



THE AILING PRISONER

Access to Healthcare in Pakistan's Prisons

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Human Rights Commission of Pakistan

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Introduction

The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.

— Nelson Mandela Rules 24.

In a country where the health sector in general has not been a priority of successive governments, healthcare for prisoners has fared worse. The prison service in Pakistan is arguably one of the most neglected public sectors. Our criminal justice system, parts of which still exist as ossified remnants of colonial times, imagines prisons as places that redress crimes against society at best and not as places that rehabilitate inmates into productive citizens, least of all heal them of the negative impact of committing crime.

On top of that, many of Pakistan's central and district jails are overcrowded, with a significant majority of prisoners being under trial, while their medical facilities are inadequate. There is a constant influx of individuals who are addicted to drugs with precarious health conditions which further burdens the fragile prison healthcare system. Former inmates also report abuses of human rights in prisons as, barring some exceptions, the manner in which custodial staff members deal with captive populations across Pakistan is bereft of compassion. Corruption among the prison staff and impunity for their conduct impacts the grant of health facilities; bribery can buy certain privileges while the poor prisoners are deprived of their rightful share. Moreover, the doctors within the confines of a prison are not motivated to work due to stressful working conditions and long hours. As a result, prisoner's basic rights to health, safety and dignity suffer.

In recent years, various studies have focused on prisoners' access to healthcare, especially in the wake of Covid-19. While the virus is thankfully losing its sting, these studies have highlighted many problems that afflict the prison healthcare system and placed them in the public domain.



There are two components of a functional healthcare system: physical and mental health. This study examines the existing healthcare infrastructure available to prisoners in the light of the international human rights framework and Pakistan's own laws (discussed in a separate section below). It also examines the elements that have a bearing on prisoners' health, both of mind and body. Besides, the study relies on about 24 interviews that include with former inmates, top prison officials, medical officers, one national consultation and some questionnaires alongside a desk review of existing literature, as described in the Methodology section.

Methodology

This study first conducted a desk review of existing studies on the issue of prisoners' healthcare by various government departments and nongovernment organisations (NGOs). A desk review was also conducted of two sets of rules: the United Nations Standard Minimum Rules for the Treatment of Prisoners 2015 (the Nelson Mandela Rules) (NMR), the international best practice for humane treatment of prisoners, and Pakistan Prison Rules 1978 (PPR) that govern the prisons of Pakistan.

This study made use of key informant interviews (KIIs) as well for a qualitative assessment of prison conditions. 24 people were interviewed for KIIs, including the inspector generals (IGs) of prisons from Balochistan and Sindh, retired IGs of Prisons from Punjab and Khyber Pakhtunkhwa (KP), prison medical officers from Sindh and KP, and former prisoners from Sindh and Punjab. The former prisoners were mostly men, ranging from 30 years to 55 years of age, who had spent a minimum of six months in a prison. Their names have been changed to protect their identities.

An online national focus group discussion (FGD) was also conducted with a panel of experts comprising eminent lawyers, retired prison officials and social workers who are actively involved with prison reforms. Another online FGD was conducted with four medical officers working in prisons, of which two were from Karachi, one from KP and one from Lahore who works as the chief psychologist for Punjab's prisons.

Finally, questionnaires were delivered to the prison authorities of every province, covering various issues that directly or indirectly affect a prisoner's health. The prison authorities of Balochistan and Sindh submitted their responses, but in spite of repeated requests, no response was received from the Punjab and KP prison departments. Therefore, in order to get data for these provinces, other studies were consulted.

Legal Framework on Prison Healthcare

The United Nations Standard Minimum Rules for the Treatment of Prisoners 2015, otherwise known as the Nelson Mandela Rules, represent what most countries have agreed on as a standard for prisons around the world. Though not legally binding, these rules cover every sphere of prison life, including healthcare, and serve as guidelines for prison authorities. Some of these rules are of great significance for prisons' healthcare systems and should be incorporated in Pakistan's legal framework, specifically the PPR 1978. These include:

- NMR 26: "The health-care service shall prepare and maintain accurate, up-to-date and confidential individual medical files on all prisoners, and all prisoners should be granted access to their files upon request." ^[1]
- NMR 76 "Training (of the prison staff) ... shall include, at a minimum, training on: (d) First aid, the psychosocial needs of prisoners and the corresponding dynamics in prison settings, as well as social care and assistance, including early detection of mental health issues." ^[2]
- NMR 36: "A physician or other qualified health-care professionals... examine every prisoner as soon as possible following his or her admission... Identifying any signs of psychological or other stress brought on by the fact of imprisonment, including, but not limited to, the risk of suicide or self-harm and withdrawal symptoms resulting from the use of drugs..." ^[3]

The PPR is a set of 1,250 rules that cover even the minutest of matters related to prisons. Sindh and KP have taken a lead in drafting their own prison rules that try to address the issues of staff training, psychiatric help for inmates and treatment of transgender prisoners. However, the other two provinces continue to follow the PPR primarily.^[4]

Most of the rules in the PPR need to be overhauled to bring them into conformity with the NMR. For example, whipping was outlawed in Pakistan via the Abolition of the Punishment of Whipping Act 1996, but it still features in PPR. Other examples of harsh and inhumane punishments in the PPR are outlined under section 584 (5) and (6) pertaining to link fetters and bar fetters. These should be deleted to conform to NMR 47 (1). "The use of chains, irons or other instruments of restraint which are inherently degrading or painful shall be prohibited." Moreover, the superintendent's absolute authority to award punishments under section 582 should be subject to some oversight.^[5]



The PPR still retains some rules which, if observed, guarantee the wellbeing of the prisoners:

- Rule 780 requires that all the prisoners must be weighed at least once a month: “After each monthly weighing of prisoners, the junior Medical Officer shall note the result of weighments in his report book stating... the names of those steadily losing weight... The report shall be put up before the Medical Officer for any action he considers necessary.”^[6]
- Rule 793 directs the prison staff to serve four meals a day to the medically ill: “As a rule, sick prisoners shall receive four meals a day. There shall be a separate kitchen in the hospital enclosure, a special cook appointed and suitable brass or aluminium vessels provided for the preparation of food for the sick.”^[7]
- Rule 983 (ii) directs medical officers to visit staff quarters once a week: “The Medical Officer shall inspect the staff quarters and warders’ lines once a week and see that all the area is kept neat and clean.”^[8]

However, these rules are widely neglected by prison medical staff in Pakistan.

Overcrowding in Prisons

Grant of bail... shall be a rule and refusal shall be an exception.

— The Supreme Court of Pakistan.^[9]

Overcrowding in prisons severely tests an already weakened system, especially in Sindh and Punjab where the majority of prisons are housing inmates beyond their designated capacities. This issue hampers any meaningful effort to improve the existing healthcare system available to the prison population of these two provinces. The Ministry of Human Rights' report by a commission constituted by the Islamabad High Court described it correctly when it remarked that “one of the root causes for major human rights violations is a result of massive overcrowding of prisons.”^[10]

According to the available statistics, the existing population of Pakistan's prisons is around 89,500 against a capacity of about 66,500^[11] (an occupancy rate of approximately 135 percent). In Sindh, the rate of overpopulation is a staggering 171 percent, while in Punjab it is 134 percent. The picture appears darker if we look at the figures of some of the central and district jails in Sindh and Punjab. For example, the Malir District Prison in Karachi has an alarmingly high population of 7,211 against a capacity of 1,800, which is 300 percent higher than what it can accommodate. Overall, 15 jails (out of a total of 23) in Sindh, and 21 jails (out of a total of 40) in Punjab, are overcrowded. It is also noteworthy that about 68 percent of prison population comprises inmates who are under-trial or those awaiting the commencement of their trials.^[12] Even prisons for women in Sindh are overcrowded according to the figures provided by the Sindh prison department which show 463 women inmates against a capacity of 420 as of December 2022 (Annex 1).

Not only does overcrowding precipitate the spread of infectious diseases in prisons and affect general hygiene, it also puts undue burden on the prison healthcare infrastructure. There are multiple factors that account for overcrowding in prisons, a particularly significant one being Pakistan's criminal justice system that moves at its own unhurried pace, which is painfully slow at the best of times. Trials stretch over years before they are concluded. In the meantime, the accused is made to suffer indefinitely.



Asjad, a middle-aged engineer and a former prisoner from Lahore, spoke of his experience during a KII: “I was so desperate after two and a half years of incarceration that I was willing to confess the crime I never committed, and be sentenced for the period already spent in jail... But the trial judge thought otherwise. Not only did he stop me from confessing midway through the trial—advising me to avoid being stigmatised for the rest of my life—he acquitted me of all charges.”^[13] It is pertinent to note that Asjad was refused bail by the courts when he applied for one and his trial was concluded only after he obtained a direction from the high court to speed up his trial.

