

WORLD HEALTH ORGANIZATION-IRAQ MINISTRY OF HEALTH-IRAQ

NATIONAL TB CONTROL PROGRAM

**Health Needs Assessment for Tuberculosis Control in
Iraqi Prisons, 2012**

Prepared by:

*Respiratory and Chest Disease Specialized Center in Collaboration with
WHO-Iraq Office*

Annex (1)

**WORLD HEALTH ORGANIZATION-IRAQ MINISTRY OF HEALTH-IRAQ
NATIONAL TB CONTROL PROGRAM**

Prison Needs Assessment of Tuberculosis- Iraq – 2012

A standard checklist for the prison

Date of onsite observation:

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Serial Number:

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Name of the Governorate: _____

Name of the Prison: _____

Interviewer's name: _____

Interviewer's signature: _____

Field supervisor's name: _____

Field supervisor's signature: _____

1. Existence of law/legislation for provision of treatment and prevention of communicable diseases in prisons:

1	Yes	
2	No	

2. The capacity of this prison:

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3. The actual number of current prisoners on date of visit:

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4. The gender of the prisoners:

1	Male	
2	Female	
3	Male juvenile	
4	Female juvenile	

5. The type of accommodation provided at the prison:

1	Individual cells	
2	Room for up 6-12 prisoners	
3	Larger dormitories	
4	Apartments	

6. The number of accommodation types at the prison

No	Accommodation type	Number
1	Individual cells	
2	Room for up 6-12 prisoners	
3	Larger dormitories	
4	Apartments	

7. The area in square meters of each accommodation type:

No	Accommodation type	Area in square meters
1	Individual cells	
2	Room for up 6-12 prisoners	
3	Larger dormitories	
4	Apartments	

8. The official capacity and the actual capacity of each accommodation type:

No	Accommodation type	Official capacity	Actual capacity
1	Individual cells		
2	Room for up 6-12 prisoners		
3	Larger dormitories		
4	Apartments		

9. Existence of windows in all accommodation types that can be opened by prisoners?

1	Yes	
2	No	

10. Adequacy of natural ventilation in all accommodation types

1	Adequate	
2	inadequate	

11. Number of each accommodation with adequate natural ventilation

No	Accommodation type	N	Number with adequate natural ventilation
1	Individual cells		
2	Room for up 6-12 prisoners		
3	Larger dormitories		
4	Apartments		

12. Availability of functioning fans in all accommodation types

1	Available	
2	Not available	

13. Number of each accommodation with functioning fans

No	Accommodation type	Number	Number with functioning fans
1	Individual cells		
2	Room for up 6-12 prisoners		
3	Larger dormitories		
4	Apartments		

14. Types of available functioning fans

No	Type	Available	Not available
1	Ceiling fans		
2	Small fans that sit on a desk or other surface		
3	Fans that stand on the floor		
4	Fans mounted in a window opening		

15. Availability of regular running water in the prison?

1	Available	
2	Not available	

16. If the regular running water is not available: find out other arrangements to supply water for the prisoners?

1	Arrange regular supply of water through barrels/containers for each group of prisoners	
2	A small water container for each prisoner	
3	Others (specify.....)	

17. Availability of clean drinking water for the prisoners:

1	Available	
2	Not available	

18. Existence of toilets in or close to every cell/ dormitory:

1	Yes	
2	No	

19. The total number of toilets for the prisoners? _____

20. The degree of cleanliness of toilet

1	Good	
2	Moderate	
3	Poor	

21. The overall hygiene status of the prison:

1	Good	
2	Moderate	
3	Poor	

22. Availability of a special room for isolation of TB suspects/cases at the prison?

1	Available	
2	Not available	

23. The status of the available special room for TB suspects/cases at the prison

1	Well ventilated room with all necessary requirements	
2	Poorly ventilated room without requirement	

Annex (10)

وزارة الصحة-العراق

منظمة الصحة العالمية- العراق

البرنامج الوطني لمكافحة التدخين

تقييم احتياجات السجون حول مرض التدخين- العراق- ٢٠١٢

استبانة -السجناء

تعليمات عامة:

- الرجاء تعبئة الإجابات بقلم رصاص.
- الرجاء تعبئة كافة البيانات المناسبة.
- قبل بدء المقابلة، عرف عن نفسك وبين أهداف الدراسة ومحتويات الموافقة المستنيرة وفي حال موافقة المستجيب، اطلب منه التوقيع على الموافقة المستنيرة.
- ضمان فهم المستجيب للسؤال.
- قم بطرح كافة الأسئلة على كافة المستجيبين باستخدام عبارات موحدة.
- تأكد من قيام المستجيب بالإجابة عن كل سؤال. تأكد من أن إجابات المستجيب موضوعة في الأماكن المناسبة.
- راجع الاستبيان في نهاية المقابلة ثم قم بالتوقيع عليه
- سلم كافة الاستبيانات المعبئة إلى المشرف الميداني بصورة يومية.

تاريخ المقابلة: اليوم الشهر السنة

الرقم التسلسلي:

اسم المحافظة: _____

اسم السجن: _____

اسم مجري المقابلة: _____

توقيع مجري المقابلة: _____

اسم المشرف الميداني: _____

توقيع المشرف الميداني: _____

السؤال (١) ما هو عمرك بالسنوات؟

السؤال (٢): النوع الاجتماعي للسجين:

1	ذكر
2	أنثى

السؤال (٣): ما هو أعلى مستوى تعليمي حصلت عليه؟

1	أمي
2	لا يوجد تعليم نظامي لكن أستطيع القراءة والكتابة
3	التعليم الابتدائي
4	التعليم المتوسط أو الإعدادي
5	شهادة ما بعد الإعدادية
6	أخرى (الرجاء التحديد

السؤال (٤): ما هي حالتك الزوجية؟

1	أعزب
2	متزوج
3	مطلق/ منفصل
4	أرمل

السؤال (٥): ماذا كانت وظيفتك قبل دخول السجن؟

1	موظف
2	عامل ماهر
3	عمل غير ماهر
4	صاحب مهنة
5	متقاعد
6	تاجر
7	طالب
8	عاطل عن العمل
9	ربة منزل
10	أخرى (الرجاء التحديد

السؤال (٦): منذ متى وأنت مسجون؟

1	أقل من ٦ أشهر
2	٦-١٢ شهراً
3	١٢-١٨ شهراً
4	١٨-٢٤ شهراً
5	٢٤-٣٠ شهراً
6	٣٠-٣٦ شهراً
7	أكثر من ٣٦ شهراً

السؤال (٧): هل سبق وأن تم سجنك قبل هذه المرة؟

1	نعم
2	لا

السؤال (٨): إذا كانت الإجابة عن السؤال (٧) نعم، كم مرة تم سجنك في السابق؟

1	مرة واحدة	
2	مرتان	
3	ثلاث مرات	
4	أربع مرات أو أكثر	

السؤال (٩) هل أنت مدخن في الوقت الحالي؟

1	نعم	
2	لا	

السؤال (١٠) هل تعاقب الخمر في الوقت الحالي؟

1	نعم	
2	لا	

السؤال (١١) هل سمعت يوماً عن مرض التدن؟

1	نعم	
2	لا	

السؤال (١٢): هل سمعت يوماً عن البرنامج الوطني لمكافحة التدن؟

1	نعم	
2	لا	

السؤال (١٣): من وجهة نظرك، ما مدى خطورة مرض التدن في العراق؟

1	خطير جداً	
2	خطير نوعاً ما	
3	ليس خطير جداً	
4	لا أعرف	

السؤال (١٤): ما مدى خطورة مرض التدن في هذا السجن؟

1	خطير جداً	
2	خطير نوعاً ما	
3	ليس خطير جداً	
4	لا أعرف	

السؤال (١٥): هل كان هنالك يوماً تماساً بينك وبين حالة مصابة بمرض التدن في هذا السجن؟

1	نعم	
2	لا	

السؤال (١٦): هل تعتبر أنك تواجه خطر الإصابة بمرض التدن كونك مسجون في هذا السجن؟

1	مرجح للغاية	
2	مرجح نوعاً ما	
3	مستبعد نوعاً ما	
4	مستبعد جداً	
5	لا أعرف	

السؤال (١٧): هل تتوفر خدمات رعاية مرضى التدرن في هذا السجن؟

1	نعم
2	لا
3	لا أعرف

السؤال (١٨): إذا كانت الإجابة عن السؤال (١٧) نعم، هل تقدم معالجة مرض التدرن بالمجان؟

1	نعم
2	لا
3	لا أعرف

السؤال (١٩): ما هي المدة الزمنية اللازمة لأخذ الأدوية من قبل مريض التدرن؟

1	أقل من شهر
2	١-٣ أشهر
3	٣-٦ أشهر
4	٦-٩ أشهر
5	سنة أو أكثر
6	لا أعرف

السؤال (٢٠): هل تلقيت يوماً لقاحاً (مطعوم) لمرض التدرن (BCG)؟

1	نعم
2	لا
3	لا أعرف

السؤال (٢١): هل خضعت يوماً لفحص الإصابة بمرض التدرن في هذا السجن؟

1	نعم
2	لا

السؤال (٢٢): إذا كانت الإجابة عن السؤال (٢١) نعم، متى؟

1	عند الدخول الى السجن
2	خلال الفحص الطبي الدوري
3	عندما تم تشخيص حالة لأحد السجناء/الحراس
4	أخرى (الرجاء التحديد

السؤال (٢٣): إذا كانت الإجابة عن السؤال (٢١) نعم: ماذا كانت نتيجة الفحص؟

1	غير مصاب
2	تم تشخيصي على أساس حالة محتملة/مصابة بمرض التدرن
3	لا أعرف نتيجة الفحص

السؤال (٢٤): هل تعاني حالياً من أي من الأعراض التالية؟

لا	نعم		
		سعال لأكثر من ٣ أسابيع	1
		سعال منتج (إطلاق شيء ما من الفم)	2
		سعال دم	3
		حمى غير مبررة	4
		فقدان الشهية	5
		التعرق الليلي	6
		التعب/الإجهاد	7
		فقدان الوزن	8
		ألم في الصدر	9
		صعوبة في التنفس (قصر النفس)	10

السؤال (٢٥): هل أصبت يوماً ما بمرض التدرن؟

1	نعم
2	لا (انتقل إلى السؤال ٣١)

السؤال (٢٦): متى أصبت بمرض التدرن؟

1	بعد دخول السجن
2	٦ أشهر قبل دخول السجن
3	أكثر من ٦ أشهر قبل دخول السجن

السؤال (٢٧): إلى أين ذهبت للحصول على التشخيص والمعالجة لمرض التدرن؟

1	ذهبت إلى المرفق الصحي في السجن
2	ذهبت إلى مرفق صحي عام خارج السجن
3	ذهبت إلى مركز تابع للبرنامج الوطني لدحر التدرن
4	ذهبت إلى عيادة/مستشفى خاص خارج السجن
5	ذهبت إلى صيدلية
6	أخرى (الرجاء التحديد

السؤال (٢٨): في حال كنت مصاباً بمرض التدرن، كيف تعامل معك مجتمع السجن؟

1	قام السجناء والحراس بعزلي تماماً
2	قام معظم السجناء والحراس بعزلي
3	لم يتم عزلي على الإطلاق
4	تعامل معي كافة السجناء والحراس بشكل اعتيادي
5	تعامل معي معظم السجناء والحراس بشكل اعتيادي

السؤال (٢٩): هل حصلت على دعم مالي خلال فترة مرضك؟

1	نعم
2	لا

السؤال (٣٠): إذا كانت الإجابة عن السؤال (٢٩) نعم، من أين حصلت على الدعم المالي؟

1	مؤسسة حكومية
2	منظمة غير حكومية
٣	سلطة السجن
٤	حراس السجن
٥	السجناء
٦	أخرى (الرجاء التحديد

السؤال (٣١): إذا أصبح أحد المسجونين مصاباً بمرض التدرن، هل ستقدم له الدعم للحصول على المعالجة الطبية؟

1	نعم، بالتأكيد
2	نعم، ولكنني أخشى العدوى
3	لا، بالتأكيد
٤	لا أعرف

السؤال (٣٢): هل يتم في العادة عزل مرضى التدرن في هذا السجن؟

1	نعم
2	لا
3	لا أعرف

السؤال (٣٣): هل يجب أن تتجنب الأشخاص الذين تعافوا من مرض التدرن؟

1	نعم، قدر الإمكان
2	لا، فقد تعافوا
3	لا أعرف

السؤال (٣٤): هل يستطيع المصاب بمرض التدرن أن يعيش مستقبلاً اعتيادياً كما هو حال الآخرين؟

1	نعم
2	لا
3	لا أعرف

السؤال (٣٥): هل تعتقد أن الأشخاص المصابين بمرض نقص المناعة المكتسبة يجب أن يقلقوا من الإصابة بالتدرن؟

1	نعم
2	لا
3	لا أعرف

السؤال (٣٦): إذا كانت الإجابة عن السؤال (٣٥) نعم، فلماذا؟

1	من المرجح أن يصاب مريض نقص المناعة المكتسبة بالتدرن
2	لا أعرف (انتقل إلى السؤال ٣٨)
3	أخرى (الرجاء التحديد

السؤال (٣٧): إذا كانت الإجابة عن السؤال (٣٥) لا، فلماذا؟

1	ليس من المرجح أن يصاب مريض نقص المناعة المكتسبة بالتدرن أكثر من غيره
2	لا أعرف
3	أخرى (الرجاء التحديد

السؤال (٣٨): ما هو المصدر المعتاد لديك لتلقي المعلومات حول مرض التدرن؟

1	التلفاز
2	الإذاعة
3	موظف صحة في المرفق الصحي في السجن
4	موظف صحة في مرفق صحي عام/خاص
5	الأصدقاء
6	الإنترنت
7	الصحف
٨	أخرى (الرجاء التحديد

السؤال (٣٩): هل تلقيت يوماً رسالة معلومات وتثقيف وتواصل حول مرض التدرن خلال الأشهر الستة الماضية؟

1	نعم
2	لا (انتقل إلى السؤال ٤٣)

السؤال (٤٠): إذا كانت الإجابة عن السؤال (٣٩) نعم، ما هو مصدر الرسالة؟

1	التلفاز
2	الإذاعة
3	موظف صحة في المرفق الصحي في السجن
4	موظف صحة في مرفق صحي عام/خاص
5	الأصدقاء
6	الإنترنت
7	الصحف
٨	أخرى (الرجاء التحديد

السؤال (٤١): هل كانت الرسالة التي تلقيتها حول مرض التدن سهلة الفهم؟

1	نعم
2	لا

السؤال (٤٢): إذا كانت الإجابة على السؤال (٤١) لا، فلماذا؟

1	لغة الرسالة صعبة
2	محتويات الرسالة غير واضحة
3	محتويات الرسالة تفصيلية للغاية
4	محتويات الرسالة غير كاملة
5	محتويات الرسالة غير صحيحة في أغلبها
6	محتويات الرسالة لا يمكن تصديقها

السؤال (٤٣): هل تعتقد أن لديك معلومات جيدة حول مرض التدن؟

1	نعم
2	لا

السؤال (٤٤): هل تود الحصول على المزيد من المعلومات حول مرض التدن؟

1	نعم
2	لا

السؤال (٤٥): إذا كانت الإجابة عن السؤال (٤٤) نعم، ما هو مصدر المعلومات المفضل لديك؟

1	التلفاز
2	الإذاعة
3	موظف صحة
4	الأصدقاء
5	الإنترنت
6	الصحف
7	أخرى (الرجاء التحديد.....)

Annex (11)

السجون وبنو الأسلام العراقية المرشحة لدراسة تقديم الوثائق السجنية في العراق

ت	المسحقة	اسم الانشطة	نوع	المدة الاسبوعية	الموجودة	الانشطة								المسحقات
						الاطباء الاشخاص	الاطباء الاشخاص	الصيدلة	معاون طبي	معاون مختبر	الفرص	الفرص	باعت اجتماعي	
١	بغداد/كرك	سجن العمارة للسجون	رجال وساء	٥٠-٤٠٠	٦٥٥	٤	٤	٣	١٠	٣	١٢٢	١٢٢	١٥	مركز صحي رئيسي
٢	بغداد/كرك	سجن الحلة ١، ٢	رجال	٩٩٠	١٢٠٠	٢	٢	-	٥	٢	١٢٢	١٢٢	١٥	مركز صحي رئيسي
٣	بغداد/كرك	سجن اشدات الكرخ المرحلية	اعدات	٢٠٠	٤٦٠	٢	٢	-	٣	٣	٩٥	٩٥	١٠	عقلاء طلبة
٤	بغداد/كرك	سجن اشدات الكرخ المرحلية	اعدات	١٥٠	١٦٥	٢	٢	٥	٥	٢	٨٤	٨٤	١١	عقلاء طلبة
٥	بغداد/كرك	مجمع سجون الناصري	رجال	٥١٠٠	١٥١٢	٦	٢	٤	٥	٣	٢٢٠	٢٢٠	١٤	مركز صحي رئيسي مؤقت
٦	بغداد/كرك	سجن الكرخ المرحلية	رجال	٥٠٠٠	١٧٤٢	٢	١	٢	-	٣	١٣	١٣	١٥	مركز صحي رئيسي
٧	بغداد/كرك	سجن بغداد المرحلية	رجال	٥٢٠٠ ٣٠٠٠	١٦٠٥	٢	٤	٥	٥	١	١٣	١٣	٨	مستشفى الاصلاح الاجتماعي
٨	بغداد/كرك	عامة تاهيل السجون	مسيكين	٩٨	١٤٠	-	-	-	-	٣	٩٧	٩٧	٤	عقلاء طلبة
٩	بغداد/كرك	شركات الرصافة الاولى	رجال	٤٥٩	٩٠٧	-	-	-	-	-	١١٧	١١٧	-	مركز صحي رصافة ٢
١٠	بغداد/كرك	شركات الرصافة الثانية	رجال	٤٥٠	٥٦٠	-	-	-	-	-	١١٤	١١٤	-	مركز صحي رصافة ٢
١١	بغداد/كرك	شركات الرصافة الثالثة	رجال	١٠٤	٩٨	٢	٢	-	٩	٢	١١٠	١١٠	٥	مركز صحي رصافة ٢
١٢	بغداد/كرك	شركات الرصافة الرابعة	رجال	٣٢٤	٥٦٠	-	-	-	-	-	٢٢٥	٢٢٥	-	مركز صحي رصافة ٢

Annex (12)

Scoring for health care providers' knowledge of tuberculosis control: each correct response is given a score of one (total score is 16).

Question	Statement	Correct Response
10	How do you suspect TB cases?	All persons with otherwise unexplained productive cough lasting two–three weeks or more
11	Should all patients who cough be suspected of having TB?	No
15	How do you specifically diagnose pulmonary TB?	sputum smear examination
16	How many sputum samples are needed for diagnosis?	Any of two or three samples
17	A prisoner who is found to have smear-positive pulmonary TB may have infected other people. Who should be encouraged to come to the health facility to be checked for TB?	All prisoners who have cough
19	<u>Aims of treatment are:</u>	
19-1	Cure the patient and restore quality of life and productivity	Yes
19-2	Prevent death from active TB or its late effects	Yes
19-3	Prevent relapse of TB	Yes
19-4	Reduce transmission of TB to others	Yes
19-5	Prevent the development and transmission of drug resistance	Yes
22	What is the most critical aspect of directly observed treatment?	Watching the patient swallow the drugs
23	When should a new smear-positive pulmonary patient (Category I) get the first follow-up sputum examination?	During the last week of the second month of treatment (end of the initial phase of Category I treatment)
24	When should a relapse patient (smear-positive pulmonary TB; Category II) get the first follow-up sputum examination?	During the last week of the third month of treatment (end of the initial phase of Category II treatment)
25	How many times should most TB patients have follow-up sputum examinations?	Most cases should have 3 follow-up sputum examinations
26	of the following is the first line anti-tuberculosis drugs?	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol
27	What is the recommended treatment duration in new TB cases	6 months

Annex (13)

Checklist: Description of prisons according to their accommodation types, numbers and area of each accommodation and their occupation rate.

Prison	Individual cells			Room for up to 6-12 prisoners			Larger dormitories			Apartments		
	N	A	R	N	A	R	N	A	R	N	A	R
Deportation Prison-Najaf	---	---	---	10	42	17/12	---	---	---	---	---	---
Correctional Complex in Badosh	82	6	1/1	84	32	11/12	6	1200	310/320	---	---	---
Baghdad Gate Deportation Prison-Kerbala	3	3.75	1/1	---	---	---	6	44	174/150	---	---	---
Deportation Prison-6 in Resafa	---	---	---	8	8	16/14	---	---	---	---	---	---
Deportation Prison-4 in Resafa	---	---	---	2	25	25/20	---	---	---	---	---	---
Central Women Detention Prison-Baghdad	---	---	---	---	---	---	10	96	85/120	---	---	---
Central Prison-Basra	---	---	---	---	---	---	12	12	14/14	---	---	---
Prison Complex in Taji	---	---	---	---	---	---	25	90	60/90	---	---	---
Deportation Prison-13 in Resafa	13	2	2/4	---	---	---	---	---	---	---	---	---
Maximum Security Prison	24	4	1/1	18	12	8/12	14	28-90	20/25	---	---	---
Youth Prison/Karkh in Rehmania	---	---	---	---	---	---	4	144	25/25	---	---	---
Central Prison-Baghdad	---	---	---	25	16	16/12	25	240	30/25	---	---	---
Deportation Prison-Kirkuk	10	4	2/3	---	---	---	10	30	40/45	---	---	---
Central Prison-Thiqar	640	6	2/2	---	---	---	---	---	---	---	---	---
Susi Federal Prison-Sulaimanin	6	6	1/1	10	40	16/12	12	120	30/25	---	---	---
Central Prison-Misan	---	---	---	10	40	15/12	12	120	30/25	---	---	---
Deportation Prison 1 in Kerbala	---	---	---	---	---	---	6	300	336/300	---	---	---
Correctional Facility for adults in Duhok	---	---	---	---	---	---	---	---	---	45	117	9/10
Correctional Facility for adults in Babil	---	---	---	15	12	10/12	---	---	---	---	---	---
Deportation Prison in Salahelden	---	---	---	---	---	---	5	120	25/25	---	---	---

N; number of rooms/chambers, A; area (square meter), R; occupation rate (current number of prisoners/ actual capacity)

Annex (14)

Checklist: Description of prison according to gender of inmates.

Prison	Gender Type			
	M	F	M-J	F-J
Deportation Prison-Najaf	√	√	√	√
Correctional Complex in Badosh	√	√	√	√
Baghdad Gate Deportation Prison-Kerbala	√	---	√	---
Deportation Prison-6 in Resafa	√	---	---	---
Deportation Prison-4 in Resafa	√	---	---	---
Central Women Detention Prison-Baghdad	---	√	---	---
Central Prison-Basra	√	---	---	---
Prison Complex in Taji	√	---	---	---
Deportation Prison-13 in Resafa	√	---	---	---
Maximum Security Prison	√	√	---	---
Youth Prison/Karkh in Rehmania	---	---	√	---
Central Prison-Baghdad	√	---	---	---
Deportation Prison-Kirkuk	√	√	---	---
Central Prison-Thiqr	√	---	---	---
Susi Federal Prison-Sulaimanin	√	---	---	---
Central Prison-Misan	√	√	√	√
Deportation Prison 1 in Kerbala	√	√	---	√
Correctional Facility for adults in Duhok	√	---	---	---
Correctional Facility for adults in Babil	√	---	---	---
Deportation Prison in Salahelden	√	---	---	---
M ; male, F ; female, M-J ; male-juvenile, F-J ; female-juvenile.				

Annex (2)

وزارة الصحة-العراق

منظمة الصحة العالمية- العراق

البرنامج الوطني لمكافحة التدخين

تقييم احتياجات السجون حول مرض التدخين- العراق- ٢٠١٢

قائمة تحقق المعيارية للمرافق الصحية في السجون

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تاريخ زيارة الموقع:

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الرقم التسلسلي:

اسم المحافظة:

اسم السجن:

اسم مجري المقابلة:

توقيع مجري المقابلة:

اسم المشرف الميداني:

توقيع المشرف الميداني:

١. وجود قانون/تشريع حول توفير المعالجة والوقاية من الأمراض السارية في السجون:

1	نعم
2	لا

٢. سعة هذا السجن:

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٣. العدد الفعلي للسجناء الحاليين عند تاريخ الزيارة:

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٤. النوع الاجتماعي للسجناء:

1	ذكور
2	إناث
3	أحداث ذكور
4	أحداث إناث

٥. نوع الإقامة المتوفرة في السجن:

1	زنازين فردية
2	غرفة تتسع إلى ٦-١٢ سجين
3	مهاجع كبيرة
4	نظام شقق

٦. عدد أنواع الإقامة المتوفرة في السجن:

الرقم	نوع الإقامة	العدد
1	زنازين فردية	
2	غرفة تتسع إلى ٦-١٢ سجين	
3	مهاجع كبيرة	
4	نظام شقق	

٧. المساحة بالمتري المربع لكل نوع إقامة:

الرقم	نوع الإقامة	المساحة بالمتري المربع
1	زنازين فردية	
2	غرفة تتسع إلى ٦-١٢ سجين	
3	مهاجع كبيرة	
4	نظام شقق	

٨. السعة الرسمية والسعة الفعلية لكل نوع إقامة:

الرقم	نوع الإقامة	السعة الرسمية	السعة الفعلية
1	زنازين فردية		
2	غرفة تتسع إلى ٦-١٢ سجين		
3	مهاجع كبيرة		
4	نظام شقق		

٩. وجود نوافذ في جميع أنواع الإقامة والتي يمكن فتحها من قبل السجناء؟

1	نعم
2	لا

١٠. كفاية التهوية الطبيعية في كافة أنواع الإقامة:

1	كافية
2	غير كافية

١١. عدد أنواع الإقامة ذات التهوية الطبيعية الكافية:

الرقم	نوع الإقامة	العدد	عدد الأماكن ذات التهوية الطبيعية
1	زنازين فردية		
2	غرفة تتسع إلى ٦-١٢ سجين		
3	مهاجع كبيرة		
4	نظام شقق		

١٢. توفر مراوح صالحة في كافة أنواع الإقامة:

1	متوفرة
2	غير متوفرة

١٣. عدد أنواع الإقامة التي تحتوي على مراوح صالحة:

الرقم	نوع الإقامة	العدد	عدد الأماكن التي تحتوي على مراوح صالحة
1	زنازين فردية		
2	غرفة تتسع إلى ٦-١٢ سجين		
3	مهاجع كبيرة		
4	نظام شقق		

١٤. أنواع المراوح الصالحة المتوفرة:

الرقم	النوع	متوفرة	غير متوفرة
1	مراوح سقف		
2	مراوح صغيرة موضوعة على مكتب أو سطح آخر		
3	مراوح موضوعة على الأرض		
4	مراوح معلقة على فتحة النافذة		

١٥. توفر مياه جارية بشكل منتظم في السجن؟

متوفرة	1
غير متوفرة	2

١٦. إذا كانت المياه الجارية غير متوفرة: ما هي الترتيبات الأخرى المتوفرة لإمداد السجناء بالمياه؟

إمدادات منتظمة لإمدادات المياه من خلال براميل/حاويات لكل مجموعة من السجناء	1
حاوية مياه صغيرة لكل سجين	2
أخرى (الرجاء التحديد)	3

١٧. توفر مياه شرب نظيفة للسجناء:

متوفرة	1
غير متوفرة	2

١٨. وجود مراحيض في كل زنزانة/مهجع أو بالقرب منها:

نعم	1
لا	2

١٩. مجموع المراحيض المتوفرة للسجناء؟ _____

٢٠. درجة النظافة في المراحيض؟

جيدة	1
متوسطة	2
سيئة	3

٢١. الوضع الصحي العام في السجن:

جيدة	1
متوسطة	2
سيئة	3

٢٢. توفر غرفة خاصة لعزل الحالات المشتبه فيها/المؤكددة لمرض التدرن؟

متوفرة	1
غير متوفرة	2

٢٣. وضعية الغرفة الخاصة لعزل الحالات المشتبه فيها/المؤكددة لمرض التدرن في السجن:

غرفة ذات تهوية جيدة تحتوي على كافة المتطلبات الضرورية	1
غرفة ذات تهوية سيئة لا تحتوي على أية متطلبات	2

Annex (3)

WORLD HEALTH ORGANIZATION-IRAQ MINISTRY OF HEALTH-IRAQ
NATIONAL TB CONTROL PROGRAM

Prison Needs Assessment of Tuberculosis- Iraq – 2012

A standard checklist for the prison health facility

Date of onsite observation:

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Serial Number:

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Name of the Governorate: _____

Name of the Prison: _____

Interviewer's name: _____

Interviewer's signature: _____

Field supervisor's name: _____

Field supervisor's signature: _____

1. The availability of health facility at the prison:

1	Yes	
2	No	

2. The type of the available health facility

1	Hospital	
2	Health center	
3	Clinic	
4	Primary health care unit	

3. The categories and numbers of the health care providers employed at the health facility

Category of the health care providers	Number
Doctor	
Dentist	
Pharmacist	
Medical assistant	
Pharmacy assistant	
Nurse	
Laboratory assistant	
Social worker	
Total	

4. Number of health care providers received in-service training on TB care management during the last two years

Number of health care providers received in-service training on TB care management	Number
None	
1-5	
6-10	
More than 10	

5. Type of in-service training

1	Clinical/DOT	
2	TB program management	
3	Infection control	
4	Laboratory training	
5	Information/education/communication	
6	Counseling	
7	Others (specify.....)	

6. Number of health care providers trained per in-service training:

	Type of Training	No. of Trained
1	Clinical/DOT	
2	TB program management	
3	Infection control	
4	Laboratory training	
5	Information/education/communication	
6	Counseling	
7	Others (specify.....)	

7. Provision of DOT for the prisoners and prison staff at the health facility:

1	Yes	
2	No	

8. Availability of special location for provision of DOT

1	Available	
2	Not available	

9. Availability of TB guidelines at the health facility:

1	Available	
2	Not available	

10. Type of TB guidelines available

1	NTP guidelines	
2	Others (specify.....)	

11. Availability of laboratory services at the health facility:

1	Available	
2	Not available	

12. Availability of sputum smear services:

1	Available	
2	Not available	

13. Availability of laboratory reagents needed for sputum smear on date of visit

1	Available	
2	Not available	

14. Availability of functioning microscope

1	Available	
2	Not available	

15. Availability of pharmacy at the health facility

1	Available	
2	Not available	

16. Availability of anti-tuberculosis drugs at the health facility

1	Available	
2	Not available	

17. Are all anti-tuberculosis drugs available on date of visit

1	Yes	
2	No	

18. Are the anti-tuberculosis drug stocks adequate for the coming three months?

1	Yes	
2	No	

19. Availability of drug store room at the health facility

1	Available	
2	Not available	

20. The chemotherapy regimens used are in accordance with the NTP guidelines

1	Yes	
2	No	

21. TB morbidity/mortality information among prisoners/prison staff per last year (Ask medical staff, check treatment cards and registers)

Morbidity/mortality information	Number per last year
Number of TB suspects among the prisoners/prison staff per last year	
Number of sputum positive per last year among the prisoners/prison staff	
Number of extra-pulmonary TB cases per last year among the prisoners/prison staff	
The number of deaths among prisoners/prison staff attributed to TB per last year	
Number of TB prisoners/prison staff received DOT per last year	
Number of defaulters per last year	
Number of HIV positive among the TB cases per last year	

22. Registration and recording of TB cases is carried out regularly

1	Yes	
2	No	

23. TB Registries at the health facility are NTP format

1	Yes	
2	No	

24. Are cases specifically reported as prison cases?

1	Yes	
2	No	

25. Is referral given every time when TB patients are referred or transferred?

1	Yes	
2	No	

26. Availability of TB IEC materials at the health facility

1	Yes	
2	No	

27. Types of available IEC materials

1	Posters	
2	Leaflets	
3	Pamphlets	
4	Flyers	

28. Contents of IEC materials:

1	Specially directed towards prisoners	
2	Not specially directed towards prisoners	

29. Regular supervision/evaluation of the TB control activities

1	Yes	
2	No	

30. By whom?

1	NTP	
2	Others (specify.....)	

31. Date of the last supervisory visit:

1	A month ago	
2	Three months ago	
3	6 months ago	

32. Availability of the last supervisory report

1	Yes	
2	No	

Annex (4)

وزارة الصحة-العراق

منظمة الصحة العالمية- العراق

البرنامج الوطني لمكافحة التدخين

تقييم احتياجات السجون حول مرض التدخين- العراق- ٢٠١٢

قائمة تحقق المعيارية للمرافق الصحية في السجون

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تاريخ زيارة الموقع:

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الرقم التسلسلي:

اسم المحافظة:

اسم السجن:

اسم مجري المقابلة:

توقيع مجري المقابلة:

اسم المشرف الميداني:

توقيع المشرف الميداني:

١. توفر مرفق صحي في السجن:

1	نعم
2	لا

٢. نوع المرفق الصحي:

1	مستشفى
2	مركز صحي
3	عيادة
4	وحدة رعاية صحية أولية

٣. فئات وأعداد مقدمي الرعاية الصحية العاملين في المرفق الصحي:

فئة مقدمي الرعاية الصحية	العدد
طبيب	
طبيب أسنان	
صيدلي	
معاون طبي	
معاون صيدلي	
ممرض	
معاون مختبرات	
أخصائي اجتماعي	
المجموع	

٤. عدد مقدمي الرعاية الصحية الذين تلقوا تدريباً أثناء الخدمة حول إدارة (رعاية) مرضى التدرن خلال السنتين الماضيتين

عدد مقدمي الرعاية الصحية الذين تلقوا تدريباً أثناء الخدمة حول إدارة رعاية مرضى التدرن	العدد
لا يوجد	
١-٥	
٦-١٠	
أكثر من ١٠	

٥. نوع التدريب أثناء الخدمة

1	سريري/ المعالجة القصيرة الأمد تحت الإشراف المباشر
2	إدارة برنامج مكافحة التدرن
3	السيطرة على العدوى
4	تدريب مختبري
5	المعلومات/التتقيف/الاتصال
6	استشارات
7	أخرى (الرجاء التحديد)

٦. عدد مقدمي الرعاية الصحية المدربين حسب التدريب أثناء الخدمة:

ت	نوع التدريب	عدد المدربين
1	سريري/ المعالجة القصيرة الأمد تحت الإشراف المباشر	
2	إدارة برنامج مكافحة التدخين	
3	السيطرة على العدوى	
4	تدريب مخبري	
5	المعلومات/التثقيف/الاتصال	
6	استشارات	
7	أخرى (الرجاء التحديد)	

٧. توفير المعالجة القصيرة الأمد تحت الإشراف المباشر للسجناء وموظفي السجن في المرفق الصحي:

1	نعم	
2	لا	

٨. توفر موقع خاص لتوفير المعالجة القصيرة الأمد تحت الإشراف المباشر:

1	متوفر	
2	غير متوفر	

٩. توفر دليل عمل حول مرض التدخين في المرفق الصحي:

1	متوفر	
2	غير متوفر	

١٠. نوع الإرشادات المتوفرة حول مرض التدخين

1	إرشادات البرنامج الوطني لمكافحة التدخين	
2	أخرى (الرجاء التحديد)	

١١. توفر خدمات مختبرية في المرفق الصحي:

	متوفرة	1
	غير متوفرة	2

١٢. توفر خدمات فحص لطاخة البلغم (القشع):

	متوفرة	1
	غير متوفرة	2

١٣. توفر المواد الكاشفة المختبرية الضرورية لفحص لطاخة البلغم عند تاريخ الزيارة:

	متوفرة	1
	غير متوفرة	2

١٤. توفر مجهر صالح للعمل:

	متوفر	1
	غير متوفر	2

١٥. توفر صيدلية في المرفق الصحي:

1	متوفرة	
2	غير متوفرة	

١٦. توفر أدوية مضادة لمرض التدرن في المرفق الصحي:

	متوفرة	1
	غير متوفرة	2

١٧. هل كانت الأدوية المضادة لمرض التدرن كافية في المرفق الصحي:

	نعم	1
	لا	2

١٨. هل تتوفر كميات من الأدوية المضادة لمرض التدرن تكفي للأشهر الثلاثة القادمة؟

	نعم	1
	لا	2

١٩. توفر غرفة لتخزين الأدوية في المرفق الصحي:

	متوفرة	1
	غير متوفرة	2

٢٠. يتم استخدام الأدوية المضادة للتدرن حسب إرشادات البرنامج الوطني لمكافحة التدرن:

	نعم	1
	لا	2

٢١. المعلومات المتعلقة بالمرضاة/الوفيات لمرض التدرن بين السجناء/موظفي السجن خلال العام الماضي (يمكن الحصول على المعلومات من خلال طرح الأسئلة على الكادر الطبي، والتحقق من بطاقات المعالجة والسجلات)

المعلومات حول المرضة/الوفيات	العدد خلال العام الماضي
عدد الحالات المشتبه بإصابتها بمرض التدرن بين السجناء/موظفي السجن خلال العام الماضي	
عدد المصابين بمرض التدرن الإيجابي القشع خلال العام الماضي بين السجناء/موظفي السجن	
عدد حالات الإصابة بالتدرن غير الرئوي خلال العام الماضي بين السجناء/موظفي السجن	
عدد الوفيات بين السجناء/موظفي السجن بسبب مرض التدرن خلال العام الماضي	
عدد السجناء/موظفي السجن الذين تلقوا المعالجة القصيرة الأمد تحت الإشراف المباشر خلال العام الماضي	
عدد المنقطعين عن المعالجة خلال العام الماضي	
عدد حالات الإصابة بمرض نقص المناعة المكتسبة لدى المصابين بمرض التدرن خلال العام الماضي	

٢٢. يتم تسجيل وتقييد حالات الإصابة بمرض التدرن بشكل منتظم:

1	نعم
2	لا

٢٣. تعتمد سجلات مرض التدرن في المرفق الصحي على نماذج البرنامج الوطني لمكافحة التدرن:

1	نعم
2	لا

٢٤. هل يتم التبليغ عن الحالات على أنها حالات قادمة من السجن؟

1	نعم
2	لا

٢٥. هل يتم فعلاً تحويل مرضى التدرن في كل مرة تدعو فيها الحاجة لذلك؟

1	نعم
2	لا

٢٦. توفر مواد المعلومات والتثقيف والاتصال في المرفق الصحي:

1	نعم
2	لا

٢٧. الأنواع المتوفرة من مواد المعلومات والتتقيف والاتصال:

	ملصقات	1
	نشرات	2
	كتيبات	3
	مطويات	4

٢٨. محتويات مواد المعلومات والتتقيف والاتصال:

	موجهة بشكل خاص للسجناء	1
	غير موجهة بشكل خاص للسجناء	2

٢٩. توجد أنشطة الإشراف/التقييم للسيطرة على مرض التدن على نحو منتظم:

	نعم	1
	لا	2

٣٠. من قبل؟

	البرنامج الوطني لمكافحة التدن	1
	أخرى (الرجاء التحديد)	2

٣١. تاريخ آخر زيارة إشرافية:

	قبل شهر	1
	قبل ٣ أشهر	2
	قبل ٦ أشهر	3

٣٢. توفر آخر تقرير إشرافي:

	نعم	1
	لا	2

Annex (5)

WORLD HEALTH ORGANIZATION-IRAQ MINISTRY OF HEALTH-IRAQ
NATIONAL TB CONTROL PROGRAM

Prison Needs Assessment of Tuberculosis- Iraq – 2012

**A self administered questionnaire: HEALTH CARE PROVIDERS AT THE
PRISON HEALTH FACILITIES**

Serial Number:

Name of the Governorate: _____

Name of the prison: _____

Interviewer's name: _____

Interviewer's signature: _____

Field supervisor's name: _____

Field supervisor's signature: _____

Q1/ What is your gender?

1	Male	
2	Female	

Q2/ What is your specialty?

1	General Practitioner	
2	Chest physician	
3	Pharmacist	
4	dentist	
5	Medical assistant	
6	Pharmacy assistant	
7	Other health staff(lab, Xray, others)	
8	Administrative (accountant, driver, others)	

Q3/How many years of practice and experience in TB care do you have?

1	1-3	
2	3-5	
3	6-10	
4	>10	

Q4/. How do you perceive the magnitude of TB problem in Iraq?

1	Serious	
2	not so serious	
3	Not a major problem	
4	I do not know	

Q5/ How do you perceive the magnitude of TB problem in this prison?

1	Serious	
2	not so serious	
3	Not a major problem	
4	I do not know	

Q6/What is the source of your knowledge of TB?

1	In service training by NTP	
2	Academic college preparation	
3	Internet	
4	Medical conferences/seminars	
5	Other (please specify)	

Q7/ What is the number of training courses received about TB (outside your college student experience)?

1	0	
2	1-2	
3	>2	

Q8/ Indicate your agreement to the following statements about TB in Iraq?

	Statement	Yes	No	I do not know
1	TB is a public health emergency in Iraq			
2	The estimated prevalence of TB in Iraq is 200/100000 population			
3	The commonest age group affected is 15-54			
4	Around 250 cases of MDR are currently reported			
5	About 8000 people die of the disease per year in Iraq			

Q9/ What are the modes of TB transmission?

