



Prisons Reform in Pakistan

Report by the Commission

(Constituted by Islamabad High Court in W.P. 4037 of 2019)

January 2020

ACKNOWLEDGEMENT

This Report is produced by the Commission which was created under the directions of the Honourable Chief Justice of the Islamabad High Court in the matter titled Khadim Hussain vs Federation of Pakistan (W.P. 4037 of 2019). I am grateful to the members of the Commission including Secretary Ministry of Health, the Provincial Prison Departments and the Provincial Chief Secretaries for their meaningful input in the form of provision of relevant data. I am also thankful for the technical support offered by the officials at Ministry of Human Rights; Mr. Mohammad Arshad Director General HR Wing, Mr. Arfan Shabbir Deputy Director HR Wing, Ms. Khoala Batool HR Wing and Ms. Maimana Khattak Junior Legal Expert for preparation of questionnaires and review of relevant laws – both national and international. A special thank you is also extended to the Regional Directorates of Human Rights who contributed by carrying out on spot visits of jails and recording their findings.

Rabiya Javeri Agha
Federal Secretary
Ministry of Human Rights
Government of Pakistan

REFORMS IN PRISONS OF PAKISTAN

Report by the Commission

ABSTRACT

This Report is created pursuant to the directions of the Honorable Islamabad High Court in the matter titled Khadim Hussain vs Federation of Pakistan W.P. No. 4037 of 2019. The Commission conducted extensive research in line with the Terms of Reference laid down by the Honourable Islamabad High Court. The Report produced by this Commission is divided into five sections. The first section provides an introduction to the purpose of this report wherein the terms of reference of the commission are laid out. The second section of the Report provides a brief narrative of the actions taken by the Commission in compliance of Court's directions. The third section describes the data collected from prison authorities; and categorizes the same into relevant distinct groups. The fourth section analyses the existing prison rules in light of international standards drafted by the UN and identifies gaps in light of the data collected by the commission. In the last section, the Report proposes solutions and recommendations to improve the human rights' conditions in the prisons of Pakistan in light of the Commission's Terms of Reference.

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ACRONYMS USED IN THE REPORT:

KPK – Khyber Pakhtunkhwa
NAPA – National Academy for Prisons Administration
NGOs – Non-Government Organizations
NCSW – National Commission on Status of Women
NCHR – National Commission on Human Rights
PMIS – Prisoners Monitoring Index System
PPR – Pakistan Prison Rules
SOP – Standard Operating Procedures
TOR – Terms of Reference

I. Introduction and Background

Mr. Khadim Hussain, currently a prisoner at the Central Jail Adyala, Rawalpindi, filed a Writ Petition before the Honorable Islamabad High Court after his vision was impaired during the course of his sentence due to failure and negligence of prison authorities.

After hearing the plight of the prisoner, the Honourable High Court constituted a Commission to be chaired by the Minister of Human Rights to look into the following areas (the Terms of Reference):

- i. To investigate human rights violations in the prisons of Pakistan and lack of medical assistance and obstacles in access to a court of law of prisoners who do not have means or assistance in this regard.
- ii. To investigate failure on part of the executive authorities and respective Governments to fulfill obligations and enforce the Prison Rules and the Code of Criminal Procedure, 1898 relating to prisoners who suffer from illness and diseases.
- iii. To carry out a review of the Prison Rules and other relevant laws with the object of fulfilling the commitments of the State of Pakistan under the Constitution, International Treatise and Conventions.
- iv. Propose solutions to deal with the human right violations in the prisons and amendments in any law, rules or regulations.
- v. Suggest proposals regarding appropriate governance and management systems.
- vi. How to ensure individual and institutional accountability.

The Commission comprised the following members; Federal Minister of Human Rights (Chairperson), Secretary Ministry of Interior, Secretary Ministry of Health, Former Chairperson of Human Rights Commission of Pakistan, Mr. Ghazi Shahabuddin Journalist, Mr. Zia Awan Advocate Supreme Court, Mr. Tariq Khosa, Former Director General Federal Investigation Agency, the Provincial Chief Secretaries and Secretary Ministry of Human Rights.

II. Compliance with Court Orders

Pursuant to the orders of the Honourable Islamabad High Court dated 22nd November 2019 in the above titled matter, the Ministry of Human Rights issued a notification on 27th of November 2019 notifying the members of the Commission and Terms of Reference of the Commission.

