efficiency

Project management was efficient with a budget spend rate of over 90% and most of the set targets were met. A more effective monitoring system and efficient steering committee would have made it possible to draw more in-depth lessons on all the interventions and potential areas of synergy. Collaboration between consortium members allowed for a coordinated approach, which took into account the different components of the project.

Impact

The MIARINA project contributed to building the capacity of prison clinics to test and treat tuberculosis and HIV cases in target institutions, and to sensitize inmates on the need for testing for these diseases. Engaging prisoners who were given responsibilities to identify people who are sick at a more general level has also increased access to care. However, there remains a lack of awareness among people on treatment in terms of adopting behaviors that promote treatment adherence, particularly outside of prison settings. Psychosocial support and support to prepare for economic reintegration have the potential to reduce stress levels, but the impact of this only partially contributes to the overall objective.

Sustainability

The objective of the project to create a multisectoral committee to engage the Ministry of Justice and the Ministry of Health was not achieved during the implementation period. It was only at the end of the project that a platform bringing together all stakeholders working on prison health was created.

Capacity strengthening has been possible by putting in place tools that will contribute to the sustainability of particular interventions implemented by the project, through relevant actors taking ownership of them. However, some economic reintegration and psychosocial support initiatives are unlikely to continue at the end of the project without external financial support, as they have not been sufficiently consolidated.

CONCLUSIONS AND RECOMMENDATIONS

The MIARINA project has made it possible to detect and manage tuberculosis cases in the target prisons. Challenges related to post-prison monitoring of patients require improved coordination between prison management, prison infirmaries and the health system, as well as greater awareness among prisoners who are on treatment.

HIV testing has proven to be more complicated in terms of targeting. Case management for HIV-positive patients outside of prison settings also remains a key challenge that requires increased awareness and counselling. In terms of prevention, the most significant challenge is the lack of condom promotion.

MIARINA provided a significant opportunity to take action and collect data in prison settings. More in-depth analysis of the data would have provided a richer understanding of factors that influence treatment completion and adherence.

The project has highlighted the importance of involving prison officials in interventions to improve prisoners' access to health services and to make it a priority.

Involving prisoners and giving them responsibilities has proved to be crucial, as they are the perfect intermediaries between the prison administration, nurses and their fellow inmates. Their level of ownership of health issues has made them critical stakeholders.

The psychosocial support component had made it possible to improve understanding between prisoners and those responsible for social reintegration. However, awareness raising of security personnel is needed.

The socio-economic support component has the potential to enable social reintegration. However, a long period is needed to be able to measure the effect of this component.

The MIARINA project has not capitalized on all opportunities to advocate for the health and rights of prison populations, including around the nutritional vulnerability of prisoners in relation to tuberculosis.

In conclusion, all the approaches that have been adopted contribute to the project objectives to varying degrees, but require a broader consideration of the context as well as coordination with all the actors involved in the response to HIV and tuberculosis in Madagascar.



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