1	Droplet infection through sneezing, coughing and shouting	
2	Ingestion of raw milk	
3	1 and 2	
4	I do not know	

10/ How do you suspect pulmonary TB cases? Please tick one correct answer

1	All persons with otherwise unexplained productive cough lasting two–three weeks or more	
2	All persons with short period cough	
3	I do not know	

Q11/ Should all patients who cough be suspected of having TB?

1	Yes	
2	No	
3	I do not know	

Q12/ Is active TB case finding being practiced at the prison level?

1	Yes	
2	No	
3	I do not know	

Q13/ If the answer to Q (12) is "Yes" how active TB case finding is being practiced at the prison level?

1	TB screening at the Beginning work in prison	
2	Periodic TB screening/surveys	
3	Both	

Q14/ What are the screening approaches for active TB case finding practiced at the prison level?

1	Symptom-based screening	
2	Screening through radiography	
3	Contact investigation	
4	Tuberculin skin testing for latent TB infection	
5	Interferon Gamma Release Assay for latent TB infection	

Q15/ How do you specifically diagnose pulmonary TB? Please tick one correct answer

1	sputum smear examination	
2	Chest X-Ray	
3	Both sputum and chest x-ray	
4	Enzyme Linked Immuno-Sorbent Assay (ELISA)	
5	Polymerase Chain Reaction(PCR)	
6	Erythrocyte sedimentation rate (ESR)	
7	Clinically	
8	All	
9	I do not know	

Q16/ How many sputum samples are needed for diagnosis? Please tick one correct answer

1	One sample	
2	Two samples	
3	Three samples	
4	I do not know	

Q17/ A prisoner who is found to have smear-positive pulmonary TB may have infected other people. Who should be encouraged to come to the health facility to be checked for TB? Please tick one correct answer

1	All the prisoners in the ward	
2	All prisoners who have cough	
3	1 and 2	
4	I do not know	

Q18/ A prisoner who is found to have smear-positive pulmonary TB and received direct observation therapy. How the observation is being practiced at the prison level?

1	The prisoner is observed at the health facility	
2	The prisoner is observed and followed at the prison ward/room	
3	I do not know	

Q19/ Aims of TB treatment are:

	Statement	Yes	No	I do not know
1	Cure the patient and restore quality of life and productivity			
2	Prevent death from active TB or its late effects			
3	Prevent relapse of TB			
4	Reduce transmission of TB to others			
5	Prevent the development and transmission of drug resistance			

Q20/ Are you familiar with the National Tuberculosis Program in Iraq?

1	Yes	
2	No	

Q21/ Are you familiar with the DOTS?

1	Yes	
2	No	

Q22/ What is the most critical aspect of directly observed treatment? Please tick one correct answer

1	Talking to the patient and giving support	
2	Providing the drugs to the patient	
3	Watching the patient swallow the drugs	
4	Recording the treatment on the treatment card	
5	I do not know	

Q23/ When should a new smear-positive pulmonary patient (Category I) get the first follow-up sputum examination?

1	During the last week of the second month of treatment (end of the initial phase of Category I treatment).	
2	During the first week of the second month of treatment (end of the initial phase of Category I treatment).	
3	I do not know	

Q24/When should a relapse patient (smear-positive pulmonary TB; Category II) get the first follow-up sputum examination?

1	<i>During the last week of the third month of treatment (end of the initial phase of Category II treatment).</i>	
2	<i>During the first week of the third month of treatment (end of the initial phase of Category II treatment).</i>	
3	I do not know	

Q25/How many times should most TB patients have follow-up sputum examinations?

1	<i>Most cases should have 3 follow-up sputum examinations</i>	
2	<i>Most cases should have 2 follow-up sputum examinations</i>	
3	I do not know	

Q26/ Which of the following is the first line anti-tuberculosis drugs? Please tick one correct answer

1	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol	
2	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Cycloserine	
3	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Cycloserine, Kanamycin	
4	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Para amino Salicylic Acid (PAS)	
5	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Ofloxacin	

Q/27 What is the recommended treatment duration in new TB cases? Please tick one correct answer

1	1-3 months	
2	6 months	
3	8 months	
4	9 months	
5	12 months	
6	>12 months	

Q28/ Is there a contact tracing system in place in this health facility?

1	Yes	
2	No	
3	I do not know	

Q29/ How many TB cases you have diagnosed among the prisoners per last month?

1	0	
2	1	
3	1-3	
4	3-5	
5	>5	

Q30/ How many suspect TB patients do you refer to specialized clinics per month?

1	0	
2	1	
3	1-3	
4	3-5	
5	>5	

Q31/ In your opinion which of the following may be a cause for the TB patient to become a defaulter?

1	Poor awareness	
2	Feeling of improvement	
3	High cost of services	
4	Side effects of the drugs	
5	Other (please explain)	

Q32/ Are there treatment supporters for the TB patients among the prisoners?

1	Yes	
2	No	
3	I do not know	

Q33/ If the answer to Q 32 is "yes" what are the types of TB treatment supporters in prison?

1	Prison volunteers	
2	Community health care workers	
3	Prison guards	
4	Others (specify.....)	

Q34/How do you feel when examining TB patients?

1	Normal	
2	Fear of getting infection	
3	Other (specify.....)	

Q35/Have ever received training on information education and communication?

1	Yes	
2	No	

Q36/ Do you currently deliver IEC messages about TB as part of your job?

1	Yes	
2	No	

Q37/ If the answer to Q (35) is "yes "How often do you deliver IEC messages on TB?

1	When I see the patient in the examination room	
2	I used to organize IEC sessions for a group of TB patients at the prison health facility	
3	I used to participate in public lectures/sessions for the prisoners and prison guards at the prison level	
4	I used to participate in mass media programs	
5	Other (specify.....)	

Q38/How would you attribute the low TB case detection rate among prisoners?

1	Inadequate mechanisms to account for Case detection at the prison	
2	Diagnosis difficulties (lab, clinic, etc)	
3	TB patients are encountering difficulties in assessing the services	
4	Lack of professional training	
5	The low case detection rate because TB is absent	
6	Others (specify.....)	

Annex (6)

وزارة الصحة-العراق

منظمة الصحة العالمية- العراق

البرنامج الوطني لمكافحة التدخين

تقييم احتياجات السجون حول مرض التدخين- العراق- ٢٠١٢

استبيان يملء من قبل المشارك: مقدمي الرعاية الصحية في المرافق الصحية في السجون

الرقم التسلسلي:

اسم المحافظة: _____

اسم السجن: _____

اسم مجري المقابلة: _____

توقيع مجري المقابلة: _____

اسم المشرف الميداني: _____

توقيع المشرف الميداني: _____

السؤال (١): ما هو نوعك الاجتماعي؟

1	ذكر	
2	أنثى	

السؤال (٢): ما هو تخصصك؟

1	طبيب عام	
2	أخصائي صدر	
3	صيدلي	
4	طبيب أسنان	
5	مجال التمريض	
6	معاون صيدلي	
7	ملاكات فنية سائدة (مختبر، أشعة، أسنان، وفائي)	
8	ملاكات ادارية (اداري، محاسب، سائق، أخرى)	

السؤال (٣): كم عدد سنوات الخبرة لديك حول مرض التدن؟

1	١-٣	
2	٣-٥	
3	٦-١٠	
4	أكثر من ١٠	

السؤال (٤): كيف تقدر حجم مشكلة مرض التدن في العراق؟

1	خطيرة	
2	لبست خطيرة جداً	
3	لبست مشكلة كبيرة	
4	لا أعرف	

السؤال (٥): كيف تقدر حجم مشكلة مرض التدن في هذا السجن؟

1	خطيرة	
2	لبست خطيرة جداً	
3	لبست مشكلة كبيرة	
4	لا أعرف	

السؤال (٦): ما هو مصدر معرفتك حول مرض التدرن؟

1	التدريب أثناء الوظيفة من قبل البرنامج الوطني لمكافحة التدرن
2	الدراسة الأكاديمية
3	الانترنت
4	المؤتمرات/الندوات الطبية
5	أخرى (الرجاء التحديد)

السؤال (٧): كم عدد الدورات التدريبية التي التحقت بها حول مرض التدرن (خارج إطار الدراسة الأكاديمية)؟

1	٠
2	١-٢
3	أكثر من ٢

السؤال (٨): ما هي صحة العبارات التالية حول مرض التدرن في العراق؟

العبارة	نعم	لا	لا أعرف
1			
يعتبر مرض التدرن قضية خطيرة على الصحة العامة في العراق			
2			
يبلغ معدل الشيوخ المقدّر لمرض التدرن في العراق ١٠٠٠٠٠/٢٠٠			
3			
الفئة العمرية الأكثر تعرضاً للمرض هي ١٥-٥٤ عاماً			
4			
يتم التبليغ حالياً عن نحو ٢٥٠ حالة للتدرن المقاوم للأدوية المتعددة			
5			
يموت نحو ٨٠٠٠ شخص سنوياً بسبب مرض التدرن في العراق			

السؤال (٩): ما هي طرق انتقال مرض التدرن؟

1	العدوى بالرذاذ عن طريق العطاس، السعال، الصراخ
2	بلع الحليب غير المعقم
3	١، ٢
4	لا أعرف

السؤال (١٠): كيف تشنّبه في حالات مرض التدرن الرئوي؟ الرجاء التأشير على الإجابة الصحيحة

1	كافة الأشخاص الذين يعانون من سعال غير مبرر يستمر لمدة ٢-٣ أسابيع أو أكثر
2	كافة الأشخاص الذين يسعلون لفترة قصيرة
3	لا أعرف

السؤال (١١): هل يجب الاشتباه في جميع الأشخاص الذين يسعلون في أنهم مصابون بمرض التدرن؟

1	نعم
2	لا
3	لا أعرف

السؤال (١٢): هل يتم بشكل فعال التفصي عن حالات مرض التدرن على مستوى السجن؟

1	نعم
2	لا
3	لا أعرف

السؤال (١٣): إذا كانت الإجابة عن السؤال (١٢) نعم، كيف؟

1	فحص مرض التدرن عند بدأ العمل في السجن
2	الفحص/المسح الدوري لمرض التدرن
3	كلاهما

السؤال (١٤): ما هي طرق كشف حالات الإصابة بمرض التدرن المتبعة على مستوى السجن؟

1	الفحص على أساس الأعراض
2	الفحص عن طريق الأشعة
3	فحص الملامسين
4	اختبار السلين (التيوبركلين) الجلدي للإصابة الكامنة بمرض التدرن
5	فحص الانتزفرون جاما للإصابة الكامنة بمرض التدرن

السؤال (١٥): كيف تقوم بالتحديد بتشخيص مرض التدرن الرئوي؟/الرجاء التأكيد على الإجابة الصحيحة

1	فحص لطاخة البلغم
2	فحص الأشعة السينية للصدر
3	١، ٢
4	فحص ELISA
5	فحص PCR
6	فحص (معدل ترسب كريات الدم الحمراء)
7	سريراً
8	جميع ما ذكر
9	لا أعرف

السؤال (١٦): كم عدد عينات البصاق الضرورية للتشخيص؟ الرجاء التأشير على الإجابة الصحيحة

1	عينة
2	عينتان
3	ثلاث عينات
4	لا أعرف

السؤال (١٧): قد يكون الشخص المصاب بمرض التدرن الإيجابي البصاق قد عدى أشخاصاً آخرين. من يجب تشجيعه للقدوم إلى المرفق الصحي من أجل فحص مرض التدرن؟ الرجاء التأشير على الإجابة الصحيحة

1	كافة السجناء في الجناح
2	جميع السجناء الذين يسعلون
3	٢، ١
4	لا أعرف

السؤال (١٨): بالنسبة إلى شخص كان مصاباً بمرض التدرن الإيجابي البصاق وتلقى علاجاً تحت إشراف مباشر. كيف تتم المتابعة على مستوى السجن؟

1	تتم مراقبة السجين في المرفق الصحي
2	تتم مراقبة السجين ومتابعته في جناح/غرفة السجن
3	لا أعرف

السؤال (١٩): ما هي أهداف معالجة مرض التدرن؟

الهدف	نعم	لا	لا أعرف
1 معالجة المريض واستعادة جودة الحياة والإنتاجية لديه			
2 منع حدوث الوفيات للتدرن الفعال أو آثاره لاحقاً			
3 منع الانتكاس بسبب المرض			
4 تقليل انتقال المرض للآخرين			
5 منع تطوير ونقل مقاومة الأدوية			

السؤال (٢٠): هل سمعت عن البرنامج الوطني لمكافحة التدرن في العراق؟

1	نعم
2	لا

السؤال (٢١): هل سمعت عن المعالجة القصيرة الأمد تحت الإشراف المباشر؟

1	نعم
2	لا

السؤال (٢٢): ما هو الجانب الأكثر أهمية في المعالجة تحت الإشراف المباشر؟ الرجاء التأشير على الإجابة الصحيحة

1	التحدث مع المريض وتقديم الدعم	
2	تقديم الأدوية للمريض	
3	مراقبة المريض عند ابتلاع الأدوية	
4	تسجيل المعالجة على بطاقة المعالجة	
5	لا أعرف	

السؤال (٢٣): متى يجب أن يجرى للمصاب بمرض التدرن الإيجابي البصاق (الفئة الأولى) أول فحص متابعة للبصاق؟

1	خلال الأسبوع الأخير من الشهر الثاني للعلاج (نهاية المرحلة الأولى من معالجة الفئة الأولى)	
2	خلال الأسبوع الأول من الشهر الثاني للعلاج (نهاية المرحلة الأولى من معالجة الفئة الأولى)	
3	لا أعرف	

السؤال (٢٤): متى يجب أن يجرى للمريض المنتكس (مرض التدرن الإيجابي البصاق-الفئة الثانية) أول فحص متابعة للبصاق؟

1	خلال الأسبوع الأخير من الشهر الثالث للعلاج (نهاية المرحلة الأولى من معالجة الفئة الثانية).	
2	خلال الأسبوع الأول من الشهر الثالث للعلاج (نهاية المرحلة الأولى من معالجة الفئة الثانية).	
3	لا أعرف	

السؤال (٢٥): كم عدد مرات إجراء فحوص متابعة البصاق لمعظم المصابين بمرض التدرن؟

1	يجب أن يجرى لمعظم الحالات ٣ فحوصات	
2	يجب أن يجرى لمعظم الحالات فحصين	
3	لا أعرف	

السؤال (٢٦): أي مما يلي يعد دواء الخطط الأمامي المضاد للتدرن؟ الرجاء التأشير على الإجابة الصحيحة

1	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol	
2	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Cycloserine	
3	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Cycloserine, Kanamycin	
4	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Para amino Salicylic Acid (PAS)	
5	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Ofloxacin	

السؤال (٢٧): ما هي مدة المعالجة الموصى بها للحالات الجديدة المصابة بمرض التدن؟ الرجاء التأشير على الإجابة الصحيحة

1	٣-١ أشهر
2	٦ أشهر
3	٨ أشهر
4	٩ أشهر
5	١٢ شهراً
6	أكثر من ١٢ شهراً

السؤال (٢٨): هل يوجد في هذا المرفق الصحي نظام لتقصي ملامسي (مخالطي) مرضى التدن في أماكنهم ؟

1	نعم
2	لا
3	لا أعرف

السؤال (٢٩): كم عدد حالات مرض التدن التي شخصت بين السجناء خلال الشهر الماضي؟

1	٠
2	١
3	٣-١
4	٥-٣
5	أكثر من ٥

السؤال (٣٠): كم عدد المشتبه اصابتهم بالتدن الذين يحولون إلى العيادات المختصة شهرياً؟

1	٠
2	١
3	٣-١
4	٥-٣
5	أكثر من ٥

السؤال (٣١): من وجهة نظرك، أي مما يلي قد يكون السبب وراء تغيب مريض التدن عن العلاج؟

1	قلة الوعي
2	الشعور بالتحسن
3	الكلفة العالية للخدمات
4	الآثار الجانبية للأدوية
5	أخرى (الرجاء الشرح)

السؤال (٣٢): هل يوجد من يجهز علاج مرضى التدن السجناء؟

1	نعم
2	لا
3	لا أعرف

السؤال (٣٣): إذا كانت الإجابة عن السؤال (٣٢) نعم، ما هي أنواع مجهزي علاج مرضى التدرن في السجن؟

1	المتطوعين في السجن
2	مقدمي الرعاية الصحية المجتمعية
3	حراس السجن
4	أخرى (الرجاء التحديد.....)

السؤال (٣٤): كيف يكون شعورك عند فحص المصابين بمرض التدرن؟

1	عادي
2	خائف من العدوى
3	أخرى (الرجاء التحديد.....)

السؤال (٣٥): هل تلقيت يوماً تدريباً حول التوعية والتثقيف و التواصل؟

1	نعم
2	لا

السؤال (٣٦): هل تقوم حالياً بتوصيل رسائل توعية و تثقيف و تواصل حول مرض التدرن كجزء من عملك؟

1	نعم
2	لا

السؤال (٣٧): إذا كانت الإجابة على السؤال ٣٦ نعم، متى تقوم بتوصيل رسائل توعية و تثقيف و تواصل لمرضى التدرن؟

1	عندما أقابل المريض في غرفة الفحص
2	اعتدت تنظيم جلسات للمعلومات والتثقيف والاتصال لمجموعة من مرضى التدرن في عيادة/مستشفى السجن
3	اعتدت لقاء محاضرات/ندوات عامة للسجناء و الحراس حول مرض التدرن
4	اعتدت المشاركة في البرامج الإعلامية الجماهيرية
5	أخرى (الرجاء التحديد.....)

السؤال (٣٨): ما هو السبب وراء قلة معدل اكتشاف حالات التدرن بين السجناء؟

1	اليات كشف الحالات التدرنية في السجن غير كافية
2	الصعوبات المتعلقة بالتشخيص (المختبر، العيادة... الخ.)
3	قلة ثقة المرضى بالخدمات الصحية المقدمة في السجن
4	قلة التدريب المهني
5	يعتبر معدل اكتشاف الحالات قليل بسبب عدم وجود حالات مرض التدرن
6	أخرى (الرجاء التحديد.....)

Annex (7)

WORLD HEALTH ORGANIZATION-IRAQ MINISTRY OF HEALTH-IRAQ
NATIONAL TB CONTROL PROGRAM
Prison Needs Assessment of Tuberculosis- Iraq – 2012

QUESTIONNAIRE- GUARDS

General Instructions:

- Please fill in pencil.
- Please fill all of the appropriate data.
- Before beginning of the interview, introduce yourself and explain the aims of the study and the contents of the informed consent and if the respondent agrees then let him/her sign the informed consent.
- Ensure that the respondent understands the question.
- Ask all the respondents all the questions in the same wordings.
- Ensure that the respondent answers each question. Ensure that the respondent's answers are recorded in appropriate places.
- Revise the questionnaire at the end of the interview and sign.
- Give all the completed questionnaires to the field supervisor daily.

Date of interview: DD MM YY

Serial Number:

Name of the Governorate: _____

Name of the Prison: _____

Interviewer's name: _____

Interviewer's signature: _____

Field supervisor's name: _____

Field supervisor's signature: _____

Q1/What is your age in years?

Q2/ Gender of the guard:

1	Male	
2	Female	

Q3/ What is the highest level of education you have attained?

1	Illiterate	
2	No formal education but can read and write	
3	Primary education	
4	Intermediate/ Secondary	
5	Higher than secondary	
6	Other (specify.....)	

Q4/ What is your marital status?

1	Single	
2	Married	
3	Divorced/ Separated	
4	Widow	

Q5/ For how long you have been employed in this prison?

1	Less than 6 months	
2	6 -12 months	
3	12-18 months	
4	18-24 months	
5	24-30 months	
6	30-36 months	
7	More than 36 months	

Q6/ In which section of the prison do you spend most of your working time?

1	In administration	
2	In all sections	
3	In isolated cells	
4	In medical services	

Q7/Are you currently smoker?

1	Yes	
2	No	

Q8/Are you currently alcohol consumer?

1	Yes	
2	No	

Q9/Have you ever heard about tuberculosis?

1	Yes	
2	No	

Q10/Have you ever heard about the National TB Control Program?

1	Yes	
2	No	

Q11/In your opinion, how serious a disease is TB in Iraq?

1	Very serious	
2	Somewhat serious	
3	Not very serious	
4	I do not know	

Q12/How serious a problem do you think TB is in this prison?

1	Very serious	
2	Somewhat serious	
3	Not very serious	
4	I do not know	

Q13/Have you ever been in contact with TB case in this prison?

1	Yes	
2	No	

Q14/How do you perceive yourself as being at risk of tuberculosis because of your work in this prison?

1	Very likely	
2	Somewhat likely	
3	Somewhat Unlikely	
4	Very unlikely	
5	I do not know	

Q15/ Are TB care services available in the prison?

1	Yes	
2	No	
3	I don't know	

Q16/ If the answer to question (15) is "Yes" Is TB treatment free of charge?

1	Yes	
2	No	
3	I don't know	

Q17/How long does a patient need to take TB drugs?

1	Less than 1 month	
2	1- 3 months	
3	3-6 months	
4	6-9 months	
5	1 year or more	
6	I do not know	

Q18/Have you ever received BCG vaccine?

1	Yes	
2	No	
3	I do not know	

Q19/Have you ever been subjected to TB screening at this prison?

1	Yes	
2	No	

Q20/ If the answer to question (19) is "Yes" when?

1	At the entry of the prison service	
2	During the periodic medical examination	
3	When one of the prisoners/guards was diagnosed	
4	Others (specify).....	

Q21/ If the answer to question (19) is "Yes" : What was the result of the screening?

1	Free of TB	
2	Diagnosed as probable case or a case of TB	
3	I do not know the screening result	

Q22/ Do you currently have any of the following symptoms?

		Yes	No
1	Cough for ≥ 3 weeks		
2	Productive cough (coughing up something)		
3	Coughing up blood		
4	Unexplained fever		
5	Loss of appetite		
6	Night sweating		
7	Tiredness/Fatigue		
8	Weight loss		
9	Chest pain		
10	Respiratory difficulty (shortness of breath)		

Q23/ Have you ever got TB before?

1	Yes	
2	No (skip to question 28)	

Q24/ Where did you seek TB diagnosis and treatment?

1	I went to prison health facility	
2	I went to public health facility outside the prison	
3	Go to NTP-affiliated center	
4	I went to private clinic/hospital outside the prison	
5	I went to pharmacy	
6	Others (specify).....	

Q25 If you are infected with TB during work in prison, how the prison community dealt with you?

1	The prisoners and the guards totally isolated me	
2	Most of the prisoners and the guards isolated me	
3	Never isolated	
4	All the prisoners and the guards dealt with me normally	
5	Most of the prisoners and guards supported me	

Q26/Have you ever been supported financially during the course of the disease?

1	Yes	
2	No	

Q27/If the answer to question (26) is "Yes" from where did you get financial support?

1	Governmental organization	
2	Non-governmental organization	
3	The prison authority	
4	The prison guards	
5	The prisoners	
6	Others (specify.....)	

Q28/ If one of the guards became sick with TB would you support him/her to get his/her medical treatment?

1	Yes, definitely	
2	Yes, but would be afraid of infection	
3	No, definitely	
4	I don't know	

Q 29/If one of the prisoners became sick with TB would you support him/her to get his/her medical treatment?

1	Yes, definitely	
2	Yes, but would be afraid of infection	
3	No, definitely	
4	I don't know	

Q30/ Are TB patients usually isolated in this prison?

1	Yes	
2	No	
3	I don't know	

Q31/ Should you avoid prisoners cured from TB?

1	Yes, as much as possible	
2	No, they have been cured	
3	I don't know	

Q32/ Can a TB patient live a regular future like everyone else?

1	Yes	
2	No	
3	I do not know	

Q33/ Do you think that HIV positive people should be concerned about TB?

1	Yes	
2	No	
3	I do not know	

Q34/If the answer to question (33) is "Yes" why?

1	Person with HIV is more likely to develop TB than non HIV patients	
2	I do not know (<i>skip to question to Q 36</i>)	
3	Other (specify.....)	

Q35/If the answer to question (33) is "No" why?

1	Person with HIV is not likely to develop TB more than non HIV patients	
2	I do not know	
3	Other (specify.....)	

Q36/ Where do you usually receive your TB information from?

1	TV	
2	Radio	
3	Health workers in the prison health facility	
4	Health workers in other public/private health facilities	
5	Friends	
6	Internet	
7	Newspaper	
8	Other (specify.....)	

Q37/have you ever received any IEC message about tuberculosis within the last 6 months?

1	Yes	
2	No (skip to question 41)	

Q38/If the answer to question (36) is "Yes" what is the source of the message?

1	TV	
2	Radio	
3	Health workers in the prison health facility	
4	Health workers in other public/private health facilities	
5	Friends	
6	Internet	
7	Newspaper	
8	Other (specify.....)	

Q39/Is the message you received about tuberculosis is clearly understood?

1	Yes	
2	No	

Q40/If the answer to question (39) is "No" why?

1	The message language is difficult	
2	The message contents are not clear	
3	The message contents are very detailed	
4	The message contents are incomplete	
5	The message contents are mostly incorrect	
6	The message contents cannot be believed	

Q41/Do you feel well informed about TB?

1	Yes	
2	No	

Q42/Do you wish you could get more information about TB?

1	Yes	
2	No (Close the interview and say thanks)	

Q43/If the answer to Q (42) is "Yes" which source of information you preferred?

1	TV	
2	Radio	
3	Health worker	
4	Friends	
5	Internet	
6	Newspaper	
7	Other (specify.....)	

Annex (8)

وزارة الصحة-العراق

منظمة الصحة العالمية- العراق

البرنامج الوطني لمكافحة التدخين

تقييم احتياجات السجون حول مرض التدخين- العراق- ٢٠١٢

استبيان مدار معيارياً-الحراس

تعليمات عامة:

- الرجاء تعبئة الإجابات بقلم رصاص.
- الرجاء تعبئة كافة البيانات المناسبة.
- قبل بدء المقابلة، عرف عن نفسك وبين أهداف الدراسة ومحتويات الموافقة المستنيرة وفي حال موافقة المستجيب، اطلب منه التوقيع على الموافقة المستنيرة.
- ضمان فهم المستجيب للسؤال.
- قم بطرح كافة الأسئلة على كافة المستجيبين باستخدام عبارات موحدة.
- تأكد من قيام المستجيب بالإجابة عن كل سؤال. تأكد من أن إجابات المستجيب موضوعة في الأماكن المناسبة.
- راجع الاستبيان في نهاية المقابلة ثم قم بالتوقيع عليه.
- سلم كافة الاستبيانات المعبئة إلى المشرف الميداني بصورة يومية.

اليوم	الشهر	السنة
<input type="text"/>	<input type="text"/>	<input type="text"/>
الرقم التسلسلي:		
<input type="text"/>		
اسم المحافظة:		
<input type="text"/>		
اسم السجن:		
<input type="text"/>		
اسم مجري المقابلة:		
<input type="text"/>		
توقيع مجري المقابلة:		
<input type="text"/>		
اسم المشرف الميداني:		
<input type="text"/>		
توقيع المشرف الميداني:		
<input type="text"/>		

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السؤال (١) ما هو عمرك بالسنوات؟

السؤال (٢) ما هو نوع الاجتماعي للحارس؟

1	ذكر	
2	أنثى	

السؤال (٣) ما هو أعلى مستوى تعليمي حصلت عليه؟

1	أمي	
2	لا يوجد تعليم نظامي لكن أستطيع القراءة والكتابة	
3	التعليم الابتدائي	
4	التعليم المتوسط أو الإعدادي	
5	أعلى من الإعدادي	
6	أخرى (الرجاء التحديد	

السؤال (٤) ما هي حالتك الزوجية؟

1	أعزب	
2	متزوج	
3	مطلق/منفصل	
4	أرمل	

السؤال (٥) منذ متى وأنت تعمل في هذا السجن؟

1	أقل من ٦ أشهر	
2	٦-١٢ شهراً	
3	١٢-١٨ شهراً	
4	١٨-٢٤ شهراً	
5	٢٤-٣٠ شهراً	
6	٣٠-٣٦ شهراً	
7	أكثر من ٣٦ شهراً	

السؤال (٦) في أي قسم من السجن تمضي معظم وقتك في العمل؟

1	في الإدارة	
2	في كافة الأقسام	
3	في زنازين معزولة	
4	في الخدمات الطبية	

السؤال (٧) هل أنت مدخن في الوقت الحالي؟

1	نعم	
2	لا	

السؤال (٨) هل تعاقب الخمر في الوقت الحالي؟

1	نعم	
2	لا	

السؤال (٩) هل سمعت يوماً عن مرض التدرن؟

1	نعم	
2	لا	

السؤال (١٠): هل سمعت يوماً عن البرنامج الوطني لمكافحة التدرن؟

1	نعم	
2	لا	

السؤال (١١): من وجهة نظرك، ما مدى خطورة مرض التدرن في العراق؟

1	خطير جداً	
2	خطير نوعاً ما	
3	ليس خطير جداً	
4	لا أعرف	

السؤال (١٢): ما مدى خطورة مرض التدرن في هذا السجن؟

1	خطير جداً	
2	خطير نوعاً ما	
3	ليس خطير جداً	
4	لا أعرف	

السؤال (١٣): هل كان هنالك يوماً تماساً بينك وبين حالة مصابة مرض التدرن في هذا السجن؟

1	نعم	
2	لا	

السؤال (١٤): هل تعتبر أنك تواجه خطر الإصابة بمرض التدرن كونك تعمل في هذا السجن؟

1	مرجح للغاية	
2	مرجح نوعاً ما	
3	مستبعد نوعاً ما	
4	مستبعد جداً	
5	لا أعرف	

السؤال (١٥): هل تتوفر خدمات رعاية مرضى التدرن في هذا السجن؟

1	نعم	
2	لا	
3	لا أعرف	

السؤال (١٦): إذا كانت الإجابة عن السؤال (١٥) نعم، هل تقدم معالجة مرض التدرن بالمجان؟

1	نعم	
2	لا	
3	لا أعرف	

السؤال (١٧): ما هي المدة الزمنية اللازمة لأخذ الأدوية من قبل مريض التدرن؟

1	أقل من شهر	
2	١-٣ أشهر	
3	٣-٦ أشهر	
4	٦-٩ أشهر	
5	سنة أو أكثر	
6	لا أعرف	

السؤال (١٨): هل تلقيت يوماً لقاحاً (مطعوم) لمرض التدرن (BCG)؟

1	نعم	
2	لا	
3	لا أعرف	

السؤال (١٩): هل خضعت يوماً لفحص الإصابة بمرض التدرن في هذا السجن؟

1	نعم
2	لا

السؤال (٢٠): إذا كانت الإجابة عن السؤال (١٩) نعم، متى؟

1	عند بداية الخدمة في السجن
2	خلال الفحص الطبي الدوري
3	عندما تم تشخيص حالة لأحد السجناء/الحراس
4	أخرى (الرجاء التحديد

السؤال (٢١): إذا كانت الإجابة عن السؤال (١٩) نعم: ماذا كانت نتيجة الفحص؟

1	غير مصاب
2	تم تشخيصي على أساس حالة محتملة/مصابة بمرض التدرن
3	لا أعرف نتيجة الفحص

السؤال (٢٢): هل تعاني حالياً من أي من الأعراض التالية؟

لا	نعم	
		1 سعال لأكثر من ٣ أسابيع
		2 سعال منتج (إطلاق شيء ما من الفم)
		3 سعال دم
		4 حمى غير مبررة
		5 فقدان الشهية
		6 التعرق الليلي
		7 التعب/الإجهاد
		8 فقدان الوزن
		9 ألم في الصدر
		10 صعوبة في التنفس (قصر النفس)

السؤال (٢٣): هل أصبت يوماً ما بمرض التدرن؟

1	نعم
2	لا (انتقل إلى السؤال ٢٨)

السؤال (٢٤): إلى أين ذهبت للحصول على التشخيص والمعالجة لمرض التدرن؟

1	ذهبت إلى المرفق الصحي في السجن
2	ذهبت إلى مرفق صحي عام خارج السجن
3	ذهبت إلى مركز تابع للبرنامج الوطني لدحر التدرن
4	ذهبت إلى عيادة/مستشفى خاص خارج السجن
5	ذهبت إلى صيدلية
6	أخرى (الرجاء التحديد

السؤال (٢٥): في حال كنت مصاباً بمرض التدرن، كيف تعامل معك مجتمع السجن؟

1	قام السجناء والحراس بعزلي تماماً
2	قام معظم السجناء والحراس بعزلي
3	لم يتم عزلي على الإطلاق
4	تعامل معي كافة السجناء والحراس بشكل اعتيادي
5	تعامل معي معظم السجناء والحراس بشكل اعتيادي

السؤال (٢٦): هل حصلت على دعم مالي خلال فترة مرضك؟

1	نعم
2	لا

السؤال (٢٧): إذا كانت الإجابة عن السؤال (٢٦) نعم، من أين حصلت على الدعم المالي؟

١	مؤسسة حكومية
٢	منظمة غير حكومية
٣	سلطة السجن
٤	حراس السجن
٥	السجناء
٦	أخرى (الرجاء التحديد ..)

السؤال (٢٨): إذا أصبح أحد الحراس مصاباً بمرض التدرن، هل ستقدم له الدعم للحصول على المعالجة الطبية؟

١	نعم، بالتأكيد
٢	نعم، ولكنني أخشى العدوى
٣	لا، بالتأكيد
٤	لا أعرف

السؤال (٢٩): إذا أصبح أحد السجناء مصاباً بمرض التدرن، هل ستقدم له الدعم للحصول على المعالجة الطبية؟

١	نعم، بالتأكيد
٢	نعم، ولكنني أخشى العدوى
٣	لا، بالتأكيد
٤	لا أعرف

السؤال (٣٠): هل يتم في العادة عزل مرضى التدرن في هذا السجن؟

١	نعم
٢	لا
٣	لا أعرف

السؤال (٣١): هل يجب أن تتجنب الأشخاص الذين تعافوا من مرض التدرن؟

١	نعم، قدر الإمكان
٢	لا، فقد تعافوا
٣	لا أعرف

السؤال (٣٢): هل يستطيع المصاب بمرض التدرن أن يعيش مستقبلاً طبيعياً كما هو حال الآخرين؟

١	نعم
٢	لا
٣	لا أعرف

السؤال (٣٣): هل تعتقد أن الأشخاص المصابين بمرض نقص المناعة المكتسبة يجب أن يقلقوا من الإصابة بمرض التدرن؟

١	نعم
٢	لا
٣	لا أعرف

السؤال (٣٤): إذا كانت الإجابة عن السؤال (٣٣) نعم، فلماذا؟

١	من المرجح أن يصاب الشخص المصاب بمرض نقص المناعة المكتسبة بمرض التدرن أكثر من غيره
٢	لا أعرف (انتقل إلى السؤال ٣٦)
٣	أخرى (الرجاء التحديد ..)

السؤال (٣٥): إذا كانت الإجابة عن السؤال (٣٣) لا، فلماذا؟

1	ليس من المرجح أن يصاب بمرض نقص المناعة المكتسبة بالتدرب أكثر من غيره
2	لا أعرف
3	أخرى (الرجاء التحديد

السؤال (٣٦): ما هو المصدر المعتاد لديك لتلقي المعلومات حول مرض التدرب؟

1	التلفاز
2	الإذاعة
3	موظف صحة في المرفق الصحي في السجن
4	موظف صحة في مرفق صحي عام/خاص
5	الأصدقاء
6	الانترنت
7	الصحف
٨	أخرى (الرجاء التحديد

السؤال (٣٧): هل تلقيت يوماً أي رسالة معلومات وتثقيف وتواصل حول مرض التدرب خلال الأشهر الستة الماضية؟

1	نعم
2	لا (انتقل إلى السؤال ٤١)

السؤال (٣٨): إذا كانت الإجابة نعم، ما هو مصدر الرسالة؟

1	التلفاز
2	الإذاعة
3	موظف صحة في المرفق الصحي في السجن
4	موظف صحة في مرفق صحي عام/خاص
5	الأصدقاء
6	الانترنت
7	الصحف
٨	أخرى (الرجاء التحديد

السؤال (٣٩): هل كانت الرسالة التي تلقيتها حول مرض التدرب سهلة الفهم؟

1	نعم
2	لا

السؤال (٤٠): إذا كانت الإجابة على السؤال (٣٩) لا، فلماذا؟

1	لغة الرسالة صعبة
2	محتويات الرسالة غير واضحة
3	محتويات الرسالة تفصيلية للغاية
4	محتويات الرسالة غير كاملة
5	محتويات الرسالة غير صحيحة في أغلبها
6	محتويات الرسالة لا يمكن تصديقها

السؤال (٤١): هل تعتقد أن لديك معلومات جيدة حول مرض التدرب؟

1	نعم
2	لا

السؤال (٤٢): هل تود الحصول على المزيد من المعلومات حول مرض التدرب؟

1	نعم
2	لا (قم بإنهاء المقابلة وقل شكراً)

السؤال (٣ ٤)، إذا كانت الإجابة نعم، ما هو مصدر المعلومات المفضل لديك؟

	التلفاز	1
	الإذاعة	2
	موظف صحة	3
	الأصدقاء	4
	الانترنت	5
	الصحف	6
	أخرى (الرجاء التحديد)	7

Annex (9)

WORLD HEALTH ORGANIZATION-IRAQ MINISTRY OF HEALTH-IRAQ
NATIONAL TB CONTROL PROGRAM
Prison Health Needs Assessment of Tuberculosis- Iraq – 2012

QUESTIONNAIRE- PRISONERS

General Instructions:

- Please fill in pencil.
- Please fill all of the appropriate data.
- Before beginning of the interview, introduce yourself and explain the aims of the study and the contents of the informed consent and if the respondent agrees then let him/her sign the informed consent.
- Ensure that the respondent understands the question.
- Ask all the respondents all the questions in the same wordings.
- Ensure that the respondent answers each question. Ensure that the respondent's answers are recorded in appropriate places.
- Revise the questionnaire at the end of the interview and sign.
- Give all the completed questionnaires to the field supervisor daily.

Date of interview: DD MM YY

Serial Number:

Name of the Governorate: _____

Name of the Prison: _____

Interviewer's name: _____

Interviewer's signature: _____

Field supervisor's name: _____

Field supervisor's signature: _____

Q1/What is your age in years?

Q2/ Gender of the prisoner:

1	Male	
2	Female	

Q3/ What is the highest level of education you have attained?

1	Illiterate	
2	No formal education but can read and write	
3	Primary education	
4	Intermediate or Secondary School	
5	Higher than secondary school	
6	Other(specify.....)	

Q4/ What is your marital status?

1	Single	
2	Married	
3	Divorced / Separated	
4	Widow	

Q5/ What is your job before entering the prison?

1	Employee	
2	Skilled Laborer	
3	Unskilled laborer	
4	Professional	
5	Pensioned	
6	Merchant	
7	Student	
8	Unemployed	
9	House-wife	
10	Other (specify.....)	

Q6/ For how long you have been imprisoned?

1	Less than 6 months	
2	6 -12 months	
3	12-18 months	
4	18-24 months	
5	24-30 months	
6	30-36 months	
7	More than 36 months	

Q7/Have you ever been imprisoned before this time?

1	Yes	
2	No	

Q8/ If the answer to question (7) is "Yes": How many times you have been imprisoned before?

1	Once	
2	Twice	
3	Thrice	
4	Four times and more	

Q9/Are you currently smoker?

1	Yes	
2	No	

Q10/Are you currently alcohol consumer?

1	Yes	
2	No	

Q11/Have you ever heard about tuberculosis?

1	Yes	
2	No	

Q12/Have you ever heard about the National TB Control Program?

1	Yes	
2	No	

Q13/In your opinion, how serious a disease is TB in Iraq?

1	Very serious	
2	Somewhat serious	
3	Not very serious	
4	I do not know	

Q14/ How serious a problem do you think TB is in this prison?

1	Very serious	
2	Somewhat serious	
3	Not very serious	
4	I do not know	

Q15/Have you ever been in contact with TB case in this prison?

1	Yes	
2	No	

Q16/Since you are imprisoned in this facility, how do you perceive yourself as being at risk of tuberculosis?

1	Very likely	
2	Somewhat likely	
3	Somewhat Unlikely	
4	Very unlikely	
5	I do not know	

Q17/ Are TB care services available in the prison?

1	Yes	
2	No	
3	I don't know	

Q18/ If the answer to question (17) is "Yes" Is TB treatment free of charge?

1	Yes	
2	No	
3	I don't know	

Q19/How long does a patient need to take TB drugs?

1	Less than 1 month	
2	1- 3 months	
3	3-6 months	
4	6-9 months	
5	1 year or more	
6	I do not know	

Q20/Have you ever received BCG vaccine?

1	Yes	
2	No	
3	I do not know	

Q21/Have you ever been subjected to TB screening at this prison?

1	Yes	
2	No	

Q22/ If the answer to question (21) is "Yes" when?

1	At the entry of the prison	
2	During the periodic medical examination	
3	When one of the prisoners was diagnosed	
4	Others (specify).....	

Q23/ If the answer to question (21) is "Yes": What was the result of the screening?

1	Free of TB	
2	Diagnosed as a probable case or a case of TB	
3	I do not know the screening result	

24/ Do you currently have any of the following symptoms?