Along with under-trial prisoners are those who are detained in prisons for long periods of time before their trials are yet to start. This is because charges against them have not been framed in courts, without which trials cannot commence. Such detentions often last months. The presence of a large population of under-trial and pre-trial prisoners in jails is the direct outcome of the courts’ reluctance to grant bails. This reluctance sometimes persists even after years have elapsed during which the trial courts fail to conclude cases. The IG of Prisons for Sindh, Kazi Nazir Ahmed, poignantly acknowledged this problem in his remarks to HRCP: “Prison departments are the main sufferers of our criminal justice system.”^[14]

Another reason why Pakistan’s prisons are overburdened is the police’s proclivity to arrest the usual suspects in petty offences. Sometimes, the police take the easier course of arresting suspects with previous jail records to show progress in an investigation. According to most former inmates, a substantial portion of the prison population is made up of those prisoners who are released by the session judge on his fortnightly visit to the jail only to reappear in jail after some time. This tendency of the police was also highlighted by Cursor of Development and Education (CODE) in a 2018 report which points out that “the police generally has a tendency of over-arresting, i.e., taking into custody multiple people for individual offenses.”^[15]

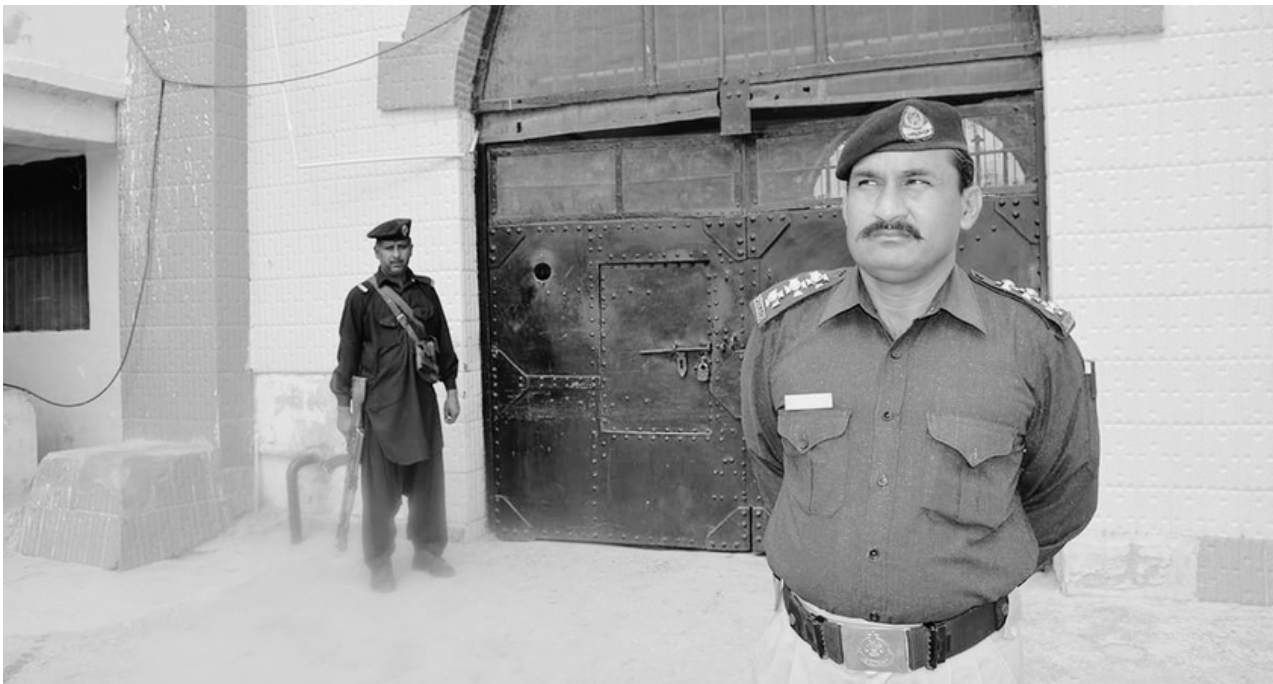
An overcrowded prison entails cramped cells and congested barracks. Cells in most prisons are designed to hold three inmates at the most. However, the higher influx of inmates swells up the cell population frequently to more than five in one cell. “You are often woken in the night by a kick to your face as sometimes there is so little space that one can’t even straighten one’s legs,” said a former prisoner from Lahore during a KII. No amount of training or reforms will be fully effective unless the problem of overcrowding in prisons is addressed.



Punishment cells: a hell within hell

The punishment cells (also termed qusoori chakki in some prisons) is reserved for those who are found guilty of violating prison rules in one way or the other. However, reported accounts regarding these cells make for grim hearings. Former prisoners revealed that about seven persons, sometimes even more, were stuffed in a small cell that didn't have the capacity to hold more than three inmates. They spoke of sleeping in shifts owing to the paucity of space on the floor; they spoke of heat, suffocation and stench that was trapped in the cells. According to the data provided by the Sindh prisons department, there are still prisoners languishing in punishment cells.

The barracks, which are similar to dormitories, are no better. An inmate who was quartered in a barrack at a Karachi jail told HRCP that he shared his lodgings with about 150 prisoners in a colonial-era, dilapidated barracks that had capacity for about 60 inmates. This forced many to sleep in the pathway referred to as “*beech ka phatta*” in prison jargon. Similar conditions were also reported by former inmates of District Jail, Lahore, where “*beech ka phatta*” takes up the name “motorway”.



Armed guards at Central Jail Machh in Balochistan's Bolan district.



Overcrowding in prisons also creates a logistical and administrative nightmare, not only for the prison's administration but also for the city police who are entrusted to escort hordes of under-trial prisoners to courts for trial hearings and back. Most former prisoners report of packed prison vans, reinforced with iron sheets and with very little ventilation that become exceedingly hot on a summer's day, putting the vulnerable ones at greater risk and compromising the health of many more.

It also creates room for corruption, for example, inmates from Karachi and Lahore reported that prison police allegedly demand bribes for better accommodations. A former inmate also alleged that newly arrived inmates at a Karachi prison were made to clean sewers and drains before they were given lodgings in a barrack. Furthermore, overcrowding makes it difficult to segregate convicts from under-trial prisoners, or hardened criminals from first offenders.^[16]

Each time a jail gets overcrowded, as most district and central jails in Punjab and Sindh perpetually are, the following principles of international and national rules are most likely to be violated.

- NMR 12 Clause 1 "Where sleeping accommodation is in individual cells or rooms, each prisoner shall occupy by night a cell or room by himself or herself."^[17]
- NMR 21 "Every prisoner shall... be provided with a separate bed and with separate and sufficient bedding which shall be clean when issued."^[18]
- NMR 12 Clause 2 "Where dormitories are used, they shall be occupied by prisoners carefully selected as being suitable to associate with one another in those conditions."^[19]
- PPR 633 "Every prisoner shall occupy a cell by himself by night, unless for medical or other special reasons it is necessary for prisoners to be associated. In such cases no fewer than three prisoners may be lodged in one cell, and each shall be supplied with separate bedding."^[20]
- PPR 745 (i) "The accommodation capacity of wards, barracks, cells and other buildings intended for the occupation of prisoners, shall ordinarily be regulated by the scale of superficial and cubic space and lateral ventilation prescribed in respect of each prisoner."^[21]

The Healthcare Infrastructure in Prisons

In every prison a hospital for the reception of sick prisoners shall be provided. ^[22]
— PPR 787

Where a prison service has its own hospital facilities, they shall be adequately staffed and equipped to provide prisoners referred to them with appropriate treatment and care. ^[23]
— NMR 27, clause 1

The state of prison hospitals

Presently, as confirmed by the provincial prison authorities in interviews to HRCP, ^[24] all jails have a hospital or some kind of infirmary within their bounds. Moreover, the availability of ambulances to deal with medical emergencies at every prison hospital has also been confirmed, even by the Balochistan prison department which, till very recently, suffered acutely from a shortage of ambulances; this fact was also corroborated by the Ministry of Human Rights' 2020 report which mentioned that only four ambulances were available for the province's entire prison population. This is indeed a great leap for Balochistan's prison services.

Over the past few years, the preparedness of these hospitals has also improved with the provision of medical equipment like ECG machines, ultrasound and x-ray machines, and mechanised dental chairs to prison hospitals, at least in the bigger and more crowded district and central jails. However, a severe shortage of doctors and technical staff greatly hampers the accessibility of satisfactory healthcare for prisoners, despite the presence of advanced medical equipment. A senior medical officer from Karachi's Malir District Jail pointed out during an FGD that his hospital has a fully equipped clinical laboratory but lacks the necessary staff to carry out medical tests. ^[25] Even the "x-ray machine has no operator," he said. According to the figures shared by a senior medical officer from Karachi's Central Jail, 39 out of 85 sanctioned posts for medical officers are lying vacant. This problem is compounded by the fact that 15 out of 23 prisons are overcrowded, including the two in Karachi and the one in Hyderabad. According to a medical officer, about 500 patients visit the Central Jail Karachi's hospital daily.



On the other hand, Peshawar's Central Jail does not suffer from a shortage of staff. However, it has no x-ray machine of its own and has to send the prisoners to a nearby government hospital which is more cumbersome since there are protocols to be followed every time a prisoner leaves the jail premises, such as recruiting the city police's help in escorting the prisoner to the hospital and back.