The Commission's first meeting was held on 4th December 2019. In response to the letter of the Ministry of Human Rights, Mr. Tariq Khosa, Former Director General of the FIA respectfully declined to accept membership of the Commission on basis of certain principles and communicated the same via email on 29th November 2019. Ms. Zohra Yusuf vide letter dated 9th December 2019 also communicated her inability to become a member of the Commission due to health reasons and

nominated Ms. Uzma Noorani, Co-Chairperson of the Human Rights Commission of Pakistan as her replacement.

On 4th of December the Minister of Human Rights chaired the meeting of the Commission and all the remaining members of the Commission attended the same. The Commission deliberated upon the TORs and certain key issues/considerations were raised. A brief summation of the salient issues discussed in the meeting is as follows:

- i. Home Departments to provide currently available data regarding prisons, their capacity and occupancy in general and more specifically with respect to procedures in place to deal with sick and mentally challenged prisoners;
- ii. Nelson Mandela Rules (adopted by the UN) and where necessary Bangkok Rules 2010 (Regarding detention of women and children) to be used as standard guidelines to establish best practices in jail reform;
- iii. The procedures to deal with mercy petitions have been streamlined and improvements in the process of filling and dealing with mercy petitions to be implemented by Provincial Authorities;
- iv. Individual cases of prisoners who are sick and/or mentally challenged may be considered apart from the data provided by the relevant authorities; and
- v. Address the issue of Under Trial Prisoners who form a huge portion of prison population on an urgent basis.

The Ministry of Human Rights also dispatched a letter to the Ministry of National Health Services, Regulation and Coordination (**NHSR&C**) to share the data and findings/observations of the Committee from their visit to the Central Jail Adiala, Rawalpindi on 9th of December 2019 for consideration of the Commission. The report was duly shared by NHSR&C with the Commission.

On 8th of January 2020 two designated officials from the Ministry of Human Rights visited the Central Jail in Rawalpindi, and officers from the Regional Directorate of Ministry of Human Rights in Lahore, Peshawar, Karachi and Quetta also visited Central Jail Kot Lakpat Lahore, Central Prison Peshawar, Central Prison Karachi, and Central Jail Mach respectively for a physical inspection of prison premises to assess the health conditions of the prisoners. **(The reports of these visits are attached herewith as Appendix A, A-1, A-2, A-3, A-4 and A-5 respectively).**

The second meeting of the Commission was held on 9th January 2020. The draft report and matrix, produced in light of various information received from prison departments and the jail visits, was circulated and discussed amongst members for their input and recommendations.

III. Information and Data received from Prison Authorities

The information and data for the purposes of this Report was collected in two phases. In the first phase prison authorities from all four provinces were requested

during the Commission's meeting held on 4th of December 2019 to provide all information and data to the Ministry of Human Rights. Each provincial authority provided data, which was divided into the following main categories:

- i. The number of prisoners in each province categorized by Under Trial Prisoners, Convicted Prisoners and Condemned Prisoners;
- ii. The number of female inmates (including number of mothers and children);
- iii. The number of juveniles incarcerated in each province;
- iv. The number of seriously or terminally ill prisoners in each province (Prison Wise);
- v. The amount of Diyat/Arsh/Daman to be paid by prisoners in each province;
- vi. The number of mercy petitions made in each province; and
- vii. The number and type of medical facilities and equipment available at each prison including medical and technical staff.

The aim of compiling raw data received was to consolidate the raw data from all four prisons authorities into uniform categories. Compilation of data into a standard format helped the Commission identify areas where information was either missing or required. Secondly, once all the data was received, the Commission identified problem areas (substantiated with data) to propose effective and relevant recommendations for prison reforms.

In the second phase, the Commission again wrote to the prison departments for provision of missing information earlier identified in Phase one, which the prison departments graciously provided. The data received was then used to propose relevant solutions to ameliorate conditions of prisoners in Pakistan.

The data collected is annexed as **Appendix B** to this Report.

IV. Analysis of the Prison Rules in light of International Obligations

The Commission also focused on the review of Pakistan's domestic laws in light of internationally recognized best practices and standards. In Pakistan, prisons are regulated and administered under the Pakistan Prison Rules 1978, which are a compilation of over 1250 rules that deal with all matters relating to prisons and prisoners.