		Yes	No
1	Cough for ≥ 3 weeks		
2	Productive cough (coughing up something)		
3	Coughing up blood		
4	Unexplained fever		
5	Loss of appetite		
6	Night sweating		
7	Tiredness/Fatigue		
8	Weight loss		
9	Chest pain		
10	Respiratory difficulty (shortness of breath)		

Q25/ Have you ever got TB?

1	Yes	
2	No (skip to question 31)	

Q26/ When you have been infected with TB?

1	After entering the prison	
2	6 months before entering the prison	
3	More than 6 months before entering the prison	

Q27/Where did you seek TB diagnosis and treatment?

1	I went to prison health facility	
2	I went to public health facility outside the prison	
3	Go to NTP-affiliated center	
4	I went to private clinic/hospital outside the prison	
5	. I went to pharmacy	
6	Others (specify).....	

Q/28 If you are infected with TB, how the prison community dealt with you?

1	The prisoners and the guards totally isolated me	
2	Most of the prisoners and the guards isolated me	
3	Never isolated	
4	All the prisoners and the guards dealt with me normally	
5	Most of the prisoners and guards supported me	

Q29/Have you ever been supported financially during the course of the disease?

1	Yes	
2	No	

Q30/If the answer to question (29) is "Yes" from where did you get financial support?

1	Governmental organization	
2	Non-governmental organization	
3	The prison authority	
4	The prisoners	
5	Others (specify).....	

Q31/ If one of the prisoners became sick with TB would you support him/her to get his/her medical treatment?

1	Yes, definitely	
2	Yes, but with fears of infection	
3	No, definitely	
4	I don't know	

Q32/ Are TB patients usually isolated in the prison?

1	Yes	
2	No	
3	I don't know	

Q33/ Should you avoid prisoners cured from TB?

1	Yes, as much as possible	
2	No, they have been cured	
3	I don't know	

Q34/ Can a TB patient live a regular future like everyone else?

1	Yes	
2	No	
3	I do not know	

Q35/ Do you think that HIV positive people should be concerned about TB?

1	Yes	
2	No	
3	I do not know	

Q36/If the answer to question (35) is "Yes" why?

1	Person with HIV is more likely to develop TB	
2	I do not know (<i>skip to question to Q38</i>)	
3	Other (specify.....)	

Q37/If the answer to question (35) is "No" why?

1	Person with HIV is not more likely than person without HIV to develop TB	
2	I do not know	
3	Other (specify.....)	

Q38/ Where do you usually receive your TB information from?

1	TV	
2	Radio	
3	Health workers in the prison health facility	
4	Health workers in other public/private health facilities	
6	Friends	
7	Internet	
8	Newspaper	
9	Other (specify.....)	

Q39/have you ever received any IEC message about tuberculosis within last 6 months?

1	Yes	
2	No (skip to question (43)	

Q40/if the answer to question (39) is "Yes" what is the source of the message?

1	TV	
2	Radio	
3	Health workers in the prison health facility	
4	Health workers in other public/private health facilities	
5	Friends	
6	Internet	
7	Newspaper	
8	Other (specify.....)	

Q41/Is the message you received about tuberculosis is clearly understood?

1	Yes	
2	No	

Q42/If the answer to question (41) is "No" why?

1	The message language is difficult	
2	The message contents are not clear	
3	The message contents are very detailed	
4	The message contents are incomplete	
5	The message contents are mostly incorrect	
6	The message contents cannot be believed	

Q43/Do you feel well informed about TB?

1	Yes	
2	No	

Q44/Do you wish you could get more information about TB?

1	Yes	
2	No	

Q45/If the answer to Q (44) is "Yes" which source of information you preferred?

1	TV	
2	Radio	
3	Health worker	
4	Friends	
5	Internet	
6	Newspaper	
7	Other (specify.....)	

Annex (15)

Checklist: Description of prisons according to accommodation and presence of adequate natural ventilation in prison rooms.

Prison	Individual cells			Room for up to 6-12 prisoners			Larger dormitories			Apartments		
	N	V	R	N	V	R	N	V	R	N	V	R
Deportation Prison-Najaf	---	---	---	10	10	100%	---	---	---	---	---	---
Correctional Complex in Badosh	82	82	100%	84	68	81%	6	6	100%	---	---	---
Baghdad Gate Deportation Prison-Kerbala	3	3	100%	---	---	---	6	3	50%	---	---	---
Deportation Prison-6 in Resafa	---	---	---	8	0	0%	---	---	---	---	---	---
Deportation Prison-4 in Resafa	---	---	---	2	2	100%	---	---	---	---	---	---
Central Women Detention Prison-Baghdad	---	---	---	---	---	---	10	10	100%	---	---	---
Central Prison-Basra	---	---	---	---	---	---	12	12	100%	---	---	---
Prison Complex in Taji	---	---	---	---	---	---	25	25	100%	---	---	---
Deportation Prison-13 in Resafa	13	0	0%	---	---	---	---	---	---	---	---	---
Maximum Security Prison	24	1	4%	18	2	11%	14	14	100%	---	---	---
Youth Prison/Karkh in Rehmania	---	---	---	---	---	---	4	4	100%	---	---	---
Central Prison-Baghdad	---	---	---	25	12	48%	25	25	100%	---	---	---
Deportation Prison-Kirkuk	10	10	100%	---	---	---	10	10	100%	---	---	---
Central Prison-Thiqar	640	1	0%	---	---	---	---	---	---	---	---	---
Susi Federal Prison-Sulaimanin	6	6	100%	10	10	100%	12	12	100%	---	---	---
Central Prison-Misan	---	---	---	10	10	100%	12	12	100%	---	---	---
Deportation Prison 1 in Kerbala	---	---	---	---	---	---	6	6	100%	---	---	---
Correctional Facility for adults in Duhok	---	---	---	---	---	---	---	---	---	45	45	100%
Correctional Facility for adults in Babil	---	---	---	15	3	20%	---	---	---	---	---	---
Deportation Prison in Salahelden	---	---	---	---	---	---	5	5	100%	---	---	---

N; number of rooms, V; number of rooms with adequate natural ventilation, R; number of room with adequate natural ventilation/ all rooms).

Annex (16)

Checklist: Description of prisons according to accommodation type and presence of functioning fans.

Prison	Individual cells			Room for up to 6-12 prisoners						Larger dormitories			Apartments		
	N	F	R	N	F	R	N	F	R	N	F	R	N	F	R
Deportation Prison-Najaf	---	---	---	10	10	100%	---	---	---	---	---	---	---	---	---
Correctional Complex in Badosh	82	82	100%	84	84	100%	6	6	100%	---	---	---	---	---	---
Baghdad Gate Deportation Prison-Kerbala	3	3	100%	---	---	---	6	6	100%	---	---	---	---	---	---
Deportation Prison-6 in Resafa	---	---	---	8	8	100%	---	---	---	---	---	---	---	---	---
Deportation Prison-4 in Resafa	---	---	---	2	2	100%	---	---	---	---	---	---	---	---	---
Central Women Detention Prison-Baghdad	---	---	---	---	---	---	10	10	100%	---	---	---	---	---	---
Central Prison-Basra	---	---	---	---	---	---	12	12	100%	---	---	---	---	---	---
Prison Complex in Taji	---	---	---	---	---	---	25	25	100%	---	---	---	---	---	---
Deportation Prison-13 in Resafa	13	13	100%	---	---	---	---	---	---	---	---	---	---	---	---
Maximum Security Prison	24	24	100%	18	18	100%	14	14	100%	---	---	---	---	---	---
Youth Prison/Karkh in Rehmania	---	---	---	---	---	---	4	4	100%	---	---	---	---	---	---
Central Prison-Baghdad	---	---	---	25	25	100%	25	25	100%	---	---	---	---	---	---
Deportation Prison-Kirkuk	10	10	100%	---	---	---	10	10	100%	---	---	---	---	---	---
Central Prison-Thiqar	640	640	100%	---	---	---	---	---	---	---	---	---	---	---	---
Susi Federal Prison-Sulaimanin	6	6	100%	10	10	100%	12	12	100%	---	---	---	---	---	---
Central Prison-Misan	---	---	---	10	10	100%	12	12	100%	---	---	---	---	---	---
Deportation Prison 1 in Kerbala	---	---	---	---	---	---	6	6	100%	---	---	---	---	---	---
Correctional Facility for adults in Duhok	---	---	---	---	---	---	---	---	---	45	45	100%	---	---	---
Correctional Facility for adults in Babil	---	---	---	15	15	100%	---	---	---	---	---	---	---	---	---
Deportation Prison in Salahelden	---	---	---	---	---	---	5	5	100%	---	---	---	---	---	---

A; area (square meter), F; number of rooms provided with fans, R; rate (number of rooms provided with fans/ all rooms).

Annex (17)

Checklist: Available type of fans in each prison:

Prison	Type of available functioning Fans			
	Ceiling	Small	Stand	Mounted
Deportation Prison-Najaf	√	---	---	√
Correctional Complex in Badosh	√	√	√	√
Baghdad Gate Deportation Prison-Kerbala	√	√	√	√
Deportation Prison-6 in Resafa	√	---	---	---
Deportation Prison-4 in Resafa	√	---	---	---
Central Women Detention Prison-Baghdad	√	---	---	---
Central Prison-Basra	---	---	---	√
Prison Complex in Taji	√	---	---	---
Deportation Prison-13 in Resafa	√	---	---	---
Maximum Security Prison	√	---	---	---
Youth Prison/Karkh in Rehmania	√	√	---	---
Central Prison-Baghdad	√	---	---	---
Deportation Prison-Kirkuk	√	---	---	---
Central Prison-Thiqar	√	---	---	√
Susi Federal Prison-Sulaimanin	√	√	---	√
Central Prison-Misan	√	---	---	√
Deportation Prison 1 in Kerbala	√	---	---	---
Correctional Facility for adults in Duhok	√	---	---	---
Correctional Facility for adults in Babil	√	---	---	√
Deportation Prison in Salahelden	√	---	---	---
Ceiling; ceiling fans, Small; small fans that sit on a desk or other surface, Stand; Fans that stand on the floor, Mounted; Fans mounted in a window opening.				

Annex (18)

Checklist: Type of health facility available in each prison.

Prison	Type of Health Facility
Baghdad Gate Deportation Prison-Kerbala	Health Center
Central Prison-Baghdad	Hospital
Central Prison-Misan	Health Center
Central Prison-Thiqr	Health Center
Central Women Detention Prison-Baghdad	Clinic
Correctional Complex in Badosh	Health Center
Correctional Facility for adults in Babil	Health Center
Correctional Facility for adults in Duhok	Health Center
Deportation Prison 1 in Kerbala	Health Center
Deportation Prison in Salahelden	Clinic
Deportation Prison-13 in Resafa	Health Center
Deportation Prison-4 in Resafa	Health Center
Deportation Prison-6 in Resafa	Clinic
Deportation Prison-Kirkuk	Clinic
Deportation Prison-Najaf	Health Center
Justice 2	Health Center
Maximum Security Prison	Clinic
Prison Complex in Taji	Health Center
Susi Federal Prison-Sulaimanya	Health Center
Youth Prison/Karkh in Rehmania	Clinic

Annex (19)

Checklist: Type and number of staff in health facilities of prisons.

Prison	Number of HCPs									Trained by NTP
	Physician	Dentist	Pharmacist	Medical Assistant	Pharmacy Assistant	Nurse	Lab Technician	Social Worker	Total HCPs	
Baghdad Gate Deportation Prison-Kerbala	0	0	0	1	0	3	0	0	4	1-5
Central Prison-Baghdad	1	5	5	1	1	3	3	2	21	1-5
Central Prison-Misan	6	1	0	1	0	16	2	1	27	1-5
Central Prison-Thiqr	1	1	1	13	2	7	2	0	27	> 10
Central Women Detention Prison-Baghdad	0	1	1	1	0	0	0	0	1	0
Correctional Complex in Badosh	1	2	1	4	3	5	8	0	28	> 10
Correctional Facility for adults in Babil	1	1	1	9	1	10	2	0	25	> 10
Correctional Facility for adults in Duhok	1	0	0	4	0	2	1	3	11	0
Deportation Prison 1 in Kerbala	0	0	0	1	0	5	1	0	7	> 10
Deportation Prison in Salahelden	1	0	0	1	0	1	1	0	4	1-5
Deportation Prison-13 in Resafa	1	0	0	0	0	1	4	1	7	> 10
Deportation Prison-4 in Resafa	1	0	0	0	0	1	4	1	7	> 10
Deportation Prison-6 in Resafa	1	1	1	4	1	6	0	0	14	1-5
Deportation Prison-Kirkuk	1	1	0	2	0	2	1	0	7	1-5
Deportation Prison-Najaf	3	1	0	4	2	4	2	0	16	> 10
Justicee 2	2	3	1	7	1	3	2	0	19	1-5
Maximum Security Prison	1	3	3	1	3	8	2	0	21	> 10
Prison Complex in Taji	0	2	1	0	1	0	3	0	7	1-5
Susi Federal Prison-Sulaimanya	0	2	0	7	0	3	4	0	16	0
Youth Prison/Karkh in Rehmania	4	5	2	2	2	8	1	0	24	> 10
Total	26	29	17	63	16	88	43	8	288	

Annex (20)

Checklist: Number of health care providers got in-service training on TB control.

Prison	Number of HCPs got in-service training					
	Clinical	Program Management	Infection Control	Lab Work	IEC	Counseling
Baghdad Gate Deportation Prison-Kerbala	0	1	0	0	0	0
Central Prison-Baghdad	0	1	0	0	0	0
Central Prison-Misan	0	0	1	0	0	0
Central Prison-Thiqr	0	1	0	0	0	0
Central Women Detention Prison-Baghdad	0	0	0	0	1	0
Correctional Complex in Badosh	3	2	2	8	2	0
Correctional Facility for adults in Babil	0	1	1	1	0	0
Correctional Facility for adults in Duhok	0	0	0	0	0	0
Deportation Prison 1 in Kerbala	7	0	0	0	0	0
Deportation Prison in Salahelden	3	0	0	0	1	0
Deportation Prison-13 in Resafa	15	0	0	0	0	0
Deportation Prison-4 in Resafa	15	0	0	0	0	0
Deportation Prison-6 in Resafa	0	1	0	0	0	0
Deportation Prison-Kirkuk	2	5	5	1	5	5
Deportation Prison-Najaf	0	1	0	0	0	0
Justicee 2	1	0	0	1	0	0
Maximum Security Prison	0	19	0	2	0	0
Prison Complex in Taji	1	0	0	0	0	0
Susi Federal Prison-Sulaimanya	0	1	0	0	1	1
Youth Prison/Karkh in Rehmania	0	14	0	0	0	0
Ratio: total trained/ number of prisons	47/9	47/13	9/4	12/4	10/5	6/2

Annex (21)

Checklist: Availability of DOT strategy services in prisons-A.

Prison	Availability of		
	DOT services	Location for DOT Provision	NTP Guideline
Baghdad Gate Deportation Prison-Kerbala	Yes	Yes	Yes
Central Prison-Baghdad	Yes	Yes	Yes
Central Prison-Misan	Yes	No	Yes
Central Prison-Thiqr	Yes	Yes	Yes
Central Women Detention Prison-Baghdad	Yes	No	Yes
Correctional Complex in Badosh	Yes	Yes	Yes
Correctional Facility for adults in Babil	Yes	Yes	Yes
Correctional Facility for adults in Duhok	Yes	Yes	No
Deportation Prison 1 in Kerbala	Yes	Yes	Yes
Deportation Prison in Salahelden	Yes	No	Yes
Deportation Prison-13 in Resafa	Yes	Yes	Yes
Deportation Prison-4 in Resafa	Yes	Yes	Yes
Deportation Prison-6 in Resafa	No	No	No
Deportation Prison-Kirkuk	Yes	Yes	Yes
Deportation Prison-Najaf	Yes	Yes	Yes
Justice 2	Yes	Yes	Yes
Maximum Security Prison	Yes	Yes	Yes
Prison Complex in Taji	Yes	No	Yes
Susi Federal Prison-Sulaimanya	Yes	Yes	Yes
Youth Prison/Karkh in Rehmania	Yes	Yes	Yes
Total Available	19	15	18

Annex (22)

Checklist: Availability of DOT strategy services in prisons-B.

Prison	Availability of			
	Lab services	Sputum Smear (SS) Examination	Reagents needed for SS examination	Functioning Microscope
Baghdad Gate Deportation Prison-Kerbala	Yes	Yes	Yes	No
Central Prison-Baghdad	No	Yes	No	Yes
Central Prison-Misan	Yes	No	No	Yes
Central Prison-Thiqr	Yes	No	No	Yes
Central Women Detention Prison-Baghdad	No	No	No	No
Correctional Complex in Badosh	Yes	Yes	Yes	Yes
Correctional Facility for adults in Babil	Yes	Yes	Yes	Yes
Correctional Facility for adults in Duhok	No	No	No	No
Deportation Prison 1 in Kerbala	Yes	No	No	No
Deportation Prison in Salahelden	No	Yes	Yes	Yes
Deportation Prison-13 in Resafa	Yes	No	No	Yes
Deportation Prison-4 in Resafa	Yes	No	No	Yes
Deportation Prison-6 in Resafa	No	No	No	No
Deportation Prison-Kirkuk	No	No	No	No
Deportation Prison-Najaf	No	No	No	No
Justicee 2	Yes	Yes	Yes	Yes
Maximum Security Prison	Yes	Yes	Yes	Yes
Prison Complex in Taji	No	No	No	Yes
Susi Federal Prison-Sulaimanya	Yes	Yes	Yes	Yes
Youth Prison/Karkh in Rehmania	No	Yes	No	Yes
Total Available	11	9	7	13

Annex (23)

Checklist: Availability of DOT strategy services in prisons-C.

Prison	Availability of				
	Pharmacy	Anti-TB	Stoke for 3 month	Drug Store room	Anti-TB use follows NTP
Baghdad Gate Deportation Prison-Kerbala	No	Yes	Yes	No	No
Central Prison-Baghdad	Yes	Yes	Yes	Yes	Yes
Central Prison-Misan	Yes	Yes	Yes	Yes	Yes
Central Prison-Thiqar	Yes	Yes	Yes	Yes	No
Central Women Detention Prison-Baghdad	Yes	Yes	Yes	Yes	Yes
Correctional Complex in Badosh	Yes	Yes	Yes	Yes	Yes
Correctional Facility for adults in Babil	Yes	Yes	Yes	Yes	Yes
Correctional Facility for adults in Duhok	Yes	Yes	No	No	No
Deportation Prison 1 in Kerbala	No	Yes	Yes	Yes	No
Deportation Prison in Salahelden	No	Yes	Yes	Yes	Yes
Deportation Prison-13 in Resafa	Yes	Yes	Yes	Yes	Yes
Deportation Prison-4 in Resafa	Yes	Yes	Yes	Yes	Yes
Deportation Prison-6 in Resafa	Yes	No	No	No	No
Deportation Prison-Kirkuk	Yes	Yes	Yes	Yes	No
Deportation Prison-Najaf	Yes	No	No	Yes	No
Justicee 2	Yes	Yes	No	Yes	Yes
Maximum Security Prison	Yes	Yes	No	Yes	No
Prison Complex in Taji	Yes	Yes	No	Yes	No
Susi Federal Prison-Sulaimanya	Yes	Yes	Yes	Yes	Yes
Youth Prison/Karkh in Rehmania	Yes	Yes	No	Yes	Yes
Total Available	17	18	12	17	11

Annex (24)

Checklist: Availability of DOT strategy services in prisons-D.

Prison	Availability of					
	Regular Registration & Recording	Registers are NTP format	TB cases reported as Prison Cases	NTP supervise regularly	Months on last visit	Report of last supervisory visit
Baghdad Gate Deportation Prison-Kerbala	Yes	Yes	Yes	Yes	1	Yes
Central Prison-Baghdad	Yes	Yes	Yes	Yes	3-6	Yes
Central Prison-Misan	Yes	Yes	Yes	Yes	1	Yes
Central Prison-Thiqr	Yes	Yes	Yes	Yes	1	Yes
Central Women Detention Prison-Baghdad	Yes	Yes	Yes	Yes	NA	NA
Correctional Complex in Badosh	Yes	Yes	Yes	Yes	1	Yes
Correctional Facility for adults in Babil	Yes	Yes	Yes	Yes	1	Yes
Correctional Facility for adults in Duhok	Yes	Yes	Yes	Yes	1-3	NA
Deportation Prison 1 in Kerbala	Yes	Yes	Yes	Yes	1	Yes
Deportation Prison in Salahelden	Yes	Yes	Yes	Yes	1-3	Yes
Deportation Prison-13 in Resafa	Yes	Yes	Yes	Yes	1-3	Yes
Deportation Prison-4 in Resafa	Yes	Yes	Yes	Yes	1-3	Yes
Deportation Prison-6 in Resafa	No	Yes	No	No	NA	Yes
Deportation Prison-Kirkuk	Yes	Yes	Yes	Yes	1	Yes
Deportation Prison-Najaf	Yes	Yes	Yes	Yes	1	Yes
Justicee 2	Yes	Yes	Yes	Yes	1	Yes
Maximum Security Prison	Yes	Yes	No	Yes	1-3	Yes
Prison Complex in Taji	Yes	No	Yes	No	1-3	NA
Susi Federal Prison-Sulaimanya	Yes	Yes	Yes	Yes	1	Yes
Youth Prison/Karkh in Rehmania	Yes	Yes	Yes	Yes	1	Yes
Total Available	19	19	18	18		16

Annex (25)

Checklist: Availability of IEC materials in prisons.

Prison	IEC Materials					
	Are Available	Directed to Prisoners	Available Types			
			Posters	Leaflets	Pamphlets	Flyers
Baghdad Gate Deportation Prison-Kerbala	Yes	Yes	Yes	No	No	Yes
Central Prison-Baghdad	Yes	Yes	Yes	No	Yes	No
Central Prison-Misan	Yes	No	Yes	No	No	No
Central Prison-Thiqr	Yes	No	Yes	No	Yes	No
Central Women Detention Prison-Baghdad	Yes	No	Yes	No	No	No
Correctional Complex in Badosh	Yes	No	Yes	Yes	Yes	Yes
Correctional Facility for adults in Babil	Yes	Yes	Yes	No	Yes	No
Correctional Facility for adults in Duhok	No	No	No	No	No	No
Deportation Prison 1 in Kerbala	Yes	Yes	Yes	No	No	No
Deportation Prison in Salahelden	Yes	Yes	Yes	Yes	No	No
Deportation Prison-13 in Resafa	Yes	Yes	Yes	Yes	No	No
Deportation Prison-4 in Resafa	Yes	Yes	Yes	Yes	No	No
Deportation Prison-6 in Resafa	No	No	No	No	No	No
Deportation Prison-Kirkuk	Yes	Yes	Yes	No	Yes	Yes
Deportation Prison-Najaf	Yes	Yes	Yes	Yes	Yes	Yes
Justicee 2	Yes	Yes	Yes	Yes	No	No
Maximum Security Prison	Yes	Yes	Yes	Yes	Yes	Yes
Prison Complex in Taji	Yes	No	Yes	No	Yes	Yes
Susi Federal Prison-Sulaimanya	Yes	No	Yes	No	Yes	No
Youth Prison/Karkh in Rehmania	Yes	No	Yes	Yes	Yes	No
Total Available	18	11	18	8	10	6

Summary

Background: The level of TB in prisons has been reported to be up to 100 times higher than that of the civilian population. TB in prisons affects the general population through transmission that occurs when prisoners are moved (upon being released or transferred to another facility) and via prison staff and visitors. This study aims at assessing health needs to control tuberculosis at prison level through assessing prison and prisons' health facilities infrastructure competency to prevent TB spread within prisons and assessing knowledge and practices of prison health care providers, prison guards and prisoner towards TB at the prison level.

Methods: The study was cross-sectional, covered a representative sample of prisons in Iraq. The study population composed of prisoners, prison guards and health care providers employed in the health facilities at selected prisons. Data were collected with the aid of trained investigators and pretested data collection forms through; structured interviews (verifying interviewee's knowledge and experiences related to TB), on-site observation of the prisons and health facilities (for their competency for infection control) and review of records and reports at the health facilities (for the burden of TB in these settings). All of available health care providers and health facilities of selected prisons were covered by this study. Prisoners and prison guards were selected in a systematic random way. All enrolled people were fully informed about the study aims and protocols, and signed an informed consent form. Data were analyzed using SPSS v20, Chi-Square test for independence used to indicate the statistical significance of associations. Knowledge & practice scores were calculated through predefined protocols and analyzed against personal characteristics using ANOVA test.

Results:

Health Standards in Prisons: Occupation rate of prisons has exceeded the designed capacity in 55% of studied prisons. 35% of prisons are not provided with adequate natural ventilation. Prisons have special rooms (well ventilated and provided with necessary equipments) for TB suspects or TB cases in most of prisons.

Health Care Facilities in Prisons: All prisons were provided with health care facilities. Shortage was evident in medical staff (9% of total HCPs). Only 46% of HCPs got in-service training on TB control by NTP. DOTS services were available in 95% of prisons. Laboratory services for direct smear examination for acid fast bacilli were

available in 55% of prisons. Anti-TB use in 45% of prisons does not follow NTP guidelines. During **2011**; rate of PTB was 30 times as that in the general population.

Health Care Providers (HCPs): Sampled HCPs at prison health facilities are mostly (96%) males, more to be medical assistants (48%). More than 50% of HCPs perceive tuberculosis as a serious health problem in Iraq and in prisons. 66.4% of them trained on TB control by NTP. Around 70% of HCPs use correct methods for diagnosing pulmonary TB. Only 28.6% know the most critical aspect of DOTS is watching the patient swallow the drugs. 44% fear of getting infection when examining TB patients.

Guards: respondents are 98% males, 93% aged 19-45 years. 69.5% of guards heard about national TB control program. 40.9% had a contact with a case of TB in prison. Only 11% were subjected for screening for TB during their work in prisons. 2% of guards got TB during work in prison and encountered isolation by most of guards & prisoners.

Prisoners: 84% aged 19-45 years, 95% males, and 1% has education higher than preparatory school. 79% spent more than one year in custody. 25% of participants has/had a contact with a case of TB in the prison. 60% stated that they are at risk of having TB. 23% of participants screened for TB. 4.4% of prisoner got TB after entering the prison and they were isolated by prison community. Having TB inside prisons is associated with low education, low economic level, and contact to prisoner having TB ($P < 0.05$).

Conclusion:

Prisons are highly endemic with TB, and prisons could be a source for DR-TB. Overcrowding is an important factor that may affect TB control in prisons. Further education of prison staff and active case finding is advised.

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List of Abbreviations

ACSM	Advocacy, communication & social mobilisation
EPTB	Extrapulmonary Tuberculosis
HCPs	Health Care Providers
NTP	National Tuberculosis Control Program
PTB	Pulmonary Tuberculosis
TB	Tuberculosis

1. Introduction:

The term prison is intended to denote, as a minimum, the institutions that hold people who have been sentenced to a period of imprisonment by the courts for offences against the law⁽¹⁾.

'Prison' is a term used for any place of detention. It includes centers for pre-trial and convicted prisoners as well as centers for juvenile offenders and illegal immigrants. On any day, it is estimated that the world's prisons hold 8-10 million prisoners. However 4-6 times this number passes through prisons each year, because of the high turnover of the population. A disproportionate number of prisoners come from socio-economically disadvantaged populations where the burden of disease may be already high and access to medical care limited e.g. substance abusers, homeless, mentally ill, ethnic minorities, asylum seekers, immigrants. Prison conditions can fan the spread of disease through overcrowding, poor ventilation, weak nutrition, inadequate or inaccessible medical care, etc ⁽²⁾.

The level of TB in prisons has been reported to be up to 100 times higher than that of the civilian population. Cases of TB in prisons may account for up to 25% of a country's burden of TB. Late diagnosis, inadequate treatment, overcrowding, poor ventilation and repeated prison transfers encourage the transmission of TB infection. HIV infection and other pathology more common in prisons (e.g. malnutrition, substance abuse) encourage the development of active disease and further transmission of infection ⁽²⁾.

One notable challenge involves the disproportionate incidence of TB that arises among most populations at risk, including prisoners. This inequity results from characteristics inherent to the group itself, their environment, and their ability to access services. Imprisonment in some settings can be closely related to inadequate judicial and health policies. Factors that contribute to increased morbidity and mortality in these settings include increased prison population rates, delayed legal processes, meager prison budgets that preclude adequate nutrition and access to health services, overcrowded spaces, poor ventilation, violence, and weak or nonexistent links to the civilian health sector ⁽³⁾.

TB does not respect prison walls. TB in prisons affects the general population through transmission that occurs when prisoners are moved (upon being released or transferred to another facility) and via prison staff and visitors ⁽³⁾.

Prisons provide ideal conditions for TB transmission. The bacterium causing TB is distributed in tiny liquid droplets that are produced when someone with active TB coughs, sneezes, spits, or speaks, enabling one person to infect many others. Therefore, the risk of TB being transmitted in settings in which people are in close contact—as in prisons and hospitals—is particularly high. Numerous other factors, such as poor health services frequently encountered in prisons, poor nutrition, drug addiction, and the presence of other diseases, such as HIV infection, are risk factors that predispose imprisoned people to a high risk of TB incidence ⁽⁴⁾.

Community TB control efforts cannot afford to ignore prison TB ⁽²⁾. Linking prisons to the national and local TB control programs will result in enhanced overall TB control and contribute significantly to achieving the TB targets of the Millennium Development Goals (MDG). These targets include reducing TB prevalence and mortality by half of rates in 1990 and beginning to reverse TB incidence by 2015 ⁽³⁾.

Aim of the study

The overall objective is to study is to assess the health needs to control tuberculosis at prison level.

Specific objectives

- Assess the competency of the infrastructure of both, prisons and health facilities in prisons to control TB spread within prisons.
- Assess the knowledge and practices of prison health care providers, prison guards and prisoner towards TB at the prison level.

2. Methodology

2.1. Study design:

Cross-sectional study conducted at systematically selected prisons in Iraq.

2.2. Study settings

The study was conducted in the major prisons centers in Iraq Governorates. The total number of the prisons in Iraq mounts to 45. There are five categories of prisons as follows:

- 37 for men
- 2 for women
- 2 for juvenile
- 3 for juvenile and women
- 1 Men and women

30% of the prisons are located in Baghdad. The remaining prisons are distributed across the country in the remaining governorates. Health services in most of the prisons are provided through prison-based health facilities. The categories of the health facilities are primary health care centers, clinics and dispensaries. DOTS services are currently provided through 31 prison healthy facilities. A laboratory is available in 14% of them while none of them have X-ray unit.

The total number of the health care providers at the prison health facilities mounts to **156** and they are of different health professions namely; medical doctors, medical assistants, dentists and nurses.

2.3. Study population

The study population is composed of:

- The prisoners of both genders
- The prison guards of both genders
- The health care providers employed in the health facilities at the prison level

2.4. Plan of data collection

2.4.1. The list of study variables

- Personal characteristics of prisoners and guards
- Awareness of the prisoners about TB
- Awareness of the prison guards about TB
- Previous history of TB among prisoners/prison guards
- Sources of information of the prisoners and guards about TB at the prison level
- Number of prisoners per room
- Ventilation status of rooms
- Adequacy of infection control measures at the prison level
- Availability and organization of isolation rooms for TB suspects and TB patients
- Provision of essential needs (food, hygiene materials, water, etc
- Knowledge, attitude and skills of the health care services at the prison level as regards TB suspects, diagnosis and treatment and follow up barriers
- Basic qualification of the health care providers
- In-service training of the health care providers on TB care
- Frequency and type of screening TB at entry and periodicity
- Recording and reporting of TB cases/suspects at the prison health facility
- Referral mechanisms of TB suspects/cases at the health facility level
- Available human, physical resources within the health facilities at the prison level
- Treatment facilities including locations, capacity, population served, facilities specifically designated for TB patients, facilities for respiratory isolation of infectious cases, links with other services
- Availability and supplies (anti-TB and other drugs, laboratory materials at the prison health facilities)
- IEC messages/activities on TB at the health facility level
- Number of TB suspects among the prisoners

- Number of sputum smear positive per year among the prisoners
- Number of extra-pulmonary TB cases per year among the prisoners
- Total number of deaths attributed to TB per year

2.4.2. Methods of data collection

The following methods were used for data collection:

- Interviewing with the prisoners , health care providers and the prison guards
- On-site observation of the prisons and health facilities
- Review of records and reports at the health facilities

2.4.3. The data collection instruments

The following instruments were used for data collection:

- A standard checklist for the health standards in prisons. Forms are English (annex 1) and Arabic (annex 2).
- A standard checklist for the health facility. Forms are English (annex 3) and Arabic (annex 4).
- Interviewer-administered structured questionnaire form for the health care providers. Forms are English (annex 5) and Arabic (annex 6).
- Interviewer-administered structured questionnaire form for guards. Forms are English (annex 7) and Arabic (annex 8).
- Interviewer-administered structured questionnaire form for the prisoners. Forms are English (annex 9) and Arabic (annex 10).

2.4.4. The training of the data collectors

The data collectors and the field supervisors trained prior to the fieldwork. This is important for ensuring the quality of the collected data. The main objective of the training was to strengthen the capabilities of the data collectors and field supervisors in data collection methods and techniques in order to improve the overall process of data collection. The training focused on the following:

- The objectives of the survey.
- Communication skills.

- Sampling technique
- Filling of the questionnaire and the checklists.
- Field work activities.
- Data cleaning and editing and preparations for data entry.

The number of the data collectors was 6 and 2 field supervisors as each field supervisor covered 9 prisons. The training course duration was 3 days, mounting to 18 working hours. The training designed to be competency-based rather than theoretical with focusing on the instruments to be used for data collection in the survey.

2.4.5. The pre-testing of the study instruments

The final instruments was translated into Arabic and then pre-tested. The questionnaire for the prisoners and the guards were pre-tested through interviewing 10 of the prisoners and the guards in prisons other than the sampled prisons. While the questionnaire for HCPs was tested through interviewing 5 of the practitioners in health facilities other than the sampled health facilities. The final corrections and adjustments carried out. The translated final instruments used in the training of the data collectors and the field supervisors.

2.5. Sample size and sampling technique

2.5.1. The sample size and sampling technique of the prisons and prisoners

From an available list of prisons in Iraq, one half of prisons were randomly selected with the aid of computer, thus sample size of the prisons is expected to be 50% of the total number of the major and accessible prisons is 45. The study covered 22 prisons (Total number of prisons in Iraq is 64, thus this study covered 34% of Iraqi prisons), these prisons were distributed proportional to size of each prisoners category as follows:

- 18 for men
- 1 for women
- 1 for juvenile
- 1 for juvenile and women
- 1 Men and women

The sample size of the prisoners estimated based on the total number of prisoners in sampled prisons. Thus it was necessary to draw the sample of the prisons at first and then the number of the prisoners in each of the sampled prisons is to be obtained. The following formula used to estimate the sample size of the prisoners:

$$n = \frac{N}{1 + N(e)^2} \times D$$

Where:

n: Sample size

N: Total population of the prisoners (Annex 11)

e: Desired degree of precision =0.05%

D: Design effect=2

Applying the above formula as follows:

$$n = \frac{31616}{1 + 31616(0.05 \times 0.05)} \times 2 = 786$$

The estimate was adjusted assuming of non-response rate of 15%. Thus the final estimated sample size was equal **904**

Then the sample size is distributed proportional to size by subdividing the number of prisoners in each prison by the total number of prisoners through the use of the following formula:

The sample size for each prison=

$$\frac{\text{The number of prisoners in each sampled prison}}{\text{The number of prisoners in all sampled prisons}} \times \text{total sample size(table 1)}$$

Sampling technique

In order to draw a representative sample from each prison: a systematic sampling technique has to be used as follows:

- First obtaining a list of all prisoners in the prison
- Determining the sample interval by subdividing the number of prisoners in the prison by the sample size

Table 1: The sampled prisons and the sample size of prisoners per each governorate:

Serial number	The name of the prison	Governorate	Capacity	Estimated sample size: Proportional to size
1	Eladaallah (Men)	Baghdad-Elkhrkh	990	56
2	Mujamah Eltaji Prison(Men)	Baghdad Elkhrkh	5600	317
3	Tasfeerat Elrasafah-4 (Men)	Baghdad Elrasafah	324	18
4	Tasfeerat Elrasafah-6 (Men)	Baghdad Elrasafah	500	28
5	Tasfeerat Elrasafah-13 (Men)	Baghdad-Elrasafah	52	3
6	Elbaladeyat Prison (Men)	Baghdad Elrasafah	700	40
7	Elbasrah Central Prison (Men)	Elbasrah	1500	85
8	Mawgif Tasfeerat Elnajuf (Men)	Elnajuf Elashraf	140	7
9	Tasfeerat Bab Beghdad (Men)	Kerbala Elmoghdasah	200	11
10	Eltasfeerat Eloula (Men)	Kerbala Elmoghdasah	300	17
11	Eslahia Elkubar (Men)	Babil	500	28
12	Central Prison	Misan	500	28
13	Tasfeerat (Men)	Diala	350	3
14	Mawgif Tasfeerat Selahaddin (Men)	Selahaddin	800	45
15	Elmojamah Eleslahi/Badosh (Men)	Ninewa	2400	136
16	Tasfeerat Karkuk (Men)	Karkuk	500	28
17	Tasfeerat Elgati Elshimaly (Men)	Anbar	1500	85
18	Duhuk Zarka Prison (Men)	Duhuk	1500	85
19	Women Prison	Baghdad Elrasafah	190	10
20	Juvenile Prison Elkharkh Elrahmaniah	Baghdad Elkharkh	200	11
21	Juvenile & women/ Niteet Prison	Duhuk	200	11
22	Elhimayah Elguswah Men & women	Baghdad	400	22
Total			15956	904

- The first number to be drawn is obtained blindly and then the second number to be drawn is obtained through adding the sample interval, then the third etc till the sample size is obtained.

2.5.2. The sample size of the health care providers

The health care providers in the health facilities of the sampled prisons totally covered.

2.5.3. The sample size of the prisons guards

All prison guards who were available at the time of data collection at sampled prisons were requested to participate in the study.

2.6. Ethical considerations

Ethical clearance for this study obtained from the ethics committee of the Ministry of Health -Iraq. Permission was obtained from the authority of each of the sampled prisons prior to the study. Informed consents were obtained from all participants. Interviews with prisoners are planned to be confidential and not in presence of prison staff or other prisoners. Data kept anonymous and all efforts made to maintain and adhere to professional confidentiality. All collected data is safely stored and maintained. Monitoring plans were developed and implemented to ensure that the study teams adhere to all criteria designed to protect the rights of the participants.

2.7. Data analysis

Data analyzed through the statistical package for social sciences-version 20(SPSS v20) at both univariate and the bivariate level through the following measures:

- The univariate analysis included percentage distributions of all the study variables as listed above including knowledge, attitudes and practices of the TB patients, community members and health care providers.
- The bivariate analysis carried out through cross-tabulations of relevant background characteristics of populations and two or more indicators of KAP. In addition Chi-Square test for independence conducted to indicate the statistical significance of associations.
- Knowledge score was calculated for health care providers (HCPs) of prisons' health facilities in a cumulative score (maximum of 16). Method of calculating this score is illustrated in annex 12.
- ANOVA test used to test the significance on difference in mean scores between more than two groups.
- Level of significance is set to be lower than 0.05.

3. Results:

3.1. Health Standards in Prisons:

Twenty prisons were included in this assessment, namely Seven prisons in Baghdad which are central prison in Baghdad, central women detention prison, Prison complex in Taji, Youth prison in Rehmania-Karkh , maximum security prison and deportations prison 4, 6, and 13 in Resafa), in addition to other 13 prisons in other governorates including: deportation prisons in Najaf, Kirkuk, Salahelden and Karbala (deportation prisons 1 and Baghdad gate), correctional prisons in Badosh-Ninawa, Duhok and Babil, central prisons in Misan and Basrah, and Susi federal prison in Sulaimanya.

Prison accommodation types were: mostly large dormitories (13 prison) or rooms of 6-12 persons capacity (9 prisons), then individual cells (7 prisons). Only correctional facility for adults in Duhok has apartments as accommodation for prisoners (annex 13).

Number of residents in these prisons varied from 40 (in deportation prison-13 in Resafa) to 6260 (in prison complex in Taji). Occupation rate of prisons (table 2) has exceeded the designed capacity in 11 prisons (Central women detention prison, maximum security prison, youth prison in Rehmania, deportation prison-4 in Resafa, deportation prison in Najaf, Baghdad gate deportation prison in Karbala, central prison in Basrah, central prison in Misan, deportation prison-1 in Karbala, correctional facility in Duhok, and correctional facility in Babil. Maximum security prison and youth prison in Rehmania are filled with prisoners in an occupation rate exceeded 200% (annex 13).

Regarding the gender of prisoners (annex14); except for central women prison and youth prison in Rehmania all other prisons receive adult males. In addition to central women detention prison in Baghdad; adult female prisoners are also detained in maximum security prison, deportation prisons of Karbala, Najaf and Kirkuk, correctional facility in Badosh, and central prison in Misan. Juvenile males are imprisoned in five prisons (youth prison in Rehmania, central prison in Misan, deportation prison in Najaf, correctional complex in Badosh and Baghdad gate deportation prison in Karbala). Juvenile female prisoners are detained in four prisons

(deportation prison in Najaf, correctional complex in Badosh, central prison in Misan and deportation prison-1 in Karbala).

