

ABSTRACT

Background: Prisons are reservoir for tuberculosis (TB). Directorate General of Correction Centre of Indonesia has reported that in 2011 TB is number four disease that occurred in the prison and number 2 of cause of death in Indonesian. National Action Plan on TB Control in Prison in Indonesia required TB screening to be implemented in prison. Several studies show that screening is effective to reduce TB prevalence in prison. However, some pitfalls of screening implementation in prison were identified in other countries. Fidelity of the program may contribute regarding to this issue.

Objective: This study aims to assess implementation fidelity of TB screening program in prison in Yogyakarta and Surakarta.

Method: Study was conducted in Narcotic Prison Yogyakarta and Surakarta Prison from April to June 2017. Fidelity framework by Carroll was adopted. This study used mixed method explanatory sequential design. Cross sectional survey was used as quantitative approach. Two hundred and forty and 135 questionnaires were distributed to assess quality of delivery and inmate responsiveness in Surakarta Prison and Narcotic Prison Yogyakarta respectively. Qualitative study was conducted to explore quantitative finding, assess health staff adherence, and to explore the barriers of TB screening implementation. In-depth interviews were carried out to inmates and health staffs.

Result: In Narcotic Prison Yogyakarta regarding inmate responsiveness, 76.16%, 88.55%, 82.95%, 73.32% and 64.53% were interested, perceived usefulness, were engaged, perceived good group environment, and satisfied towards TB screening program, respectively. Regarding quality of delivery, mean of quality impact scores are 2.18, 3.61, 1.68, 0.57, 2.23, 1.12 and 0.49 for availability, communication and information, interaction, TB-HIV relationship, infrastructure, professional competence, and stigma respectively. In Surakarta Prison, regarding inmate responsiveness, 80.28%, 90.1%, 86.2%, 75.6% and 75.4% were interested, perceived usefulness, were engaged, perceived good group environment, and satisfied towards TB screening program, respectively. Regarding quality of delivery, mean of quality impact scores are 2.59, 4, 1.6, 1.13, 3.47, 1.41 and 0.37 for availability, communication and information, interaction, TB-HIV relationship, infrastructure, professional competence, and stigma respectively. Lack of knowledge inmates, no integrated TB system, low awareness and support from other staff and prison system, and budget constraint were the possible factors underlying poor performance of TB screening.

Conclusion: Though inmate responsiveness was good, TB screening delivery was lacking in the availability, communication and information, infrastructure, interaction and professional competence. Multiple and coordinated intervention are needed to address complex of TB program implementation.

Keywords: TB in prison, TB screening, implementation fidelity.