On the international front, the Nelson Mandela Rules adopted by the United Nations in 2015, are currently the international guiding principles on treatment of prisoners. The UN Congress on the Prevention of Crime and the Treatment of Offenders originally adopted the Standard Minimum Rules for the Treatment of Prisoners in 1955 to constitute the universally acknowledged minimum standards for the management of prison facilities and the treatment of prisoners across the world. In December 2015, the UN General Assembly adopted the revised rules as the "United Nations Standard Minimum Rules for the Treatment of Prisoners". As per the recommendation of the Expert Group, the revised rules are to be known as

"the Nelson Mandela Rules" to honour the legacy of the late President of South Africa, Nelson Rolihlahla Mandela, who spent 27 years in prison in the course of his struggle for global human rights, equality, democracy and the promotion of a culture of peace.

There are a total of 125 Mandela Rules that cover 27 broad areas of prison life including but not limited to matters of file management, separation of categories, accommodation, hygiene, clothing and bedding, food, exercise, searched, complaint management, contacts with outside world, transfer of prisoners, prison staff and internal and external inspections.

Where issues of women and children are concerned, reference has also been made to the Bangkok Rules. The Bangkok Rules, or formally, "The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders" is a set of 70 rules focused on the treatment of female offenders and prisoners adopted by the Standard Minimum Rules for the Treatment of Prisoners, which applies to all prisoners regardless of gender.

A gap analysis was carried out by the Commission where each Mandela Rule was juxtaposed with the Prison Rules already in place in Pakistan to highlight any deficiencies in the Prison Rules and to make recommendations to make these prison rules compliant with international standards.

The matrix prepared as a result of this analysis, is annexed as **Appendix C** to this Report.

Apart from a generic gap analysis, a specific analysis was carried out with respect to the rights of sick prisoners in light of international standards. The matrix for this is annexed as **Appendix D** to this Report.

V. Recommendations in light of TORs

In light of the data collected and the gap analysis conducted by the Commission, the following recommendations with respect to each TOR are submitted before the Honorable High Court.

- i. To investigate human rights violations in the prisons of Pakistan and lack of medical assistance and obstacles in access to a court of law of prisoners who do not have means or assistance in this regard.**

The data collected revealed that currently the prison population in Pakistan is approximately 77,000 inmates. As compared to the total population the over-all authorized capacity of prisons across Pakistan is only for 56,634 inmates. Thus, one of the root causes for major human rights violations is a result of massive overcrowding of prisons. In Punjab alone 29 out of the 41 prisons are overcrowded whereas in Sindh 8 prisons are overcrowded.

Desegregation of the prison population reveals that amongst the prison population, an alarming proportion comprises of under-trial prisoners. In all four provinces the under-trial prisoners constitute almost (if not more) than half of the prison population. Even though these prisoners have not yet been convicted of any offences they are languishing in prisons and contributing to overcrowding. The table below provides a breakdown of these figures province-wise:

Province	Total Occupancy	Under-Trial	Percentage
Punjab	45324	25,054	55%
KPK	9900	7067	71%
Sindh	16315	11,488	70%
Balochistan	2122	1244	59%

In addition to the massive problem of overcrowding, several other human rights' violations were also identified from the data provided by the prison authorities. According to the data provided, amongst the total prison population there are currently almost 2100 prisoners with physical ailments, approximately 2400 inmates who are suffering from contagious diseases like HIV, Hepatitis and Tuberculosis and approximately 600 prisoners who suffer from mental diseases.

The table below provides a breakdown of these figures province wise:

Prisoners with	Punjab		Sindh		KPK		Balochistan	
	Male	F	Male	F	Male	F	Male	F
Hepatitis	1047	34	461	1	208	0	72	0
HIV	255	2	115	1	39	0	13	0
TB	87	0	50	2	27	0	07	0
Mental disease	290	8	50	0	235	0	11	0
Other sickness	1453	27	50	0	642	20	0	0

The Pakistan Prison Rules contain provisions for adequate medical and legal assistance, however the primary problem is that of implementation of these rules. The data received from the prison departments across Pakistan revealed that almost half of the sanctioned posts of medical staff remain vacant. To worsen the situation, not every prison is equipped with medical and dental equipment and very few prisons have functioning labs and paramedical staff. The prison authorities fail to provide ambulances to transfer prisoners to hospitals in cases of emergencies.