As observed by the commission that compiled the report for the Ministry of Human Rights and made extensive visits to prison hospitals: "To worsen the situation, not every prison is equipped with medical and dental equipment and very few prisons have functioning labs and paramedical staff."^[26]



Medical services for unwell prisoners at Rawalpindi's Central Jail.



Alternative healing methods

These are the organisations and individuals who venture beyond the forbidding walls of Pakistan's prisons and extend a helping hand to one of the most desolate sections of our society. They teach skills, educate the illiterate, impart religious education, help rehabilitate those that struggle with addiction, and train the inmates to read signs of mental illnesses and give free medical assistance. Together, they form a support staff that reinvents the whole edifice of a crumbling prison healthcare infrastructure. Shahnaz Minallah is one of them. In 2021, she voluntarily conducted a week-long session of yoga classes in Lahore's District and Camp Jail. She talked about her experience as follows:

"The experience of teaching yoga, breath work and meditation to prisoners was both rewarding and fulfilling. I felt a sense of purpose... by giving them a tool that would totally transform their mundane daily routine to one of complete bliss, enabling them to cherish solitude as opposed to seeing it as a punishment. The experience was also emotionally challenging as I got to witness the difficulties and struggles that prisoners face real-time up close and personal."

Healthcare workers

Since health is a provincial subject, the prison medical officers are the employees of the provincial health department. These doctors are posted in prisons by way of transfer, mostly from any of the government hospitals. Even though the Sindh Prison Rules 2019 allow prisons to directly recruit medical officers, a large portion of their current roster of doctors is from the health department. The IG Prisons in Balochistan, Malik Shujauddin Kasi, said in his interview with HRCP that he regretted how doctors tend not to look favourably at their postings in prisons, and often try to block their transfers^[27]. This severely impedes any effort to improve the capacity of existing jail hospitals. Since the job of a prison medical officer is a demanding one, he suggested an additional monetary allowance be offered to make the appointment more attractive.

The same sentiments were echoed by Rida Qazi, a prominent lawyer and senior political advisor at the British High Commission of Pakistan.



She said: “There is a low level of willingness among medical health professionals to work in the prisons system. This reluctance is more evident among female doctors. Thus, there is a need to incentivise medical practitioners.”^[28]

Both she and Mr Kasi suggested a national policy be formulated to deal with this issue. The paramedics and nursing staff, on the other hand, are recruited directly by the prison services and are qualified dispensers. They are as much a part of the prison setup as are other members of the custodial staff, but therein lies the problem. Their competence, as well as their treatment of the prisoners, was called into question by most of the former inmates interviewed for this study. They complain of an attitude hardened by years of prison service. A former inmate from Lahore cited the example of a jail orderly not even having the basic skill to even pass a cannula, a small plastic tube inserted into a vein to give medication.

The very first contact a prisoner should have with the prison’s healthcare workers is on the first day they step into the prison, as per PPR 18: “Every prisoner... shall also be examined by the Medical Officer or the Junior Medical Officer within 24 hours of his admission into the prison.”^[29] This means that each and every prisoner has to go through a medical checkup immediately after admission in a jail. According to every former inmate from Punjab prisons interviewed for this report, the first medical checkup is cursory at best, with the doctor absent most of the times and the dispensers or orderlies hardly touching the inmate to conduct the examination.

The woman and her child: The plight of female prisoners

Presently, women’s prisons or enclosures housing the female inmates within larger prisons for men, are managed exclusively by female prison staff headed by a woman deputy superintendent or assistant superintendent “subject to the control of the Superintendent of the local men’s prison” (PPR 1180). These prisons also have their own women medical officers. However, the same degree of negligence observed in men’s prisons, was reported from the women’s side.

“My daughter and I were the only ones taken to the hospital for a medical examination at the time of our arrival in the jail, but no female doctor was there to examine us. The nurse didn’t touch either of us to ascertain the state of our health,” said Aneela who spent seven years, along with her minor daughter in a Lahore prison, first as an under-trial prisoner and later as a convict awarded capital punishment. Eventually, she was acquitted by the high court. Her daughter, who suffers from autism, accompanied her during her confinement. Aneela alleged that her daughter never received the psychological or medical treatment that her condition warranted. According to her, psychologists hardly ever visited the barracks where the prisoners were kept.



A more worrying account came from a former inmate of Karachi's Malir Jail who claimed that he was never medically examined on admission into the jail, as required by procedure, nor in the days following it. Instead, a certificate was obtained from a government hospital as to the physical state of the prisoner. However, when medical officers from Sindh and KP prisons were asked about this, they responded that protocols were completely followed to their utmost satisfaction.

The former inmates interviewed also complained about the attitude of the doctors and the nursing staff; some said that doctors are mostly reluctant to even touch the inmates and often address them in a derogatory manner.

In case of medical emergencies, the state of women prisoners is no better. Aneela narrated an incident where a middle-aged woman suffered a heart attack after the prisoners were locked up for the night. She died after an hour or so, long before any medical help arrived. According to her, the jail authorities arranged for witnesses from among the prisoners, who told the inquiry officers that the ailing woman was given timely medical assistance and was alive when taken to the hospital.

Human Right Watch's report published on 29 March 2023, *A Nightmare for Everyone: The Health Crises in Pakistan's Prisons*, points to the issue of female menstruation hygiene in prisons: "Lack of access to sanitary napkins, soap and clean water puts menstruating women at a higher risk of infection."

PPR 487, 488 and 489 guarantee "extra diet" for nursing mothers, pregnant women and children in jail. However, there is little evidence to show this is being carried out in practice.



Rattle the bars

Each evening, Pakistan's prison population is securely locked up for the night just when the sun is about to set. From then onwards, till the sun reappears in the east, they are placed in the hands of providence. "If, God forbid, you suffer a heart attack after lock-up, you are as good as dead," said Aron, a former inmate. According to all the former inmates that were interviewed, be they from Karachi or Lahore, the prison administration is woefully unequipped to tackle a medical emergency after these daily lock-ups. Such emergencies tend to appear without prior notice. The night warder, according to Sindh Prison Rules 2019, should be "within hearing distance" at night, but they tend to drift away. The Sindh IG Prisons did acknowledge this issue and cited a shortage of staff. The only way an inmate can raise an alarm is by rattling the bars (*pehra kharkana* is the term used in jails) or make as much noise as possible to catch the attention of the night warder. "If you are able get hold of the night warder, he makes the call to the dispenser on night duty, who then examines the inmate from behind bars and, if he deems the matter critical, informs the doctor who will decide whether to shift the ailing person to a hospital," says another former inmate. In between all this, a critical amount of time is likely to be lost. Numerous incidents were recounted where the whole machinery took inordinately long to move.

Two cases narrated by former inmates in separate interviews are strikingly similar, despite the fact that they were kept in custody more than 1,000 kilometres apart. One reportedly took place in a Karachi jail and the other in a Lahore jail. If true, they are an indictment of Pakistan's fragile prison healthcare system. It was reported that two prisoners, one in Karachi and one in Lahore, suffered strokes during their imprisonments that caused a partial paralysis of their bodies, rendering them unable to move about unaided. Left on their own, they could not even attend to their personal needs. Both were taken to the hospitals and then returned to jail. The ailing prisoner in Lahore was admitted into the jail hospital where he was attended by his relative who too was under judicial custody. On the other hand, the prisoner from Karachi was returned to his overcrowded barracks where he was looked after by his fellow inmates without whose help he could not even use the toilet. Both these prisoners, however, were deprived of the medical assistance a patient requires who suffers from partial paralysis. Whatever physiotherapy they received was from those who were imprisoned alongside them.



Another case of neglect, narrated by a former prisoner, was that of Javed Ahmad who was arrested by the National Accountability Bureau (NAB) and sent to Lahore Camp jail on judicial remand in 2018. One day, he experienced some fever and discomfort in the chest. He had seemingly contracted pneumonia and kept consulting the jail hospital for four days where he was given some pain killers and returned to his cell. On the fourth day, he was found unconscious in his cell. He was rushed to the hospital where he was pronounced dead. This incident was widely reported by the media at the time, and photographs showed his body still handcuffed after death.^[30]

The availability of medicines

All the former inmates who were interviewed were unanimous in their assertions that there is a constant scarcity of medicine in jails, and that the medicines administered in the prisons are of substandard quality. Masood Khan, a former judiciary advisor for Adam Smith International's Justice Systems Support Programme (JSSP) in KP, iterated the same concern while talking at the national FGD organised by HRCP: "Medicines used in prisons are sometimes from obscure sources, and their potency is questionable. The lowest bid is the primary consideration for governments."^[31]

According to former inmates, medicines given by the jail medical staff consisted mainly of pain killers (often Paracetamol) and some anti-allergies no matter the symptoms. This, they said, is the standard jail remedy. If they needed any other medicine, they had to get it from outside jail premises through friends and families.

However, medical officers from two Karachi jails and a Peshawar jail denied this, asserting that they had sufficient supplies of good quality medicines at their disposal. The medical officer at Malir District Jail said that they follow stringent protocols for medicine procurement and prefer only medicines from companies approved by the Central Drug Authority.