There is no existence for law/legislation for the provision of treatment and prevention of communicable diseases in prisons according to authorities of two prisons; central women detention prison-Baghdad and deportation prison in Salahelden.

Regarding ventilation of prison rooms;

- Seven prisons (35%) (prison complex in Taji, central women detention prison, deportation prison in Najaf, Baghdad gate deportation prison in Karbala, central prison in Basrah, deportation prison in Kirkuk, and Susi federal prison in Sulaimanya) are not provided with windows that can be opened by prisoners in all accommodations (annex 15). Due to security issues, ventilation is usually achieved with natural and mechanical methods.
- Seven prisons (35%) (Baghdad gate deportation prison in Kerbala, deportation prison-6 in Resafa, Deportation prison-13 in Resafa, Maximum security prison, central prison-Baghdad, central prison in Thiqr and correctional facility for adults in Babil) are not provided with adequate natural ventilation in all accommodations (annex 15), though deportation prison-13 in Resafa is provided with a special electromechanical ventilation system in addition to air-conditioning system.
- All prisons' rooms are provided with ceiling fans except for central prison in Basrah which relies only upon fans mounted in windows openings. Smaller desk fans or with stands are used less frequently (annex 16, 17).

All prisons have regular running water source, but still prisoners are provided with water through either barrels/large containers for each group of prisoners (five prisons; central women detention prison-Baghdad, Baghdad gate deportation prison in Karbala, Central prison in Basrah, correctional facility for adults in Babil, and Deportation prison-Najaf) or through a small water container for each prisoner (11 prisons: central prison in Baghdad, central prison in Misan, central prison in Thiqr, correctional complex in Badosh, deportation prison in Salahelden, deportation prison in Karbala, Deportation prison-13 in Resafa, deportation prison-6 in Resafa, Deportation prison in Kirkuk, Maximum security prison, and Susi federal prison in Sulaimanya).

Table 2: Occupation rate for sampled prisons:

Prison	Actual Capacity (N)	Actual Residents (N)	Occupation Rate (%)
Deportation Prison-Najaf	120	150	125%
Correctional Complex in Badosh	2500	2356	94%
Baghdad Gate Deportation Prison-Karbala	150	174	116%
Deportation Prison-6 in Resafa	500	500	100%
Deportation Prison-4 in Resafa	324	353	109%
Central Women Detention Prison-Baghdad	300	430	143%
Central Prison-Basra	1200	1332	111%
Prison Complex in Taji	6500	6260	96%
Deportation Prison-13 in Resafa	52	40	77%
Maximum Security Prison	240	660	275%
Youth Prison/Karkh in Rehmania	200	458	229%
Central Prison-Baghdad	3600	2160	60%
Deportation Prison-Kirkuk	400	365	91%
Central Prison-Thiqr	1600	1457	91%
Susi Federal Prison-Sulaimanya	1925	1747	91%
Central Prison-Misan	500	715	143%
Deportation Prison 1 in Karbala	300	336	112%
Correctional Facility for adults in Duhok	550	671	122%
Correctional Facility for adults in Babil	800	900	113%
Deportation Prison in Salahelden	800	271	34%

Existence of toilets close to every cell/dormitory is present in all sampled prisons but there is a considerable criticism to the proportion of beneficiaries that there is one toilet for more than ten prisoners in 13 prisons; this includes a ratio of less than one toilets to thirty prisoners in six prisons and less than one toilet for every 156 prisoner in prison complex in Taji (table 3).

Cleanness of these toilets is good in 13 prisons (65%), moderate in six prisons (30%) and poor in one prison (Central women detention prison-Baghdad).

Overall hygiene status of prisons is good in 15 prisons (75%) and moderate in remaining prison (central women detention prison-Baghdad, central prison-Baghdad, central prison-Thiqar, Deportation prison-6 in Resafa, and Prison complex in Taji).

All prisons have special rooms (well ventilated and provided with necessary equipments) for TB suspects or TB cases except for Central women detention prison that does not have isolation room.

Table 3: Ratio of provided toilet to prisoners in sampled prisons.

Prison	Toilet to Prisoners Ratio
Deportation Prison-Najaf	1:6
Correctional Complex in Badosh	1:34
Baghdad Gate Deportation Prison-Karbala	1:5
Deportation Prison-6 in Resafa	1:18
Deportation Prison-4 in Resafa	1:18
Central Women Detention Prison-Baghdad	1:31
Central Prison-Basra	1:33
Prison Complex in Taji	1:156
Deportation Prison-13 in Resafa	1.25:1
Maximum Security Prison	1:26
Youth Prison/Karkh in Rehmania	1:19
Central Prison-Baghdad	1:7
Deportation Prison-Kirkuk	1:18
Central Prison-Thiqar	1:1.8
Susi Federal Prison-Sulaimanya	1:44
Central Prison-Misan	1:28
Deportation Prison 1 in Karbala	1:28
Correctional Facility for adults in Duhok	1:9
Correctional Facility for adults in Babil	1:45
Deportation Prison in Salahelden	1:2.7

3.2. Health Care Facilities in Prisons:

All prisons were provided with health care facilities. These were mostly (65%) health centers, then clinics (30%). Only central prison in Baghdad is provided with a general hospital (annex 18, figure 1).

Total health care providers working in these health facilities were 288 in total (divided as 26 (9%) physicians, 29 (10%) dentists, 17 (6%) pharmacists, 63 (22%) medical assistants, 16 (5%) pharmacy assistants, 88 (31%) nurses, and eight (3%) social workers (annex 19).

Five prisons (25%) are not provided with physicians, namely: Prison complex in Taji, Central women detention prison in Baghdad, Baghdad gate deportation prison in Karbala, deportation prison-1 in Karbala and Susi federal prison in Sulaimanya). In addition, prison complex in Taji is having another type of shortage in HCPs; it is provided with neither a medical assistant nor a nurse (annex 19).

Regarding in-service training HCPs on TB control by NTP (table 4, annex 20):

- Only 131 (46%) of HCPs got in-service training on TB control by NTP. This training did not cover correctional facility for adults in Duhok.
- 47 (16%) HCPs in **nine** prisons got clinical training.
- 47 (16%) HCPs in **13** prisons got training on program management.
- Nine (3%) HCPs in four prisons trained on infection control measures.
- 12 (4%) HCPs in four prisons trained on lab work (direct smear microscopy).
- Ten (3%) HCPs in five prisons trained on information, education and communication (IEC).
- Six (2%) HCPs in two (10%) prisons trained on patient counseling.

Regarding availability of DOTS services in prisons:

- DOTS services were not available in one prison (Deportation prison-6 in Resafa /Baghdad) (annex 21).

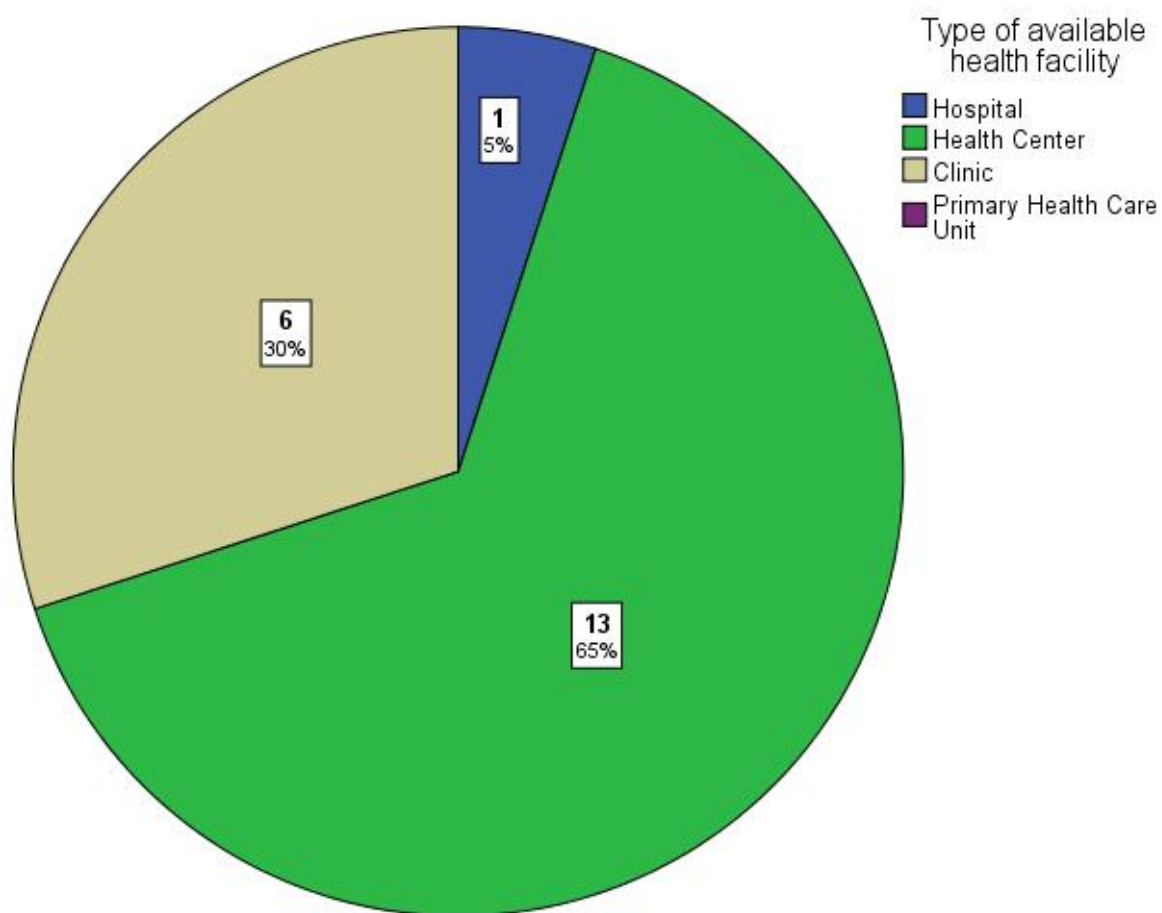


Figure 1: Frequency distribution of types of prisons' health care facilities.

Table 4: Distribution and field of training of HCPs who were in-service trained on TB control.

Type of Training	Number of HCPs got in-service training	
	N (% out of 288 HCPs)	N (% out of 20 prisons)
Clinical	47 (16%)	9 (45%)
Program management	47 (16%)	13 (65%)
Infection Control	9 (3%)	4 (20%)
Lab work	12 (4%)	4 (20%)
IEC	10 (3%)	5 (25%)
Counseling	6 (2%)	2 (10%)
Total	131 (46%)	19 (95%)

- Four (20%) prisons do not have a special place to provide DOTS services (prison complex in Taji, central women detention prison in Baghdad, central prison in Misan, and deportation prison in Salahelden) (annex 21).
- NTP guideline was not available in one prison (correctional facility for adults in Duhok) (annex 21).
- Regarding the availability of laboratory services in prisons (annex 22):
 - Laboratory services were not available in nine (45%) prisons.
 - Sputum smear examination is available in 9 (55%) prisons; two of these prisons are not having reagents that are needed for sputum smear examination.
 - Health facility in Baghdad gate deportation prison in Karbala had available sputum smear services and had reagents that are needed for sputum smear examination but did not have a functioning microscope during the period of data collection.
- Regarding storage and availability of anti-TB drugs in prisons (annex 23):
 - Three deportation prisons are not provided with pharmacies (deportation prison-1 and Baghdad gate deportation prison in Karbala, and deportation prison in Salahelden).
 - In deportation prison-6 in Resafa – Baghdad and deportation prison in Najaf, anti-TB drugs are not available, anyhow they did not have TB patients.
 - Four (20%) prisons in Baghdad (prison complex in Taji, Youth prison in Rehmania, Justice-2 and maximum security prisons) do not have anti-TB stock as a reserve for three months for the treatment of TB patients.
 - There is no room for anti-TB storage in three (15%) prisons which are Baghdad gate deportation prison in Karbala, correctional facility for adults in Duhok, and deportation prison-6 in Resafa- Baghdad.
 - Anti-TB use in nine prisons (45%) does not follow NTP guidelines. These prisons are: Baghdad gate deportation prison in Karbala, central prison in Thiqar, correctional facility for adults in Duhok, deportation prison-1 in Karbala, deportation prison in Kirkuk, and maximum security prison and prison complex in Taji.

- Regarding registration, monitoring and evaluation of tuberculosis control activities in prisons (annex 24):
 - Apart from deportation prison-6 in Resafa, all prisons' health facilities perform regular registration and documentation for TB cases, this registration follows NTP format except in prison complex in Taji. All documented TB cases in prisons are documented as Prison cases at local district TB registers, i.e. prisoners who are diagnosed as TB patients are registered at the district TB coordinator unit of the primary health care district of the same geographic area where the prison lies.
 - Regular supervision by NTP to prison health facilities covered all prisons except for deportation prison-6 in Resafa. All prisons were supervised by NTP last three months before study data collection conduct except for Central women detention prison and central prison in Baghdad.
- Concerning IEC activities in prisons (annex 25):
 - IEC materials are available in 18 prisons (90%). IEC materials are not available in correctional facility in Duhok and in deportation prison-6 in Resafa. In eleven out of 18 prisons, these IEC materials are directed to prisoners.
 - Posters are available in 18 (90%) of prisons, leaflets are available in eight prisons (40%), pamphlets are available in 10 prisons (50%), and flyers are available in 6 prisons (30%).
- Tuberculosis burden in prisons during 2011 (table 5): out of more than 20,000 inmates the review of registers yielded the following statistics: 290 suspected TB cases (1450/100,000), 55 sputum positive pulmonary TB cases (275/100,000), 16 extrapulmonary TB cases (80/100,000), six cases of deaths due to TB (30/100,000) knowing that four of died prisoners (67%) were from prison complex in Taji, 61 TB patients were under DOTS treatment in prisons (305/100,000) from whom 20 cases (33%) from prison complex in Taji , and four out of 61 cases defaulted from treatment (default rate was around 7%).
- Rates of TB burden in prisons during 2011 (table 6) were as follow:
 - Rate of TB suspect registration was 1.2% or 12 per 1000 prisoners. Highest rate was (12% or 120 per 1000) in youth prison in Rehmania then in

deportation prison in Kirkuk (8.2% or 82 per 1000) then in deportation prison in Salahelden (7.4% or 74 per 1000).

- Rate of SS+PTB registration was 0.3% or 3 per 1000 prisoner. Highest was in youth prison in Rehmania (1.5% or 15 per 1000) then in Maximum security prison (1.4% or 14 per 1000), then in deportation prison in Kirkuk (0.8% or 8 per 1000).

Table 5: Frequency of TB suspects and cases registered in sampled prisons during the year 2011.

Prison	Number of patients in 2011					
	TB Suspects	SS+PTB	EP	TB Deaths	Under DOTS	Defaulters
Baghdad Gate Deportation Prison-Karbala	2	1	0	0	0	0
Central Prison-Baghdad	21	0	0	0	0	1
Central Prison-Misan	0	1	1	0	0	0
Central Prison-Thiqr	0	0	0	0	0	0
Central Women Detention Prison-Baghdad	0	0	0	0	0	0
Correctional Complex in Badosh	32	5	1	1	5	0
Correctional Facility for adults in Babil	35	2	0	0	2	0
Correctional Facility for adults in Duhok	2	0	0	0	0	0
Deportation Prison 1 in Karbala	0	0	0	0	0	0
Deportation Prison in Salahelden	20	0	0	0	0	0
Deportation Prison-13 in Resafa	0	0	0	0	0	0
Deportation Prison-4 in Resafa	0	0	0	0	3	0
Deportation Prison-6 in Resafa	0	0	0	0	0	0
Deportation Prison-Kirkuk	30	3	0	0	3	1
Deportation Prison-Najaf	0	0	0	0	0	0
Justice 2	60	4	4	0	4	0
Maximum Security Prison	9	9	2	1	9	0
Prison Complex in Taji	15	17	7	4	20	0
Susi Federal Prison-Sulaimanya	9	6	0	0	4	2
Youth Prison/Karkh in Rehmania	55	7	1	0	11	0
Total Cases	290	55	16	6	61	4

Table 6: Rate of registration of TB suspects and sputum positive (SS+) pulmonary TB cases in sampled prisons, 2011.

Prison	Number of Prisoners	TB Suspects		SS+PTB	
		N	Rate	N	Rate
Baghdad Gate Deportation Prison-Karbala	174	2	1.1%	1	0.6%
Central Prison-Baghdad	2160	21	1.0%	0	0.0%
Central Prison-Misan	715	0	0.0%	1	0.1%
Central Prison-Thiqar	1457	0	0.0%	0	0.0%
Central Women Detention Prison-Baghdad	430	0	0.0%	0	0.0%
Correctional Complex in Badosh	2356	32	1.4%	5	0.2%
Correctional Facility for adults in Babil	900	35	3.9%	2	0.2%
Correctional Facility for adults in Duhok	671	2	0.3%	0	0.0%
Deportation Prison 1 in Karbala	336	0	0.0%	0	0.0%
Deportation Prison in Salahelden	271	20	7.4%	0	0.0%
Deportation Prison-13 in Resafa	40	0	0.0%	0	0.0%
Deportation Prison-4 in Resafa	353	0	0.0%	0	0.0%
Deportation Prison-6 in Resafa	500	0	0.0%	0	0.0%
Deportation Prison-Kirkuk	365	30	8.2%	3	0.8%
Deportation Prison-Najaf	150	0	0.0%	0	0.0%
Justice 2	NA**	60	---	4	---
Maximum Security Prison	660	9	1.4%	9	1.4%
Prison Complex in Taji	6260	15	0.2%	17	0.3%
Susi Federal Prison-Sulaimanya	1747	9	0.5%	6	0.3%
Youth Prison/Karkh in Rehmania	458	55	12.0%	7	1.5%
Total	20003	290	1.2%	55	0.3%

*using 2012 statistics assuming fixed number of prisoner during 2012 and 2013

**Not Available

3.3. Health Care Providers (HCPs):

Total number of participated HCPs from health facilities in sampled prisons was 230. Most of them (85.3%) from prisons in Baghdad and other governorates' prisons contributed up to 7.4% to the sample (table 7).

Sampled HCPs at prison health facilities are mostly males (96%), more to be medical assistant (48%) or other health staff (15%) than medical general practitioners (12.4%). Average experience in TB control lasted less than three years (47%) (table 8).

Majority of HCPs (more than 50%) perceive tuberculosis as a serious health problem in Iraq and in the prison facility (table 9).

Regarding responses of HCPs to questionnaire items (table 10):

- A considerable proportion (66.4%) of them was trained on TB control by NTP during their service in prison health facility, and around 29% of health providers trained more than two times on TB control.
- Regarding general knowledge of HCPs about TB epidemiology in Iraq; majority (84.5%) agrees TB is a public health emergency in Iraq, and (80.8%) agreed that the most common age group affected with TB is 15-54, but in the same time a large proportion of them were not aware about TB burden and mortality in Iraq.
- Most (83.6%) of HCPs disagreed that all who cough should be suspected to have TB.
- Only two (0.9%) of HCPs are not knowledgeable of mode of transmission of TB and vast majority are aware about mode of transmission of pulmonary tuberculosis and when to suspect pulmonary TB cases.
- The dominant approach to screen for pulmonary TB among prisoners is symptom based (mentioned by 94.6% of HCPs). Other approaches which are screening using Chest radiography is infrequently mentioned (4.5%), while contact investigation was not mentioned at all.
- Diagnosis of pulmonary TB using sputum smear examination was mentioned by 43% of participated HCPs, using both sputum examination and chest X ray mentioned by 30% of participants thus giving a total of around 70% of HCPs uses correct methods for diagnosing pulmonary TB taking in consideration most of them (75.6%) use two to three sputum samples for examination.
- Most of HCPs (73.4%) has positive attitude towards encouraging screening all prisoners in contact with a known case of smear-positive pulmonary TB whether prisoners were complaining or not complaining from cough.

Table 7: Distribution of participants from health care units in prisons according to prison and governorate.

Governorate	Prison	N=230	100.0%
Baghdad	1-Maximum Security Prison	26	11.3%
	2-Prison Complex in Taji	25	10.9%
	3-Deportation Prison-4 in Resafa	18	7.8%
	4-Youth Prison/Karkh in Rehmania	16	7.0%
	5-Central Prison-Baghdad	15	6.5%
	6-Justice 2	13	5.7%
	7-Deportation Prison-13 in Resafa	11	4.8%
	8-Deportation Prison-6 in Resafa	10	4.3%
	Subtotal/Baghdad	134	58.3%
Sulaimanya	Susi Federal Prison-Sulaimanya	17	7.4%
Misan	Central Prison-Misan	15	6.5%
Kerbala	Deportation Prison-1 in Kerbala	11	4.8%
Thiqr	Central Prison-Thiqr	11	4.8%
Basra	Central Prison-Basra	7	3.0%
Ninawa	Correctional Complex in Badosh	7	3.0%
Babil	Correctional Facility for adults in Babil	6	2.6%
Najaf	Deportation Prison-Najaf	6	2.6%
Salahelden	Deportation Prison in Salahelden	6	2.6%
Duhok	Youth & women correctional facility in Duhok	4	1.7%
	Correctional Facility for adults in Duhok	2	0.9%
	Subtotal/Dohuk	6	2.6%
Kirkuk	Deportation Prison-Kirkuk	4	1.7%

Table 8: Characteristics of sampled health care providers:

Variables	N	%
Gender		
• Male	218/227	96.0%
• Female	9/227	4.0%
Specialty		
• General Practitioner	28/225	12.4%
• Pharmacist	6/225	2.7%
• Dentist	13/225	5.8%
• Medical assistant	108/225	48.0%
• Pharmacy assistant	14/225	6.2%
• Other health staff (lab, Xray, etc)	34/225	15.1%
• Administrative (driver, others)	22/225	9.8%
Years of experience in TB care		
• < 3	107/227	47.1%
• 3-5	43/227	18.9%
• 6-10	41/227	18.1%
• > 10	36/227	15.9%

Table 9: Perception of health care providers in prisons to the seriousness of TB problem:

Variable	N	%
Perception of the magnitude of TB problem in Iraq		
• Serious	115/227	50.7%
• Not so serious	64/227	28.2%
• Not a major problem	41/227	18.1%
• Don't know	7/227	3.1%
Perception of the magnitude of TB problem in this prison		
• Serious	129/227	56.8%
• Not so serious	62/227	27.3%
• Not a major problem	28/227	12.3%
• Don't know	8/227	3.5%

Table 10: Distribution of responses of health care providers to according to questionnaire items.

Questionnaire item	N	%
Source of your knowledge of TB		
• In service training by NTP	150/226	66.4%
• Academic college preparation	46/226	20.4%
• Internet	8/226	3.5%
• Medical conferences/seminars	18/226	8.0%
• Experience gained during work	4/226	1.8%
Number of received training courses on TB control		
• 0	72/224	32.1%
• 1-2	87/224	38.8%
• > 2	65/224	29.0%
Agreement to the following statements:		
• TB is a public health emergency in Iraq	185/219	84.5%
• The estimated prevalence of TB in Iraq is not as 200/100000 population	27/198	13.6%
• The most common age group affected is 15-54	164/203	80.8%
• Around 250 cases of MDR are currently reported	45/197	22.8%
• About 8000 people die of the disease per year in Iraq is not a true statement	61/200	30.5%
Disagree with the statement "All patients who cough should be suspected of having TB"	188/225	83.6%
Modes of transmission of TB		
• Droplet infection through sneezing, coughing and shouting	165/226	73.0%
• Ingestion of raw milk	1/226	0.4%
• Both	58/226	25.7%
• I don't know	2/226	0.9%
How to suspect pulmonary TB cases		
• All persons with otherwise unexplained productive cough lasting two–three weeks or more	216/225	96.0%
• All persons with short period cough	3/225	1.3%
• Don't know	6/225	2.7%

Table 10: continue.

Items	N	100.0%
What are the screening approaches for active TB case finding practiced at the prison level?		
• Symptom-based screening	212/224	94.6%
• Screening through radiography (Chest X ray)	10/224	4.5%
• Contact investigation	0/224	0.0%
• Tuberculin skin testing for latent TB infection	0/224	0.0%
• Interferon Gamma Release Assay for latent TB infection	2/224	0.9%
How do you specifically diagnose pulmonary TB		
• Sputum smear examination	97/225	43.1%
• Chest X-ray	5/225	2.2%
• Both sputum examination & Chest X-ray	68/225	30.2%
• ELISA	0/225	0.0%
• PCR	0/225	0.0%
• ESR	6/225	2.7%
• Clinically	1/225	0.4%
• All	41/225	18.2%
• Don't know	7/225	3.1%
How many sputum samples are needed for diagnosis		
• One sample	38/225	16.9%
• Two samples	58/225	25.8%
• Three samples	112/225	49.8%
• I don't know	17/225	7.6%
A prisoner who is found to have smear-positive pulmonary TB may have infected other people. Who should be encouraged to come to the health facility to be checked for TB?		
• All the prisoners in the ward	139/226	61.5%
• All prisoners who cough	49/226	21.7%
• Both	27/226	11.9%
• Don't know	11/226	4.9%
A prisoner who is found to have smear-positive pulmonary TB and received direct observation therapy. How the observation is being practiced at the prison level?		
• The prisoner is observed at the health facility	144/224	64.3%
• The prisoner is observed and followed at the prison ward/room	73/224	32.6%
• I don't know	7/224	3.1%

Table 10: continue.

Items	N	100.0%
Aims of TB treatment are:		
• Cure the patient and restore quality of life and productivity	212/212	100.0%
• Prevent death from active TB or its late effects	192/194	99.0%
• Prevent relapse of TB	186/192	96.9%
• Reduce transmission of TB to others	193/198	97.5%
• Prevent the development and transmission of drug resistance	168/188	89.4%
Familiar with the National Tuberculosis Program in Iraq	183/225	81.3%
Familiar with the DOTS	151/224	67.4%
Most critical aspect of directly observed treatment		
• Talking to the patient and giving support	104/224	46.4%
• Providing the drugs to the patient	38/224	17.0%
• Watching the patient swallow the drugs	64/224	28.6%
• Recording the treatment on the treatment card	15/224	6.7%
• Don't know	3/224	1.3%
Should a new smear-positive pulmonary patient (Category I) get the first follow-up sputum examination		
• During the last week of the second month of treatment (end of the initial phase of Category I treatment)	155/223	69.5%
• During the first week of the second month of treatment (end of the initial phase of Category I treatment).	36/223	16.1%
• Don't know	32/223	14.3%
Should a relapse patient (smear-positive pulmonary TB; Category II) get the first follow-up sputum examination		
• During the last week of the third month of treatment (end of the initial phase of Category II treatment)	116/223	52.0%
• During the first week of the third month of treatment (end of the initial phase of Category II treatment)	64/223	28.7%
• Don't know	43/223	19.3%
How many times should most TB patients have follow-up sputum examinations		
• Most cases should have 3 follow-up sputum examinations	170/223	76.2%
• Most cases should have 2 follow-up sputum examinations	25/223	11.2%
• Don't know	28/223	12.6%

Table 10: continue.

Items	N	100.0%
Which of the following is the first line anti-tuberculosis drugs		
• Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol	183/204	89.7%
• Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Cycloserine	7/204	3.4%
• Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Cycloserine, Kanamycin	3/204	1.5%
• Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Para amino Salicylic Acid (PAS)	2/204	1.0%
• Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Ofloxacin	9/204	4.4%
What is the recommended treatment duration in new TB cases?		
• 1-3 months	12/224	5.4%
• 6 months	182/224	81.2%
• 8 months	4/224	1.8%
• 9 months	24/224	10.7%
• 12 months	1/224	0.4%
• > 12 months	1/224	0.4%
There is a contact tracing system in place in this health facility	158/222	71.2%
How many TB cases you have diagnosed among the prisoners last month?		
• 0	167/219	76.3%
• 1	22/219	10.0%
• 1-3	17/219	7.8%
• 3-5	9/219	4.1%
• > 5	4/219	1.8%
How many suspect TB patients do you refer to specialized clinics per month?		
• 0	104/216	48.1%
• 1	25/216	11.6%
• 1-3	44/216	20.4%
• 3-5	13/216	6.0%
• > 5	30/216	13.9%
In your opinion which of the following may be a cause for the TB patient to become a defaulter		
• Poor awareness	185/222	83.3%
• Feeling of improvement	34/222	15.3%
• High cost of services	3/222	1.4%
• Side effects of the drugs	0/222	0.0%

Table 10: continue.

Items	N	100.0%
There are treatment supporters for the TB patients among the prisoners	132/219	60.3%
How do you feel when examining TB patients?		
• Normal	120/222	54.1%
• Fear of getting the infection	98/222	44.1%
• Other	4/222	1.8%
Ever received training on information education and communication (IEC)	166/222	74.8%
Currently deliver IEC messages about TB as part of job	149/217	68.7%
How often do you deliver IEC messages on TB		
• When I see the patient in the examination room	126/174	72.4%
• I used to organize IEC sessions for a group of TB patients at the prison health facility	29/174	16.7%
• I used to participate in public lectures/sessions for the prisoners and prison guards at the prison level	10/174	5.7%
• I used to participate in mass media programs	4/174	2.3%
• Others	5/174	2.9%
How would you attribute the low TB case detection rate among prisoners		
• Inadequate mechanisms to account for Case detection at the prison	112/219	51.1%
• Diagnosis difficulties (lab, clinic, etc)	53/219	24.2%
• TB patients are encountering difficulties in assessing (trusting) the services	9/219	4.1%
• Lack of professional training	11/219	5.0%
• The low case detection rate because TB is absent	32/219	14.6%
• Others (e.g. ignorance of people and fear from TB)	2/219	0.9%

- Observation of treatment of smear positive pulmonary TB prisoners is practiced at the health facility as stated by 64.3% of HCPs or at the prison ward as stated by 32.6% of HCPs.
- Most of HCPs (at least 97% of them) are aware of aims of TB treatment (cure patients, restore quality of life and productivity, prevent death, prevent relapse, reduce transmission to others) and 98.4% of HCPs knows that TB treatment prevents the development and transmission of drug resistant tuberculosis.
- Regarding the HCPs knowledge of TB control protocols in Iraq:
 - 81% are familiar with national tuberculosis control program (NTP) in Iraq and 67.4% are familiar with DOTS strategy. Only 28.6% of HCPs know that the most critical aspect of DOTS is watching the patient swallow the drugs.
 - Concerning follow-up sputum examinations: around 70% of HCPs know the first follow-up sputum examination is by the end of second month of treatment for new TB cases (category I), and around 52% know the first follow-up sputum examination is by the end of third months of treatment for category II. About 76% knows cases should have three follow-up sputum examinations during their course of treatment.
 - Around 90% of HCPs recognized the five first line anti-TB drugs, and around 81% correctly responded that recommended duration for treating a new case of TB is six months.
- Regarding TB control activities in prisons:
 - Contacts are traced in place (prison ward) as stated by 71% of HCPs.
 - Around 22% of HCPs stated that there were one to five TB cases diagnosed among prisoners one month before interviews. More than five prisoners diagnosed to have TB during the same period in prison complex in Taji.
 - About 52% of HCPs stated that they referred TB suspects from prisons to specialized clinics. Higher rate of referral of TB suspects (more than five cases a month) was stated by HCPs from prison complex in Taji, youth prison in Rehmania in Baghdad, and from correctional facility for adults in Babil governorate.
 - Majority (83.3%) of HCPs attributed default of TB patients from treatment to poor awareness. Other 15% of HCPs attributed this default to the feeling of improvement. None of HCPs attributed default from treatment to side effects of drugs.
 - Many HCPs (60.3%) responded that there are treatment supporters for TB patients and most of those supporters (61%) are community health workers and then prison guards (17.5%) and prison volunteers (16.2%). Others (medical/paramedical staff, district TB coordinator) constituted about 5% of treatment supporters.

- A considerable proportion of HCPs (44%) feel afraid of getting infection when examining TB patients.
- Majority (74.8%) of HCPs received training of information, education, and communication (IEC) and about 67% of HCPs currently delivered IEC messages about TB as part of job, mostly (72%) on seeing patients in examination room, or (16.7%) during sessions organized for TB patients at the prison health facility. Some HCPs (5.7%) deliver IEC messages during giving lectures or sessions at prison for prisoners or guards.
- Low TB case detection among prisoners is attributed to inadequate mechanism for case detection in prison by 51% of HCPs, to diagnostic difficulties (lab, clinic, etc) by 24% of HCPs, to negative attitude of prisoners towards prison health services by 4% of HCPs and to lack of professional training by 5% of HCPs. Some HCPs (14.6%) denied the presence of low TB case detection.

Score of HCPs for knowledge of TB control:

Mean knowledge score was 11.2 ± 2.4 out of 16 with no significant difference in mean score between male and female HCPs ($P > 0.05$, table 11). Physicians and pharmacists significantly have slighter higher score (12.0) than others whose score varied from 10.7 to 11.5 ($P < 0.05$, table 11). Score was significantly higher if source of information was academic or during training by NTP, and if these training courses was higher than two ($P < 0.05$, table 11).

Table 11: Statistics for knowledge score of tuberculosis control according to personal characteristics of health care providers.

Variables	N	Knowledge Score (out of 16) (Mean± SD)	F	P value
Gender			1.682	0.196
• Male	217	11.3 ± 2.4		
• Female	9	10.2 ± 3.6		
Occupation			4.017	< 0.001
• General Practitioner	28	12.0 ± 1.6		
• Pharmacist	6	12.0 ± 2.4		
• Dentist	13	11.5 ± 2.5		
• Medical assistant	106	11.2 ± 2.4		
• Other health staff (lab, Xray, etc)	34	11.2 ± 2.1		
• Administrative (driver, others)	22	11.4 ± 2.4		
• Pharmacy assistant	14	10.7 ± 2.3		
Source of knowledge			2.431	0.049
• Academic college preparation	46	11.5 ± 2.4		
• In service training by NTP	150	11.3 ± 2.4		
• Internet	8	10.9 ± 1.9		
• Medical conferences/seminars	18	10.9 ± 1.9		
• Experience gained during work	4	7.8 ± 5.3		
Number of training courses			6.898	0.001
• 0	72	10.5 ± 2.5		
• 1-2	87	11.4 ± 2.7		
• > 2	65	11.9 ± 1.8		
Total	226	11.2 ± 2.4		

3.4. Guards:

Total number of participated prison guards was 865. At governorate level, most of participants were from prisons allocated in Baghdad (47.8%) and least from prisons allocated in Ninawa & Salahelden governorates (1.0%) (table 12).

The majority of participated guards characterized by the followings: 93.2% aged 19-45 years (average age is 35.2 ± 6.2 years), Males (98.5%), have primary to secondary education (87%), married (90.1%), non-smokers (52.9%), non-alcohol consumers (96.6%), work in prisons sampled in this study for more than three years (58.7%), and work in all sections of the prison (63.9%) (table 13).

Regarding responses of guards to questionnaire items (table 14);

- The vast majority of guards (94.2%) has/had ever heard about tuberculosis and a considerable proportion (69.5%) of guards heard about national TB control program.
- A large proportion of guards consider tuberculosis status as very serious disease in Iraq (62.0%) as well in the prison they work in (61.1%).
- Guards who ever been in contact with a case of TB in the workplace (prison) constituted 40.9% of enrolled guards.
- Due to work in prison; about 87% of guards perceive the risk of having tuberculosis as they likely to have tuberculosis (56% of guards perceive risk of having TB disease as very likely and 31% of guards perceive this risk as somewhat likely).
- "TB care services are available in prisons under this study" is a statement agreed on by around 86% of guards, and about 96% of guards state that this care is free of charge.
- A small proportion of guards (17.8%) were aware of the duration needed to take TB drugs (this is ranged 6 to 9 months).
- According to guards; one third (33.3%) of guards received BCG vaccine, others were of negative or uncertain history of BCG immunization status.

Table 12: Distribution of participated prison guards according to governorate and prison they work in.

Governorate	Prison	N= 865	100.0%
Baghdad	1-Prison Complex in Taji	213	24.6
	2-Central Prison-Baghdad	100	11.6
	3-Maximum Security Prison	47	5.4
	4-Justic 2	44	5.1
	5-Deportation Prison-4 in Resafa	22	2.5
	6-Deportation Prison-6 in Resafa	16	1.8
	7-Central Women Detention Prison-Baghdad	11	1.3
	8-Youth Prison/Karkh in Rehmanai	9	1.0
	9-Deportation Prison-13 in Resafa	8	0.9
	Subtotal/Baghdad	470	54.3
Thiqr	10-Central Prison-Thiqr	95	11.0
Basra	11-Central Prison-Basra	88	10.2
Sulaimanya	12-Susi Federal Prison-Sulaimanin	44	5.1
Babil	13-Correctional Facility for adults in Babil	44	5.1
Misan	14-Central Prison-Misan	35	4.0
Duhok	15-Youth & women correctional facility in Duhok	19	2.2
	16-Correctional Facility for adults in Duhok	10	1.2
	Subtotal/Duhok	29	3.4
Najaf	17-Deportation Prison-Najaf	20	2.3
Kerbala	18-Deportation Prison 1 in Kerbala	7	0.8
	19-Baghdad Gate Deportation Prison-Kerbala	5	0.6
	Subtotal/Kerbala	12	1.4
Kirkuk	20-Deportation Prison-Kirkuk	10	1.2
Ninawa	21-Correctional Complex in Badosh	9	1.0
Salahelden	22-Deportation Prison in Salahelden	9	1.0

Table 13: Characteristics of sampled guards.

Characteristic	N	%
Age Group (year)		
• < 19	1/804	0.1%
• 19-45	749/804	93.2%
• 46-65	54/804	6.7%
Gender		
• Male	850/863	98.5%
• Female	13/863	1.5%
Education level		
• Illiterate	7/857	0.8%
• Read & write	17/857	2.0%
• Primary	348/857	40.6%
• Intermediate/Secondary	398/857	46.4%
• Higher than Secondary	87/857	10.1%
Marital Status		
• Single	72/857	8.4%
• Married	772/857	90.1%
• Divorced/Separated	12/857	1.4%
• Widow	1/857	0.1%
Current smoker	403/856	47.1%
Drink alcohol	29/852	3.4%
Duration of working in prison		
• < 6	22/861	2.6%
• 6-12	42/861	4.9%
• 13-18	83/861	9.6%
• 19-24	65/861	7.5%
• 25-30	62/861	7.2%
• 31-36	82/861	9.5%
• > 36	505/861	58.7%
Work section		
• In administration	103/855	12.0%
• In all sections of the prison	546/855	63.9%
• In isolated cells	182/855	21.3%
• In medical services	24/855	2.8%

Table 14: Distribution of responses of guards to questionnaire items:

Questionnaire item	N	%
Ever heard about Tuberculosis?	795/844	94.2
Ever heard about National TB Control Program?	591/850	69.5
In your opinion; how serious is TB in Iraq		
• Very Serious	532/858	62.0
• Somewhat serious	193/858	22.5
• Not very serious	82/858	9.6
• I don't know	51/858	5.9
In your opinion; how serious is TB in this prison?		
• Very Serious	522/855	61.1
• Somewhat serious	196/855	22.9
• Not very serious	83/855	9.7
• I don't know	54/855	6.3
Ever been in contact with a TB case in this prison	350/856	40.9
Perception of being at risk of Tuberculosis due to work in this prison		
• Very likely	482/857	56.2
• Somewhat likely	268/857	31.3
• Somewhat unlikely	39/857	4.6
• Very unlikely	27/857	3.2
• I don't know	41/857	4.8
TB care services available in the prison	735/858	85.7
TB treatment is free of charge	699/726	96.3
How long does a patient need to take TB drugs		
• < 1 month	20/855	2.3
• 1-3 months	66/855	7.7
• 3-6 months	251/855	29.4
• 6-9 months	152/855	17.8
• 1 year	74/855	8.7
• I don't know	292/855	34.2
Ever received BCG vaccine?	285/857	33.3
Ever subjected to TB screening in this prison?	95/845	11.2
✓ When were you screened for TB?		
• At beginning work in the prison	34/85	40.0
• as a periodic medical examination	42/85	49.4
• When one of prisoners diagnosed to have TB	1/85	1.2
• On other occasions	8/85	9.4
✓ What was the result of this screening?		
• Free of TB	83/85	97.6
• A probable case or a case of TB	1/85	1.2
• I don't know	1/85	1.2

Table 14: Continue.