Linked to the problems identified above, is the issue of prisoners not being aware of their rights under the Pakistan Prison Rules. Prisoners are not adequately informed of their rights at the time of sentencing and therefore continue to face violations of their rights taking place in the prison premises. Although the prisons in Punjab have the rights of the prisoners posted on signboards and prisons in KPK and Sindh have similar pamphlets of these rights pasted on the front wall of the barracks, it appears that the prisoners are not read these rights out to and remain unaware of their rights.

- ii. **To investigate failure on part of the executive authorities and respective Governments to fulfill obligations and enforce the Prison Rules and the Code of Criminal Procedure, 1898 relating to prisoners who suffer from illness and diseases.**

The Commission identified certain factors that contribute towards failures on the part of executive authorities to fulfill obligations and enforce Prison Rules.

A. Procedural Delays in obtaining permission from Home Department:

First and foremost, data reveals that 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.

However, the language of Prison Rules (Rule 197) states that *where necessary to remove a convicted prisoner or an under trial prisoner to hospital outside the prison for operative or other special treatment which cannot conveniently be given in the prison itself (a) the order of the Government shall be obtained through the IG... **provided that in emergent cases the Super Intendant of the prison is authorized to anticipate the sanction of Government and if he does so, he should make an immediate report to IG** (b) in cases in which a convicted or under trial prisoner is taken to hospital for treatment as an out-patient only or for X-ray examination, the Superintendent of the prison is empowered to authorize the visit himself... (v) all expenses incurred by the hospital authorities in connection with the treatment of prisoners from prisons will be borne by the Health Department.* [Emphasis Added]

Such delays in seeking permission from the Home Departments have seriously affected and worsened the health conditions of prisoners that can be effectively addressed at early stages. For example, Abdul Basit, a former administrator at a medical college, was sentenced to death in 2009. On 1 August 2010 whilst in Central Jail, Faisalabad, Basit contracted tubercular meningitis, which, due to the negligence of the jail authorities, has left him paralyzed from the waist down. He has been scheduled for execution three times since July 2010 but such punishment could not be performed since a botched hanging would be in Violation of Articles 7 and 14 of the ICCPR. He is still languishing in jail.

It would therefore be prudent to devise SOPs that would significantly reduce procedural delays and shorten the timelines for medical redress or the authority to issue transportation orders for hospitals may be given to the Superintendent entirely.

B. Lack of Medical Equipment and Ambulances

Although all the district and central prisons across Pakistan have hospitals, the problem highlighted by the prison departments is a lack of adequate provision of medical and technical equipment such as ECG machines, X-Ray machines, ultrasound machines, oxygen cylinders, dental units, laboratories and beds in these prison hospitals. For example, the data provided by Punjab prison department showed that 10% percent of the prisons don't have ambulances and those that do, are not well equipped. Balochistan prison authorities shared that they only have 4

ambulances for the entire province. The Commission discovered that approximately 200 prisoners were unable to receive medical assistance due to lack of ambulances in prisons in Sindh. Furthermore, visits to jails also revealed that no oxygen cylinders or other equipment for emergency cases were available in jail hospitals. Most of the doctors who come for checkups of inmates come from hospitals outside of the Jails.

C. Training and Capacity Building of Staff

Another major issue is the lack of training and capacity building of the prison staff and second is the vacancy of posts of prison staff – both administrative and medical. The data collected from Balochistan states that at present, Balochistan Province does not have its own training center for prison officials and staff. All the trainees are sent to NAPA Lahore for basic/ Mandatory and other promotional training facility. NAPA as the key institution for Prison training is highly under-utilized. Only 30% of the Officers / Officials have completed their Basic Training and remaining 70% are untrained. Although the other provinces do carry out trainings and capacity building exercises, the prison staff remains generally unaware of their duties under the Prison Rules that specially includes humane and dignified treatment of prisoners. The essence of Mandela Rules i.e. of treating prisoners with dignity and respect is generally missing from the training of the prison staff. As highlighted by the Ministry of Interior, after the devolution of subject of police and jail to the provinces NAPA is not being used to its full potential and is practically lying dormant. A mandatory in-service and centralized training at NAPA would save costs and improve capacity of jail officials.