The spread of infectious diseases

Prisons in Pakistan are hotbeds for infectious diseases. While the screening of such diseases has improved in recent years, there is still much that is left to be desired. According to the report by the Ministry of Human Rights, there are 1,823 prisoners suffering from hepatitis, 425 from HIV and 173 from tuberculosis across Pakistan's prisons as of January 2020.^[32] These numbers are quite alarming, and given the fact that not all incoming inmates undergo a proper medical screening, there is a strong chance that the actual numbers are much higher.



Scabies is another highly contagious disease that infests most prisons in Pakistan, especially the overcrowded ones. This disease causes rashes all over the human body and is easily communicable from one person to the other. Often referred to as '*kharishi kambal*', it has its roots in unhygienic jail blankets. According to Rubina Shaheen from the Women's Crisis Centre at AGHS: "Scabies is the most prevalent health concern that affects almost all prisoners, and it is unrelenting. It worsens in winters due to a lack of arrangements for regular showers, and it often turns into big wounds."^[33]

Though not life-threatening, it is painful and makes one miserable in an environment that is already testing a prisoner's nerves.



Unhygienic living conditions and inadequate health screenings can lead to the spread of infectious diseases.

Drug addiction

With emaciated bodies and congested chests, prisoners who are addicted to drugs are in the most compromised state of health out of all prisoners, their condition making them more vulnerable than most to the harsh cold in winters, and worsening when they run short of their supply of drugs. "Inmates who have been drug addicts and experience withdrawal in prison often cut themselves. Their wounds get infected, and when asked, they report that they are usually just given a pain killer instead of treatment for their wounds," said Ms Shaheen.^[34]



Furthermore, the PPR does not contain any special provisions regarding the treatment of those suffering from drug addiction, denying them the basic care that their physical and mental state warrants.

Delays in hospitalisation

Some illnesses require treatments that are beyond the capacity of prison hospitals. These cases are then referred to the government hospitals, a process which is quite lengthy and time-consuming, even though time is of the essence in matters of life and death. The Ministry of Human Rights raises this point in its report: “Currently there are a total of 245 cases of medically ill prisoners that are pending before the respective Home Departments with 232 cases in Sindh and 12 in Punjab.”^[35]

According to the chairman of the NGO Rah-e-Nijat Ministry Safdar Chaudhry, “in a situation where an inmate cannot be treated at the prison hospital for any reason, and has to be taken to a hospital outside of the prison, there is a lengthy process which often results in fatalities due to the delay in medical care in such emergency situations. Mostly in such cases, it is reported that the prisoner died in the ambulance, when in fact they pass away before the transportation can be arranged.”^[36]

Psychological health: clouded minds, jangled nerves

Until very recently, mental health did not receive the attention it merits, with more focus spent on taking care of physical health needs. However, gradually prison authorities have become cognisant of the importance mental health holds in the implementation of an effective healthcare system and its correlation with certain medical ailments, such as hypertension and cardiovascular diseases.

Dr Sadia Zafar, the chief psychologist of the Punjab prisons department, told HRCP that presently 27 psychologists and junior psychologists are providing mental health services across prisons in Punjab. She also said that every incoming prisoner is screened for signs of mental illness at the time of their arrival. While this was confirmed by a former inmate of Sargodha jail, a large number of former inmates from Lahore do not recall being interviewed by a psychologist. Regrettably, the Balochistan prisons department does not have full-time psychologists on-board, and the number of screenings for mental illness is abysmally low in Sindh prisons (Annexes 1 and 2).



Even though there are psychologists available in Punjab prisons to help inmates, their contact with inmates is minimal. A former inmate of Sargodha jail, who was imprisoned there for 15 months, said that after his initial interview he never once met the psychologist during his stay in the jail.

Hidden in plain sight

Raja Asim was of sound mind and in robust health when he was arrested. He played badminton, appeared positive in his outlook, and was always up for a chat. Four years later—during which time he was neither granted a bail nor had his trial concluded—Asim was a hermit, smoked ceaselessly and had lost a great deal of weight. Hope seemed to have abandoned him and he preferred the shadows of his cell over sunlight. Rarely did he step out of his cell. He died soon after while still in judicial custody, reportedly of pneumonia which was allegedly not diagnosed in time by the prison doctors. Though the immediate cause of death was physical, it can be termed as psychological since his mind gave up the fight a long time before his body did. Nobody read the signs of depression in him that were always there to see.

This story was confirmed by two former inmates of Lahore's District and Camp Jail.

Most prisoners do not exhibit signs of mental illnesses when they are admitted in prisons; instead, they tend to succumb to pressures exerted on a human mind by the prison's environment after a prolonged confinement. "The first few months are relatively easy but then the frustration starts to set in. That is when most people begin losing their minds," said Aron, a former inmate.^[37]

Mental illness, more often than not, works insidiously and preys on a disturbed mind. Signs of mental illness can usually only be read by a pair of trained eyes when manifested in behavioural patterns. For instance, a sudden outburst of anger or a gradual quietening of demeanour; fretting over trivialities or, conversely, a general obliviousness of one's surroundings. Even a surge of positivity or a plunge into negativity may be a cause of concern.



"Look down"

"If you are a prisoner you cannot stay standing when the superintendent crosses your path," said a former prisoner of a Lahore jail. Every former inmate from Punjab's prisons who were interviewed confirmed that whenever the superintendent visits the barrack for his weekly visit, the instructions are to sit on the ground with heads bowed, only to speak when addressed. Noncompliance rarely goes unpunished. Different accounts by prisoners suggest that these customs are the remnants of the British colonial era and serve to degrade inmates.

A mind-set that is steeped in prejudice and colonial traditions is difficult to change. When a jail superintendent doesn't find it odd to look down upon a figure squatting on the ground in front of him, head bowed and eyes downcast, it is indicative that such a way of thinking doesn't end within the four walls of prisons; it exists in the very society we live in where one stands condemned the very moment one is accused until proven innocent. And even if convicted, there are those who believe that the punishment handed out by the judicial system is not sufficient. A former IG of prisons embodied this perspective when he blamed the compilers of this report to be "upholding the rights of rapists and killers as opposed to those of the victims."

According to Zafeer, a former inmate of a Karachi prison: "Prisoners would frequently experience isolation, anxiety and depression. Some prisoners would rarely ever have visitors, which exacerbated their own pain and loneliness. They would also feel angry and helpless about their circumstances. However, any display of anger was punished by the warders and forcibly contained."^[38]

A worrying trend is the frequency with which suicides are attempted in prisons. The Sindh Prisons and Corrections Service reported that 18 prisoners attempted suicide in the past five years (Annex 1) (note: figures from Punjab were not provided, but it is feared that the number might be higher there since most former inmates interviewed recounted incidents of suicides in Lahore's prisons). Tragically, six inmates from Sindh succeeded in their bids to take their own lives. However, the failure of the prison management to recognise any sign of mental illness is more indicative in the fact that only two prisoners were ever placed on suicide watch during the above-mentioned period (Annex 1).



Prisoners told to sit on the ground in silence.

The prison staff, particularly the barrack warders, do not have the ability or training to detect mental illness in its early stages. Prison psychologists recommend peer education which focuses on training fellow inmates on early warning signs of mental illness. However, since many inmates are themselves frequently under extreme duress and in need of counselling, such an initiative might not be effective.

Lick of the leather

Whipping is every jail's worst-kept secret. Former prisoners from Sindh and Punjab that were interviewed confirm that whipping, or thrashing, is the most commonly employed tool of disciplining offending inmates. It is dispensed publically and almost daily for all prisoners to see and take heed of. Even before the enactment of the Abolition of the Punishment of Whipping Act, which outlawed whipping in all its forms, the PPR only authorised the jail superintendent to issue orders for whipping once the victim was declared medically fit by the prison medical officer. However, as reported by former inmates, this punishment is meted out on the orders of even the most junior prison staff members. Allegedly, a leather slipper is frequently used to administer these punishments. If true, this method is not only physically painful but also leaves behind psychological scars. However, all the IGs of prisons interviewed by HRCP denied the existence of such a practice.



The expert opinion

HRCF sought the opinion of a panel of experts who have worked extensively on the issue of access to healthcare in prisons of Pakistan. Here are some of the observations they made during a national FGD conducted on 21 November 2022.

Rubina Shaheen (Women Crisis Centre at AGHS):

“The biggest issue in prisons is overpopulation, which means that the resources allocated to prisons are inadequate.”

Masood Khan (former judiciary advisor for Adam Smith International’s JSSP):

“A holistic approach is required to look at the issue of healthcare in prisons as it intersects with other issues, such as resource allocation and the efficacy of our criminal justice system.”

Saleem Khan (Society for Advancement of Health, Education and the Environment):

“There is a need to instil a sense of responsibility and self-empowerment amongst prisoners. Health outcomes and the overall situation of prisoners is closely related to a person’s mental attitudes as well. Thus, only improving infrastructure or dedicating more resources is not a complete solution.”