Questionnaire item	N	%
Do you currently have any of the following symptoms?		
• Cough for three weeks or more	2/176	1.1
• Productive cough	31/679	4.6
• Coughing up blood	4/667	0.6
• Unexplained fever	19/669	2.8
• Loss of appetite	41/665	6.2
• Night sweating	18/667	2.7
• Tiredness/Fatigue	78/668	11.7
• Weight loss	15/664	2.3
• Chest pain	28/668	4.2
• Shortness of breath	27/664	4.1
Ever had TB	21/831	2.5
✓ Where did you seek diagnosis and treatment of TB?		
• Prison health facility	3/8	37.5
• Private clinic/hospital out the prison	3/8	37.5
• Public health facility out the prison	2/8	25.0
• NTP related institute	0/8	0.0
✓ Prison community dealt with you as a case of TB (had TB during work in prison)?		
• Totally isolated by guards and prisoners	12/17	70.6
• Most of guards and prisoners isolated me	3/17	17.6
• Guards and prisoners dealt with me normally	2/17	11.8
• Most of prisoners & guards supported me	0/17	0.0
✓ Supported financially* as a case of TB?	1/7	14.3
Would you support a guard with TB to get treatment?		
• Yes, definitely	571/853	66.9
• Yes, but with fears of infection	265/853	31.1
• No, definitely	9/853	1.1
• I don't know	8/853	0.9
Would you support a prisoner with TB to get treatment?		
• Yes, definitely	493/854	57.7
• Yes, but would be afraid of infection	324/854	37.9
• No, definitely	9/854	1.1
• I don't know	28/854	3.3
TB patients are usually isolated in this prison?		
• Yes	728/849	85.7
• No	69/849	8.1
• I don't know	52/849	6.1

* Source of this support was governmental.

Table 14: Continue.

Questionnaire item	N	%
Should you avoid prisoners cured from TB?		
• Yes, as much as possible	427/854	50.0
• No, they have been cured	372/854	43.6
• I don't know	55/854	6.4
Can a TB patient live a normal future like everyone else		
• Yes	509/852	59.7
• No	182/852	21.4
• I don't know	161/852	18.9
Do you think HIV positive people should concern about TB?		
• Yes	563/850	66.2
• No	54/850	6.4
• I don't know	233/850	27.4
If yes; why should HIV positive people concern about TB?		
• More likely to develop TB?	517/549	94.2
• Don't know	32/549	5.8
If no; Why shouldn't HIV positive people concern about TB?		
• Not more likely develop TB	18/39	46.2
• I don't know	21/39	53.9
Received IEC message about TB in last 6 months	262/840	31.2
✓ Source of IEC message about TB		
• Health workers in the prison health facility	121/250	48.4
• TV	87/250	34.8
• Health workers in other health facilities	11/250	4.4
• Friends/guards	11/250	4.4
• Radio	8/250	3.2
• Internet	3/250	1.2
• Newspaper	4/250	1.6
• others	5/250	2.0
✓ IEC message was clearly understood?	233/239	97.5
✓ IEC message was not clearly understood because its contents were:		
• of difficult language	3/6	50.0
• not clear/detailed/other causes	3/6	50.0
Feel not well informed about TB	504/848	59.4
Wish could get more information about TB	791/838	94.4

Table 14: Continue.

Questionnaire item	N	%
Preferred source of information about TB		
• Health worker	410/790	51.9
• TV	325/790	41.1
• Internet	13/790	1.6
• Radio	11/790	1.4
• Friends	6/790	0.8
• Newspaper	6/790	0.8
• Others	19/790	2.4

- Some of guards (11.2%) were subjected to screening for TB during their work in prison, mostly on beginning work in prison (40%) or during a periodic medical examination (49%). Only one guard was screened for TB when one of prisoners diagnosed as a case of TB. Among guards who were screened; only one guard out of 85 was positive (a probable case or a case of TB).
- Prevalence of clinical features among guards associated with tuberculosis was as follow:
 - Prevalence clinical features bring suspicion with pulmonary TB (cough for 3 weeks or more, weight loss, and night sweats) was less than 3%.
 - Other features that may accompany tuberculosis ranged from 0.6% to 11.7%.
- Three guards (347/100,000) got TB during work in prisons and sought for care from prison health facility.
- Out of 17 guards who responded as to have/had TB inside the prison for the question "how the prison community dealt with you as a case of TB", 15 guards (87%) encountered isolation by all or most of guards & prisoners.
- Financial support of TB patients among guards was weak that only one TB case was supported financially. This support was governmental.
- Regarding guards' attitude towards tuberculosis and TB patients:
 - 98% of guards will support a guard having TB to get his treatment (66.9% of guards will definitely support him and 31.1% will support him but will be afraid of infection).
 - 95.6% of guards will support a prisoner having TB to get his treatment (57.7% definitely support him to get treatment and 37.9% will support him but with fears of infection).
 - 85.7% of guards responded that TB patients are isolated in this prison.
 - 50% of participants will avoid a prisoner cured from TB.
 - Around 60% of participants assume that TB patients can live a normal future like everyone else.
 - 66.2% of guards think that HIV positive patients should be concerned about TB; majority of them (94.2%) justified this thinking that HIV positive patients are more likely to develop TB. 18 guards responded that HIV positive patients are not more likely to develop TB.

- Around one third of guards (31.2%) received IEC message about TB in the last three months. Sources of these IEC messages frequently were health workers in prisons and TV. IEC messages were clearly understood by 97.5% and were difficult to 2.5%, this difficulty is attributed to the difficult language of such messages and to detailed or unclear messages.
- About 59% of guards feel they are not well informed about TB and 94% of guards wish to get more information about TB. The most preferred sources of information are health workers (52%) and TV (41%).

3.5. Prisoners:

Total number of participated prisoners was 896. At governorate level, most of participants were from prisons allocated in Baghdad (47.8%) and least from a prison allocated in Najaf governorate (0.7%) (table 15).

Regarding personal characteristics of participated prisoners (table 16):

- Age of prisoners varied from 12 to 91 years (mean is 33.5 ± 10.6 year) and majority (83.7%) of them aged 19-45 years.
- Females contribute humbly to the sample size (4.8%).
- Only 8.0% of them have education higher than secondary school. Few of them were illiterate (16.1%).
- Most of prisoners (61.1%) are married, single prisoners constituted 35.1% of the sample, while divorced, separated & widows constituted the remaining 3.8% of the sampled prisoners.
- Regarding type of work of prisoners before entering the prison:
 - Unemployment (excluding housewives) was prevalent (18.6%) among prisoners, as well as unskilled work (12.7%).
 - Skilled and free work constituted 18.5%.
 - Employment & retirement constituted 18.6%.
 - 7.5% of sampled prisoners were students.
 - All participated female prisoners were housewives.
- Smokers approximate half the prisoners (49.5%), and alcohol consumers are about 5.2% of them.

Concerning detention history of sampled prisoners (table 17):

- More than three quarters of prisoners (78.7%) spent more than one year in custody, this includes 36.8% of prisoners spent more than three years.
- Around one fifth (21.3%) of prisoners has a history of previous detention.
- Previous detention times distributed as follow: once (16.5%), twice (3.7%), thrice (0.4%) and more than thrice (0.7%).

Table 15: Distribution of participated prisoners according to prison and governorate at which the prison is allocated:

Governorate	Prison	N	%
1-Baghdad	1-Prison Complex in Taji	226	25.2
	2-Central Prison-Baghdad	98	10.9
	3-Justice 2	38	4.2
	4-Deportation Prison-6 in Resafa	20	2.2
	5-Maximum Security Prison	15	1.7
	6-Deportation Prison-4 in Resafa	13	1.5
	7-Youth Prison/Karkh in Rehmanai	8	0.9
	8-Central Women Detention Prison-Baghdad	7	0.8
	9-Deportation Prison-13 in Resafa	2	0.2
	Subtotal/Baghdad	427	47.7
2.Ninawa	10-Correctional Complex in Badosh	96	10.7
3.Duhok	11-Correctional Facility for adults in Duhok	43	4.8
	12-Youth & women correctional facility in Duhok	24	2.7
	Subtotal/Duhok	67	7.5
4.Sulaimania	13-Susi Federal Prison-Sulaimanya	64	7.1
5.Thiqr	14-Central Prison-Thiqr	64	7.1
6.Basra	15-Central Prison-Basra	60	6.7
7.Salahelden	16-Deportation Prison in Salahelden	32	3.6
8.Kirkuk	17-Deportation Prison-Kirkuk	20	2.2
9.Babil	18-Correctional Facility for adults in Babil	20	2.2
10.Kerbala	19-Deportation Prison-1 in Kerbala	12	1.3
	20-Baghdad Gate Deportation Prison-Kerbala	8	0.9
	Subtotal/Kerbala	20	2.2
11.Misan	21-Central Prison-Misan	20	2.2
12.Najaf	22-Deportation Prison-Najaf	6	0.7

Table 16: Characteristics of sampled prisoners.

Characteristic	N	%
Age Group (year)		
• < 19	32/840	3.8
• 19-45	703/840	83.7
• 46-65	100/840	11.9
• > 65	5/840	0.6
Gender		
• Male	853/896	95.2
• Female	43/896	4.8
Education		
• Illiterate	144/892	16.1
• Read & write	50/892	5.6
• Primary	399/892	44.7
• Intermediate/Secondary	228/892	25.6
• Higher than Secondary	71/892	8.0
Marital Status		
• Married	545/892	61.1
• Single	313/892	35.1
• Divorced/Separated	23/892	2.6
• Widow	11/892	1.2
Occupation		
• Professional	175/889	19.7
• Unemployed	165/889	18.6
• Employee	139/889	15.6
• Skilled worker	145/889	16.3
• Unskilled worker	113/889	12.7
• Student	67/889	7.5
• Housewife	38/889	4.3
• Retired	27/889	3.0
• Free work	20/889	2.2
Current smoker	442/893	49.5
Current alcohol consumer	46/884	5.2

Table 17: Distribution of participated prisoners according to detention history.

Characteristic	N	%
Duration spent in prison (month)		
• < 6	72/891	8.1
• 6-12	118/891	13.2
• 13-18	139/891	15.6
• 19-24	100/891	11.2
• 25-30	79/891	8.9
• 31-36	55/891	6.2
• > 36	328/891	36.8
Previously Imprisoned	191/896	21.3
Times imprisoned before		
• Once	148/896	16.5
• Twice	33/896	3.7
• Thrice	4/896	0.4
• > Thrice	6/896	0.7

Regarding responses of participant prisoners to questionnaire items (table 18):

- About 89% of participants heard about tuberculosis and around 48% of prisoners heard about National Tuberculosis Control Program.
- Tuberculosis status in Iraq and in prisons is stated to be very serious by 62% of prisoners.
- While 25% of participants has/had a contact with a case of TB in the prison; 60% of participants stated that they are at risk of having TB.
- "TB care services are available in prison" is a statement agreed on by 60% of participant prisoners, and 95% of who agreed stated that available treatment for TB is free of charge.
- Only 12% of participants were aware that treatment of TB takes 6-9 months duration.
- About 46% of participants indicated that they received BCG vaccine.
- Around 23% of participants were screened for TB (70.2% during a periodic medical examination, 24.4% at entering the prison, and 5.4% on diagnosing a prisoner having TB) this screening was positive in 10% of screened prisoners (19 prisoners were either a probable case or a case of TB).
- Prevalence of clinical features associated with tuberculosis was as follow:
 - Prevalence of clinical features bring suspicion with pulmonary TB (cough for 3 weeks or more, weight loss, and night sweats) was around 7%.
 - Other features that may accompany tuberculosis ranged from 1.6% to 11.8%.
- Participated prisoners who ever have/had TB were 6.9% [5.4%; 8.9%] (including 4.4% [3.1%; 6.0%] got TB after entering the prison and 0.7% [0.3%; 1.6%] had TB within six months before detention (thus the prevalence of TB among enrolled prisoners during this study was 5%) (figure 2).
- Out of those have/had TB inside the prison, around 58% sought care from prison health facility, 16.7% sought for care from public health facilities outside the prison, 16.7% sought for care from NTP related institutes, and 8.3% sought for care from private health sector.
- Prison community (all or most of prisoners & guards) isolated prisoners who have/had TB inside the prison; this is encountered by the majority (94.6%) of TB patients.
- Financial support of TB patients among prisoners was weak that only three TB cases were supported financially.
- Regarding prisoners' attitude towards tuberculosis and TB patients:
 - 63.5% of participants will definitely support TB patients and 16.9% will support TB patients but with fears of infection.
 - 73.3% of participants responded that TB patients are isolated in this prison.
 - 46.5% of participants will avoid prisoners cured from TB.

- 66.8% of participants assume that TB patients can live a normal future like everyone else.
- 51.3% of participants think that HIV positive patients should be concerned about TB; majority of them (83.3%) justified this thinking that HIV positive patients are more likely to develop TB than non HIV positive persons.

Table 18: Distribution of responses of prisoners to questionnaire items:

Questionnaire item	N	%
Ever heard about Tuberculosis?	797/893	89.2
Ever heard about National TB Control Program?	422/886	47.6
In your opinion; how serious is TB in Iraq		
• Very Serious	555/891	62.3
• Somewhat serious	140/891	15.7
• Not very serious	78/891	8.8
• I don't know	118/891	13.2
In your opinion; how serious is TB in this prison?		
• Very Serious	556/893	62.3
• Somewhat serious	120/893	13.4
• Not very serious	109/893	12.2
• I don't know	108/893	12.1
Ever been in contact with a TB case in this prison	224/884	25.3
Perception of being at risk of Tuberculosis		
• Very likely	317/880	36.0
• Somewhat likely	211/880	24.0
• Somewhat unlikely	52/880	5.9
• Very unlikely	114/880	13.0
• I don't know	186/880	21.1
TB care services available in the prison	530/886	59.8
TB treatment is free of charge	478/503	95.0
How long does a patient need to take TB drugs		
• < 1 month	41/840	4.9
• 1-3 months	57/840	6.8
• 3-6 months	178/840	21.2
• 6-9 months	104/840	12.4
• 1 year	51/840	6.1
• I don't know	409/840	48.7
Ever received BCG vaccine?	393/853	46.1
Ever subjected to TB screening in this prison?	206/882	23.4
✓ When were you screened for TB?		
• At entering the prison	41/168	24.4
• as a periodic medical examination	118/168	70.2
• When one of prisoners diagnosed to have TB	9/168	5.4
✓ What was the result of this screening?		
• Free of TB	163/187	87.2
• A probable case or a case of TB	19/187	10.2
• I don't know	5/187	2.7

Table 18: Continue.

Questionnaire item	N	%
Do you currently have any of the following symptoms?		
• Cough for three weeks or more	54/896	6.0
• Productive cough	65/896	7.3
• Coughing up blood	14/896	1.6
• Unexplained fever	51/896	5.7
• Loss of appetite	99/896	11.0
• Night sweating	65/896	7.3
• Tiredness/Fatigue	106/896	11.8
• Weight loss	66/896	7.4
• Chest pain	88/896	9.8
• Shortness of breath	101/896	11.3
Ever had TB	59/849	6.9
✓ When had TB?		
• After entering the prison	37/849	4.4
• 6 months before entering the prison	6/849	0.7
• > 6 months before entering the prison	16/849	1.9
✓ Where did you seek diagnosis and treatment of TB (had TB on or after entrance prison)?		
• Prison health facility	21/36	58.3
• Public health facility out the prison	6/36	16.7
• NTP related institute	6/36	16.7
• Private clinic/hospital out the prison	3/36	8.3
✓ Prison community dealt with you as a case of TB (had TB on or after entrance prison)?		
• Totally isolated by guards and prisoners	28/37	75.7
• Most of guards and prisoners isolated me	7/37	18.9
• Guards and prisoners dealt with me normally	1/37	2.7
• Most of prisoners & guards supported me	1/37	2.7
✓ Supported financially* as a case of TB?	3/36	8.3
* Source of this support was the prison authority in two cases & governmental in one case.		

Table 18: Continue.

Questionnaire item	N	%
Would you support a prisoner with TB to get treatment?		
• Yes, definitely	549/865	63.5
• Yes, but with fears of infection	146/865	16.9
• No, definitely	60/865	6.9
• I don't know	110/865	12.7
TB patients are usually isolated in this prison?		
• Yes	645/880	73.3
• No	66/880	7.5
• I don't know	169/880	19.2
Should you avoid prisoners cured from TB?		
• Yes, as much as possible	293/881	33.3
• No, they have been cured	471/881	53.5
• I don't know	117/881	13.3
Can a TB patient live a normal future like everyone else		
• Yes	586/877	66.8
• No	83/877	9.5
• I don't know	208/877	23.7
Do you think HIV positive people should concern about TB?		
• Yes	441/860	51.3
• No	68/860	7.9
• I don't know	351/860	40.8
If yes; why should HIV positive people concern about TB?		
• More likely to develop TB?	345/414	83.3
• Don't know	65/414	15.7
• Others (e.g. 2 participants stated "won't cure from TB")	4/414	1.0
If no; Why shouldn't HIV positive people concern about TB?		
• Not more likely develop TB	10/49	20.4
• I don't know	39/49	79.6

Table 18: Continue.

Questionnaire item	N	%
Received IEC message about TB in last 6 months	239/717	33.3
✓ Source of IEC message about TB		
• TV	67/242	27.7
• Radio	9/242	3.7
• Health workers in the prison health facility	109/242	45.0
• Health workers in other health facilities	5/242	2.1
• Friends/Prisoners	33/242	13.6
• Internet	2/242	0.8
• Newspaper	11/242	4.5
• Mobile	4/242	2.9
• Posters	1/242	0.4
• Red Cross	1/242	0.4
✓ IEC message was clearly understood?	220/239	92.1
✓ IEC message was not clearly understood because its contents were		
• of difficult language	19/239	7.9
• not clear/detailed/other causes	0/239	0.0
Feel not well informed about TB	423/767	55.1
Wish could get more information about TB	755/864	87.4
Preferred source of information about TB		
• Health worker	371/740	50.1
• TV	269/740	36.4
• Friends	50/740	6.8
• Radio	20/740	2.7
• Internet	16/740	2.2
• Newspaper	14/740	1.9

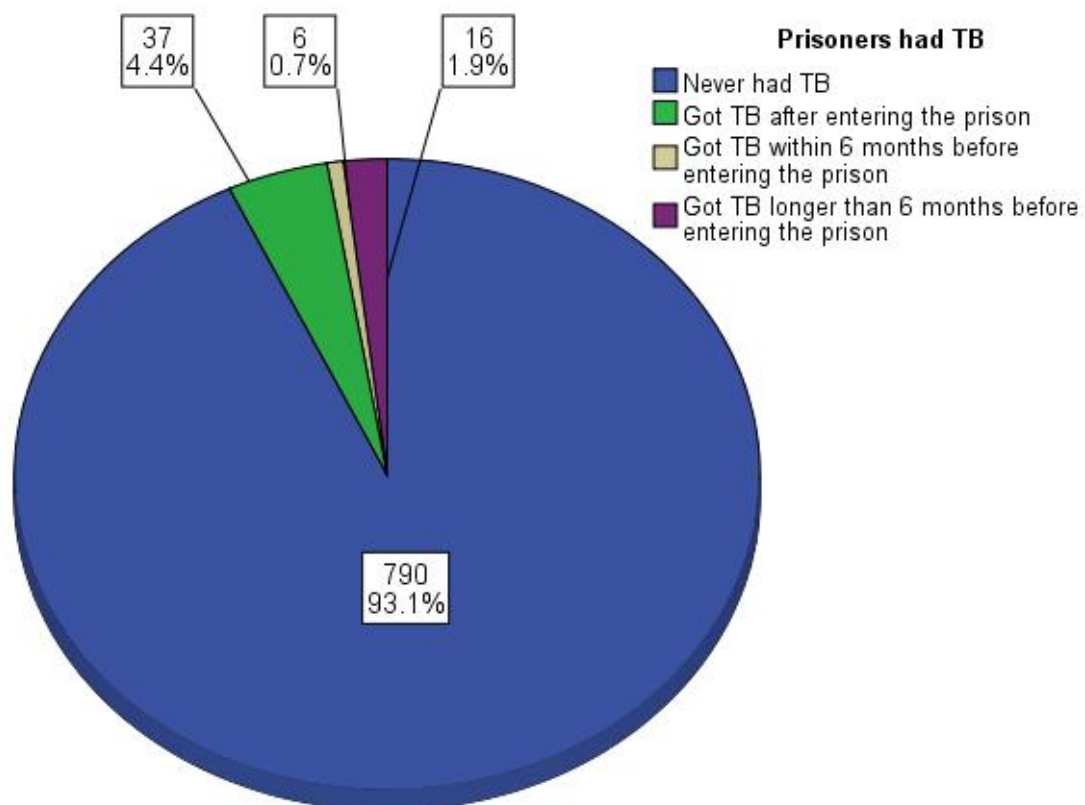


Figure 2: Distribution of sampled prisoners according to time of developing tuberculosis.

- Around one third of prisoners (33.3%) received IEC message about TB in the last three months. Sources of these IEC messages frequently were health workers in prisons, TV and hearing from other prisoners. IEC messages were clearly understood by 92.1% and were difficult to 7.9%, this difficulty is attributed to the difficult language of such messages.
- About 55% of prisoners feel they are not well informed about TB and 87% of prisoners wish to get more information about TB. The most preferred sources of information are health workers and TV.

Regarding factors associated with developing tuberculosis after entering the prison (table 19):

- Both education and occupation have a significant association with developing TB inside the prison ($P < 0.05$). Tuberculosis is least to affect prisoners with education level higher than secondary and more to affect unemployed prisoners and prisoners used to have occupations associated with hard physical work (unskilled workers, skilled workers and professional).
- The probability of having TB after entering the prison significantly increases if being in contact to a known case of TB inside the prison ($P < 0.05$).
- All of other studied factors (age group, gender, marital status, duration spent in prison, history of previous admissions to prison, being a current smoker or alcohol drinker or immunized with BCG) illustrated no significant association with having TB disease after entering prisons ($P > 0.05$).

Table 19: Distribution of participant prisoners according to their status of getting TB after entering prison and to different personal characteristics:

Variables	Got TB after entering the prison				X ²	P value
	Yes		Others			
	N	%	N	%		
Age Group (year)					3.059	0.383 ^A
• < 19	1/33	3.0	31/766	4.0		
• 19-45	25/33	75.8	642/766	83.8		
• 46-65	7/33	21.2	88/766	11.5		
• > 65	0/33	0.0	5/766	0.7		
Gender					2.064	0.151
• Male	37/37	100.0	769/812	94.7		
• Female	0/37	0.0	43/812	5.3		
Education					12.037	0.017
• Illiterate	12/35	34.3	125/810	15.4		
• Read & write	3/35	8.6	46/810	5.7		
• Primary	9/35	25.7	363/810	44.8		
• Intermediate/Secondary ary	10/35	28.6	207/810	25.6		
• Higher than Secondary	1/35	2.9	69/810	8.5		
Marital Status					3.183	0.364 ^A
• Married	27/37	73.0	488/808	60.4		
• Single	10/37	27.0	286/808	35.4		
• Divorced/Separated	0/37	0.0	23/808	2.8		
• Widow	0/37	0.0	11/808	1.4		
Occupation					21.264	0.001^B
• Employee	0/36	0.0	131/807	16.2		
• Skilled worker	13/36	36.1	124/807	15.4		
• Unskilled worker	2/36	5.6	108/807	13.4		
• Professional	8/36	22.2	160/807	19.8		
• Retired	0/36	0.0	26/807	3.2		
• Free work	0/36	0.0	20/807	2.5		
• Student	2/36	5.6	62/807	7.7		
• Unemployed	10/36	27.8	140/807	17.3		
• Housewife	1/36	2.8	36/807	4.5		

^A Minimum expected cell count is less than one. Chi-square results may be invalid.

^B For the sake of statistical significance; condensing cells of occupation was as follow: 1) retired & free work with employed, and 2) housewife with student.

Table 19: Continue.

Variables	Got TB after entering the prison				X ²	P value
	Yes		Others			
	N	%	N	%		
Duration spent in prison (month)					7.789	0.254
• < 6	0/37	0.0	69/809	8.5		
• 6-12	4/37	10.8	109/809	13.5		
• 13-18	3/37	8.1	131/809	16.2		
• 19-24	6/37	16.2	92/809	11.4		
• 25-30	3/37	8.1	72/809	8.9		
• 31-36	4/37	10.8	51/809	6.3		
• > 36	17/37	45.9	285/809	35.2		
Imprisoned before					0.997	0.318
• Yes	7/37	18.9	105/796	13.2		
• No	30/37	81.1	691/796	86.8		
Times imprisoned before					2.133	0.545 ^A
• Once	13/16	81.2	123/161	76.4		
• Twice	2/16	12.5	29/161	18.0		
• Thrice	1/16	6.2	3/161	1.9		
• > Thrice	0/16	0.0	6/161	3.7		
Current smoker					0.555	0.456
• Yes	16/37	43.2	401/810	49.5		
• No	21/37	56.8	409/810	50.5		
Current alcohol consumer					1.050	0.305
• Yes	3/32	9.4	42/806	5.2		
• No	29/32	90.6	764/806	94.8		
Have you ever been in contact with a TB case in this prison					7.155	0.007
• Yes	16/37	43.2	191/801	23.8		
• No	21/37	56.8	610/801	76.2		
Ever received BCG vaccine?					1.174	0.556
• Yes	12/30	40.0	375/785	47.8		
• No	12/30	40.0	242/785	30.8		
• I don't know	6/30	20.0	168/785	21.4		

^A Minimum expected cell count is less than one. Chi-square results may be invalid.

4. Discussion:

4.1. Health Standards in Prisons:

There have been international concerns about the relation between TB and prisons. Correctional facilities have often been cited as reservoirs for tuberculosis (TB), presenting a potential threat to the general population ⁽⁵⁾. The combination of overcrowding, poor nutrition, poor ventilation and lack of screening for TB has turned prisons into breeding grounds and incubators for TB ⁽⁶⁾. Prisons receive, concentrate, disseminate, make worse and export TB ⁽⁶⁾. Since governments have a duty to protect prisoners from harm and to provide access to a standard of health care at least equivalent to that in the community ⁽⁶⁾; effective TB control in prisons requires the same components identified in the Stop TB Strategy ⁽⁷⁾.

The international organizations that are involved in TB control favor using internationally recommended strategies against TB to use them fighting TB in prisons. Since the early 1990s there has been broad international consensus on how to prevent and treat TB with the so-called DOTS strategy, which has been documented to be very effective in different settings. The elements of the strategy are: political commitment with increased and sustained financing; case detection through quality-assured bacteriology; standardized treatment with supervision and patient support; an effective drug supply and management system; monitoring and evaluation; and impact measurement. The DOTS strategy was expanded in 2006 and given the name The Stop TB Strategy. The main objectives of The Stop TB Strategy are to achieve universal access to high-quality diagnosis and patient-centered treatment; reduce the human suffering and socioeconomic burden associated with TB; protect poor and vulnerable populations from TB, TB/HIV infection and MDR-TB; and support the development of new tools and enable their timely and effective use ⁽⁸⁾. The Stop TB Strategy should be widely and fully implemented in the prison system. This includes making sure that there are sufficient qualified staff, screening and sputum smear microscopy of an ensured quality, drug-resistance testing of an ensured quality, adequate treatment under supervision with drugs of an ensured quality, and interventions addressing MDR-TB and HIV-related TB. HIV testing should be offered and antiretroviral treatment provided when indicated ⁽⁸⁾. On 13 October 2010, the Global Plan to Stop TB 2011–2015 was launched by the Stop Tuberculosis

Partnership (a coalition of more than 400 organizations worldwide) with the aim of halving TB mortality and prevalence rates by 2015 compared with a 1990 baseline. One objective to achieving this aim is to “Ensure early diagnosis of all TB cases,” including vulnerable populations such as prisoners ⁽⁴⁾.

While the main challenges in implementing the prevention, diagnosis and treatment of TB in prisons are political commitment, infection control, case detection through quality-assured bacteriology, standardized treatment with supervision and patient support, effective drug supply and management system, monitoring and evaluation system, and impact measurement, collaborative TB/HIV activities, prevention and control of MDR-TB, community participation, advocacy, communication and social mobilization, and research⁽⁶⁾; the ideal TB control program in a prison would include the following ⁽⁶⁾: Government structures supporting TB programs in both the civil-sector and penitentiary systems; Written agreement on collaboration and coordination between prison and civil-sector TB programs; Prevention through the early detection of infectious cases; avoidance of overcrowding; good nutrition, ventilation and light; clear definition of infectious zones with clear policies on how to reduce transmission; and the use of masks and/or personal respirators; Complete access to TB diagnosis and treatment for all prisoners entering the prison system; Adequate treatment in line with national TB program guidelines, including those for prisoners with MDR-TB and TB-HIV co-infection, using DOTS and an uninterrupted supply of drugs of guaranteed quality; and A guarantee by prison and civil medical personnel of continued treatment for infected individuals following their release from prison.

Regarding prison building and prison policies, this study verified managerial and environmental elements concerned with TB transmission/control within the prison facility. These include crowding of prisoners, environmental measures against TB spread inside prisons, and official acts against tuberculosis in prisons.

Measures to control infection are needed in all settings where there is a significant risk of transmission of TB infection ⁽⁹⁾. In general, the main elements in infection control are first: Administrative measures (as for separating infectious cases); second: Engineering measures (for example negative ventilation); and third: Personal protection (respirators for staff and disposable masks for patients)⁽⁶⁾.

As a minimum, health care in prisons should be compliant with existing legislation and regulations ⁽¹⁰⁾. Unlike majority of investigated prisons, two prison authorities reflected that there is no knowledge of existence for laws or legislations for the provision of treatment and prevention of communicable diseases in prisons.

During the integration/collaboration with TB control programs in the civil sector, the main objective should be that prisoners have the same quality of health services as the general population ⁽⁶⁾. As part of building political commitment, it is necessary to ensure that both legislation and national guidelines facilitate TB control in prisons. In particular, the following areas should have a supportive legal basis with minimum standards: guidelines in line with the national TB control program; enough surface area per inmate to avoid overcrowding; adequate nutrition; comprehensive infection control planning; policies on the release of prisoners with TB and/or their transfer to other facilities; and integration/collaboration with the health care services in the civil sector ⁽⁶⁾. Measures to control infection are needed in all settings where there is a significant risk of transmission of TB infection ⁽⁹⁾. These settings include general health facilities where patients with cough and in whom pulmonary TB has been diagnosed are in close contact with health staff and others in a crowded and poorly ventilated environment ⁽⁹⁾.

Crowding is a classical TB risk factor. Household occupation density, ventilation and humidity influence the risk of exposure to infectious droplets ⁽⁹⁾. In any congregate setting, overcrowding should be avoided because it can lead to non-infected individuals being exposed to TB ⁽¹¹⁾. Occupation rate of prisons in this study has exceeded the designed capacity in 50% of sampled prisons, two of these prisons are overcrowded (occupation rate was exceeded 200% of designed capacity). It is known that tuberculosis (TB) in prison is fueled by overcrowding ⁽¹²⁾ which contribute to the transmission of this disease ⁽¹³⁾. Humans are usually infected by aerosol route ⁽¹⁴⁾, and this transmission can be significantly reduced by reducing overcrowding ⁽⁸⁾. This overcrowding if combined with poor nutrition, twice as many contacts or more could become infected ⁽¹³⁾.

In addition to overcrowding, prisons are often high-risk environments for TB transmission because of poor ventilation ⁽⁶⁾. Buildings in congregate settings should

comply with national norms and regulations for ventilation in public buildings, and specific norms and regulations for prisons, where these exist ⁽¹¹⁾. Good ventilation helps reduce TB transmission indoors. In existing prison facilities that have natural ventilation, effective ventilation should be achieved by proper operation and maintenance and by reminding prison guards and prisoners of importance of natural ventilation ⁽³⁾. Well-designed, well-maintained, and correctly operated exhaust fans (mixed-mode ventilation) can help to obtain adequate ventilation when sufficient air change per hour cannot be achieved by natural ventilation alone ⁽³⁾. In some settings, mechanical ventilation will be needed, for example, where natural or mixed-mode ventilation systems cannot be implemented effectively or where such systems are inadequate given local conditions (e.g., building structure, climate, regulations, culture, cost, and outdoor air quality). To be effective, a minimum of 12 air change per hour must be maintained ⁽³⁾. In prisons where natural or mechanical ventilation may not be achieved, e.g., because of cold winters, an additional option is to use an upper room or a shielded UVGI device. Room air cleaners with UVGI may provide a less expensive alternative to more expensive environmental control measures that require structural alterations of a facility. Effective use of UVGI ensures that *M. tuberculosis*, as contained in an infectious aerosol, is exposed to a sufficient dose of ultraviolet-C (UV-C) radiation at 253.7 nanometers to result in inactivation ⁽³⁾. Anyhow, in congregate settings in which there is a high risk of TB transmission and where adequate ventilation cannot be achieved – for example because of design constraints (e.g. in correctional facilities) – use of UVGI could be considered. If UVGI is used, fixtures should be designed to prevent injury from improper use or tampering with the device ⁽¹¹⁾.

While investigators found seven prisons (35%) are not provided with adequate natural ventilation in all accommodations and not all available windows can be opened by prisoners and this is due to security issues, here ventilation is usually achieved with natural and mechanical methods.

Opening windows and doors maximizes natural ventilation so that the risk of airborne contagion is much lower than with costly, maintenance-requiring mechanical ventilation systems. Old-fashioned clinical areas with high ceilings and large windows provide greatest protection ⁽¹⁵⁾. According to this study, all prisons' rooms are provided with ceiling fans except for central prison in Basrah which relies only

upon fans mounted in windows openings. Smaller desk fans or with stands are used less frequently.

While poor hygiene is one of the factors responsible for the high rates of morbidity and mortality related to TB ⁽¹⁶⁾; this study indirectly assessed the prison and prisoners hygiene, that prisoners in more than 50% of studied prisons do not have access to running water at their cells/chambers, having low number of toilets dedicated for prisoners, and in some prisons toilet hygiene was less than good, and the overall prison hygiene was good only in 75% of studied prisons.

Infection control in prison which are measures taken to reduce the risk of TB transmission by infectious patients to susceptible individuals (other prisoners, staff, and visitors). These measures include early diagnosis and prompt treatment, and the separation of patients during the period of infectiousness is recommended. The consultation room should be well ventilated as should the wards reserved for infectious TB patients. Patients should be educated with regard to cough hygiene. Whether personal protection (respirators for staff, disposable masks for patients, staff, and visitors) and engineering measures (negative ventilation for example) can be used will depend on available financial means ⁽¹⁷⁾. People suspected of having TB should be diagnosed as quickly as possible. People suspected of having TB and infectious patients should always be separated and, if possible, isolated in an adequately ventilated area, until sputum smear conversion ⁽¹¹⁾. Isolation should not be equated with punishment or solitary confinement ⁽¹³⁾. At least one AII room should be available in correctional facilities. Any inmate with suspected or confirmed infectious TB disease should be placed in an AII room immediately or transferred to a setting with an AII room. Formerly called a negative pressure isolation room, an AII room is a single occupancy patient-care room used to isolate persons with suspected or confirmed infectious TB disease. Environmental factors are controlled in AII rooms to minimize the transmission of infectious agents that are usually spread from person to person by droplet nuclei associated with coughing or aerosolization of contaminated fluids. AII rooms should provide negative pressure in the room so clean air flows under the door ⁽¹⁸⁾.

Only one prison according to this study did have special isolation rooms for TB suspects or TB cases (all other prisons have a room that is well ventilated and

provided with necessary equipments). Anyhow, available isolation rooms cannot be called AII rooms as they are merely regular rooms allocated for patients' isolation. Though TB isolation standards are not achieved, allocating such rooms with adequate natural ventilation is a good solution in presence of structural and cost obstacles.

4.2. Health Care Facilities in Prisons:

The principles of treatment and management of TB are exactly the same in prison and in the civil sector. It is highly recommended to have national guidelines applicable to both the prison and civil sectors ⁽⁶⁾. The same minimum standards of health care, including for TB control, should be applied in prisons and outside. The Stop TB Strategy should be widely and fully implemented in the prison system. This includes making sure that there are sufficient qualified staff, screening and sputum smear microscopy of an ensured quality, drug-resistance testing of an ensured quality, adequate treatment under supervision with drugs of an ensured quality. TB services should be closely coordinated within the prison system and between the relevant ministry and the Ministry of Health in each country. This is necessary to ensure referral of prisoners released while still on treatment, as well as recording and reporting, and provision of the necessary supplies ⁽⁸⁾. The basis for diagnosis of infectious TB is microscopy examination of sputum. The staffs are sometimes inadequately trained, microscopes may be of low quality and poorly maintained, the staining may be inadequate, there may be little staff retraining and few supervisory visits, and quality assurance through exchange of slides is rarely done. An adequate network of smear microscopy sites should be set up inside the prison system, so that peripheral prisons/colonies have easy and rapid access and the number of performed tests is still sufficient to ensure adequate quality. The network in the prison system should be coordinated with the network outside, so that collaboration at local level may be achieved ⁽⁶⁾. While all studied prisons in this study were provided with health care facilities (mostly in the form of health care centers), investigators found barriers that affect TB control in prisons. Such health facilities were having shortage in either one or more of health staff, trained health staff, specified place for providing TB services, pharmacy, laboratory capacity to diagnose TB, TB control guidelines, or sometimes; the prescribed anti-TB was not following NTP guidelines.

For epidemiological purposes and better follow-up of patients, it is highly recommended that a unique notification system be used whereby the prison TB program reports cases and treatment results to the civil-sector TB program and receives supervisory visits from the civil sector program ⁽⁶⁾. In many settings, the prison and the civil-sector systems do not use the same treatment cards, TB registers and quarterly reports, and prisons do not report regularly to the civil sector ⁽⁶⁾. Regarding registration, monitoring and evaluation of tuberculosis control activities in prisons, according to this study: Prisons' health facilities perform regular registration and documentation for TB cases, this registration generally follows NTP format. All documented TB cases in prisons are documented as Prison cases at local district TB registers, i.e. at prisoners who are diagnosed as TB patients are registered at the district TB coordinator unit of the primary health care district of the same geographic area where the prison lies.

Reporting should be done to the civil-sector TB program and, if needed on the basis of a written agreement, supervision and evaluation should be done together with or in close coordination with the NTP ⁽¹⁷⁾. Regular supervision by NTP, according to this study, to Iraqi prison health facilities had covered almost all sampled prisons. Anyhow, the prison administration should not only rely on NTP supervision but regularly evaluate the efficacy of the methods used to identify people with tuberculosis and of the strategies used to contain tuberculosis. This evaluation should examine clinical records, the number of cases identified and the proportion successfully treated but also administrative procedures such as continuing treatment during transfers, staff using masks when dealing with people with infectious tuberculosis and regularly ventilating dormitories ⁽¹³⁾. In the same time, NTPs should always be actively involved with the prison medical services, not only for training the staff about TB but also for supervision of laboratory work, case-finding, reporting and supplies ⁽⁶⁾.

Educational/IEC materials are available in 18 prisons (90%). Prison staff and prisoners should receive health education. Providing accurate information to inmates and personnel about tuberculosis and about how it can be controlled will reduce the fear and misinformation about tuberculosis that is often present in prisons ⁽¹³⁾. Advocacy, communication and social mobilization can make an important contribution to TB control in prisons. Advocacy is intended to secure political and

financial support in local, national and international settings and to promote accountability from all institutions and organizations involved in the delivery of TB services in prisons. Advocacy initiatives may help speed up the process of reforming the penal system and addressing determinants of health, such as overcrowding, hygiene and nutrition ⁽⁶⁾. Communication is important in increasing awareness and knowledge of TB among prison staff, the prisoners and their family and visitors. Very often prison administrators consider TB only as a medical issue, the management of which should be delegated to medical staff, instead of demanding a comprehensive approach to organizing services for TB prevention, treatment and care. The common belief is that TB is an incurable chronic disease. Better understanding of the disease will produce more effective collaboration between prisoners and prison staff in reducing TB transmission. During screening on entry to prison, it is crucial that medical staff provide prisoners with general information on TB, as well as information on the main signs and symptoms to facilitate early diagnosis at a later stage and the availability of TB diagnostic and treatment services in the prison ⁽⁶⁾. Social mobilization aims at engaging society at large, building partnerships and greater commitment, and fighting against social stigma and discrimination related to TB, especially after release from detention ⁽⁶⁾.

The incidence of TB infection and TB disease among individuals in congregate settings exceeds the incidence among the general population ⁽¹¹⁾. Tuberculosis in prisons is a major health problem in countries of high and intermediate TB endemicity ⁽¹⁹⁾. Prisons are settings in which tuberculosis (TB) transmission occurs ⁽²⁰⁾ which has been reported worldwide to be much more than that reported in corresponding general population ⁽²¹⁾, often five to 10 times higher than national rates ⁽²⁰⁾, and the median estimated fraction of tuberculosis in the general population attributable to the exposure in prisons for TB was 6.3% in middle-income countries ⁽²¹⁾. Tuberculosis burden in prisons during 2011 according to the review of prison health registers during this study:

Rate of TB suspects was 450/100,000 in sampled Iraqi prisons. This finding agrees with what found in Karachi prisons 2004 where PTB suspects rate among prisoners was 657/100,000 and was 3.75 times higher than general population ⁽²²⁾. Moreover, prisoners do not represent a mere cross-section of society in general. Prisoners are overwhelmingly male, are typically aged 15–45 years, and come predominantly from

poorly educated and socioeconomically deprived sectors of the population where TB infection and transmission are higher ⁽⁶⁾.