Related to this issue is the problem of vacant posts. Data reveals that almost half of the sanctioned posts remain vacant. Possible causes for such vacancies identified by the prison authorities themselves are the lack of adequate protection of the prison staff or insufficient pay scales as compared to other government officers. In Punjab and KPK almost half of the paramedic and medical staff posts have not been filled. The Sindh prison department highlighted that a lot of these issues are a result of financial restraints as prison work is round the clock duty and requires more resources than other departments. The Balochistan prison department highlighted several issues like an absence of employee's quota for prisons in general recruitment, provision of adequate health and housing facilities for prison staff and their time-scale promotion.

The table below details the information received from prison authorities:

Data	Punjab		Sindh		KPK		Balochistan	
	Male	Female	M	F	M	F	M	F
Sanctioned strength of medical officers	64	23	47	7	31	5	12	04
Vacant strength of medical officers	36	09	31	6	17	2	04	03
Sanctioned strength of dentists in all the prisons in the province	0	0	0	0	2	0	0	0

Vacant posts of dentists in all the prisons in the province	0	0	0	0	0	0	0	0
Sanctioned strength of psychologists in all the prisons in the province (Chief, Junior etc.)	93	0	0	0	11		02	0
Vacant posts of psychologists in all the prisons in the province	56	0	0	0	02		04	0
Sanctioned strength of female nurses and LHVs in all the prisons in the province	15		13		11		15	
Total number of addicts admitted in drug rehabilitation programs	538	-	20	0	59	0	05	0

D. Coordination with Health Departments

The Punjab Prison Department pointed out that increased coordination with health departments is required in order to improve the conditions of sick prisoners in Pakistan. As per the data received from all four departments there are approximately 800 prisoners who are admitted in drug-rehabilitation programs. Structured and institutional coordination is essential to ensure the welfare of sick prisoners.

iii. To carry out a review of the Prison Rules and other relevant laws with the object of fulfilling the commitments of the State of Pakistan under the Constitution, International Treatise and Conventions.

The Commission prepared a gap identification matrix in order to carry out a review of Prison Rules in light of the internationally recognized standards and guidelines. The matrix identifies primary two categories of gaps. First is the gap within the language of the Prison Rules and the second is the gap in either implementation or knowledge of those rules. As referred to in the previous section the entire matrix has been annexed with this report as Annexure C however some of the salient gaps have been reproduced below:

A. Gaps In Prison Rules

- a. The language of the Prison Rules barring Rule 1065 does not reflect the spirit of Mandela Rules i.e. treatment of prisons with humanity and dignity
- b. No separate provisions exist in the Prison Rules to cater to transgender prisoners. In this regard, it is submitted that Ministry of Human Rights has developed SOPs for treatment of transgender and police that may be referred to while dealing with transgender prisoners (SOP is attached as **Annexure X** with the Report).

- c. Data shows that there are currently over 1500 prisoners who are senior citizens (807 in Punjab, 223 in Sindh, 447 in KPK and 50 in Balochistan). There are no express provisions for prisoners who are above 60 years of age.
- d. The Prison Rules do not refer to any training of the prison staff.
- e. Inmates with disabilities require special attention in the Prison Rules. The Rights of Persons with Disabilities Act has recently been approved by the National Assembly and the prison staff in dealing with prisoners with disabilities must refer to the Rules once they are made under this Act.