Rida Qazi (lawyer):

“All the proposed changes, evidence and efforts of stakeholders are ineffective without government buy-in. Thus, the focus should be to generate that buy-in from government authorities. A lack of continuity of policy, which is rooted in lack of continuity in government, is also a problem that undermines any efforts.”



Madeeha Talat (lawyer and member of Punjab Chief Minister's Committee on jail reforms):

"In fact, the remuneration and allowances to medical practitioners who are posted to a prison is actually decreased. Most government doctors and medical practitioners view their assignment in the prisons system as a sort of punishment."

Safdar Chaudry (Chairman Rah-e-Nijat Ministry):

"Funds allocated to prisons for development are often mismanaged, and not spent as per needs and priorities, rather to pursue commissions while awarding contractors."

Recommendations

Even the worst criminals retain their inherent dignity as human beings.

— I A Rehman, Dawn, 19 September 2019.

Taking into account the opinions of experts and information gathered through interviews, this study offers certain recommendations which, if implemented, will help in ensuring prisoners' right to access healthcare.

Amend the Pakistan Prison Rules

Amend the PPR to bring it in accordance with national laws and international standards, especially the NMR.

Reduce overcrowding

- Construct more prisons or extend the existing ones to accommodate the burgeoning prison population. Effective parole and probation rules should be introduced and implemented, a good example of which is the KP Probation and Parole Bill 2021. However, parole should also be made available to those who are convicted for longer terms after serving half of their sentence, and once they exhibit good behaviour and willingness to be rehabilitated into society.
- Improve the criminal justice system by speeding up trials. Granting bails, especially in instances where imprisonment is longer than a year, should be encouraged.
- End the impunity with which the police make arrests, especially for petty crimes. The police should be held accountable for every wrongful arrest it makes.

Mitigate the spread of diseases

- Screen every incoming inmate for infectious diseases such as HIV, tuberculosis, hepatitis C and B, and Covid-19 to ensure that these diseases do not spread in prisons. This screening should not be restricted to high-risk inmates like drug addicts or those exhibiting symptoms.
- Improve the level of cleanliness in prisons; scabies thrives in unhygienic surroundings, so a concerted effort is needed to eradicate this disease.



Improve living conditions in prisons

- Provide proper bedding for each prisoner. Every prisoner is entitled to clean and separate bedding as per both the NMR and PPR.
- Regulate the canteens to ensure good-quality food and other personal use items are available for prisoners. According to former inmates, the quality of goods available at these canteens is very poor as the contractors often prefer cheaper brands to maximise their profits. A paper written for the National Institute of Management suggested that it might be handed over to the Utility Stores Corporation, an alternative which can be considered.^[39]

Safeguard against medical emergencies

- Install panic buttons or any other alarm system to alert the prison medical team when a medical emergency is taking place. This is considered a minimum standard in modern prisons across the globe.
- Provide wheelchairs and wheeled stretchers in prison barracks where ailing prisoners are lodged in order to minimise risk to their lives.
- Closely coordinate with emergency services whose paramedical staff are well trained in medical emergencies and have ambulances equipped with the required equipment.



Vocational training for prisoners.



Ensure mental wellbeing

- Appoint permanent psychologists in every jail to evaluate incoming prisoners and retain regular contact with the prison population, especially those whose stay in the prison is a prolonged one. Mental health screening is as vital screening for physical health. A weekly visit to the prisoners' quarters, along the lines of the one a medical officer makes, should be ensured in letter and spirit.
- Train prison officers to detect early signs of mental illness. Even though the existing prison staff generally needs to be trained and acquainted with international standards and rules, it is especially urgent to equip them with this training. Mental illnesses, which may even lead to suicides, can be best prevented by identifying the symptoms at an early stage.
- Make sports complexes and well-stocked libraries available in every prison, no matter how remote the location, in order to fulfil NMR 105: "Recreational and cultural activities shall be provided in all prisons for the benefit of the mental and physical health of prisoners." The state must also provide vocational activities such as yoga and mindfulness workshops to improve wellbeing.

Incentivise prison work

Offer incentives to present prison service as a viable job option that can be turned into a rewarding career. This will attract young men and women of drive and ambition. According to NMR 74 (3): "To secure the foregoing ends, personnel shall be appointed on a fulltime basis as professional prison staff... Salaries shall be adequate to attract and retain suitable men and women... and conditions of service shall be favourable in view of the exacting nature of the work."

Train prisons staff in Balochistan

According to the 2020 Ministry of Human Rights report, Balochistan does not have any training school or academy for its prison staff. The same was conceded by the province's IG of Prisons in his interview to HRCP.^[40] A training school must be opened, with adequate resource allocation to make it fully functional, to provide essential training for Balochistan's prison staff. The NMR should especially be included in the curriculum.



Eliminate disparities between prisoners

There should not be any “better” or “superior” class of prisoners. The status of an inmate, prior to their arrest, should not influence the treatment they receive in jail. All prisoners must be treated equally and there ought to be no room for any “discrimination on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or any other status.”^[41]

Construct open jails

Open jails, such as the North Sea Camp in Britain, are the way forward.^[42] Such facilities provide inmates an opportunity to show good character and gainfully employ themselves by living in a relatively open environment. It is an excellent tool to prepare a prisoner who wishes to be rehabilitated back into society. While an open prison was constructed in Badin in 2014,^[43] it has since fallen into disuse. This system must be revived and made fully functional again.



Endnotes

1. United Nations Standard Minimum Rules for the Treatment of Prisoners 2015 (The Nelson Mandela Rules) 2015.
2. Ibid.
3. Ibid.
4. The Sindh Prisons and Corrections Services Act 2019 and the Khyber Pakhtunkhwa Prisons Rules, 2018.
5. Pakistan Prison Rules, 1978.
6. Ibid.
7. Ibid.
8. Ibid.
9. The Supreme Court of Pakistan. Muhammad Tanveer v. State PLD 2017 SC 733.
10. "Prison Reform in Pakistan, Report by the Commission (Constituted by Islamabad High Court in W.P. 4037 of 2019)" January 2020.
11. The size of the prison population in Sindh and Balochistan and KP are reflected in Annexes 1, 2 and 3 respectively, submitted by the prison departments of the three provinces. For Punjab's prisons, the information has been taken from "Prison Reforms in Punjab, Past Efforts and Future Prospects" by Zahoor Hussain, 12 June 2022.
12. Ibid.
13. Interview with a former inmate whose name has been changed to protect his identity.
14. Interview with Mr Kazi Nazir Ahmed, IG of Prisons in Sindh.
15. Addressing Overcrowding in Prisons by Reducing Pre-Conviction Detention in Pakistan, May 2018.
16. United Nations Standard Minimum Rules for the Treatment of Prisoners 2015 (The Nelson Mandela Rules) 2015 Rule 11 (b) & (C) and Pakistan Prison Rules, 1978 Rule 232.
17. United Nations Standard Minimum Rules for the Treatment of Prisoners 2015 (The Nelson Mandela Rules) 2015.
18. Ibid.
19. Ibid.
20. Pakistan Prison Rules, 1978.
21. Ibid.
22. Ibid.
23. United Nations Standard Minimum Rules for the Treatment of Prisoners 2015 (The Nelson Mandela Rules) 2015.
24. Interviews with the IGs of prisons and medical officers.
25. Group discussion with the medical officers of Karachi Central Jail, Malir Camp Jail and Peshawar Central Jail, and the chief psychologist of Punjab Prisons.
26. "Prison Reform in Pakistan, Report by the Commission (Constituted by Islamabad High Court in W.P. 4037 of 2019)" January 2020.
27. Interview with Malik Shujauddin Kasi, the IG of Prisons in Balochistan.
28. FGD arranged by HRCP.
29. Pakistan Prison Rules, 1978.
30. <https://www.dawn.com/news/1452971>
31. FGD arranged by HRCP.
32. "Prison Reform in Pakistan, Report by the Commission (Constituted by Islamabad High Court in W.P. 4037 of 2019)" January 2020.
33. FGD arranged by HRCP
34. Ibid.
35. "Prison Reform in Pakistan, Report by the Commission (Constituted by Islamabad High Court in W.P. 4037 of 2019)" January 2020.
36. FGD arranged by HRCP
37. Interview with a former inmate whose name has been changed to protect his identity.
38. Ibid.
39. 'Prison Reforms in Punjab, Past Efforts & Future Prospects' by Zahoor Hussain, 12 June 2022.
40. Interview with Malik Shujauddin Kasi, the IG of Prisons in Balochistan.
41. United Nations Standard Minimum Rules for the Treatment of Prisoners 2015 (The Nelson Mandela Rules) 2015, Rule 2.
42. An open jail is a kind of prison in which the prisoners are kept in custody with minimal supervision. They are mostly roll-called twice daily and are not locked-up in their cells/rooms.
43. <https://tribune.com.pk/story/655668/badin-open-jail-a-second-chance-for-those-who-transgressed-the-first-time>