Regarding TB notification in Iraqi prisons, this study concluded a notification rate for sputum positive pulmonary TB cases as 275/100,000 while it is 8.9/100,000 in the general population ⁽²³⁾, i.e it is 30 times higher in prisons, and for extrapulmonary TB cases the notification rate was 80/100,000 while in the general population it was 9.6/100,000 i.e. it is 7 times higher, and the TB related mortality was 30/100,000 which is 12 folds higher than that of the general population (2.3/100,000 ⁽²³⁾), knowing that four out of six (67%) died prisoners were confined in prison complex in Taji, and the treatment rate of prisoners under DOTS was 305/100,000 (one third from Taji prison) and since WHO estimates the prevalence of TB in Iraq as 75/100,000 ⁽²³⁾; then the prevalence of TB in prison is four times that of the general population. Such findings of high burden of TB in prisons are not odd for this study team since Iraq is endemic with TB and prisons are significant foci for spreading TB as mentioned earlier. The combination of overcrowding, poor nutrition, poor ventilation and lack of screening for TB has turned prisons into breeding grounds and incubators for TB ⁽⁶⁾. Other studies have similar findings, e.g. Median TB notification rate was 232/100,000 inmates in European prisons ⁽⁵⁾, and the TB notification rate was 1913/100,000 in Ethiopian prisons ⁽²⁴⁾, 2700/100,000 in Brazilian prisons ⁽²⁵⁾, 3500/100,000 in Cameron prisons ⁽²⁶⁾, 108/100,000 in Turkish prisons ⁽²⁷⁾, and 2500/100,000 in a Brazilian prison hospital ⁽²⁸⁾.

Treatment default rate of prisoners from TB treatment was around 7%. Despite the fact that prisoners are in one place, follow-up to treatment is not always as easy as it should be. It is imperative that every dose of drugs to be taken is directly observed in order to ensure adherence and avoid interrupted or incomplete treatment. In some settings, prisoners will prefer not to take medicine in order to remain sick and continue to be in the hospital. There may be a need for a psychologist and/or peers to talk to the patient in order to increase adherence. ⁽⁶⁾

In the prison system studied, the recent transmission of TB contributes substantially to the overall incidence of the disease. Both lengthy incarcerations and delays in identifying inmates with pulmonary symptoms play a key role in this recent transmission. Directly observed therapy (DOT) is a critical control strategy for

reducing the emergence of drug resistance and for avoiding the transmission of resistant organisms ⁽²⁹⁾. Adherence is influenced by the long duration of treatment but also by the possible side effects of the drugs used. In prisons, additional factors may reduce adherence: for example, better conditions in the tuberculosis ward of a prison may induce people with tuberculosis to try to prolong the period of illness, or medicines may be used as an alternative currency. Similarly to the community outside prisons, the health care service should try to increase adherence by directly observing the drug intake and by providing health education and a generally supportive attitude ⁽¹³⁾. Treatment, however, may also be interrupted if prisoners being treated are transferred or released before the treatment is completed. It is therefore important that administrative prison staff members understand the need for continued treatment and work with health care staff to ensure that treatment can be continued upon transfer or release ⁽¹³⁾.

4.3. Health Care Providers (HCPs):

Though majority of HCPs in prisons according to this study findings are not aware of exact TB burden & mortality in Iraq, still more than 50% of HCPs perceive tuberculosis as a serious health problem in Iraq and as well in the prison facility, and the vast majority of HCPs are knowledgeable of mode of transmission of pulmonary tuberculosis, when to suspect pulmonary TB cases, how to correctly manage PTB (diagnosis, treatment, and follow up) and are familiar with national tuberculosis control program (NTP) in Iraq and DOTS strategy, but a small proportion of HCPs know that the most critical aspect of DOTS is watching the patient swallow the drugs a status question the strategy of giving anti-TB inside prisons. Investigators were not astonished with presence of such gaps of knowledge of TB control protocols; gaps are also evident in staff working outside prisons, e.g. knowledge and practice of private practitioners on PTB deviated far away from NTP guidelines according to a study conducted in Baghdad in 2008 ⁽³⁰⁾. HCPs generally attributed default of TB patients from treatment to poor awareness or to the feeling of improvement. Failure of health staff to recognize the severity of the situation including increased risk of death, drug-

resistance, or drug-interactions and to manage these complications, are associated with increased poor treatment outcomes among prisoners ⁽³⁾

Administrative controls are often said to be the least expensive and most effective interventions ⁽³¹⁾. Environmental control is an administrative measure in TB infection control, and hence prompting the screening of coughing patients are basic, costless measures that should help to reduce the rapid spread of tuberculosis in the PHC setting ⁽³²⁾. This study found the dominant approach to screen for pulmonary TB among prisoners is symptom based where TB suspects are mostly referred to specialized clinics and contacts traced on place. In prisons, passive screening for TB (i.e. the usual situation whereby medical staff simply wait for prisoners with TB symptoms to “show up” at the medical consultation) may not be sufficient. The medical staff should, as far as possible, go inside the prison itself, and not just stay in the medical rooms. They should be on the active lookout for prisoners with symptoms that could indicate they may have (contagious) pulmonary TB. All prison medical staff should be trained to identify TB symptoms ⁽³³⁾, in addition, the Joint Tuberculosis Committee of the British Thoracic Society (BTS) recommends that all new prison staff be screened for tuberculosis (TB) as 'at risk' health workers ⁽³⁴⁾. Entry examinations and active symptom screening among inmates are important to control TB transmission inside the prison ⁽³⁵⁾. The goal in prison TB control is not to perform mass screenings on a periodic basis, but rather to find an acceptable entry screening strategy coupled with a routine case detection system that includes the identification of persons recently exposed to active disease during incarceration ⁽³⁶⁾. X ray screening at entry and systematic screening for the control of tuberculosis should be considered in highly endemic confined settings such as prisons ⁽³⁷⁾. Clinical screening of prisoners by assessment of symptoms (principally cough for more than 3 weeks) identifies PTB suspects. The most cost-effective method of detecting the infectious cases among PTB suspects in high-prevalence populations is by sputum smear microscopy. A suspect with a positive sputum smear has sputum smear-positive PTB. A prisoner with sputum smear-positive PTB needs registration, treatment and cure. In most cases, a chest X-ray is unnecessary ⁽³⁸⁾.

In general, about 30% of contacts that inhale bacilli become infected. But in prisons with overcrowding and poor nutrition, twice as many contacts or more could become infected ⁽¹³⁾. The contacts should all be carefully screened ⁽³⁾. Though Investigation of

dormitory or cell contacts may also be effective if prisoner collaboration is well-established ⁽⁷⁾, tracing contacts is an effective measure to control TB in prisons ⁽³⁹⁾.

Majority of HCPs in sampled prisons in this study received training of information, education, and communication (IEC) and delivered IEC messages about TB as part of job, mostly on seeing patients in examination room. Prison health care staff should teach TB suspects and patients simple measures to decrease the risk of transmitting tuberculosis. These measures include covering the mouth with elbow or back of the hand or, even better, with a tissue when coughing and using sputum pots with lids. Printed education leaflets are a useful supplement to spoken advice ⁽³⁾.

4.4. Guards:

According to this study, the majority of enrolled guards are familiar with each of TB, national TB control program and risk of TB in the general population and in prisons reflecting the contact with both disease and national TB control program, but in the same time they are not aware of the long duration needed to complete treatment of this disease, though; successful adaptations to control TB in prisons included integrating non-medical persons (guards) into the treatment process ⁽⁴⁰⁾.

TB in prisons is a public health concern not only for prisoners but also for prison staff ⁽⁷⁾. The history of TB disease of guards is considerable that three out of 865 guards (347/100,000) got TB during their service in prisons (87% encountered isolation by prison community). This is not an odd finding, without an effective program of TB control, jails can act as reservoirs of disease for inmates and staff ⁽⁴¹⁾. Traditional and molecular epidemiologic investigations suggest that tuberculosis was transmitted among inmates and guards ⁽⁴²⁾. Much better TB control in prisons could potentially protect prisoners and staff from within-prison spread of TB and would significantly reduce the national burden of TB ⁽²¹⁾. Prison officers play a crucial role in detecting and referring prisoners to medical services and need to understand that the best way of protecting themselves is to help prisoners with TB symptoms obtain early diagnosis and treatment ⁽³³⁾.

A small proportion of guards (11.2%) were subjected to screening for TB during their work in prison, mostly on beginning work in prison. Only one guard was screened for TB when one of prisoners diagnosed as a case of TB. The Joint Tuberculosis

Committee of the British Thoracic Society recommends that all new prison staff be screened for tuberculosis as 'at risk' health workers. This study of prisons in the West Midlands area of England shows that there are considerable variations in the practice of TB control amongst prison staff and that the recommendations of the BTS committee are not routinely implemented. The study highlights the need for a routine and robust system of TB surveillance and prevention amongst prison staff which can be applied nationwide ⁽³⁴⁾.

4.5. Prisoners:

About 89% of participant prisoners heard about tuberculosis and around 48% of prisoners heard about National Tuberculosis Control Program. This can be attributed to the higher probability to be contact with the disease inside the prison. This study found 25% of participated prisoners has/had a contact with a case of TB in the prison.

This study found that only 8.0% of prisoners have education higher than secondary (preparatory) school and the vast majority of prisoners were of low education level, in addition, pre-imprisonment unemployment (excluding housewives) and unskilled work were prevalent among prisoners (18.6% & 12.7% respectively). Prisoners do not represent a mere cross-section of society in general. Prisoners are overwhelmingly male, are typically aged 15–45 years, and come predominantly from poorly educated and socioeconomically deprived sectors of the population where TB infection and transmission are higher. Offenders often live on the margins of society ⁽⁶⁾.

This study found 36.8% of prisoners spent more than three years, and 21.3% has a history of previous detention. Prisons are not closed environments, as inmates are constantly in contact with the outside world through visitors and prison staff. In addition, inmates enter, leave and re-enter prisons regularly. Interventions to reduce the risk of transmission of tuberculosis in prisons are therefore not only important for prisoners and prison staff but provide a direct public service to the community outside the walls of the correctional institutions ⁽¹³⁾.

Smokers constituted approximately half the sampled prisoners (49.5%) according to this study. Heavy smoking and lack of general hygiene contribute to the transmission of tuberculosis ⁽¹³⁾. Tobacco smoking and tuberculosis (TB) are two major public health problems, and the former may affect the morbidity and mortality rates for the latter. Smoking is associated with much more extensive and severe radiological TB lesions and sequelae and increases the risk of morbidity and mortality in TB patients. Therefore smoking prevention and cessation should be a priority in TB prevention programs ⁽⁴³⁾. Furthermore, many prisoners are heavy smokers, adding to the unhealthy atmosphere in overcrowded cells ⁽³⁾. Both active and passive smoking increase susceptibility to TB infection, progression to active TB disease and the risk of adverse anti-TB treatment outcomes ⁽⁹⁾.

Prevalence of clinical features bring suspicion with pulmonary TB (cough for 3 weeks or more, weight loss, and night sweats) was around 7% which is higher than what found in two studies in Pakistan⁽²²⁾ and Brazil⁽⁴⁴⁾ (1.2% & 4.6% respectively), a finding that alerts to ignite urgent screening with active case finding. Around 23% of enrolled prisoners were screened for TB, which is a small proportion if we consider prisoners a vulnerable population to contract TB ⁽⁴⁾, where Prisons constitute breeding grounds for TB and multidrug-resistant TB (MDR-TB). TB is reported to be up to 100 times more common in prisons than the civilian population ⁽⁴⁵⁾. All prisoners should be screened upon entry ⁽³⁾. There are three strategies for tuberculosis case-finding: 1) self-referral; 2) screening at entry to the prison; and 3) active case-finding among prisoners ⁽¹³⁾. Active case finding can be done using methods such as symptomatic questionnaires, sputum microscopy and chest X-ray on admission and at specified intervals ⁽⁶⁾. Clinical screening of prisoners by assessment of symptoms (principally cough for more than 3 weeks) identifies PTB suspects. The most cost-effective method of detecting the infectious cases among PTB suspects in high-prevalence populations is by sputum smear microscopy ⁽³⁸⁾. Multiple studies indicate that screening correctional employees and inmates is a vital TB control measure ⁽¹⁸⁾.

Only 12% of participants were aware that treatment of TB takes 6-9 months duration. "TB care services are available in prison" is a statement agreed on by 60% of participant prisoners, and 95% of who agreed stated that available treatment for TB

is free of charge. Around 58% of prisoners who were having TB during their prison stay sought care from prison health facility which is putting under question both the outcome of such patients and the burden of drug resistant TB in prisons. A relationship of trust and confidence between the prisoner with TB and prison health staff promotes adherence to treatment. Respecting patients and being considerate at every contact is vital for prison health staff. Adherence to treatment requires that the patient understand the disease and what is necessary for successful treatment and cure. At the time of a patient's registration to start treatment, setting aside enough time to meet with the patient is important ⁽³⁾.

Enrolled prisoners in this study indicated high rates of TB disease whether before or after detention. 1.8% of prisoners got TB longley before entering the prison, others (0.7%) got TB within 6 months before entering the prison. As many prisoners come from marginalized populations ⁽¹³⁾, the culture which prisoners are drawn from does not always place a high priority on health concerns ⁽⁴⁶⁾. Prisoners often come from the most vulnerable sectors of society – the poor and are therefore at increased risk of diseases, including TB ⁽⁸⁾, in addition, incarcerated offenders often come from communities with TB prevalence rates higher than the community at large and bring with them unhealthy lifestyles. ⁽³⁾. Thus all prisoners should be screened for TB upon prison entry ⁽³⁾. In another study, a considerable proportion of cases with TB were identified before their entry into prison and this percent confirmed that regardless of incarceration, the socio-economic status of the subjects placed them to a higher risk in developing active TB in comparison with general population; this may be one of the main reasons for the high incidence of tuberculosis observed in prison. Risk of infection was 2.5 times higher for those living in the prison environment, what strongly suggests that the transmission of TB within the prison also contributes to higher prevalence rate ⁽⁴⁷⁾. Active transmission of tuberculosis was also documented in a prison in Malawi ⁽⁴⁸⁾.

Another finding in this study; around 4.4% got TB during their recent stay in prison. Prevalence of PTB exceeded 1% in some large prisons in Malawi ⁽⁴⁹⁾, 4% in Rio de Janeiro State prisons ⁽⁵⁰⁾, 0.4% in prisoners in the Central-West Region of Brazil ⁽⁵¹⁾, 4.5% in Tajikistan prisons ⁽⁵²⁾, and 0.8% in São Paulo prisons ⁽⁵³⁾. Prisoners constitute a high-risk population for TB in almost every country ⁽³⁾ and prisoners had up to 83.6 times have more TB than civilians ⁽⁵⁾. One infectious prisoner with TB may infect the

others very efficiently. The combination of overcrowding, poor nutrition, poor ventilation and lack of screening for TB has turned prisons into breeding grounds and incubators for TB ⁽⁶⁾. Late diagnosis and treatment, poor prison conditions, poor nutrition and overcrowding help spread the disease ⁽⁴⁵⁾.

All of histories of contact to TB inside prison, poor education and unemployment have significant associations with developing TB inside prison according to this study. Other studied factors (age group, gender, marital status, duration spent in prison, history of previous admissions to prison, being a current smoker or alcohol drinker or immunized with BCG) were not significantly association with having TB disease after entering prisons. Anyhow, other studies found that each of young age (15-44 years of age)⁽²⁴⁾, urban residence⁽²⁴⁾, exposure to a TB patient^(24,35), low BMI^(26,35), longer prison stay^(26,35), previous imprisonment^(26,35), and previous TB⁽⁵²⁾ are factors associated with having TB in prisoners.

This study found that prisoners are aware of risk of having TB in prison and have some negative attitudes towards the patients (including isolation of TB patients). Few prisoners received IEC message about TB in the last three months. More than half of prisoners feel they are not well informed about TB wish to get more information about TB. The most preferred sources of information are health workers and TV. Prisoners should receive health education. Overcrowding, lack of ventilation, heavy smoking and lack of general hygiene contribute to the transmission of tuberculosis ⁽¹³⁾. Prison staff and prisoners should receive health education. Providing accurate information to inmates and personnel about tuberculosis and about how it can be controlled will reduce the fear and misinformation about tuberculosis that is often present in prisons ⁽¹³⁾. In existing prison facilities that have natural ventilation, effective ventilation should be achieved by proper operation and maintenance and by reminding prison guards and prisoners of importance of natural ventilation ⁽³⁾.

5. Conclusions & Recommendations:

5.1. Conclusions:

1. Prisons are places highly endemic with tuberculosis; in the same time could be a source for DR-TB for the community since the low treatment outcome of TB patients.
2. Most prominent factor in prisons that encourage the transmission of TB in prison among inmates is overcrowding.
3. Despite the consistent connection between prison administrations and NTP in the form of coordination and training, still there is a huge gap in prison staffs' knowledge and attitudes towards tuberculosis, and tuberculosis control measures do not fulfill TB control standards adequately.

5.2. Recommendations:

1. Prison administrations should consider during planning new prisons in the infrastructure the measure needed for TB infection control and the provision of AII rooms.
2. Further political commitment is required from prison health administration that Stop TB Strategy should be widely and fully implemented in the prison system. This includes making sure that there are sufficient qualified staff, screening and sputum smear microscopy of an ensured quality, treatment under supervision ⁽⁸⁾ and at least minimum standards for TB control in prisons are fulfilled (annex 26).
3. Active case finding of TB through screening prisoners on entry to prisons, regular selective screening for presumptive TB cases with both chest X ray and sputum examination, and contact screening, in addition to encourage self referral of presumptive TB cases are advised to control TB in prisons.
4. Education of prison staff, including health care staff about the TB related health needs of prisoners ⁽⁴⁵⁾.

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Annex (1)

WORLD HEALTH ORGANIZATION-IRAQ MINISTRY OF HEALTH-IRAQ
NATIONAL TB CONTROL PROGRAM

Prison Needs Assessment of Tuberculosis- Iraq – 2012

A standard checklist for the prison

Date of onsite observation:

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Serial Number:

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Name of the Governorate: _____

Name of the Prison: _____

Interviewer's name: _____

Interviewer's signature: _____

Field supervisor's name: _____

Field supervisor's signature: _____

1. Existence of law/legislation for provision of treatment and prevention of communicable diseases in prisons:

1	Yes	
2	No	

2. The capacity of this prison:

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3. The actual number of current prisoners on date of visit:

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4. The gender of the prisoners:

1	Male	
2	Female	
3	Male juvenile	
4	Female juvenile	

5. The type of accommodation provided at the prison:

1	Individual cells	
2	Room for up 6-12 prisoners	
3	Larger dormitories	
4	Apartments	

6. The number of accommodation types at the prison

No	Accommodation type	Number
1	Individual cells	
2	Room for up 6-12 prisoners	
3	Larger dormitories	
4	Apartments	

7. The area in square meters of each accommodation type:

No	Accommodation type	Area in square meters
1	Individual cells	
2	Room for up 6-12 prisoners	
3	Larger dormitories	
4	Apartments	

8. The official capacity and the actual capacity of each accommodation type:

No	Accommodation type	Official capacity	Actual capacity
1	Individual cells		
2	Room for up to 6-12 prisoners		
3	Larger dormitories		
4	Apartments		

9. Existence of windows in all accommodation types that can be opened by prisoners?

1	Yes	
2	No	

10. Adequacy of natural ventilation in all accommodation types

1	Adequate	
2	inadequate	

11. Number of each accommodation with adequate natural ventilation

No	Accommodation type	N	Number with adequate natural ventilation
1	Individual cells		
2	Room for up to 6-12 prisoners		
3	Larger dormitories		
4	Apartments		

12. Availability of functioning fans in all accommodation types

1	Available	
2	Not available	

13. Number of each accommodation with functioning fans

No	Accommodation type	Number	Number with functioning fans
1	Individual cells		
2	Room for up to 6-12 prisoners		
3	Larger dormitories		
4	Apartments		

14. Types of available functioning fans

No	Type	Available	Not available
1	Ceiling fans		
2	Small fans that sit on a desk or other surface		
3	Fans that stand on the floor		
4	Fans mounted in a window opening		

15. Availability of regular running water in the prison?

1	Available	
2	Not available	

16. If the regular running water is not available: find out other arrangements to supply water for the prisoners?

1	Arrange regular supply of water through barrels/containers for each group of prisoners	
2	A small water container for each prisoner	
3	Others (specify.....)	

17. Availability of clean drinking water for the prisoners:

1	Available	
2	Not available	

18. Existence of toilets in or close to every cell/ dormitory:

1	Yes	
2	No	

19. The total number of toilets for the prisoners? _____

20. The degree of cleanliness of toilet

1	Good	
2	Moderate	
3	Poor	

21. The overall hygiene status of the prison:

1	Good	
2	Moderate	
3	Poor	

22. Availability of a special room for isolation of TB suspects/cases at the prison?

1	Available	
2	Not available	

23. The status of the available special room for TB suspects/cases at the prison

1	Well ventilated room with all necessary requirements	
2	Poorly ventilated room without requirement	

Annex (2)

وزارة الصحة-العراق

منظمة الصحة العالمية- العراق

البرنامج الوطني لمكافحة التدن

تقييم احتياجات السجون حول مرض التدن- العراق- ٢٠١٢

قائمة تحقق المعيارية للمرافق الصحية في السجون

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تاريخ زيارة الموقع:

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الرقم التسلسلي:

اسم المحافظة:

اسم السجن:

اسم مجري المقابلة:

توقيع مجري المقابلة:

اسم المشرف الميداني:

توقيع المشرف الميداني:

١. وجود قانون/تشريع حول توفير المعالجة والوقاية من الأمراض السارية في السجون:

1	نعم
2	لا

٢. سعة هذا السجن:

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٣. العدد الفعلي للسجناء الحاليين عند تاريخ الزيارة:

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٤. النوع الاجتماعي للسجناء:

1	ذكور
2	إناث
3	أحداث ذكور
4	أحداث إناث

٥. نوع الإقامة المتوفرة في السجن:

1	زنازين فردية
2	غرفة تتسع إلى ٦-١٢ سجين
3	مهاجع كبيرة
4	نظام شقق

٦. عدد أنواع الإقامة المتوفرة في السجن:

الرقم	نوع الإقامة	العدد
1	زنازين فردية	
2	غرفة تتسع إلى ٦-١٢ سجين	
3	مهاجع كبيرة	
4	نظام شقق	

٧. المساحة بالمتر المربع لكل نوع إقامة:

الرقم	نوع الإقامة	المساحة بالمتر المربع
1	زنازين فردية	
2	غرفة تتسع إلى ٦-١٢ سجين	
3	مهاجع كبيرة	
4	نظام شقق	

٨. السعة الرسمية والسعة الفعلية لكل نوع إقامة:

الرقم	نوع الإقامة	السعة الرسمية	السعة الفعلية
1	زنازين فردية		
2	غرفة تتسع إلى ٦-١٢ سجين		
3	مهاجع كبيرة		
4	نظام شقق		

٩. وجود نوافذ في جميع أنواع الإقامة والتي يمكن فتحها من قبل السجناء؟

1	نعم
2	لا

١٠. كفاية التهوية الطبيعية في كافة أنواع الإقامة:

1	كافية
2	غير كافية

١١. عدد أنواع الإقامة ذات التهوية الطبيعية الكافية:

الرقم	نوع الإقامة	العدد	عدد الأماكن ذات التهوية الطبيعية
1	زنازين فردية		
2	غرفة تتسع إلى ٦-١٢ سجين		
3	مهاجع كبيرة		
4	نظام شقق		

١٢. توفر مراوح صالحة في كافة أنواع الإقامة:

1	متوفرة
2	غير متوفرة

١٣. عدد أنواع الإقامة التي تحتوي على مراوح صالحة:

الرقم	نوع الإقامة	العدد	عدد الأماكن التي تحتوي على مراوح صالحة
1	زنازين فردية		
2	غرفة تتسع إلى ٦-١٢ سجين		
3	مهاجع كبيرة		
4	نظام شقق		

١٤. أنواع المراوح الصالحة المتوفرة:

الرقم	النوع	متوفرة	غير متوفرة
1	مراوح سقف		
2	مراوح صغيرة موضوعة على مكتب أو سطح آخر		
3	مراوح موضوعة على الأرض		
4	مراوح معلقة على فتحة النافذة		

١٥. توفر مياه جارية بشكل منتظم في السجن؟

متوفرة	1
غير متوفرة	2

١٦. إذا كانت المياه الجارية غير متوفرة: ما هي الترتيبات الأخرى المتوفرة لإمداد السجناء بالمياه؟

إمدادات منتظمة لإمدادات المياه من خلال براميل/حاويات لكل مجموعة من السجناء	1
حاوية مياه صغيرة لكل سجين	2
أخرى (الرجاء التحديد)	3

١٧. توفر مياه شرب نظيفة للسجناء:

متوفرة	1
غير متوفرة	2

١٨. وجود مراحيض في كل زنزانة/مهجع أو بالقرب منها:

نعم	1
لا	2

١٩. مجموع المراحيض المتوفرة للسجناء؟ _____

٢٠. درجة النظافة في المراحيض؟

جيدة	1
متوسطة	2
سيئة	3

٢١. الوضع الصحي العام في السجن:

جيدة	1
متوسطة	2
سيئة	3

٢٢. توفر غرفة خاصة لعزل الحالات المشتبه فيها/المؤكددة لمرض التدرن؟

متوفرة	1
غير متوفرة	2

٢٣. وضعية الغرفة الخاصة لعزل الحالات المشتبه فيها/المؤكددة لمرض التدرن في السجن:

غرفة ذات تهوية جيدة تحتوي على كافة المتطلبات الضرورية	1
غرفة ذات تهوية سيئة لا تحتوي على أية متطلبات	2

Annex (3)

WORLD HEALTH ORGANIZATION-IRAQ MINISTRY OF HEALTH-IRAQ
NATIONAL TB CONTROL PROGRAM

Prison Needs Assessment of Tuberculosis- Iraq – 2012

A standard checklist for the prison health facility

Date of onsite observation:

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Serial Number:

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Name of the Governorate: _____

Name of the Prison: _____

Interviewer's name: _____

Interviewer's signature: _____

Field supervisor's name: _____

Field supervisor's signature: _____

1. The availability of health facility at the prison:

1	Yes	
2	No	

2. The type of the available health facility

1	Hospital	
2	Health center	
3	Clinic	
4	Primary health care unit	

3. The categories and numbers of the health care providers employed at the health facility

Category of the health care providers	Number
Doctor	
Dentist	
Pharmacist	
Medical assistant	
Pharmacy assistant	
Nurse	
Laboratory assistant	
Social worker	
Total	

4. Number of health care providers received in-service training on TB care management during the last two years

Number of health care providers received in-service training on TB care management	Number
None	
1-5	
6-10	
More than 10	

5. Type of in-service training

1	Clinical/DOT	
2	TB program management	
3	Infection control	
4	Laboratory training	
5	Information/education/communication	
6	Counseling	
7	Others (specify.....)	

6. Number of health care providers trained per in-service training:

	Type of Training	No. of Trained
1	Clinical/DOT	
2	TB program management	
3	Infection control	
4	Laboratory training	
5	Information/education/communication	
6	Counseling	
7	Others (specify.....)	

7. Provision of DOT for the prisoners and prison staff at the health facility:

1	Yes	
2	No	

8. Availability of special location for provision of DOT

1	Available	
2	Not available	

9. Availability of TB guidelines at the health facility:

1	Available	
2	Not available	

10. Type of TB guidelines available

1	NTP guidelines	
2	Others (specify.....)	

11. Availability of laboratory services at the health facility:

1	Available	
2	Not available	

12. Availability of sputum smear services:

1	Available	
2	Not available	

13. Availability of laboratory reagents needed for sputum smear on date of visit

1	Available	
2	Not available	

14. Availability of functioning microscope

1	Available	
2	Not available	

15. Availability of pharmacy at the health facility

1	Available	
2	Not available	

16. Availability of anti-tuberculosis drugs at the health facility

1	Available	
2	Not available	

17. Are all anti-tuberculosis drugs available on date of visit

1	Yes	
2	No	

18. Are the anti-tuberculosis drug stocks adequate for the coming three months?

1	Yes	
2	No	

19. Availability of drug store room at the health facility

1	Available	
2	Not available	

20. The chemotherapy regimens used are in accordance with the NTP guidelines

1	Yes	
2	No	

21. TB morbidity/mortality information among prisoners/prison staff per last year (Ask medical staff, check treatment cards and registers)

Morbidity/mortality information	Number per last year
Number of TB suspects among the prisoners/prison staff per last year	
Number of sputum positive per last year among the prisoners/prison staff	
Number of extra-pulmonary TB cases per last year among the prisoners/prison staff	
The number of deaths among prisoners/prison staff attributed to TB per last year	
Number of TB prisoners/prison staff received DOT per last year	
Number of defaulters per last year	
Number of HIV positive among the TB cases per last year	

22. Registration and recording of TB cases is carried out regularly

1	Yes	
2	No	

23. TB Registries at the health facility are NTP format

1	Yes	
2	No	

24. Are cases specifically reported as prison cases?

1	Yes	
2	No	

25. Is referral given every time when TB patients are referred or transferred?

1	Yes	
2	No	

26. Availability of TB IEC materials at the health facility

1	Yes	
2	No	

27. Types of available IEC materials

1	Posters	
2	Leaflets	
3	Pamphlets	
4	Flyers	

28. Contents of IEC materials:

1	Specially directed towards prisoners	
2	Not specially directed towards prisoners	

29. Regular supervision/evaluation of the TB control activities

1	Yes	
2	No	

30. By whom?

1	NTP	
2	Others (specify.....)	

31. Date of the last supervisory visit:

1	A month ago	
2	Three months ago	
3	6 months ago	

32. Availability of the last supervisory report

1	Yes	
2	No	

Annex (4)

وزارة الصحة-العراق

منظمة الصحة العالمية- العراق

البرنامج الوطني لمكافحة التدخين

تقييم احتياجات السجون حول مرض التدخين- العراق- ٢٠١٢

قائمة تحقق المعيارية للمرافق الصحية في السجون

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تاريخ زيارة الموقع:

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الرقم التسلسلي:

اسم المحافظة:

اسم السجن:

اسم مجري المقابلة:

توقيع مجري المقابلة:

اسم المشرف الميداني:

توقيع المشرف الميداني:

١. توفر مرفق صحي في السجن:

1	نعم
2	لا

٢. نوع المرفق الصحي:

1	مستشفى
2	مركز صحي
3	عيادة
4	وحدة رعاية صحية أولية

٣. فئات وأعداد مقدمي الرعاية الصحية العاملين في المرفق الصحي:

العدد	فئة مقدمي الرعاية الصحية
	طبيب
	طبيب أسنان
	صيدلي
	معاون طبي
	معاون صيدلي
	ممرض
	معاون مختبرات
	أخصائي اجتماعي
	المجموع

٤. عدد مقدمي الرعاية الصحية الذين تلقوا تدريباً أثناء الخدمة حول إدارة (رعاية) مرضى التدرن خلال السنتين الماضيتين

العدد	عدد مقدمي الرعاية الصحية الذين تلقوا تدريباً أثناء الخدمة حول إدارة رعاية مرضى التدرن
	لا يوجد
	١-٥
	٦-١٠
	أكثر من ١٠

٥. نوع التدريب أثناء الخدمة

1	سريري/ المعالجة القصيرة الأمد تحت الإشراف المباشر
2	إدارة برنامج مكافحة التدرن
3	السيطرة على العدوى
4	تدريب مختبري
5	المعلومات/التتقيق/الاتصال
6	استشارات
7	أخرى (الرجاء التحديد)

٦. عدد مقدمي الرعاية الصحية المدربين حسب التدريب أثناء الخدمة:

ت	نوع التدريب	عدد المدربين
1	سريري/ المعالجة القصيرة الأمد تحت الإشراف المباشر	
2	إدارة برنامج مكافحة التدخين	
3	السيطرة على العدوى	
4	تدريب مخبري	
5	المعلومات/التثقيف/الاتصال	
6	استشارات	
7	أخرى (الرجاء التحديد)	

٧. توفير المعالجة القصيرة الأمد تحت الإشراف المباشر للسجناء وموظفي السجن في المرفق الصحي:

1	نعم	
2	لا	

٨. توفر موقع خاص لتوفير المعالجة القصيرة الأمد تحت الإشراف المباشر:

1	متوفر	
2	غير متوفر	

٩. توفر دليل عمل حول مرض التدخين في المرفق الصحي:

1	متوفر	
2	غير متوفر	

١٠. نوع الإرشادات المتوفرة حول مرض التدخين

1	إرشادات البرنامج الوطني لمكافحة التدخين	
2	أخرى (الرجاء التحديد)	

١١. توفر خدمات مختبرية في المرفق الصحي:

	متوفرة	1
	غير متوفرة	2

١٢. توفر خدمات فحص لطاخة البلغم (القشع):

	متوفرة	1
	غير متوفرة	2

١٣. توفر اللمواد الكاشفة المختبرية الضرورية لفحص لطاخة البلغم عند تاريخ الزيارة:

	متوفرة	1
	غير متوفرة	2

١٤. توفر مجهر صالح للعمل:

	متوفر	1
	غير متوفر	2

١٥. توفر صيدلية في المرفق الصحي:

1	متوفرة	
2	غير متوفرة	

١٦. توفر أدوية مضادة لمرض التدرن في المرفق الصحي:

	متوفرة	1
	غير متوفرة	2

١٧. هل كانت الأدوية المضادة لمرض التدرن كافية في المرفق الصحي:

	نعم	1
	لا	2

١٨. هل تتوفر كميات من الأدوية المضادة لمرض التدرن تكفي للأشهر الثلاثة القادمة؟

	نعم	1
	لا	2

١٩. توفر غرفة لتخزين الأدوية في المرفق الصحي:

	متوفرة	1
	غير متوفرة	2

٢٠. يتم استخدام الأدوية المضادة للتدرن حسب إرشادات البرنامج الوطني لمكافحة التدرن:

	نعم	1
	لا	2

٢١. المعلومات المتعلقة بالمرضاة/الوفيات لمرض التدرن بين السجناء/موظفي السجن خلال العام الماضي (يمكن الحصول على المعلومات من خلال طرح الأسئلة على الكادر الطبي، والتحقق من بطاقات المعالجة والسجلات)

المعلومات حول المرضة/الوفيات	العدد خلال العام الماضي
عدد الحالات المشتبه بإصابتها بمرض التدرن بين السجناء/موظفي السجن خلال العام الماضي	
عدد المصابين بمرض التدرن الإيجابي القشع خلال العام الماضي بين السجناء/موظفي السجن	
عدد حالات الإصابة بالتدرن غير الرئوي خلال العام الماضي بين السجناء/موظفي السجن	
عدد الوفيات بين السجناء/موظفي السجن بسبب مرض التدرن خلال العام الماضي	
عدد السجناء/موظفي السجن الذين تلقوا المعالجة القصيرة الأمد تحت الإشراف المباشر خلال العام الماضي	
عدد المنقطعين عن المعالجة خلال العام الماضي	
عدد حالات الإصابة بمرض نقص المناعة المكتسبة لدى المصابين بمرض التدرن خلال العام الماضي	

٢٢. يتم تسجيل وتقييد حالات الإصابة بمرض التدرن بشكل منتظم:

1	نعم
2	لا

٢٣. تعتمد سجلات مرض التدرن في المرفق الصحي على نماذج البرنامج الوطني لمكافحة التدرن:

1	نعم
2	لا

٢٤. هل يتم التبليغ عن الحالات على أنها حالات قادمة من السجن؟

1	نعم
2	لا

٢٥. هل يتم فعلاً تحويل مرضى التدرن في كل مرة تدعو فيها الحاجة لذلك؟

1	نعم
2	لا

٢٦. توفر مواد المعلومات والتثقيف والاتصال في المرفق الصحي:

1	نعم
2	لا

٢٧. الأنواع المتوفرة من مواد المعلومات والتثقيف والاتصال:

	ملصقات	1
	نشرات	2
	كتيبات	3
	مطويات	4

٢٨. محتويات مواد المعلومات والتثقيف والاتصال:

	موجهة بشكل خاص للسجناء	1
	غير موجهة بشكل خاص للسجناء	2

٢٩. توجد أنشطة الإشراف/التقييم للسيطرة على مرض التدن على نحو منتظم:

	نعم	1
	لا	2

٣٠. من قبل؟

	البرنامج الوطني لمكافحة التدن	1
	أخرى (الرجاء التحديد)	2

٣١. تاريخ آخر زيارة إشرافية:

	قبل شهر	1
	قبل ٣ أشهر	2
	قبل ٦ أشهر	3

٣٢. توفر آخر تقرير إشرافي:

	نعم	1
	لا	2

Annex (5)

WORLD HEALTH ORGANIZATION-IRAQ MINISTRY OF HEALTH-IRAQ
NATIONAL TB CONTROL PROGRAM

Prison Needs Assessment of Tuberculosis- Iraq – 2012

**A self administered questionnaire: HEALTH CARE PROVIDERS AT THE
PRISON HEALTH FACILITIES**

Serial Number:

Name of the Governorate:

Name of the prison:

Interviewer's name:

Interviewer's signature:

Field supervisor's name:

Field supervisor's signature:

Q1/ What is your gender?

1	Male	
2	Female	

Q2/ What is your specialty?

1	General Practitioner	
2	Chest physician	
3	Pharmacist	
4	dentist	
5	Medical assistant	
6	Pharmacy assistant	
7	Other health staff(lab, Xray, others)	
8	Administrative (accountant, driver, others)	

Q3/How many years of practice and experience in TB care do you have?

1	1-3	
2	3-5	
3	6-10	
4	>10	

Q4/. How do you perceive the magnitude of TB problem in Iraq?

1	Serious	
2	not so serious	
3	Not a major problem	
4	I do not know	

Q5/ How do you perceive the magnitude of TB problem in this prison?

1	Serious	
2	not so serious	
3	Not a major problem	
4	I do not know	

Q6/What is the source of your knowledge of TB?

1	In service training by NTP	
2	Academic college preparation	
3	Internet	
4	Medical conferences/seminars	
5	Other (please specify)	

Q7/ What is the number of training courses received about TB (outside your college student experience)?

1	0	
2	1-2	
3	>2	

Q8/ Indicate your agreement to the following statements about TB in Iraq?

	Statement	Yes	No	I do not know
1	TB is a public health emergency in Iraq			
2	The estimated prevalence of TB in Iraq is 200/100000 population			
3	The commonest age group affected is 15-54			
4	Around 250 cases of MDR are currently reported			
5	About 8000 people die of the disease per year in Iraq			

Q9/ What are the modes of TB transmission?

1	Droplet infection through sneezing, coughing and shouting	
2	Ingestion of raw milk	
3	1 and 2	
4	I do not know	

10/ How do you suspect pulmonary TB cases? Please tick one correct answer

1	All persons with otherwise unexplained productive cough lasting two–three weeks or more	
2	All persons with short period cough	
3	I do not know	

Q11/ Should all patients who cough be suspected of having TB?

1	Yes	
2	No	
3	I do not know	

Q12/ Is active TB case finding being practiced at the prison level?

1	Yes	
2	No	
3	I do not know	

Q13/ If the answer to Q (12) is "Yes" how active TB case finding is being practiced at the prison level?

1	TB screening at the Beginning work in prison	
2	Periodic TB screening/surveys	
3	Both	

Q14/ What are the screening approaches for active TB case finding practiced at the prison level?

1	Symptom-based screening	
2	Screening through radiography	
3	Contact investigation	
4	Tuberculin skin testing for latent TB infection	
5	Interferon Gamma Release Assay for latent TB infection	

Q15/ How do you specifically diagnose pulmonary TB? Please tick one correct answer

1	sputum smear examination	
2	Chest X-Ray	
3	Both sputum and chest x-ray	
4	Enzyme Linked Immuno-Sorbent Assay (ELISA)	
5	Polymerase Chain Reaction(PCR)	
6	Erythrocyte sedimentation rate (ESR)	
7	Clinically	
8	All	
9	I do not know	

Q16/ How many sputum samples are needed for diagnosis? Please tick one correct answer

1	One sample	
2	Two samples	
3	Three samples	
4	I do not know	

Q17/ A prisoner who is found to have smear-positive pulmonary TB may have infected other people. Who should be encouraged to come to the health facility to be checked for TB? Please tick one correct answer

1	All the prisoners in the ward	
2	All prisoners who have cough	
3	1 and 2	
4	I do not know	

Q18/ A prisoner who is found to have smear-positive pulmonary TB and received direct observation therapy. How the observation is being practiced at the prison level?

1	The prisoner is observed at the health facility	
2	The prisoner is observed and followed at the prison ward/room	
3	I do not know	

Q19/ Aims of TB treatment are:

	Statement	Yes	No	I do not know
1	Cure the patient and restore quality of life and productivity			
2	Prevent death from active TB or its late effects			
3	Prevent relapse of TB			
4	Reduce transmission of TB to others			
5	Prevent the development and transmission of drug resistance			

Q20/ Are you familiar with the National Tuberculosis Program in Iraq?

1	Yes	
2	No	

Q21/ Are you familiar with the DOTS?

1	Yes	
2	No	

Q22/ What is the most critical aspect of directly observed treatment? Please tick one correct answer

1	Talking to the patient and giving support	
2	Providing the drugs to the patient	
3	Watching the patient swallow the drugs	
4	Recording the treatment on the treatment card	
5	I do not know	

Q23/ When should a new smear-positive pulmonary patient (Category I) get the first follow-up sputum examination?