B. Gaps In Implementation

- a. Overcrowding of prisons is the biggest problem that must be dealt with. Under-trial prisoners constituting a huge portion of the prison population are confined in the same circumstances and set of conditions as convicted prisoners. Appropriate classification or categorization of prisoners is not ensured with respect to their age, medical conditions, or disabilities;
- b. There is no uniform file management system in place in the prisons across the country therefore, it is therefore difficult to collect and maintain information to constantly assess and monitor the human rights conditions in prisons. Although Punjab, KPK and Sindh have introduced PMIS most of them are in beta stage and still require further upgradation and installation in all prisons.
- c. The Ministry of Human Right's has developed a computerized template for the submission of Mercy Petitions which may also be adopted in the first instance so that a standardized form is available for prisoners on death row. It may be informed that Ministry of Human rights, through approval of Cabinet was also able to streamline and shorten the entire lengthy procedure of Mercy Petitions. Efforts may be made to ensure that this new procedure is followed in letter and spirit so that mercy petitions reach the Presidency in the shortest possible time.
- d. Prisoners are not made fully aware of their rights in prisons, despite such provisions in the Pakistan Prison Rules and additional measures must be introduced to inform them of their rights;
- e. There is a lack Proper psychiatric counseling of prisoners either due to unavailability of prison psychologists or capacity problems of psychologists working in the prisons, as seen in data the number of mental patients is considerable. Cases like those of Imdad and Kaniza who hasn't spoken for years are just some of the mental patients languishing in jail.
- f. The majority of prison staff remain under-staffed, under-qualified and untrained to deal with prisoners;
- g. The complaint mechanism of prisoners is not followed either because the prisoners are unaware of this process or because the rights of the prisoners are not given their due importance;
- h. Not all prisons are providing child-care facilities especially in prisons where children are residing with their mothers; and
- i. There is lack of effective legal aid available for prisoners. Although all the provinces encourage access to legal aid through advocates and bar councils

that offer their services voluntarily, many prisoners are unable to benefit from free legal advice.

iv. Propose regarding solutions to deal with the human right violations in the prisons and amendments in any law, rules or regulations.

In light of the data received and the review of existing laws and international standards the following major recommendations are presented below:

- a. Training of prison staff,
- b. Immediate filling of vacant posts with trained and qualified staff,
- c. Reduction in overcrowding of prisons by releasing good prisoners on probation, parole and remissions,
- d. Digitization of prison data,
- e. Creating SOPs that would quicken the process of seeking government approval to transfer sick prisoners to hospitals and ensuring their right to health and adequate medical treatment;
- f. Allowing for external audits of prisons; and
- g. NCSW and NCHR must fulfill their mandate by ensuring that the rights of prisoners are upheld by conducting regular prison visits
- h. Adequate budgets are allocated for prisons.

Additional recommendations are also provided in the matrix developed pursuant to TOR no. iii.

v. Proposals regarding appropriate governance and management systems.

Data received from the provinces show that Sindh and KPK have launched beta versions of PMIS however there is still a long way to go till all the prisons are managed and supervised through these indicators. The PMIS being set up in KPK shall be completed by May 2022. In order to significantly improve the governance and management system of the prisons, the entire system would have to be digitized. This would greatly assist the provincial authorities to develop uniform systems of e-filing of prisoners' records and would make record-keeping manageable and easier.

In addition to the above, inter provincial trainings of prison staff may be carried out so that best practices of other provinces can be adopted. Lastly, the financial budget of prison departments must be increased to cater to human and technical resource requirements. For example the prison department in KPK informed that it is in the process of introducing a case management system for the prisoners whereby all relevant authorities including the police, the judiciary and the prison staff will have relevant data on each prisoner. If effectively operated the other provinces may learn from the same management system.

vi. How to ensure individual and institutional accountability.

Data provided by prison departments shows that in Balochistan District Oversight committees are already functioning and they convene every fortnight. In Sindh the Committee for welfare of prisoners in Sindh is functioning which is also responsible for provision of legal aid to prisoners. In KPK and Punjab District and Provincial Oversight Committees have been notified as well who are regularly conducting visits, however reports of these oversight committees have not been seen.

Although these Committees are functioning, it is also recommended that external organizations including human rights based NGOs as well as NCSW and NCHR may be allowed to regularly visit the prisons to either make recommendations which may be useful to improve prison conditions or maintain a check on the prison conditions and health of prisoners.

The Ministry of Human Rights has proposed a draft bill on prevention of Torture titled Torture and Custodial Death (Prevention & Punishment) Bill 2018. The said bill holds accountable prison officials responsible for inflicting torture and other forms of cruel and inhumane treatment including custodial death and custodial rape. If passed by the national assembly the same can be efficacious in ensuring institutional accountability.

Government of Pakistan
Ministry of Human Rights

Subject: Report on Visit to Central Jail, Rawalpindi to Assess the Condition of Sick Prisoners and Available Facilities on 8th January, 2020

Central Jail, Rawalpindi has currently 5000 inmates out of which 131 are female prisoners. The medical facilities include one general 80 bed hospital. There are four isolated rooms for emergencies and special cases while eight other segregated cells are allocated for prisoners on the death row. Three medical officers are posted there, including one male and two female officers, one senior psychologist and two junior psychologists. Apart from that, there is paramedical and other supporting staff. There are enough basic medical facilities including a mini laboratory, two wheel chairs and two ambulances for emergencies. The female section had an extra emergency room with the ultra sound machine and other necessary equipment for delivery of children. A number of tests including blood grouping, blood sugar, urine, pregnancy, detection of hepatitis B&C as well as HIV/AIDs are regularly carried out in the above mentioned laboratory.