Annex 1: Information received from Sindh prisons

GENDER AND PRISONS WISE BREAKDOWN OF PRISONS POPULATION 31.12.2022

Sr.No.	Name of Prison	Prisons Population						Total
		Authorized capacity	No. of Undertrial prisoners	No. of convicted prisoners	No. of Detainee prisoners	No. of Civil prisoners		
Male Prisoners:								
1.	Central Prison & C.F Karachi.	2400	5042	1085	3	26	6156	
2.	Central Prison & C.F Hyderabad	1527	711	1526	0	5	2242	
3.	Central Prison & C.F Sukkur	1666	397	1054	0	0	1451	
4.	Central Prison & C.F Larkana	650	366	132	0	0	498	
5.	Central Prison & C.F Khairpur	1175	737	337	0	2	1076	
6.	Central Prison & C.F Mirpurkhas	1000	358	303	0	1	662	
7.	District Prison & C.F Malir, Karachi.	1800	6420	254	643	7	7324	
8.	District Prison & C.F Dadu.	250	268	0	0	0	268	
9.	District Prison & C.F Badin.	250	515	3	0	1	519	
10.	District Prison & C.F S. Benazirabad.	100	304	4	0	0	308	
11.	District Prison & C.F Sanghar.	250	348	4	0	0	352	
12.	District Prison & C.F Shikarpur.	250	533	2	6	0	541	
13.	District Prison & C.F Larkana	150	168	2	0	0	170	
14.	District Prison & C.F Jacobabad.	250	329	2	0	0	331	
15.	District Prison & C.F Nausheroferoze.	250	282	4	0	2	288	
16.	District Prison & C.F Ghotki.	250	267	8	0	0	275	
17.	Special Prison & C.F Nara Hyderabad.	300	348	4	0	0	352	
Female Prisoners:								
18.	Central Prison & C.F for Women Karachi	250	190	85	0	0	275	
19.	Special Prison & C.F for Women Hyderabad.	150	108	17	0	0	125	
20.	Special Prison & C.F for Women Sukkur.	20	52	11	0	0	63	
Juvenile Prisoners:								
21.	Y.O.I. School & C.F Karachi.	350	286	26	0	0	312	
22.	Y.O.I. School & C.F Hyderabad.	150	46	4	0	0	50	
23.	Y.O.I. School & C.F Sukkur	100	8	3	0	0	11	
		13538	18083	4870	652	44	23649	



Query and Answer:

Sr.#	Name of Prison	Number of prisoners who are transgender, if any	Number of children accompanying female inmates	Number of prisoners who use or are addicted to narcotics	Number of complaints of torture by jail staff lodged by inmates in the last 5 years	Number of Medico-Legal Certificates issued by the District Standing Medical Board in response to allegations of torture in the past 5 years	Number of inmates currently in the punishment cell
		01	02	03	04	05	06
1.	C.P & C.F Karachi.	1	0	46	0	0	9
2.	D.P, Malir & C.F Karachi.	1	0	534	0	0	19
3.	YOIS Karachi	0	0	6	0	0	0
4.	C.P for Women & C.F Karachi	0	124	10	0	0	0
5.	C.P & C.F Hyderabad.	0	0	8	0	0	0
6.	C.P & C.F Mirpurkhas.	0	0	16	0	0	0
7.	Spl. Prison Nara & C.F Hyderabad.	0	0	38	0	0	0
8.	D.P & C.F Dadu.	0	0	17	0	0	0
9.	D.P & C.F Badin.	0	0	18	0	0	0
10.	D.P & C.F Shaheed Benazirabad.	0	0	17	0	0	0
11.	D.P & C.F Sanghar.	0	0	6	0	0	0
12.	D.P & C.F Larkana	0	0	9	0	0	0
13.	YOIS Hyderabad	0	0	9	0	0	0
14.	Spl. Prison Women Hyd	0	8	0	0	0	0
15.	C.P & C.F Sukkur.	0	0	19	13	0	0
16.	C.P & C.F Larkana.	0	0	27	0	0	20
17.	C.P & C.F Khairpur.	0	0	0	0	0	0
18.	D.P & C.F Shikarpur.	0	0	9	0	0	0
19.	D.P & C.F Jacobabad.	0	0	27	0	0	0
20.	D.P & C.F Nausheerofoze.	0	0	8	0	0	0
21.	D.P & C.F Ghotki.	0	0	13	0	0	0
22.	YOIS Sukkur	0	0	0	0	0	0
23.	Spl Women Sukkur	0	34	0	0	0	0
	Total	2	166	837	13	0	48



Query and Answer:

Sr.#	Name of Prison	Number of inmates (male, female, juvenile) who have attempted suicide in jails in the past 5 years	Number of inmates (male, female juvenile) who have died by suicide in jails in the past 5 years	Number of prisoners placed on a suicide watch, if any during the past 5 years	Number of deaths due to medical reasons, among the jail population in the past 5 years.	How many incoming prisoners are tested (blood test, sputum test, X-ray etc) to screen for infectious disease?	How many incoming prisoners are tested (blood test, sputum test, X-ray etc) to screen for
		07	08	09	10	11	12
1.	C.P & C.F Karachi.	8	0	0	134	0	
2.	D.P, Malir & C.F Karachi.	4	0	0	141	30 to 40 prisoners	
3.	YOIS Karachi	0	0	0	0		
4.	CP Women Karachi	0	0	0	0		
5.	C.P & C.F Hyderabad.	4	3	0	74	100%	
6.	C.P & C.F Mirpurkhas.	0	0	0	0	0	
7.	Spl. Prison Nara & C.F Hyderabad.	0	1	1	15	100%	
8.	D.P & C.F Dadu.	0	0	0	2	0	
9.	D.P & C.F Badin.	0	0	0	0	100%	
10.	D.P & C.F Shaheed Benazirabad.	1	0	0	0	100%	
11.	D.P & C.F Sanghar.	0	0	0	0	100%	
12.	D.P & C.F Larkana	0	0	0	0	100%	
13.	YOIS Hyderabad	0	0	0	0	-	
14.	Spl. Prison Women Hyd	0	0	0	0	-	
15.	C.P & C.F Sukkur.	0	0	0	45	100 prisoners	
16.	C.P & C.F Larkana.	1	1	1	24	15 prisoners	
17.	C.P & C.F Khairpur.	0	0	0	19	100%	
18.	D.P & C.F Shikarpur.	0	0	0	1	-	
19.	D.P & C.F Jacobabad.	0	1	0	3	100%	
20.	D.P & C.F Nausheroferoze.	0	0	0	5	100%	
21.	D.P & C.F Ghotki.	0	0	0	0	100%	
22.	YOIS Sukkur	0	0	0	0	-	
23.	Spl Women Sukkur	0	0	0	0	--	
	Total	18	6	2	463		attached at Annexure-A



Query and Answer:

Sr.#	Name of Prison	13 What percentage of incoming inmates is assessed by the jail psychologist for signs of mental illness or hostile behavior?	14 Are blood testing drives carried out to identify drug addiction? If so, how frequently and what percentage of inmates are tested?	15 How many central, district and / or sub-jails in the province have one or more ambulance at their disposal?	16 How many central, district and / or sub-jails in the province have one or more full-time qualified psychologist?	17 How many inmates have been shifted to hospitals on account of mental illness in the last 5 years	18 Are the prison staff, especially those assigned warden duties, trained in first aid or response to medical emergencies
1.	C.P & C.F Karachi.	1%	0	02 ambulances	0	5	0
2.	D.P, Malir & C.F Karachi.	0	0	3 ambulances	0	14	0
3.	YOIS Karachi	0	0	0	0	0	0
4.	CP Women Karachi	0	0	0	0	0	0
5.	C.P & C.F Hyderabad.	0	0	3 ambulances	0	15	0
6.	C.P & C.F Mirpurkhas.	0	0	0	0	0	0
7.	Spl. Prison Nara & C.F Hyderabad.	40%	40%	1 ambulances	0	0	Yes
8.	D.P & C.F Dadu.	0	0	1 ambulances	0	2	Yes 1 prisoner
9.	D.P & C.F Badin.	0	0	1 ambulances	0	5	Yes
10.	D.P & C.F Shaheed Benazirabad.	00	0	1 ambulances	0	5	--
11.	D.P & C.F Sanghar.	0	0	1 ambulances	0	0	Yes
12.	D.P & C.F Larkana	0	0	1 ambulances	0	0	0
13.	YOIS Hyderabad	0	0	1 ambulances	0	0	Yes
14.	Spl. Prison Women Hyd	0	0	1 ambulances	0	0	Yes
15.	C.P & C.F Sukkur.	2%	0	1 ambulances	0	6	Yes
16.	C.P & C.F Larkana.	8 %	0	1 ambulances	0	5	5
17.	C.P & C.F Khairpur.	3 %	0	1 ambulances	0	3	10
18.	D.P & C.F Shikarpur.	0	0	1 ambulances	0	4	3
19.	D.P & C.F Jacobabad.	1%	0	1 ambulances	0	5	Yes
20.	D.P & C.F Nausheroferoze.	1%	30%	1 ambulances	0	2	Yes
21.	D.P & C.F Ghotki.	0	0	1 ambulances	0	0	Yes
22.	YOIS Sukkur	0	0	1 ambulances	0	0	0
23.	Spl Women Sukkur	0	0	0	0	0	0