1	During the last week of the second month of treatment (end of the initial phase of Category I treatment).	
2	During the first week of the second month of treatment (end of the initial phase of Category I treatment).	
3	I do not know	

Q24/When should a relapse patient (smear-positive pulmonary TB; Category II) get the first follow-up sputum examination?

1	During the last week of the third month of treatment (end of the initial phase of Category II treatment).	
2	During the first week of the third month of treatment (end of the initial phase of Category II treatment).	
3	I do not know	

Q25/How many times should most TB patients have follow-up sputum examinations?

1	Most cases should have 3 follow-up sputum examinations	
2	Most cases should have 2 follow-up sputum examinations	
3	I do not know	

Q26/ Which of the following is the first line anti-tuberculosis drugs? Please tick one correct answer

1	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol	
2	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Cycloserine	
3	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Cycloserine, Kanamycin	
4	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Para amino Salicylic Acid (PAS)	
5	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Ofloxacin	

Q/27 What is the recommended treatment duration in new TB cases? Please tick one correct answer

1	1-3 months	
2	6 months	
3	8 months	
4	9 months	
5	12 months	
6	>12 months	

Q28/ Is there a contact tracing system in place in this health facility?

1	Yes	
2	No	
3	I do not know	

Q29/ How many TB cases you have diagnosed among the prisoners per last month?

1	0	
2	1	
3	1-3	
4	3-5	
5	>5	

Q30/ How many suspect TB patients do you refer to specialized clinics per month?

1	0	
2	1	
3	1-3	
4	3-5	
5	>5	

Q31/ In your opinion which of the following may be a cause for the TB patient to become a defaulter?

1	Poor awareness	
2	Feeling of improvement	
3	High cost of services	
4	Side effects of the drugs	
5	Other (please explain)	

Q32/ Are there treatment supporters for the TB patients among the prisoners?

1	Yes	
2	No	
3	I do not know	

Q33/ If the answer to Q 32 is "yes" what are the types of TB treatment supporters in prison?

1	Prison volunteers	
2	Community health care workers	
3	Prison guards	
4	Others (specify.....)	

Q34/How do you feel when examining TB patients?

1	Normal	
2	Fear of getting infection	
3	Other (specify.....)	

Q35/Have ever received training on information education and communication?

1	Yes	
2	No	

Q36/ Do you currently deliver IEC messages about TB as part of your job?

1	Yes	
2	No	

Q37/ If the answer to Q (35) is "yes "How often do you deliver IEC messages on TB?

1	When I see the patient in the examination room	
2	I used to organize IEC sessions for a group of TB patients at the prison health facility	
3	I used to participate in public lectures/sessions for the prisoners and prison guards at the prison level	
4	I used to participate in mass media programs	
5	Other (specify.....)	

Q38/How would you attribute the low TB case detection rate among prisoners?

1	Inadequate mechanisms to account for Case detection at the prison	
2	Diagnosis difficulties (lab, clinic, etc)	
3	TB patients are encountering difficulties in assessing the services	
4	Lack of professional training	
5	The low case detection rate because TB is absent	
6	Others (specify.....)	

Annex (6)

وزارة الصحة-العراق

منظمة الصحة العالمية- العراق

البرنامج الوطني لمكافحة التدرن

تقييم احتياجات السجون حول مرض التدرن- العراق- ٢٠١٢

استبيان يملء من قبل المشارك: مقدمى الرعاية الصحية فى المرافق الصحية فى السجون

الرقم التسلسلى:

اسم المحافظة: _____

اسم السجن: _____

اسم مجرى المقابلة: _____

توقيع مجرى المقابلة: _____

اسم المشرف الميداني: _____

توقيع المشرف الميداني: _____

السؤال (١): ما هو نوعك الاجتماعي؟

1	ذكر
2	أنثى

السؤال (٢): ما هو تخصصك؟

1	طبيب عام
2	أخصائي صدر
3	صيدلي
4	طبيب أسنان
5	مجال التمريض
6	معاون صيدلي
7	ملاكات فنية سائدة (مختبر، أشعة، أسنان، وقائي)
8	ملاكات إدارية (إداري، محاسب، سائق، أخرى)

السؤال (٣): كم عدد سنوات الخبرة لديك حول مرض التدرن؟

1	١-٣
2	٣-٥
3	٦-١٠
4	أكثر من ١٠

السؤال (٤): كيف تقدر حجم مشكلة مرض التدرن في العراق؟

1	خطيرة
2	لبست خطيرة جداً
3	لبست مشكلة كبيرة
4	لا أعرف

السؤال (٥): كيف تقدر حجم مشكلة مرض التدرن في هذا السجن؟

1	خطيرة
2	لبست خطيرة جداً
3	لبست مشكلة كبيرة
4	لا أعرف

السؤال (٦): ما هو مصدر معرفتك حول مرض التدرن؟

التدريب أثناء الوظيفة من قبل البرنامج الوطني لمكافحة التدرن	1
الدراسة الأكاديمية	2
الإنترنت	3
المؤتمرات/الندوات الطبية	4
أخرى (الرجاء التحديد)	5

السؤال (٧): كم عدد الدورات التدريبية التي التحقت بها حول مرض التدرن (خارج إطار الدراسة الأكاديمية)؟

٠	1
١-٢	2
أكثر من ٢	3

السؤال (٨): ما هي صحة العبارات التالية حول مرض التدرن في العراق؟

لا أعرف	لا	نعم	العبارة	
			يعتبر مرض التدرن قضية خطيرة على الصحة العامة في العراق	1
			يبلغ معدل الشبوع المقدّر لمرض التدرن في العراق ١٠٠٠٠٠/٢٠٠	2
			الفئة العمرية الأكثر تعرضاً للمرض هي ١٥-٥٤ عاماً	3
			يتم التبليغ حالياً عن نحو ٢٥٠ حالة للتدرن المقاوم للأدوية المتعددة	4
			يموت نحو ٨٠٠٠ شخص سنوياً بسبب مرض التدرن في العراق	5

السؤال (٩): ما هي طرق انتقال مرض التدرن؟

العدوى بالرذاذ عن طريق العطاس، السعال، الصراخ	1
بلع الحليب غير المعقم	2
١، ٢	3
لا أعرف	4

السؤال (١٠): كيف تشتهبه في حالات مرض التدرن الرئوي؟ الرجاء التأشير على الإجابة الصحيحة

كافة الأشخاص الذين يعانون من سعال غير مبرر يستمر لمدة ٢-٣ أسابيع أو أكثر	1
كافة الأشخاص الذين يسعلون لفترة قصيرة	2
لا أعرف	3

السؤال (١١): هل يجب الاشتباه في جميع الأشخاص الذين يسعلون في أنهم مصابون بمرض التدرن؟

1	نعم
2	لا
3	لا أعرف

السؤال (١٢): هل يتم بشكل فعال التقصي عن حالات مرض التدرن على مستوى السجن؟

1	نعم
2	لا
3	لا أعرف

السؤال (١٣): إذا كانت الإجابة عن السؤال (١٢) نعم، كيف؟

1	فحص مرض التدرن عند بدأ العمل في السجن
2	الفحص/المسح الدوري لمرض التدرن
3	كلاهما

السؤال (١٤): ما هي طرق كشف حالات الإصابة بمرض التدرن المتبعة على مستوى السجن؟

1	الفحص على أساس الأعراض
2	الفحص عن طريق الأشعة
3	فحص الملامسين
4	اختبار السلين (التيوبركلين) الجلدي للإصابة الكامنة بمرض التدرن
5	فحص الانتزفرون جاما للإصابة الكامنة بمرض التدرن

السؤال (١٥): كيف تقوم بالتحديد بتشخيص مرض التدرن الرئوي؟ الرجاء التأشير على الإجابة الصحيحة

1	فحص لطاخة البلغم
2	فحص الأشعة السينية للصدر
3	٢، ١
4	فحص ELISA
5	فحص PCR
6	فحص (معدل ترسب كريات الدم الحمراء)
7	سريراً
8	جميع ما ذكر
9	لا أعرف

السؤال (١٦): كم عدد عينات البصاق الضرورية للتشخيص؟ الرجاء التأشير على الإجابة الصحيحة

1	عينة
2	عينتان
3	ثلاث عينات
4	لا أعرف

السؤال (١٧): قد يكون الشخص المصاب بمرض التدرن الإيجابي البصاق قد عدى أشخاصاً آخرين. من يجب تشجيعه للقدوم إلى المرفق الصحي من أجل فحص مرض التدرن؟ الرجاء التأشير على الإجابة الصحيحة

1	كافة السجناء في الجناح
2	جميع السجناء الذين يسعلون
3	١، ٢
4	لا أعرف

السؤال (١٨): بالنسبة إلى شخص كان مصاباً بمرض التدرن الإيجابي البصاق وتلقى علاجاً تحت إشراف مباشر. كيف تتم المتابعة على مستوى السجن؟

1	تتم مراقبة السجنين في المرفق الصحي
2	تتم مراقبة السجنين ومتابعته في جناح/غرفة السجن
3	لا أعرف

السؤال (١٩): ما هي أهداف معالجة مرض التدرن؟

الهدف	نعم	لا	لا أعرف
1 معالجة المريض واستعادة جودة الحياة والإنتاجية لديه			
2 منع حدوث الوفيات للتدرن الفعال أو آثاره لاحقاً			
3 منع الانتكاس بسبب المرض			
4 تقليل انتقال المرض للآخرين			
5 منع تطوير ونقل مقاومة الأدوية			

السؤال (٢٠): هل سمعت عن البرنامج الوطني لمكافحة التدرن في العراق؟

1	نعم
2	لا

السؤال (٢١): هل سمعت عن المعالجة القصيرة الأمد تحت الإشراف المباشر؟

1	نعم
2	لا

السؤال (٢٢): ما هو الجانب الأكثر أهمية في المعالجة تحت الإشراف المباشر؟ الرجاء التأشير على الإجابة الصحيحة

1	التحدث مع المريض وتقديم الدعم	
2	تقديم الأدوية للمريض	
3	مراقبة المريض عند ابتلاع الأدوية	
4	تسجيل المعالجة على بطاقة المعالجة	
5	لا أعرف	

السؤال (٢٣): متى يجب أن يجرى للمصاب بمرض التدرن الإيجابي البصاق (الفئة الأولى) أول فحص متابعة للبصاق؟

1	خلال الأسبوع الأخير من الشهر الثاني للعلاج (نهاية المرحلة الأولى من معالجة الفئة الأولى)	
2	خلال الأسبوع الأول من الشهر الثاني للعلاج (نهاية المرحلة الأولى من معالجة الفئة الأولى)	
3	لا أعرف	

السؤال (٢٤): متى يجب أن يجرى للمريض المنتكس (مرض التدرن الإيجابي البصاق-الفئة الثانية) أول فحص متابعة للبصاق؟

1	خلال الأسبوع الأخير من الشهر الثالث للعلاج (نهاية المرحلة الأولى من معالجة الفئة الثانية).	
2	خلال الأسبوع الأول من الشهر الثالث للعلاج (نهاية المرحلة الأولى من معالجة الفئة الثانية).	
3	لا أعرف	

السؤال (٢٥): كم عدد مرات إجراء فحوص متابعة البصاق لمعظم المصابين بمرض التدرن؟

1	يجب أن يجرى لمعظم الحالات ٣ فحوصات	
2	يجب أن يجرى لمعظم الحالات فحوصتين	
3	لا أعرف	

السؤال (٢٦): أي مما يلي يعد دواء الخطط الأمامي المضاد للتدرن؟ الرجاء التأشير على الإجابة الصحيحة

1	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol	
2	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Cycloserine	
3	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Cycloserine, Kanamycin	
4	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Para amino Salicylic Acid (PAS)	
5	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Ofloxacin	

السؤال (٢٧): ما هي مدة المعالجة الموصى بها للحالات الجديدة المصابة بمرض التدرن؟ الرجاء التأشير على الإجابة الصحيحة

١	٣-١ أشهر
2	٦ أشهر
3	٨ أشهر
4	٩ أشهر
5	١٢ شهراً
6	أكثر من ١٢ شهراً

السؤال (٢٨): هل يوجد في هذا المرفق الصحي نظام لتقصي ملامسي (مخالطي) مرضى التدرن في أماكنهم؟

1	نعم
2	لا
3	لا أعرف

السؤال (٢٩): كم عدد حالات مرض التدرن التي شخصت بين السجناء خلال الشهر الماضي؟

1	٠
2	١
3	٣-١
4	٥-٣
5	أكثر من ٥

السؤال (٣٠): كم عدد المشتبه اصابتهم بالتدرن الذين يحولون إلى العيادات المختصة شهرياً؟

1	٠
2	١
3	٣-١
4	٥-٣
5	أكثر من ٥

السؤال (٣١): من وجهة نظرك، أي مما يلي قد يكون السبب وراء تغيب مريض التدرن عن العلاج؟

1	قلة الوعي
2	الشعور بالتحسن
3	الكلفة العالية للخدمات
4	الآثار الجانبية للأدوية
5	أخرى (الرجاء الشرح)

السؤال (٣٢): هل يوجد من يجهز علاج مرضى التدرن السجناء؟

1	نعم
2	لا
3	لا أعرف

السؤال (٣٣): إذا كانت الإجابة عن السؤال (٣٢) نعم، ما هي أنواع مجهزي علاج مرضى التدرن في السجن؟

1	المتطوعين في السجن
2	مقدمي الرعاية الصحية المجتمعية
3	حراس السجن
4	أخرى (الرجاء التحديد.....)

السؤال (٣٤): كيف يكون شعورك عند فحص المصابين بمرض التدرن؟

1	عادي
2	خائف من العدوى
3	أخرى (الرجاء التحديد.....)

السؤال (٣٥): هل تلقيت يوماً تدريباً حول التوعية والتثقيف و التواصل؟

1	نعم
2	لا

السؤال (٣٦): هل تقوم حالياً بتوصيل رسائل توعية و تثقيف و تواصل حول مرض التدرن كجزء من عملك؟

1	نعم
2	لا

السؤال (٣٧): إذا كانت الإجابة على السؤال ٣٦ نعم، متى تقوم بتوصيل رسائل توعية و تثقيف و تواصل لمرضى التدرن؟

1	عندما أقابل المريض في غرفة الفحص
2	اعتدت تنظيم جلسات للمعلومات والتثقيف والاتصال لمجموعة من مرضى التدرن في عيادة/مستشفى السجن
3	اعتدت لقاء محاضرات/ندوات عامة للسجناء و الحراس حول مرض التدرن
4	اعتدت المشاركة في البرامج الإعلامية الجماهيرية
5	أخرى (الرجاء التحديد.....)

السؤال (٣٨): ما هو السبب وراء قلة معدل اكتشاف حالات التدرن بين السجناء؟

1	اليات كشف الحالات التدرنية في السجن غير كافية
2	الصعوبات المتعلقة بالتشخيص (المختبر، العيادة،...الخ.)
3	قلة ثقة المرضى بالخدمات الصحية المقدمة في السجن
4	قلة التدريب المهني
5	يعتبر معدل اكتشاف الحالات قليل بسبب عدم وجود حالات مرض التدرن
6	أخرى (الرجاء التحديد.....)

Annex (7)

WORLD HEALTH ORGANIZATION-IRAQ MINISTRY OF HEALTH-IRAQ
NATIONAL TB CONTROL PROGRAM
Prison Needs Assessment of Tuberculosis- Iraq – 2012

QUESTIONNAIRE- GUARDS

General Instructions:

- Please fill in pencil.
- Please fill all of the appropriate data.
- Before beginning of the interview, introduce yourself and explain the aims of the study and the contents of the informed consent and if the respondent agrees then let him/her sign the informed consent.
- Ensure that the respondent understands the question.
- Ask all the respondents all the questions in the same wordings.
- Ensure that the respondent answers each question. Ensure that the respondent's answers are recorded in appropriate places.
- Revise the questionnaire at the end of the interview and sign.
- Give all the completed questionnaires to the field supervisor daily.

Date of interview: DD MM YY

Serial Number:

Name of the Governorate: _____

Name of the Prison: _____

Interviewer's name: _____

Interviewer's signature: _____

Field supervisor's name: _____

Field supervisor's signature: _____

Q1/What is your age in years?

Q2/ Gender of the guard:

1	Male	
2	Female	

Q3/ What is the highest level of education you have attained?

1	Illiterate	
2	No formal education but can read and write	
3	Primary education	
4	Intermediate/ Secondary	
5	Higher than secondary	
6	Other (specify.....)	

Q4/ What is your marital status?

1	Single	
2	Married	
3	Divorced/ Separated	
4	Widow	

Q5/ For how long you have been employed in this prison?

1	Less than 6 months	
2	6 -12 months	
3	12-18 months	
4	18-24 months	
5	24-30 months	
6	30-36 months	
7	More than 36 months	

Q6/ In which section of the prison do you spend most of your working time?

1	In administration	
2	In all sections	
3	In isolated cells	
4	In medical services	

Q7/Are you currently smoker?

1	Yes	
2	No	

Q8/Are you currently alcohol consumer?

1	Yes	
2	No	

Q9/Have you ever heard about tuberculosis?

1	Yes	
2	No	

Q10/Have you ever heard about the National TB Control Program?

1	Yes	
2	No	

Q11/In your opinion, how serious a disease is TB in Iraq?

1	Very serious	
2	Somewhat serious	
3	Not very serious	
4	I do not know	

Q12/How serious a problem do you think TB is in this prison?

1	Very serious	
2	Somewhat serious	
3	Not very serious	
4	I do not know	

Q13/Have you ever been in contact with TB case in this prison?

1	Yes	
2	No	

Q14/How do you perceive yourself as being at risk of tuberculosis because of your work in this prison?

1	Very likely	
2	Somewhat likely	
3	Somewhat Unlikely	
4	Very unlikely	
5	I do not know	

Q15/ Are TB care services available in the prison?

1	Yes	
2	No	
3	I don't know	

Q16/ If the answer to question (15) is "Yes" Is TB treatment free of charge?

1	Yes	
2	No	
3	I don't know	

Q17/How long does a patient need to take TB drugs?

1	Less than 1 month	
2	1- 3 months	
3	3-6 months	
4	6-9 months	
5	1 year or more	
6	I do not know	

Q18/Have you ever received BCG vaccine?

1	Yes	
2	No	
3	I do not know	

Q19/Have you ever been subjected to TB screening at this prison?

1	Yes	
2	No	

Q20/ If the answer to question (19) is "Yes" when?

1	At the entry of the prison service	
2	During the periodic medical examination	
3	When one of the prisoners/guards was diagnosed	
4	Others (specify).....	

Q21/ If the answer to question (19) is "Yes" : What was the result of the screening?

1	Free of TB	
2	Diagnosed as probable case or a case of TB	
3	I do not know the screening result	

Q22/ Do you currently have any of the following symptoms?

		Yes	No
1	Cough for ≥ 3 weeks		
2	Productive cough (coughing up something)		
3	Coughing up blood		
4	Unexplained fever		
5	Loss of appetite		
6	Night sweating		
7	Tiredness/Fatigue		
8	Weight loss		
9	Chest pain		
10	Respiratory difficulty (shortness of breath)		

Q23/ Have you ever got TB before?

1	Yes	
2	No (skip to question 28)	

Q24/ Where did you seek TB diagnosis and treatment?

1	I went to prison health facility	
2	I went to public health facility outside the prison	
3	Go to NTP-affiliated center	
4	I went to private clinic/hospital outside the prison	
5	I went to pharmacy	
6	Others (specify).....	

Q25 If you are infected with TB during work in prison, how the prison community dealt with you?

1	The prisoners and the guards totally isolated me	
2	Most of the prisoners and the guards isolated me	
3	Never isolated	
4	All the prisoners and the guards dealt with me normally	
5	Most of the prisoners and guards supported me	

Q26/Have you ever been supported financially during the course of the disease?

1	Yes	
2	No	

Q27/If the answer to question (26) is "Yes" from where did you get financial support?

1	Governmental organization	
2	Non-governmental organization	
3	The prison authority	
4	The prison guards	
5	The prisoners	
6	Others (specify.....)	

Q28/ If one of the guards became sick with TB would you support him/her to get his/her medical treatment?

1	Yes, definitely	
2	Yes, but would be afraid of infection	
3	No, definitely	
4	I don't know	

Q 29/If one of the prisoners became sick with TB would you support him/her to get his/her medical treatment?

1	Yes, definitely	
2	Yes, but would be afraid of infection	
3	No, definitely	
4	I don't know	

Q30/ Are TB patients usually isolated in this prison?

1	Yes	
2	No	
3	I don't know	

Q31/ Should you avoid prisoners cured from TB?

1	Yes, as much as possible	
2	No, they have been cured	
3	I don't know	

Q32/ Can a TB patient live a regular future like everyone else?

1	Yes	
2	No	
3	I do not know	

Q33/ Do you think that HIV positive people should be concerned about TB?

1	Yes	
2	No	
3	I do not know	

Q34/If the answer to question (33) is "Yes" why?

1	Person with HIV is more likely to develop TB than non HIV patients	
2	I do not know (<i>skip to question to Q 36</i>)	
3	Other (specify.....)	

Q35/If the answer to question (33) is "No" why?

1	Person with HIV is not likely to develop TB more than non HIV patients	
2	I do not know	
3	Other (specify.....)	

Q36/ Where do you usually receive your TB information from?

1	TV	
2	Radio	
3	Health workers in the prison health facility	
4	Health workers in other public/private health facilities	
5	Friends	
6	Internet	
7	Newspaper	
8	Other (specify.....)	

Q37/have you ever received any IEC message about tuberculosis within the last 6 months?

1	Yes	
2	No (skip to question 41)	

Q38/If the answer to question (36) is "Yes" what is the source of the message?

1	TV	
2	Radio	
3	Health workers in the prison health facility	
4	Health workers in other public/private health facilities	
5	Friends	
6	Internet	
7	Newspaper	
8	Other (specify.....)	

Q39/Is the message you received about tuberculosis is clearly understood?

1	Yes	
2	No	

Q40/If the answer to question (39) is "No" why?

1	The message language is difficult	
2	The message contents are not clear	
3	The message contents are very detailed	
4	The message contents are incomplete	
5	The message contents are mostly incorrect	
6	The message contents cannot be believed	

Q41/Do you feel well informed about TB?

1	Yes	
2	No	

Q42/Do you wish you could get more information about TB?

1	Yes	
2	No (Close the interview and say thanks)	

Q43/If the answer to Q (42) is "Yes" which source of information you preferred?

1	TV	
2	Radio	
3	Health worker	
4	Friends	
5	Internet	
6	Newspaper	
7	Other (specify.....)	

Annex (8)

وزارة الصحة-العراق

منظمة الصحة العالمية- العراق

البرنامج الوطني لمكافحة التدخين

تقييم احتياجات السجون حول مرض التدخين- العراق- ٢٠١٢

استبيان مدار معيارياً-الحراس

تعليمات عامة:

- الرجاء تعبئة الإجابات بقلم رصاص.
- الرجاء تعبئة كافة البيانات المناسبة.
- قبل بدء المقابلة، عرف عن نفسك وبن أهداف الدراسة ومحتويات الموافقة المستنيرة وفي حال موافقة المستجيب، اطلب منه التوقيع على الموافقة المستنيرة.
- ضمان فهم المستجيب للسؤال.
- قم بطرح كافة الأسئلة على كافة المستجيبين باستخدام عبارات موحدة.
- تأكد من قيام المستجيب بالإجابة عن كل سؤال. تأكد من أن إجابات المستجيب موزعة في الأماكن المناسبة.
- راجع الاستبيان في نهاية المقابلة ثم قم بالتوقيع عليه.
- سلم كافة الاستبيانات المعبئة إلى المشرف الميداني بصورة يومية.

السنة	الشهر	اليوم	تاريخ المقابلة:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			الرقم التسلسلي:
			<input type="text"/>
اسم المحافظة:			
<input type="text"/>			
اسم السجن:			
<input type="text"/>			
اسم مجري المقابلة:			
<input type="text"/>			
توقيع مجري المقابلة:			
<input type="text"/>			
اسم المشرف الميداني:			
<input type="text"/>			
توقيع المشرف الميداني:			
<input type="text"/>			

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السؤال (١) ما هو عمرك بالسنوات؟

السؤال (٢) ما هو نوع الاجتماعي للحارس؟

1	ذكر
2	أنثى

السؤال (٣) ما هو أعلى مستوى تعليمي حصلت عليه؟

1	أمي
2	لا يوجد تعليم نظامي لكن أستطيع القراءة والكتابة
3	التعليم الابتدائي
4	التعليم المتوسط أو الإعدادي
5	أعلى من الإعدادي
6	أخرى (الرجاء التحديد.....)

السؤال (٤) ما هي حالتك الزوجية؟

1	أعزب
2	متزوج
3	مطلق/منفصل
4	أرمل

السؤال (٥) منذ متى وأنت تعمل في هذا السجن؟

1	أقل من ٦ أشهر
2	٦-١٢ شهراً
3	١٢-١٨ شهراً
4	١٨-٢٤ شهراً
5	٢٤-٣٠ شهراً
6	٣٠-٣٦ شهراً
7	أكثر من ٣٦ شهراً

السؤال (٦) في أي قسم من السجن تمضي معظم وقتك في العمل؟

1	في الإدارة
2	في كافة الأقسام
3	في زنازين معزولة
4	في الخدمات الطبية

السؤال (٧) هل أنت مدخن في الوقت الحالي؟

1	نعم
2	لا

السؤال (٨) هل تعاقرك الخمر في الوقت الحالي؟

1	نعم
2	لا

السؤال (٩) هل سمعت يوماً عن مرض التدرن؟

1	نعم
2	لا

السؤال (١٠): هل سمعت يوماً عن البرنامج الوطني لمكافحة التدرن؟

1	نعم	
2	لا	

السؤال (١١): من وجهة نظرك، ما مدى خطورة مرض التدرن في العراق؟

1	خطير جداً	
2	خطير نوعاً ما	
3	ليس خطير جداً	
4	لا أعرف	

السؤال (١٢): ما مدى خطورة مرض التدرن في هذا السجن؟

1	خطير جداً	
2	خطير نوعاً ما	
3	ليس خطير جداً	
4	لا أعرف	

السؤال (١٣): هل كان هنالك يوماً تماساً بينك وبين حالة مصابة مرض التدرن في هذا السجن؟

1	نعم	
2	لا	

السؤال (١٤): هل تعتبر أنك تواجه خطر الإصابة بمرض التدرن كونك تعمل في هذا السجن؟

1	مرجح للغاية	
2	مرجح نوعاً ما	
3	مستبعد نوعاً ما	
4	مستبعد جداً	
5	لا أعرف	

السؤال (١٥): هل تتوفر خدمات رعاية مرضى التدرن في هذا السجن؟

1	نعم	
2	لا	
3	لا أعرف	

السؤال (١٦): إذا كانت الإجابة عن السؤال (١٥) نعم، هل تقدم معالجة مرض التدرن بالمجان؟

1	نعم	
2	لا	
3	لا أعرف	

السؤال (١٧): ما هي المدة الزمنية اللازمة لأخذ الأدوية من قبل مريض التدرن؟

1	أقل من شهر	
2	١-٣ أشهر	
3	٣-٦ أشهر	
4	٦-٩ أشهر	
5	سنة أو أكثر	
6	لا أعرف	

السؤال (١٨): هل تلقيت يوماً لقاحاً (مطعوم) لمرض التدرن (BCG)؟

1	نعم	
2	لا	
3	لا أعرف	

السؤال (١٩): هل خضعت يوماً لفحص الإصابة بمرض التدرن في هذا السجن؟

1	نعم	
2	لا	

السؤال (٢٠): إذا كانت الإجابة عن السؤال (١٩) نعم، متى؟

1	عند بداية الخدمة في السجن	
2	خلال الفحص الطبي الدوري	
3	عندما تم تشخيص حالة لأحد السجناء/الحراس	
4	أخرى (الرجاء التحديد.....)	

السؤال (٢١): إذا كانت الإجابة عن السؤال (١٩) نعم: ماذا كانت نتيجة الفحص؟

1	غير مصاب	
2	تم تشخيصي على أساس حالة محتملة/مصابة بمرض التدرن	
3	لا أعرف نتيجة الفحص	

السؤال (٢٢): هل تعاني حالياً من أي من الأعراض التالية؟

لا	نعم	
		1 سعال لأكثر من ٣ أسابيع
		2 سعال منتج (إطلاق شيء ما من الفم)
		3 سعال دم
		4 حمى غير مبررة
		5 فقدان الشهية
		6 التعرق الليلي
		7 التعب/الإجهاد
		8 فقدان الوزن
		9 ألم في الصدر
		10 صعوبة في التنفس (قصر النفس)

السؤال (٢٣): هل أصبت يوماً ما بمرض التدرن؟

1	نعم	
2	لا (انتقل إلى السؤال ٢٨)	

السؤال (٢٤): إلى أين ذهبت للحصول على التشخيص والمعالجة لمرض التدرن؟

1	ذهبت إلى المرفق الصحي في السجن	
2	ذهبت إلى مرفق صحي عام خارج السجن	
3	ذهبت إلى مركز تابع للبرنامج الوطني لدحر التدرن	
4	ذهبت إلى عيادة/مستشفى خاص خارج السجن	
5	ذهبت إلى صيدلية	
6	أخرى (الرجاء التحديد.....)	

السؤال (٢٥): في حال كنت مصاباً بمرض التدرن، كيف تعامل معك مجتمع السجن؟

1	قام السجناء والحراس بعزلي تماماً	
2	قام معظم السجناء والحراس بعزلي	
3	لم يتم عزلي على الإطلاق	
4	تعامل معي كافة السجناء والحراس بشكل اعتيادي	
5	تعامل معي معظم السجناء والحراس بشكل اعتيادي	

السؤال (٢٦): هل حصلت على دعم مالي خلال فترة مرضك؟

1	نعم	
2	لا	

السؤال (٢٧): إذا كانت الإجابة عن السؤال (٢٦) نعم، من أين حصلت على الدعم المالي؟

1	مؤسسة حكومية
2	منظمة غير حكومية
3	سلطة السجن
4	حراس السجن
5	السجناء
6	أخرى (الرجاء التحديد.....)

السؤال (٢٨): إذا أصبح أحد الحراس مصاباً بمرض التدرن، هل ستقدم له الدعم للحصول على المعالجة الطبية؟

1	نعم، بالتأكيد
2	نعم، ولكنني أخشى العدوى
3	لا، بالتأكيد
4	لا أعرف

السؤال (٢٩): إذا أصبح أحد السجناء مصاباً بمرض التدرن، هل ستقدم له الدعم للحصول على المعالجة الطبية؟

1	نعم، بالتأكيد
2	نعم، ولكنني أخشى العدوى
3	لا، بالتأكيد
4	لا أعرف

السؤال (٣٠): هل يتم في العادة عزل مرضى التدرن في هذا السجن؟

1	نعم
2	لا
3	لا أعرف

السؤال (٣١): هل يجب أن تتجنب الأشخاص الذين تعافوا من مرض التدرن؟

1	نعم، قدر الإمكان
2	لا، فقد تعافوا
3	لا أعرف

السؤال (٣٢): هل يستطيع المصاب بمرض التدرن أن يعيش مستقبلاً طبيعياً كما هو حال الآخرين؟

1	نعم
2	لا
3	لا أعرف

السؤال (٣٣): هل تعتقد أن الأشخاص المصابين بمرض نقص المناعة المكتسبة يجب أن يقلقوا من الإصابة بمرض التدرن؟

1	نعم
2	لا
3	لا أعرف

السؤال (٣٤): إذا كانت الإجابة عن السؤال (٣٣) نعم، فلماذا؟

1	من المرجح أن يصاب الشخص المصاب بمرض نقص المناعة المكتسبة بمرض التدرن أكثر من غيره
2	لا أعرف (انتقل إلى السؤال ٣٦)
3	أخرى (الرجاء التحديد.....)

السؤال (٣٥): إذا كانت الإجابة عن السؤال (٣٣) لا، فلماذا؟

1	ليس من المرجح أن يصاب بمرض نقص المناعة المكتسبة بالتدرب أكثر من غيره
2	لا أعرف
3	أخرى (الرجاء التحديد.....)

السؤال (٣٦): ما هو المصدر المعتاد لديك لتلقي المعلومات حول مرض التدرب؟

1	التلفاز
2	الإذاعة
3	موظف صحة في المرفق الصحي في السجن
4	موظف صحة في مرفق صحي عام/خاص
5	الأصدقاء
6	الانترنت
7	الصحف
٨	أخرى (الرجاء التحديد.....)

السؤال (٣٧): هل تلقيت يوماً أي رسالة معلومات وتثقيف وتواصل حول مرض التدرب خلال الأشهر الستة الماضية؟

1	نعم
2	لا (انتقل إلى السؤال ٤١)

السؤال (٣٨): إذا كانت الإجابة نعم، ما هو مصدر الرسالة؟

1	التلفاز
2	الإذاعة
3	موظف صحة في المرفق الصحي في السجن
4	موظف صحة في مرفق صحي عام/خاص
5	الأصدقاء
6	الانترنت
7	الصحف
٨	أخرى (الرجاء التحديد.....)

السؤال (٣٩): هل كانت الرسالة التي تلقيتها حول مرض التدرب سهلة الفهم؟

1	نعم
2	لا

السؤال (٤٠): إذا كانت الإجابة على السؤال (٣٩) لا، فلماذا؟

1	لغة الرسالة صعبة
2	محتويات الرسالة غير واضحة
3	محتويات الرسالة تفصيلية للغاية
4	محتويات الرسالة غير كاملة
5	محتويات الرسالة غير صحيحة في أغلبها
6	محتويات الرسالة لا يمكن تصديقها

السؤال (٤١): هل تعتقد أن لديك معلومات جيدة حول مرض التدرب؟

1	نعم
2	لا

السؤال (٤٢): هل تود الحصول على المزيد من المعلومات حول مرض التدرب؟

1	نعم
2	لا (قم بإنهاء المقابلة وقل شكراً)

السؤال (٤٣)، إذا كانت الإجابة نعم، ما هو مصدر المعلومات المفضل لديك؟

	التلفاز	1
	الإذاعة	2
	موظف صحة	3
	الأصدقاء	4
	الإنترنت	5
	الصحف	6
	أخرى (الرجاء التحديد.....)	7

Annex (9)

WORLD HEALTH ORGANIZATION-IRAQ MINISTRY OF HEALTH-IRAQ
NATIONAL TB CONTROL PROGRAM
Prison Health Needs Assessment of Tuberculosis- Iraq – 2012

QUESTIONNAIRE- PRISONERS

General Instructions:

- Please fill in pencil.
- Please fill all of the appropriate data.
- Before beginning of the interview, introduce yourself and explain the aims of the study and the contents of the informed consent and if the respondent agrees then let him/her sign the informed consent.
- Ensure that the respondent understands the question.
- Ask all the respondents all the questions in the same wordings.
- Ensure that the respondent answers each question. Ensure that the respondent's answers are recorded in appropriate places.
- Revise the questionnaire at the end of the interview and sign.
- Give all the completed questionnaires to the field supervisor daily.

Date of interview: DD MM YY

Serial Number:

Name of the Governorate: _____

Name of the Prison: _____

Interviewer's name: _____

Interviewer's signature: _____

Field supervisor's name: _____

Field supervisor's signature: _____

Q1/What is your age in years?

Q2/ Gender of the prisoner:

1	Male	
2	Female	

Q3/ What is the highest level of education you have attained?

1	Illiterate	
2	No formal education but can read and write	
3	Primary education	
4	Intermediate or Secondary School	
5	Higher than secondary school	
6	Other(specify.....)	

Q4/ What is your marital status?

1	Single	
2	Married	
3	Divorced / Separated	
4	Widow	

Q5/ What is your job before entering the prison?

1	Employee	
2	Skilled Laborer	
3	Unskilled laborer	
4	Professional	
5	Pensioned	
6	Merchant	
7	Student	
8	Unemployed	
9	House-wife	
10	Other (specify.....)	

Q6/ For how long you have been imprisoned?

1	Less than 6 months	
2	6 -12 months	
3	12-18 months	
4	18-24 months	
5	24-30 months	
6	30-36 months	
7	More than 36 months	

Q7/Have you ever been imprisoned before this time?

1	Yes	
2	No	

Q8/ If the answer to question (7) is "Yes": How many times you have been imprisoned before?

1	Once	
2	Twice	
3	Thrice	
4	Four times and more	

Q9/Are you currently smoker?

1	Yes	
2	No	

Q10/Are you currently alcohol consumer?

1	Yes	
2	No	

Q11/Have you ever heard about tuberculosis?

1	Yes	
2	No	

Q12/Have you ever heard about the National TB Control Program?

1	Yes	
2	No	

Q13/In your opinion, how serious a disease is TB in Iraq?

1	Very serious	
2	Somewhat serious	
3	Not very serious	
4	I do not know	

Q14/ How serious a problem do you think TB is in this prison?

1	Very serious	
2	Somewhat serious	
3	Not very serious	
4	I do not know	

Q15/Have you ever been in contact with TB case in this prison?

1	Yes	
2	No	

Q16/Since you are imprisoned in this facility, how do you perceive yourself as being at risk of tuberculosis?

1	Very likely	
2	Somewhat likely	
3	Somewhat Unlikely	
4	Very unlikely	
5	I do not know	

Q17/ Are TB care services available in the prison?

1	Yes	
2	No	
3	I don't know	

Q18/ If the answer to question (17) is "Yes" Is TB treatment free of charge?

1	Yes	
2	No	
3	I don't know	

Q19/How long does a patient need to take TB drugs?

1	Less than 1 month	
2	1- 3 months	
3	3-6 months	
4	6-9 months	
5	1 year or more	
6	I do not know	

Q20/Have you ever received BCG vaccine?

1	Yes	
2	No	
3	I do not know	

Q21/Have you ever been subjected to TB screening at this prison?

1	Yes	
2	No	

Q22/ If the answer to question (21) is "Yes" when?

1	At the entry of the prison	
2	During the periodic medical examination	
3	When one of the prisoners was diagnosed	
4	Others (specify).....	

Q23/ If the answer to question (21) is "Yes": What was the result of the screening?

1	Free of TB	
2	Diagnosed as a probable case or a case of TB	
3	I do not know the screening result	

24/ Do you currently have any of the following symptoms?

		Yes	No
1	Cough for ≥ 3 weeks		
2	Productive cough (coughing up something)		
3	Coughing up blood		
4	Unexplained fever		
5	Loss of appetite		
6	Night sweating		
7	Tiredness/Fatigue		
8	Weight loss		
9	Chest pain		
10	Respiratory difficulty (shortness of breath)		

Q25/ Have you ever got TB?

1	Yes	
2	No (skip to question 31)	

Q26/ When you have been infected with TB?

1	After entering the prison	
2	6 months before entering the prison	
3	More than 6 months before entering the prison	

Q27/Where did you seek TB diagnosis and treatment?

1	I went to prison health facility	
2	I went to public health facility outside the prison	
3	Go to NTP-affiliated center	
4	I went to private clinic/hospital outside the prison	
5	. I went to pharmacy	
6	Others (specify).....	

Q28 If you are infected with TB, how the prison community dealt with you?

1	The prisoners and the guards totally isolated me	
2	Most of the prisoners and the guards isolated me	
3	Never isolated	
4	All the prisoners and the guards dealt with me normally	
5	Most of the prisoners and guards supported me	

Q29/Have you ever been supported financially during the course of the disease?

1	Yes	
2	No	

Q30/If the answer to question (29) is "Yes" from where did you get financial support?

1	Governmental organization	
2	Non-governmental organization	
3	The prison authority	
4	The prisoners	
5	Others (specify).....	

Q31/ If one of the prisoners became sick with TB would you support him/her to get his/her medical treatment?

1	Yes, definitely	
2	Yes, but with fears of infection	
3	No, definitely	
4	I don't know	

Q32/ Are TB patients usually isolated in the prison?

1	Yes	
2	No	
3	I don't know	

Q33/ Should you avoid prisoners cured from TB?

1	Yes, as much as possible	
2	No, they have been cured	
3	I don't know	

Q34/ Can a TB patient live a regular future like everyone else?

1	Yes	
2	No	
3	I do not know	

Q35/ Do you think that HIV positive people should be concerned about TB?

1	Yes	
2	No	
3	I do not know	

Q36/If the answer to question (35) is "Yes" why?

1	Person with HIV is more likely to develop TB	
2	I do not know (<i>skip to question to Q38</i>)	
3	Other (specify.....)	

Q37/If the answer to question (35) is "No" why?

1	Person with HIV is not more likely than person without HIV to develop TB	
2	I do not know	
3	Other (specify.....)	

Q38/ Where do you usually receive your TB information from?

1	TV	
2	Radio	
3	Health workers in the prison health facility	
4	Health workers in other public/private health facilities	
6	Friends	
7	Internet	
8	Newspaper	
9	Other (specify.....)	

Q39/have you ever received any IEC message about tuberculosis within last 6 months?

1	Yes	
2	No (skip to question (43)	

Q40/if the answer to question (39) is "Yes" what is the source of the message?

1	TV	
2	Radio	
3	Health workers in the prison health facility	
4	Health workers in other public/private health facilities	
5	Friends	
6	Internet	
7	Newspaper	
8	Other (specify.....)	

Q41/Is the message you received about tuberculosis is clearly understood?

1	Yes	
2	No	

Q42/If the answer to question (41) is "No" why?