Query and Answer:

<p>19</p> <p>What is the mechanism for prisoners in cells and barracks to alert the prison staff to a medical emergency arising after lock-up?</p>	<p>20</p> <p>How many inmates in each jail share a single bathroom? (please provide the average of bathroom facilities in each jail and the number of inmates in the jail).</p>	<p>21</p> <p>What percentage of the total annual budget for prisons is designed for procurement, maintenance, improvement and provision of medical services, equipment and medication?</p>	<p>22</p> <p>Kindly specify the recreational facilities are available for inmates in each prison.</p>																		
<p>At all prison a medical officer alongwith para medic staff remains present inside prison round the clock on turn basis to deal with any emergency in side prison after lockup.</p>	<p>In each prison a single bathroom is shared by 3 to 4 prisoners. However at some Prisons where population is double then its authorized capacity, bathroom is shared by 5 to 8 prisoners.</p>	<p>The detail of annual budget for procurement, maintenance, improvement and provision of medical services, equipment and medication allocated for the year is as under: -</p> <table border="1" data-bbox="842 853 1106 1379"> <thead> <tr> <th>Sr.#</th> <th>Head of account</th> <th>Funds allocated</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td>Purchase of Drug & Medicines.</td> <td>Rs.10.4382 (m)</td> </tr> <tr> <td>2)</td> <td>Specific Consumable.</td> <td>Rs.5.000 (m)</td> </tr> <tr> <td>3)</td> <td>Bedding & furniture for Prisoners.</td> <td>Rs.12.500 (m)</td> </tr> <tr> <td>4)</td> <td>Maintenance, repair & improvement prison buildings.</td> <td>Rs.500.000 (m)</td> </tr> <tr> <td colspan="2">G.Total</td> <td>Rs.528.4382 (m)</td> </tr> </tbody> </table>	Sr.#	Head of account	Funds allocated	1)	Purchase of Drug & Medicines.	Rs.10.4382 (m)	2)	Specific Consumable.	Rs.5.000 (m)	3)	Bedding & furniture for Prisoners.	Rs.12.500 (m)	4)	Maintenance, repair & improvement prison buildings.	Rs.500.000 (m)	G.Total		Rs.528.4382 (m)	<p>Recreational facilities such as cricket, volley ball, carum board, lodu games & musical programmes are arrange for inmates at all prisons from time to time.</p>
Sr.#	Head of account	Funds allocated																			
1)	Purchase of Drug & Medicines.	Rs.10.4382 (m)																			
2)	Specific Consumable.	Rs.5.000 (m)																			
3)	Bedding & furniture for Prisoners.	Rs.12.500 (m)																			
4)	Maintenance, repair & improvement prison buildings.	Rs.500.000 (m)																			
G.Total		Rs.528.4382 (m)																			



Annexure-A

Question: HOW MANY INCOMING PRISONERS ARE TESTED (BLOOD TEST, SPUTUM TEST, X-RAY, ETC) TO SCREEN FOR (AIDS, HIV, TUBERCULOSIS, HEPATITIS C & OTHER).

S.No.	Name of Prison	Reply	
1	Central Prison Karachi	03 Sindh Government programs running effectively inside prison i.e SACP (Sindh AIDS Control Program), SHPCP (Sindh Hepatitis Prevention & Control Program), STBCP (Sindh Tuberculosis Control Program) who screen all incoming prisoners on daily basis and looking after inmates who are tested positive.	
2	Central Prison Hyderabad	All Drug Addicted prisoners screened out in daily basis. As per advised by visiting consultant chest physician. Every new prisoner screened out regularly in daily basis. All the concerned visiting consultant examined and treated according.	
3	Central Prison Sukkur	On monthly basis HIV/AIDS /HCV/HBV tests of prisoners are carried out from GMMC Hospital Sukkur at the prison and COVID-19 tests are regularly carried out at the time of admission through concerned police station as per orders by Honourable Court.	
4	Central Prison Larkana	AIDS HIV Tuberculosis Hepatitis C Others	--- 500 (Screening) 10 (Screening) 27 (Screening) ---
5	Central Prison Khairpur	All the newly incoming inmates are screened out for all infectious disease.	
6	Central Prison for Women Sindh Karachi	AIDS HIV Tuberculosis Hepatitis C	All Suspected Cases All Suspected Cases According to need All inmates
7	Central Prison Mirpurkhas	AIDS HIV Tuberculosis Hepatitis C Others	Suspected are being tested Suspected are being tested Suspected are being tested All prisoners screened HBV all prisoners screened
8	District Prison Malir Karachi	AIDS HIV Tuberculosis Hepatitis C Diabetes	12-15 daily 12-15 daily 10-15 daily 25 -30 daily 05-10 daily
9	District Prison Badin	AIDS HIV Tuberculosis Hepatitis C Others	Yes Yes Yes Yes Yes
10	District Prison Sanghar	AIDS HIV Tuberculosis Hepatitis C Others	Yes Yes Yes Yes Yes
11	District Prison Dadu	No any incoming prisoners tested for above disease.	
12	District Prison Shaheed Benazir Abad	All the incoming prisoners are tested within a month.	
13	District Prison Shikarpur	On monthly basis HIV/AIDS /HCV/HBV tests of prisoners are carried out from RBUT Civil Hospital Shikarpur at the prison and COVID-19 tests are regularly carried out at the time of admission through concerned police station as per orders by Honourable Court.	
14	District Prison Jacobabad	AIDS HIV Tuberculosis Hepatitis C Others	Yes Yes Yes Yes Yes
15	District Prison Ghotki	AIDS HIV	00 243



		Tuberculosis Hepatitis C Others	10 243 ---
16	District Prison Naushahro Feroze	On admission each and every inmate is being tested for Hepatitis A,B,C from team of Civil Hospital Naushahro Feroze or Nai Zindagi Trust. However others i.e 01 AIDS, 02 HIV/AIDS, 03 Tuberculosis are being tested if diagnosed by Medical officer of the prison.	
17	District Prison Larkana	Every new prisoner is tested for infectious disease.	
18	Juvenile & Women Prison at D.P Sukkur	No Laboratory facility is available.	
19	Special Prison Nara Hyderabad	All above tests are performed at the admission of every inmate.	
20	Special Prison for Women Hyderabad	AIDS	Screening of AIDS of prisoners is carried out by NGO Nai Zindagi Trust.
		HIV	Nil
		Tuberculosis	Nil
		Hepatitis C	All the incoming prisoners are tested within a week. At present only 1 female prisoner is diagnosed of Hepatitis C.
		Others	If any emergency, patient prisoner is referred to outside hospital on advise of Medical Officer for further treatment/tests.
21	YOIS Hyderabad	---	
22	YOIS Karachi	---	



POPULATION STATEMENT OF SINDH PRISONS AS IT STOOD ON 23.01.2023

Sr. No.	Name of Jail	Year of Establishment	Auth: Capi	Nos of Barracks	Nos of Cells	Convicts		UTP		Sponsor Class		Foreigners		Juvenile			Prisoners admitted in Hospital			Total			Grand Total	Difference	Prison Upto %							
						Ord	Cont	Det	Cont	Det	Cont	Det	Cont	Det	Cont	Det	Cont	Det	Cont	Det	Cont	Det				Cont	Det	Cont	Det	Cont	Det	
1	C.P Karachi	1989	2400	52	203	930	131	5064	0	3	27	0	11	20	3	0	0	0	85	19	1075	17.29	5111	82.22	3	0	27	0.434	6216	3816	159.00	
2	C.P Hyderabad	1984	1627	38	243	1148	199	651	0	3	6	0	1	4	0	0	0	0	-42	16	1348	67.13	656	32.67	0	4	0.199	2008	-481	31.50		
3	C.P Sukkur	1941	1666	32	267	869	178	395	0	3	6	0	25	2	0	0	0	0	-24	4	1075	72.73	403	27.27	0	0	0.000	1478	-188	-11.28		
4	C.P Larkana	1985	650	20	42	129	20	354	0	0	0	0	0	0	0	0	0	0	14	1	149	29.56	355	70.44	0	0	0.000	504	-146	-22.46		
5	C.P Khairpur	1949	1176	22	62	338	0	764	0	0	0	0	0	0	0	0	0	0	12	4	338	30.56	766	69.26	0	2	0.181	1106	-69	-5.87		
6	C.P Mirpurkhas	2018	1000	20	120	291	0	364	0	0	0	0	0	0	0	0	0	0	56	3	224	3.11	6337	87.88	642	8.9	0.111	7211	5411	3006.61		
7	D.P Mair Karachi	1982	1800	47	33	56	0	5619	0	2	9	0	166	709	642	0	0	0	56	3	224	3.11	6337	87.88	642	8.9	0.111	7211	5411	3006.61		
8	D.P S.B. Abad	1956	100	16	3	4	0	305	0	0	0	0	0	0	0	0	0	0	3	1	4	1.29	305	98.07	0	2	0.643	311	211	211.00		
9	D.P Sanghar	1992	250	15	10	3	0	234	0	0	0	0	0	0	0	0	0	0	1	3	1.36	234	98.32	0	0	1	0.420	238	-12	-4.80		
10	D.P Larkana	2022	150	6	6	0	0	171	0	0	0	0	0	0	0	0	0	0	0	2	1.02	194	98.98	0	0	0	0.000	196	46	30.67		
11	D.P Jacobabad	1990	250	10	10	1	0	294	0	0	0	0	0	0	0	0	0	0	2	1	0.31	317	99.69	0	0	0	0.000	318	68	27.20		
12	D.P Dadu	2005	250	15	10	5	0	282	0	0	0	0	0	0	0	0	0	0	2	0	5	0.00	282	0.00	0	1	0.000	288	38	15.20		
13	D.P Badin	2005	250	9	5	3	0	500	0	0	0	0	0	0	0	0	0	0	1	0	3	0.59	502	99.01	0	2	0.394	507	257	102.80		
14	D.P Shikarpur	2005	250	9	5	3	0	534	0	0	0	0	3	16	0	0	0	0	4	4	6	1.08	550	98.92	0	0	0.000	556	306	122.40		
15	D.P N/ Feroz	2009	250	10	26	0	0	266	0	0	0	0	0	0	0	0	0	0	7	0	0	0.00	266	0.00	0	2	0.000	268	18	7.20		
16	D.P Gheki	2010	250	10	20	0	0	257	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	260	99.62	0	0	1	0.383	261	11	4.40	
17	Spd. P. Nara Hyd:	1942	300	13	12	5	0	319	0	0	0	0	0	0	0	0	0	0	1	1	5	1.45	339	98.26	0	0	1	0.290	345	45	15.00	
18	Y.O.I.S. Karachi	1993	350	10	5	0	0	0	0	0	0	12	87	0	0	0	0	0	0	0	15	5.03	283	94.97	0	0	0.000	298	-52	-14.86		
19	Y.O.I.S. Hyd	2008	150	3	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	9.52	38	90.48	0	0	0.000	42	-108	-72.00			
20	Y.O.I.S. Sukkur	2015	100	3	0	0	0	0	0	0	0	6	2	0	0	0	0	0	0	8	50.00	8	50.00	0	0	0.000	16	-84	-84.00			
21	C.P for Women Kyc	1998	250	6	0	32	0	116	0	0	0	0	0	0	0	0	0	0	0	33	14.86	189	85.14	0	0	0.000	222	-28	-11.20			
22	W.P Hyderabad	2003	150	3	6	17	0	42	0	0	0	0	0	0	0	0	0	0	0	17	28.81	42	71.19	0	0	0.000	59	-91	-60.67			
23	W.P Sukkur	2015	20	4	14	10	0	30	0	0	0	0	0	0	0	0	0	0	0	10	17.24	48	82.76	0	0	0.000	58	38	190.00			
24	Y.O.I.S. Mirpurkhas																															
25	W.J Mirpurkhas																															
26	Open Prison Badin																															
Grand Total:			13538	373	1112	3544	528	16581	0	8	43	0	226	962	645	11	0	263	0	263	56	4617	19.933	17649	77.052	645	2.78	52	0.2245	23163	9625	71.10

Not functioning			
Convicts	0	0	0
UTPs	0	0	0
Foreigners	0	0	0
Juvenile	0	0	0
Prisoners admitted in Hospital	0	0	0
Total	0	0	0

Not functioning			
Convicts	0	0	0
UTPs	0	0	0
Foreigners	0	0	0
Juvenile	0	0	0
Prisoners admitted in Hospital	0	0	0
Total	0	0	0

Female Prisoners			
Convicts	60	0	0
UTPs	279	0	0
Foreigners	0	0	0
Juvenile	0	0	0
Prisoners admitted in Hospital	0	0	0
Total	339	0	0

Babies with their Mothers			
Convicts	0	0	0
UTPs	0	0	0
Foreigners	0	0	0
Juvenile	0	0	0
Prisoners admitted in Hospital	0	0	0
Total	0	0	0



Annex 2: Information received from Balochistan prisons



From: - Inspector General of Prisons,
Balochistan, Quetta.

To: - The Director,
Human Rights Commission of Pakistan
Aiwan-i-Jamhoo, 107 Tipu Block,
New, Garden Town, Lahore 54600.

Memorandum No: I.G.Prs/J-3-HR/
Dated Quetta the 24th January, 2023.

752-53

SUBJECT: - RE-REQUEST FOR INFORMATION.

The Undersigned is directed to refer to the Human Rights, Commission of Pakistan letter No. Nil, dated 24th January, 2023, on the above noted subject.

2. It is submitted that the requisite information in respect of Central and District prisons of Balochistan province are as under:-


Name of Jail	Total Capacity: 2764	Number of inmates						Total 2584
		Under Trial			Convicted			
		Male	Female	Juvenile	Male	Female	Juvenile	
Central Prison Mach	850	06	1	0	650	0	7	664
Central Prison Gaddani	223	174	16	1	188	4	0	383
Central Prison Khuzdar	280	92	3	0	63	0	0	158
Central Prison Mastung	70	37	0	1	0	0	0	38
Central Prison Zhob	210	35	0	0	10	0	0	35
District Prison Quetta	472	763	14	1	30	9	1	818
District Prison Sibi	120	44	0	0	3	0	0	47
District Prison Noshki	150	33	0	0	15	0	1	49
District Prison Turbat	95	100	0	0	58	0	1	159
District Prison Loralai	74	55	2	0	16	0	0	73
District Prison Dera Murad Jamali	120	113	0	0	7	0	0	120
District Prison Pishin	100	40	0	0	0	0	0	40

Query	Answer
Number of prisoners who are transgender, if any	Nil
Number of Children accompanying female inmates	Two(02) children confined in District Prison Loralai Two(05) children confined in District Prison Quetta. Two(02) children confined in Central Prison Gaddani Total: 09
Numbers of prisoners who are use are addicted to narcotics?	306
Number of complaints of torture by jail staff lodged by inmates in the last 5 years.	01
Number of Medico-Legal Certificate issued by the District Standing Medical Board in response to allegations of torture in the past 5 years.	01
Number of inmates currently in the 'punishment Cell'	Nil
Number of inmates (male, female, juvenile) who have attempted suicide in jails in the past 5 years.	01(Female)
Number of inmates (male, female, juvenile)who have died by suicide in jails in the past 5 years.	Nil
Number of prisoners placed on a suicide watch, if any during the past 5 years.	Nil
Number of deaths, due to medical reasons, among the jail population in the past 5 years.	Nil
How many incoming prisoners are tested (Blood test, sputum test, X, Rays etc) to screen for infectious disease ?	Blood Screening in most of the Jails are carried out on the arrival of the Prisoners
How many incoming prisoners are tested (Blood test, sputum test, X-Rays etc) to screen for: • HIV • Tuberculosis • Hepatitis C • Others	Except Central Prison Mach and District Prison Quetta such list are casually carried out with the help of Divisional / District Head Quarter Hospital as Lab Facilities are lacking in remaining Jails

Jur



What percentage of incoming inmates is assessed by the Jail Psychologist for signs of mental illness or hostile behavior?	NIL /As per post of Psychologist are not available in Prisons
Are bloods testing drives carried out to identify drug addiction? If so, how frequently and what percentage of inmates are tested?	NIL
How many Central, District and Sub-Jails in the province have one or more Ambulance at their Disposal?	All District and Central Prisons are having Ambulances .
How many Central, District and Sub-Jails in the province have one or more full time qualified Psychologist?	Nil
How many inmates have been shifted to hospitals on account of mental illness in the last 5 years	03 Mentally ill Prisoners were shifted to (Sir Coswasjee institute of Psychology Hyderabad Sindh) for medical treatment/ management
Is the prison staff, especially those assigned warden duties, trained in first aid or response to medical emergencies?	Rarely
What is the Mechanism for prisoners in cell and barracks to alert the prison staff to a medical emergency arising after lock-up?	A Warden is deputed and present in every Barrack in case of Medical Emergency to inform duty Officer and Medical Staff
How many inmates in each jail share a single bathroom?(please provide the average of bathroom facilities in each Jail and the number of inmates in the Jail.	Almost (15 Prisoners) Share one Bathroom. While Confined in Barracks, However Bathrooms are also available in enclosure which are used in Day Time
What percentage or total annual budget for prisons is designated for procurement? Maintenance, improvement and provision of medical services, equipment and medication?	Approximately .02 %
Specify the recreational facilities are available for inmates in each prison.	Indoor Games, Libraries, futsal at District Prison Quetta Music Classes at District Prison Quetta and Central Prison Mach.


 (Samiullah Khan Kakakhail)
 AIG (Judicial)
 for Inspector General of Prisons Balochistan, Quetta.

Copy forwarded for information to:-

1. P S to DI G Prisons (Headquarter) Balochistan Quetta. Master file.