1	The message language is difficult	
2	The message contents are not clear	
3	The message contents are very detailed	
4	The message contents are incomplete	
5	The message contents are mostly incorrect	
6	The message contents cannot be believed	

Q43/Do you feel well informed about TB?

1	Yes	
2	No	

Q44/Do you wish you could get more information about TB?

1	Yes	
2	No	

Q45/If the answer to Q (44) is "Yes" which source of information you preferred?

1	TV	
2	Radio	
3	Health worker	
4	Friends	
5	Internet	
6	Newspaper	
7	Other (specify.....)	

Annex (10)

وزارة الصحة-العراق

منظمة الصحة العالمية- العراق

البرنامج الوطني لمكافحة التدنن

تقييم احتياجات السجون حول مرض التدنن- العراق- ٢٠١٢

استبانة -السجناء

تعليمات عامة:

- الرجاء تعبئة الإجابات بقلم رصاص.
- الرجاء تعبئة كافة البيانات المناسبة.
- قبل بدء المقابلة، عرف عن نفسك وبيّن أهداف الدراسة ومحتويات الموافقة المستنيرة وفي حال موافقة المستجيب، اطلب منه التوقيع على الموافقة المستنيرة.
- ضمان فهم المستجيب للسؤال.
- قم بطرح كافة الأسئلة على كافة المستجيبين باستخدام عبارات موحدة.
- تأكد من قيام المستجيب بالإجابة عن كل سؤال. تأكد من أن إجابات المستجيب موزعة في الأماكن المناسبة.
- راجع الاستبيان في نهاية المقابلة ثم قم بالتوقيع عليه
- سلم كافة الاستبيانات المعبئة إلى المشرف الميداني بصورة يومية.

تاريخ المقابلة: اليوم الشهر السنة

الرقم التسلسلي:

اسم المحافظة: _____

اسم السجن: _____

اسم مجري المقابلة: _____

توقيع مجري المقابلة: _____

اسم المشرف الميداني: _____

توقيع المشرف الميداني: _____

السؤال (١) ما هو عمرك بالسنوات؟

السؤال (٢): النوع الاجتماعي للسجين:

1	ذكر
2	أنثى

السؤال (٣): ما هو أعلى مستوى تعليمي حصلت عليه؟

1	أُمي
2	لا يوجد تعليم نظامي لكن أستطيع القراءة والكتابة
3	التعليم الابتدائي
4	التعليم المتوسط أو الإعدادي
5	شهادة ما بعد الاعدادية
6	أخرى (الرجاء التحديد.....)

السؤال (٤): ما هي حالتك الزوجية؟

1	أعزب
2	متزوج
3	مطلق/ منفصل
4	أرمل

السؤال (٥): ماذا كانت وظيفتك قبل دخول السجن؟

1	موظف
2	عامل ماهر
3	عمل غير ماهر
4	صاحب مهنة
5	متقاعد
6	تاجر
7	طالب
8	عاطل عن العمل
9	ربة منزل
10	أخرى (الرجاء التحديد.....)

السؤال (٦): منذ متى وأنت مسجون؟

1	أقل من ٦ أشهر
2	٦-١٢ شهراً
3	١٢-١٨ شهراً
4	١٨-٢٤ شهراً
5	٢٤-٣٠ شهراً
6	٣٠-٣٦ شهراً
7	أكثر من ٣٦ شهراً

السؤال (٧): هل سبق وأن تم سجنك قبل هذه المرة؟

1	نعم
2	لا

السؤال (٨): إذا كانت الإجابة عن السؤال (٧) نعم، كم مرة تم سجنك في السابق؟

1	مرة واحدة	
2	مرتان	
3	ثلاث مرات	
4	أربع مرات أو أكثر	

السؤال (٩) هل أنت مدخن في الوقت الحالي؟

1	نعم	
2	لا	

السؤال (١٠) هل تعاقب الخمر في الوقت الحالي؟

1	نعم	
2	لا	

السؤال (١١) هل سمعت يوماً عن مرض التدرن؟

1	نعم	
2	لا	

السؤال (١٢): هل سمعت يوماً عن البرنامج الوطني لمكافحة التدرن؟

1	نعم	
2	لا	

السؤال (١٣): من وجهة نظرك، ما مدى خطورة مرض التدرن في العراق؟

1	خطير جداً	
2	خطير نوعاً ما	
3	ليس خطير جداً	
4	لا أعرف	

السؤال (١٤): ما مدى خطورة مرض التدرن في هذا السجن؟

1	خطير جداً	
2	خطير نوعاً ما	
3	ليس خطير جداً	
4	لا أعرف	

السؤال (١٥): هل كان هنالك يوماً تماساً بينك وبين حالة مصابة بمرض التدرن في هذا السجن؟

1	نعم	
2	لا	

السؤال (١٦): هل تعتبر أنك تواجه خطر الإصابة بمرض التدرن كونك مسجون في هذا السجن؟

1	مرجح للغاية	
2	مرجح نوعاً ما	
3	مستبعد نوعاً ما	
4	مستبعد جداً	
5	لا أعرف	

السؤال (١٧): هل تتوفر خدمات رعاية مرضى التدرن في هذا السجن؟

1	نعم
2	لا
3	لا أعرف

السؤال (١٨): إذا كانت الإجابة عن السؤال (١٧) نعم، هل تقدم معالجة مرض التدرن بالمجان؟

1	نعم
2	لا
3	لا أعرف

السؤال (١٩): ما هي المدة الزمنية اللازمة لأخذ الأدوية من قبل مريض التدرن؟

1	أقل من شهر
2	١-٣ أشهر
3	٣-٦ أشهر
4	٦-٩ أشهر
5	سنة أو أكثر
6	لا أعرف

السؤال (٢٠): هل تلقيت يوماً لقاحاً (مطعوم) لمرض التدرن (BCG)؟

1	نعم
2	لا
3	لا أعرف

السؤال (٢١): هل خضعت يوماً لفحص الإصابة بمرض التدرن في هذا السجن؟

1	نعم
2	لا

السؤال (٢٢): إذا كانت الإجابة عن السؤال (٢١) نعم، متى؟

1	عند الدخول الى السجن
2	خلال الفحص الطبي الدوري
3	عندما تم تشخيص حالة لأحد السجناء/الحراس
4	أخرى (الرجاء التحديد.....)

السؤال (٢٣): إذا كانت الإجابة عن السؤال (٢١) نعم: ماذا كانت نتيجة الفحص؟

1	غير مصاب
2	تم تشخيصي على أساس حالة محتملة/مصابة بمرض التدرن
3	لا أعرف نتيجة الفحص

السؤال (٢٤): هل تعاني حالياً من أي من الأعراض التالية؟

لا	نعم	
		1 سعال لأكثر من ٣ أسابيع
		2 سعال منتج (إطلاق شيء ما من الفم)
		3 سعال دم
		4 حمى غير مبررة
		5 فقدان الشهية
		6 التعرق الليلي
		7 التعب/الإجهاد
		8 فقدان الوزن
		9 ألم في الصدر
		10 صعوبة في التنفس (قصر النفس)

السؤال (٢٥): هل أصبت يوماً ما بمرض التدرن؟

نعم	1
لا (انتقل إلى السؤال ٣١)	2

السؤال (٢٦): متى أصبت بمرض التدرن؟

بعد دخول السجن	1
٦ أشهر قبل دخول السجن	2
أكثر من ٦ أشهر قبل دخول السجن	3

السؤال (٢٧): إلى أين ذهبت للحصول على التشخيص والمعالجة لمرض التدرن؟

ذهبت إلى المرفق الصحي في السجن	1
ذهبت إلى مرفق صحي عام خارج السجن	2
ذهبت إلى مركز تابع للبرنامج الوطني لدحر التدرن	3
ذهبت إلى عيادة/مستشفى خاص خارج السجن	4
ذهبت إلى صيدلية	5
أخرى (الرجاء التحديد.....)	6

السؤال (٢٨): في حال كنت مصاباً بمرض التدرن، كيف تعامل معك مجتمع السجن؟

قام السجناء والحراس بعزلي تماماً	1
قام معظم السجناء والحراس بعزلي	2
لم يتم عزلي على الإطلاق	3
تعامل معي كافة السجناء والحراس بشكل اعتيادي	4
تعامل معي معظم السجناء والحراس بشكل اعتيادي	5

السؤال (٢٩): هل حصلت على دعم مالي خلال فترة مرضك؟

نعم	1
لا	2

السؤال (٣٠): إذا كانت الإجابة عن السؤال (٢٩) نعم، من أين حصلت على الدعم المالي؟

مؤسسة حكومية	1
منظمة غير حكومية	2
سلطة السجن	٣
حراس السجن	٤
السجناء	٥
أخرى (الرجاء التحديد.....)	٦

السؤال (٣١): إذا أصبح أحد المسجونين مصاباً بمرض التدرن، هل ستقدم له الدعم للحصول على المعالجة الطبية؟

نعم، بالتأكيد	1
نعم، ولكنني أخشى العدوى	2
لا، بالتأكيد	3
لا أعرف	٤

السؤال (٣٢): هل يتم في العادة عزل مرضى التدرن في هذا السجن؟

نعم	1
لا	2
لا أعرف	3

السؤال (٣٣): هل يجب أن تتجنب الأشخاص الذين تعافوا من مرض التدرن؟

1	نعم، قدر الإمكان
2	لا، فقد تعافوا
3	لا أعرف

السؤال (٣٤): هل يستطيع المصاب بمرض التدرن أن يعيش مستقبلاً اعتيادياً كما هو حال الآخرين؟

1	نعم
2	لا
3	لا أعرف

السؤال (٣٥): هل تعتقد أن الأشخاص المصابين بمرض نقص المناعة المكتسبة يجب أن يقلقوا من الإصابة بالتدرن؟

1	نعم
2	لا
3	لا أعرف

السؤال (٣٦): إذا كانت الإجابة عن السؤال (٣٥) نعم، فلماذا؟

1	من المرجح أن يصاب مريض نقص المناعة المكتسبة بالتدرن
2	لا أعرف (انتقل إلى السؤال ٣٨)
3	أخرى (الرجاء التحديد.....)

السؤال (٣٧): إذا كانت الإجابة عن السؤال (٣٥) لا، فلماذا؟

1	ليس من المرجح أن يصاب مريض نقص المناعة المكتسبة بالتدرن أكثر من غيره
2	لا أعرف
3	أخرى (الرجاء التحديد.....)

السؤال (٣٨): ما هو المصدر المعتاد لديك لتلقي المعلومات حول مرض التدرن؟

1	التلفاز
2	الإذاعة
3	موظف صحة في المرفق الصحي في السجن
4	موظف صحة في مرفق صحي عام/خاص
5	الأصدقاء
6	الانترنت
7	الصحف
٨	أخرى (الرجاء التحديد.....)

السؤال (٣٩): هل تلقيت يوماً رسالة معلومات وتثقيف وتواصل حول مرض التدرن خلال الأشهر الستة الماضية؟

1	نعم
2	لا (انتقل إلى السؤال ٤٣)

السؤال (٤٠): إذا كانت الإجابة عن السؤال (٣٩) نعم، ما هو مصدر الرسالة؟

1	التلفاز
2	الإذاعة
3	موظف صحة في المرفق الصحي في السجن
4	موظف صحة في مرفق صحي عام/خاص
5	الأصدقاء
6	الانترنت
7	الصحف
٨	أخرى (الرجاء التحديد.....)

السؤال (٤١): هل كانت الرسالة التي تلقيتها حول مرض التدن سهلة الفهم؟

1	نعم
2	لا

السؤال (٤٢): إذا كانت الإجابة على السؤال (٤١) لا، فلماذا؟

1	لغة الرسالة صعبة
2	محتويات الرسالة غير واضحة
3	محتويات الرسالة تفصيلية للغاية
4	محتويات الرسالة غير كاملة
5	محتويات الرسالة غير صحيحة في أغلبها
6	محتويات الرسالة لا يمكن تصديقها

السؤال (٤٣): هل تعتقد أن لديك معلومات جيدة حول مرض التدن؟

1	نعم
2	لا

السؤال (٤٤): هل تود الحصول على المزيد من المعلومات حول مرض التدن؟

1	نعم
2	لا

السؤال (٤٥): إذا كانت الإجابة عن السؤال (٤٤) نعم، ما هو مصدر المعلومات المفضل لديك؟

1	التلفاز
2	الإذاعة
3	موظف صحة
4	الأصدقاء
5	الانترنت
6	الصحف
7	أخرى (الرجاء التحديد.....)

Annex (11)

السجون ودور الإصلاح العراقية المرشحة لدراسة تقييم الواقع الصحي في العراق

ت	المحافظة	السجن/الإصلاحية	النوع	الحاققة الأسبوعية	الموجود	الكادر							الملاحظات		
						الأطباء	أطباء الأسنان	المصلحة	معاون طبي	معاون مختبر	الحرس	الاربي		باحث اجتماعي	
١	بغداد/الكرخ	سجن الحماية القصوى	رجال ونساء	٤٥٠-٤٠٠	٦٨٥	٤	٤	٣	٣	١٠	٢	٤٧٢	١٢٢	١٥	مركز صحي رئيسي
٢	بغداد/الكرخ	سجن العدالة ١٠٢	رجال	٩٩٠	١٢٠٠	٥	٢	-	٥			٤٢٧	١٢٢	١٠	مركز صحي رئيسي
٣	بغداد/الكرخ	سجن احداث الكرخ الرحمانية	احداث	٢٠٠	٤٦٠	٢	٢	-	٣	١٠	٢	٩٥	٨٥	١٠	عيادة طبية
٤	بغداد/الكرخ	سجن احداث الكرخ السلام	احداث	١٥٠	١٦٨	٢	٣	٥	-	٨	٢	٨٤	٣٦	١١	عيادة طبية
٥	بغداد/الكرخ	مجمع سجون التاجي	رجال	٥٦٠٠	١٨٢٣	٦	٢	٤	-	١١	٣	٢٢٦٠	٨٥	٢٤	مركز صحي رئيسي، مرافق طوارئ
٦	بغداد/الكرخ	سجن الكرخ المركزي/كروبر	رجال	٥٠٠٠	١٧٤٢	٢	١	٢	-	١٣	٢	لم تحرر	لم تحرر	١٥	مركز صحي رئيسي
٧	بغداد/الكرخ	سجن بغداد المركزي/ابو غريب	رجال	٢٥٠٠- ٢٠٠٠	١٦٠٥	٢	٤	٥	-	٤	١	لم تحرر	لم تحرر	٨	مستشفى الأصالح الاجتماعي
٨	بغداد/الكرخ	مدرسة تاهيل الصبيان	صبيان	٧٥	١٤٠	١	-	-	-	٣	-	٦٧	٣٣	٤	مفرزة طبية
٩	بغداد/الرصافة	تفسيرات الرصافة الاولى	رجال	٤٥٦	٦٠٧	-	-	-	-	-	-	١١٧	٢٠	-	مركز صحي/ رصافة ٣
١٠	بغداد/الرصافة	تفسيرات الرصافة الثانية	رجال	٤٥٠	٥٦٠	-	-	-	-	-	-	١١٤	٢٥	-	مركز صحي/ رصافة ٣
١١	بغداد/الرصافة	تفسيرات الرصافة الثالثة	رجال	١٠٤	٧٥	٣	٢	-	٢	٩	٢	١١٠	٣١	٥	مركز صحي/ رصافة ٣
١٢	بغداد/الرصافة	تفسيرات الرصافة الرابعة	رجال	٣٢٤	٥٦٠	-	-	-	-	-	-	٢٣٥	٢٣	-	مركز صحي/ رصافة ٣

Annex (12)

Scoring for health care providers' knowledge of tuberculosis control: each correct response is given a score of one (total score is 16).

Question	Statement	Correct Response
10	How do you suspect TB cases?	All persons with otherwise unexplained productive cough lasting two–three weeks or more
11	Should all patients who cough be suspected of having TB?	No
15	How do you specifically diagnose pulmonary TB?	sputum smear examination
16	How many sputum samples are needed for diagnosis?	Any of two or three samples
17	A prisoner who is found to have smear-positive pulmonary TB may have infected other people. Who should be encouraged to come to the health facility to be checked for TB?	All prisoners who have cough
19	<u>Aims of treatment are:</u>	
19-1	Cure the patient and restore quality of life and productivity	Yes
19-2	Prevent death from active TB or its late effects	Yes
19-3	Prevent relapse of TB	Yes
19-4	Reduce transmission of TB to others	Yes
19-5	Prevent the development and transmission of drug resistance	Yes
22	What is the most critical aspect of directly observed treatment?	Watching the patient swallow the drugs
23	When should a new smear-positive pulmonary patient (Category I) get the first follow-up sputum examination?	During the last week of the second month of treatment (end of the initial phase of Category I treatment)
24	When should a relapse patient (smear-positive pulmonary TB; Category II) get the first follow-up sputum examination?	During the last week of the third month of treatment (end of the initial phase of Category II treatment)
25	How many times should most TB patients have follow-up sputum examinations?	Most cases should have 3 follow-up sputum examinations
26	of the following is the first line anti-tuberculosis drugs?	Streptomycin, Isoniazid, Rifampicin, Pyrazinamide, Ethambutol
27	What is the recommended treatment duration in new TB cases	6 months

Annex (13)

Checklist: Description of prisons according to their accommodation types, numbers and area of each accommodation and their occupation rate.

Prison	Individual cells			Room for up 6-12 prisoners			Larger dormitories			Apartments		
	N	A	R	N	A	R	N	A	R	N	A	R
Deportation Prison-Najaf	---	---	---	10	42	17/12	---	---	---	---	---	---
Correctional Complex in Badosh	82	6	1/1	84	32	11/12	6	1200	310/320	---	---	---
Baghdad Gate Deportation Prison-Kerbala	3	3.75	1/1	---	---	---	6	44	174/150	---	---	---
Deportation Prison-6 in Resafa	---	---	---	8	8	16/14	---	---	---	---	---	---
Deportation Prison-4 in Resafa	---	---	---	2	25	25/20	---	---	---	---	---	---
Central Women Detention Prison-Baghdad	---	---	---	---	---	---	10	96	85/120	---	---	---
Central Prison-Basra	---	---	---	---	---	---	12	12	14/14	---	---	---
Prison Complex in Taji	---	---	---	---	---	---	25	90	60/90	---	---	---
Deportation Prison-13 in Resafa	13	2	2/4	---	---	---	---	---	---	---	---	---
Maximum Security Prison	24	4	1/1	18	12	8/12	14	28-90	20/25	---	---	---
Youth Prison/Karkh in Rehmania	---	---	---	---	---	---	4	144	25/25	---	---	---
Central Prison-Baghdad	---	---	---	25	16	16/12	25	240	30/25	---	---	---
Deportation Prison-Kirkuk	10	4	2/3	---	---	---	10	30	40/45	---	---	---
Central Prison-Thiqar	640	6	2/2	---	---	---	---	---	---	---	---	---
Susi Federal Prison-Sulaimanin	6	6	1/1	10	40	16/12	12	120	30/25	---	---	---
Central Prison-Misan	---	---	---	10	40	15/12	12	120	30/25	---	---	---
Deportation Prison 1 in Kerbala	---	---	---	---	---	---	6	300	336/300	---	---	---
Correctional Facility for adults in Duhok	---	---	---	---	---	---	---	---	---	45	117	9/10
Correctional Facility for adults in Babil	---	---	---	15	12	10/12	---	---	---	---	---	---
Deportation Prison in Salahelden	---	---	---	---	---	---	5	120	25/25	---	---	---

N; number of rooms/chambers, A; area (square meter), R; occupation rate (current number of prisoners/ actual capacity)

Annex (14)

Checklist: Description of prison according to gender of inmates.

Prison	Gender Type			
	M	F	M-J	F-J
Deportation Prison-Najaf	√	√	√	√
Correctional Complex in Badosh	√	√	√	√
Baghdad Gate Deportation Prison-Kerbala	√	---	√	---
Deportation Prison-6 in Resafa	√	---	---	---
Deportation Prison-4 in Resafa	√	---	---	---
Central Women Detention Prison-Baghdad	---	√	---	---
Central Prison-Basra	√	---	---	---
Prison Complex in Taji	√	---	---	---
Deportation Prison-13 in Resafa	√	---	---	---
Maximum Security Prison	√	√	---	---
Youth Prison/Karkh in Rehmania	---	---	√	---
Central Prison-Baghdad	√	---	---	---
Deportation Prison-Kirkuk	√	√	---	---
Central Prison-Thiqr	√	---	---	---
Susi Federal Prison-Sulaimanin	√	---	---	---
Central Prison-Misan	√	√	√	√
Deportation Prison 1 in Kerbala	√	√	---	√
Correctional Facility for adults in Duhok	√	---	---	---
Correctional Facility for adults in Babil	√	---	---	---
Deportation Prison in Salahelden	√	---	---	---
M ; male, F ; female, M-J ; male-juvenile, F-J ; female-juvenile.				

Annex (15)

Checklist: Description of prisons according to accommodation and presence of adequate natural ventilation in prison rooms.

Prison	Individual cells			Room for up 6-12 prisoners			Larger dormitories			Apartments		
	N	V	R	N	V	R	N	V	R	N	V	R
Deportation Prison-Najaf	---	---	---	10	10	100%	---	---	---	---	---	---
Correctional Complex in Badosh	82	82	100%	84	68	81%	6	6	100%	---	---	---
Baghdad Gate Deportation Prison-Kerbala	3	3	100%	---	---	---	6	3	50%	---	---	---
Deportation Prison-6 in Resafa	---	---	---	8	0	0%	---	---	---	---	---	---
Deportation Prison-4 in Resafa	---	---	---	2	2	100%	---	---	---	---	---	---
Central Women Detention Prison-Baghdad	---	---	---	---	---	---	10	10	100%	---	---	---
Central Prison-Basra	---	---	---	---	---	---	12	12	100%	---	---	---
Prison Complex in Taji	---	---	---	---	---	---	25	25	100%	---	---	---
Deportation Prison-13 in Resafa	13	0	0%	---	---	---	---	---	---	---	---	---
Maximum Security Prison	24	1	4%	18	2	11%	14	14	100%	---	---	---
Youth Prison/Karkh in Rehmania	---	---	---	---	---	---	4	4	100%	---	---	---
Central Prison-Baghdad	---	---	---	25	12	48%	25	25	100%	---	---	---
Deportation Prison-Kirkuk	10	10	100%	---	---	---	10	10	100%	---	---	---
Central Prison-Thiqar	640	1	0%	---	---	---	---	---	---	---	---	---
Susi Federal Prison-Sulaimanin	6	6	100%	10	10	100%	12	12	100%	---	---	---
Central Prison-Misan	---	---	---	10	10	100%	12	12	100%	---	---	---
Deportation Prison 1 in Kerbala	---	---	---	---	---	---	6	6	100%	---	---	---
Correctional Facility for adults in Duhok	---	---	---	---	---	---	---	---	---	45	45	100%
Correctional Facility for adults in Babil	---	---	---	15	3	20%	---	---	---	---	---	---
Deportation Prison in Salahelden	---	---	---	---	---	---	5	5	100%	---	---	---

N; number of rooms, V; number of rooms with adequate natural ventilation, R; number of room with adequate natural ventilation/ all rooms).

Annex (16)

Checklist: Description of prisons according to accommodation type and presence of functioning fans.

Prison	Individual cells			Room for up 6-12 prisoners			Larger dormitories			Apartments		
	N	F	R	N	F	R	N	F	R	N	F	R
Deportation Prison-Najaf	---	---	---	10	10	100%	---	---	---	---	---	---
Correctional Complex in Badosh	82	82	100%	84	84	100%	6	6	100%	---	---	---
Baghdad Gate Deportation Prison-Kerbala	3	3	100%	---	---	---	6	6	100%	---	---	---
Deportation Prison-6 in Resafa	---	---	---	8	8	100%	---	---	---	---	---	---
Deportation Prison-4 in Resafa	---	---	---	2	2	100%	---	---	---	---	---	---
Central Women Detention Prison-Baghdad	---	---	---	---	---	---	10	10	100%	---	---	---
Central Prison-Basra	---	---	---	---	---	---	12	12	100%	---	---	---
Prison Complex in Taji	---	---	---	---	---	---	25	25	100%	---	---	---
Deportation Prison-13 in Resafa	13	13	100%	---	---	---	---	---	---	---	---	---
Maximum Security Prison	24	24	100%	18	18	100%	14	14	100%	---	---	---
Youth Prison/Karkh in Rehmania	---	---	---	---	---	---	4	4	100%	---	---	---
Central Prison-Baghdad	---	---	---	25	25	100%	25	25	100%	---	---	---
Deportation Prison-Kirkuk	10	10	100%	---	---	---	10	10	100%	---	---	---
Central Prison-Thiqar	640	640	100%	---	---	---	---	---	---	---	---	---
Susi Federal Prison-Sulaimanin	6	6	100%	10	10	100%	12	12	100%	---	---	---
Central Prison-Misan	---	---	---	10	10	100%	12	12	100%	---	---	---
Deportation Prison 1 in Kerbala	---	---	---	---	---	---	6	6	100%	---	---	---
Correctional Facility for adults in Duhok	---	---	---	---	---	---	---	---	---	45	45	100%
Correctional Facility for adults in Babil	---	---	---	15	15	100%	---	---	---	---	---	---
Deportation Prison in Salahelden	---	---	---	---	---	---	5	5	100%	---	---	---

A; area (square meter), F; number of rooms provided with fans, R; rate (number of rooms provided with fans/ all rooms).

Annex (17)

Checklist: Available type of fans in each prison:

Prison	Type of available functioning Fans			
	Ceiling	Small	Stand	Mounted
Deportation Prison-Najaf	√	---	---	√
Correctional Complex in Badosh	√	√	√	√
Baghdad Gate Deportation Prison-Kerbala	√	√	√	√
Deportation Prison-6 in Resafa	√	---	---	---
Deportation Prison-4 in Resafa	√	---	---	---
Central Women Detention Prison-Baghdad	√	---	---	---
Central Prison-Basra	---	---	---	√
Prison Complex in Taji	√	---	---	---
Deportation Prison-13 in Resafa	√	---	---	---
Maximum Security Prison	√	---	---	---
Youth Prison/Karkh in Rehmania	√	√	---	---
Central Prison-Baghdad	√	---	---	---
Deportation Prison-Kirkuk	√	---	---	---
Central Prison-Thiqr	√	---	---	√
Susi Federal Prison-Sulaimanin	√	√	---	√
Central Prison-Misan	√	---	---	√
Deportation Prison 1 in Kerbala	√	---	---	---
Correctional Facility for adults in Duhok	√	---	---	---
Correctional Facility for adults in Babil	√	---	---	√
Deportation Prison in Salahelden	√	---	---	---
Ceiling; ceiling fans, Small; small fans that sit on a desk or other surface, Stand; Fans that stand on the floor, Mounted; Fans mounted in a window opening.				

Annex (18)

Checklist: Type of health facility available in each prison.

Prison	Type of Health Facility
Baghdad Gate Deportation Prison-Kerbala	Health Center
Central Prison-Baghdad	Hospital
Central Prison-Misan	Health Center
Central Prison-Thiqr	Health Center
Central Women Detention Prison-Baghdad	Clinic
Correctional Complex in Badosh	Health Center
Correctional Facility for adults in Babil	Health Center
Correctional Facility for adults in Duhok	Health Center
Deportation Prison 1 in Kerbala	Health Center
Deportation Prison in Salahelden	Clinic
Deportation Prison-13 in Resafa	Health Center
Deportation Prison-4 in Resafa	Health Center
Deportation Prison-6 in Resafa	Clinic
Deportation Prison-Kirkuk	Clinic
Deportation Prison-Najaf	Health Center
Justice 2	Health Center
Maximum Security Prison	Clinic
Prison Complex in Taji	Health Center
Susi Federal Prison-Sulaimanya	Health Center
Youth Prison/Karkh in Rehmania	Clinic

Annex (19)

Checklist: Type and number of staff in health facilities of prisons.

Prison	Number of HCPs								
	Physician	Dentist	Pharmacist	Medical Assistant	Pharmacy Assistant	Nurse	Lab Technician	Social Worker	Total HCPs
Baghdad Gate Deportation Prison-Kerbala	0	0	0	1	0	3	0	0	4
Central Prison-Baghdad	1	5	5	1	1	3	3	2	21
Central Prison-Misan	6	1	0	1	0	16	2	1	27
Central Prison-Thiqar	1	1	1	13	2	7	2	0	27
Central Women Detention Prison-Baghdad	0	1	1	1	0	0	0	0	1
Correctional Complex in Badosh	1	2	1	4	3	5	8	0	28
Correctional Facility for adults in Babil	1	1	1	9	1	10	2	0	25
Correctional Facility for adults in Duhok	1	0	0	4	0	2	1	3	11
Deportation Prison 1 in Kerbala	0	0	0	1	0	5	1	0	7
Deportation Prison in Salahelden	1	0	0	1	0	1	1	0	4
Deportation Prison-13 in Resafa	1	0	0	0	0	1	4	1	7
Deportation Prison-4 in Resafa	1	0	0	0	0	1	4	1	7
Deportation Prison-6 in Resafa	1	1	1	4	1	6	0	0	14
Deportation Prison-Kirkuk	1	1	0	2	0	2	1	0	7
Deportation Prison-Najaf	3	1	0	4	2	4	2	0	16
Justicee 2	2	3	1	7	1	3	2	0	19
Maximum Security Prison	1	3	3	1	3	8	2	0	21
Prison Complex in Taji	0	2	1	0	1	0	3	0	7
Susi Federal Prison-Sulaimanya	0	2	0	7	0	3	4	0	16
Youth Prison/Karkh in Rehmania	4	5	2	2	2	8	1	0	24
Total	26	29	17	63	16	88	43	8	288

Annex (20)

Checklist: Number of health care providers got in-service training on TB control.

Prison	Number of HCPs got in-service training					
	Clinical	Program Management	Infection Control	Lab Work	IEC	Counseling
Baghdad Gate Deportation Prison-Kerbala	0	1	0	0	0	0
Central Prison-Baghdad	0	1	0	0	0	0
Central Prison-Misan	0	0	1	0	0	0
Central Prison-Thiqar	0	1	0	0	0	0
Central Women Detention Prison-Baghdad	0	0	0	0	1	0
Correctional Complex in Badosh	3	2	2	8	2	0
Correctional Facility for adults in Babil	0	1	1	1	0	0
Correctional Facility for adults in Duhok	0	0	0	0	0	0
Deportation Prison 1 in Kerbala	7	0	0	0	0	0
Deportation Prison in Salahelden	3	0	0	0	1	0
Deportation Prison-13 in Resafa	15	0	0	0	0	0
Deportation Prison-4 in Resafa	15	0	0	0	0	0
Deportation Prison-6 in Resafa	0	1	0	0	0	0
Deportation Prison-Kirkuk	2	5	5	1	5	5
Deportation Prison-Najaf	0	1	0	0	0	0
Justicee 2	1	0	0	1	0	0
Maximum Security Prison	0	19	0	2	0	0
Prison Complex in Taji	1	0	0	0	0	0
Susi Federal Prison-Sulaimanya	0	1	0	0	1	1
Youth Prison/Karkh in Rehmania	0	14	0	0	0	0
Ratio: total trained/ number of prisons	47/9	47/13	9/4	12/4	10/5	6/2

Annex (21)

Checklist: Availability of DOT strategy services in prisons-A.

Prison	Availability of		
	DOT services	Location for DOT Provision	NTP Guideline
Baghdad Gate Deportation Prison-Kerbala	Yes	Yes	Yes
Central Prison-Baghdad	Yes	Yes	Yes
Central Prison-Misan	Yes	No	Yes
Central Prison-Thiqar	Yes	Yes	Yes
Central Women Detention Prison-Baghdad	Yes	No	Yes
Correctional Complex in Badosh	Yes	Yes	Yes
Correctional Facility for adults in Babil	Yes	Yes	Yes
Correctional Facility for adults in Duhok	Yes	Yes	No
Deportation Prison 1 in Kerbala	Yes	Yes	Yes
Deportation Prison in Salahelden	Yes	No	Yes
Deportation Prison-13 in Resafa	Yes	Yes	Yes
Deportation Prison-4 in Resafa	Yes	Yes	Yes
Deportation Prison-6 in Resafa	No	No	No
Deportation Prison-Kirkuk	Yes	Yes	Yes
Deportation Prison-Najaf	Yes	Yes	Yes
Justice 2	Yes	Yes	Yes
Maximum Security Prison	Yes	Yes	Yes
Prison Complex in Taji	Yes	No	Yes
Susi Federal Prison-Sulaimanya	Yes	Yes	Yes
Youth Prison/Karkh in Rehmania	Yes	Yes	Yes
Total Available	19	15	18

Annex (22)

Checklist: Availability of DOT strategy services in prisons-B.

Prison	Availability of			
	Lab services	Sputum Smear (SS) Examination	Reagents needed for SS examination	Functioning Microscope
Baghdad Gate Deportation Prison-Kerbala	Yes	Yes	Yes	No
Central Prison-Baghdad	No	Yes	No	Yes
Central Prison-Misan	Yes	No	No	Yes
Central Prison-Thiqar	Yes	No	No	Yes
Central Women Detention Prison-Baghdad	No	No	No	No
Correctional Complex in Badosh	Yes	Yes	Yes	Yes
Correctional Facility for adults in Babil	Yes	Yes	Yes	Yes
Correctional Facility for adults in Duhok	No	No	No	No
Deportation Prison 1 in Kerbala	Yes	No	No	No
Deportation Prison in Salahelden	No	Yes	Yes	Yes
Deportation Prison-13 in Resafa	Yes	No	No	Yes
Deportation Prison-4 in Resafa	Yes	No	No	Yes
Deportation Prison-6 in Resafa	No	No	No	No
Deportation Prison-Kirkuk	No	No	No	No
Deportation Prison-Najaf	No	No	No	No
Justicee 2	Yes	Yes	Yes	Yes
Maximum Security Prison	Yes	Yes	Yes	Yes
Prison Complex in Taji	No	No	No	Yes
Susi Federal Prison-Sulaimanya	Yes	Yes	Yes	Yes
Youth Prison/Karkh in Rehmania	No	Yes	No	Yes
Total Available	11	9	7	13

Annex (23)

Checklist: Availability of DOT strategy services in prisons-C.

Prison	Availability of				
	Pharmacy	Anti-TB	Stoke for 3 month	Drug Store room	Anti-TB use follows NTP
Baghdad Gate Deportation Prison-Kerbala	No	Yes	Yes	No	No
Central Prison-Baghdad	Yes	Yes	Yes	Yes	Yes
Central Prison-Misan	Yes	Yes	Yes	Yes	Yes
Central Prison-Thiqar	Yes	Yes	Yes	Yes	No
Central Women Detention Prison-Baghdad	Yes	Yes	Yes	Yes	Yes
Correctional Complex in Badosh	Yes	Yes	Yes	Yes	Yes
Correctional Facility for adults in Babil	Yes	Yes	Yes	Yes	Yes
Correctional Facility for adults in Duhok	Yes	Yes	No	No	No
Deportation Prison 1 in Kerbala	No	Yes	Yes	Yes	No
Deportation Prison in Salahelden	No	Yes	Yes	Yes	Yes
Deportation Prison-13 in Resafa	Yes	Yes	Yes	Yes	Yes
Deportation Prison-4 in Resafa	Yes	Yes	Yes	Yes	Yes
Deportation Prison-6 in Resafa	Yes	No	No	No	No
Deportation Prison-Kirkuk	Yes	Yes	Yes	Yes	No
Deportation Prison-Najaf	Yes	No	No	Yes	No
Justicee 2	Yes	Yes	No	Yes	Yes
Maximum Security Prison	Yes	Yes	No	Yes	No
Prison Complex in Taji	Yes	Yes	No	Yes	No
Susi Federal Prison-Sulaimanya	Yes	Yes	Yes	Yes	Yes
Youth Prison/Karkh in Rehmania	Yes	Yes	No	Yes	Yes
Total Available	17	18	12	17	11

Annex (24)

Checklist: Availability of DOT strategy services in prisons-D.

Prison	Availability of					
	Regular Registration & Recording	Registers are NTP format	TB cases reported as Prison Cases	NTP supervise regularly	Months on last visit	Report of last supervisory visit
Baghdad Gate Deportation Prison-Kerbala	Yes	Yes	Yes	Yes	1	Yes
Central Prison-Baghdad	Yes	Yes	Yes	Yes	3-6	Yes
Central Prison-Misan	Yes	Yes	Yes	Yes	1	Yes
Central Prison-Thiqr	Yes	Yes	Yes	Yes	1	Yes
Central Women Detention Prison-Baghdad	Yes	Yes	Yes	Yes	NA	NA
Correctional Complex in Badosh	Yes	Yes	Yes	Yes	1	Yes
Correctional Facility for adults in Babil	Yes	Yes	Yes	Yes	1	Yes
Correctional Facility for adults in Duhok	Yes	Yes	Yes	Yes	1-3	NA
Deportation Prison 1 in Kerbala	Yes	Yes	Yes	Yes	1	Yes
Deportation Prison in Salahelden	Yes	Yes	Yes	Yes	1-3	Yes
Deportation Prison-13 in Resafa	Yes	Yes	Yes	Yes	1-3	Yes
Deportation Prison-4 in Resafa	Yes	Yes	Yes	Yes	1-3	Yes
Deportation Prison-6 in Resafa	No	Yes	No	No	NA	Yes
Deportation Prison-Kirkuk	Yes	Yes	Yes	Yes	1	Yes
Deportation Prison-Najaf	Yes	Yes	Yes	Yes	1	Yes
Justicee 2	Yes	Yes	Yes	Yes	1	Yes
Maximum Security Prison	Yes	Yes	No	Yes	1-3	Yes
Prison Complex in Taji	Yes	No	Yes	No	1-3	NA
Susi Federal Prison-Sulaimanya	Yes	Yes	Yes	Yes	1	Yes
Youth Prison/Karkh in Rehmania	Yes	Yes	Yes	Yes	1	Yes
Total Available	19	19	18	18		16

Annex (25)

Checklist: Availability of IEC materials in prisons.

Prison	IEC Materials					
	Are Available	Directed to Prisoners	Available Types			
			Posters	Leaflets	Pamphlets	Flyers
Baghdad Gate Deportation Prison-Kerbala	Yes	Yes	Yes	No	No	Yes
Central Prison-Baghdad	Yes	Yes	Yes	No	Yes	No
Central Prison-Misan	Yes	No	Yes	No	No	No
Central Prison-Thiqr	Yes	No	Yes	No	Yes	No
Central Women Detention Prison-Baghdad	Yes	No	Yes	No	No	No
Correctional Complex in Badosh	Yes	No	Yes	Yes	Yes	Yes
Correctional Facility for adults in Babil	Yes	Yes	Yes	No	Yes	No
Correctional Facility for adults in Duhok	No	No	No	No	No	No
Deportation Prison 1 in Kerbala	Yes	Yes	Yes	No	No	No
Deportation Prison in Salahelden	Yes	Yes	Yes	Yes	No	No
Deportation Prison-13 in Resafa	Yes	Yes	Yes	Yes	No	No
Deportation Prison-4 in Resafa	Yes	Yes	Yes	Yes	No	No
Deportation Prison-6 in Resafa	No	No	No	No	No	No
Deportation Prison-Kirkuk	Yes	Yes	Yes	No	Yes	Yes
Deportation Prison-Najaf	Yes	Yes	Yes	Yes	Yes	Yes
Justicee 2	Yes	Yes	Yes	Yes	No	No
Maximum Security Prison	Yes	Yes	Yes	Yes	Yes	Yes
Prison Complex in Taji	Yes	No	Yes	No	Yes	Yes
Susi Federal Prison-Sulaimanya	Yes	No	Yes	No	Yes	No
Youth Prison/Karkh in Rehmania	Yes	No	Yes	Yes	Yes	No
Total Available	18	11	18	8	10	6

TB control programs in prisons: What would be a minimum standard?

The ideal TB control program in a prison would include the following:

- government structures supporting TB programs in both the civil-sector and penitentiary systems;
- written agreement on collaboration and coordination between prison and civil-sector TB programs;
- prevention through the early detection of infectious cases; avoidance of overcrowding; good nutrition, ventilation and light; clear definition of infectious zones with clear policies on how to reduce transmission; and the use of masks and/or personal respirators; complete access to TB diagnosis and treatment for all prisoners entering the prison system;
- adequate treatment in line with national TB programme guidelines, including those for prisoners with MDR-TB and TB-HIV coinfection, using DOTS and an uninterrupted supply of drugs of guaranteed quality; and
- a guarantee by prison and civil medical personnel of continued treatment for infected individuals following their release from prison.

The penitentiary system must have:

- continuing human resource development that ensures an adequate number of staff with satisfactory background education and continuous training;
- a mechanism in place for timely investigation of TB suspects and early detection of individuals with active TB and their treatment;
- a network of laboratories carrying out quality-assured smear microscopy;
- drug susceptibility testing in a centralized laboratory of ensured quality, either in the civil sector or in the prison;
- a supply of quality second-line drugs for prisoners suffering from MDR-TB once the capacity to test prisoners for drug resistance is in place; and
- recording and reporting in close coordination with the civil sector.

Source: World Health Organization. Regional Office for Europe. Status Paper on Prisons and Tuberculosis. Copenhagen 2007 (p23).