2. About 250- 300 sick prisoners daily visit OPD for check-up while a total of 82642 inmate patients were treated in the OPD in the year 2019. A total of 6628 inmates were assessed by the psychologist in the year 2019. 335 screenings for Hepatitis C and HIV, 9 screenings for Tuberculosis, 17 for HIV/AIDs were carried out in the year 2019. Moreover, there are weekly visits of specialists/consultant doctors from PIMS and public hospitals of Rawalpindi to Central Jail Hospital, Adyala. The doctors visiting from PIMS, Islamabad treat sick prisoners of Islamabad while the others treat Rawalpindi based prisoners.

3. The Medical Officer Dr. Khalil during the briefing informed that currently there are ten prisoners who are seriously ill based on the assessment of Medical Board of Pakistan Institute of Medical Sciences (PIMS) constituted after the Honourable Islamabad High Court, Islamabad took up the matter of sick prisoners and formed this Commission. Also, there are approximately 77 male and 14 female prisoners who are aged 60 and above. These prisoners mostly have age related health issues but no major sickness. All the medical officers however informed that there is shortage of staff and the hospital facilities also need to be upgraded. The medical officers are overburdened as the prison is overcrowded which makes it difficult to timely address emergency situations.

No.1(6)/05-DHRL/(Prisons)
Government of Pakistan
Ministry of Human Rights
Directorate of Human Rights

184-A, New Muslim Town,
Lahore, the 8th January, 2020.

To:

The Director General (HR),
Ministry of Human Rights,
Government of Pakistan,
Islamabad.

Subject:- VISIT OF CENTRAL JAIL LAHORE.

Kindly refer to the telephonic directions to visit Central Jail Kot Lakhpat, Lahore. A team of officers of Regional office, Lahore visited the jail today and obtained data on sick prisoners in the mechanism to refer prisoners out of hospital for treatment. A detail report of the visit is attached.

Yours sincerely

Ms Maimana *9/1/20*

(LUBNA MANSOOR)
REGIONAL DIRECTOR

Attachments:-

Annex-I
Annex-II
Annex-III

Report of visit to Central Jail, Lahore
Current state of medical equipment/facilities in Central Jail Lahore
Procedure of prisoners done in Punjab Institute of Cardiology Lahore

REPORT OF VISIT TO CENTRAL JAIL, LAHORE

There is a hospital established inside every jail in Province of the Punjab to treat sick prisoners. These hospitals provide treatment of primary nature to the prisoners. For acute and specialized diagnosis and treatment, prisoners are referred to tertiary/District Headquarters Hospitals. Medical facilities provided in jail hospitals vary in every district. Each hospital is headed by just one doctor, who resides within jail premises and remains available 24/7 to handle emergencies as well.

The team of officers of Regional Office, Lahore visited Central Jail, Kot Lakhpat, Lahore to observe their system of treatment of sick prisoners and find out administrative gaps.

Standard Operating Procedures to handle emergencies:

In case of emergency, the patient is immediately transferred to jail hospital where the Medical Officer evaluates him. In case of acute emergency, on the recommendation of medical officer and with approval of Superintendent Jail, the patient is referred to tertiary hospital outside jail. In case of convicted prisoner of death penalty, approval of the Home Department is also obtained. In case of emergency, intimation to Home Department serves the purpose.

Standard Operating Procedures to refer stable patients:

A system of referral is in place for diagnosis and treatment of complicated diseases. The medical officer recommends the treatment of prisoners outside jail. With the approval of Superintendent and Home Department, patients are taken out. A team of specialists also visit jails once a week to provide treatment.

Security outside jail:

It is the responsibility of district police to provide security for shifting prisoners to outside jail hospitals. For this purpose, a police post has been established in Central Jail, Lahore. However, in other jails of the Province, security is demanded from Police Lines on need basis.

Administrative Gaps:

- The jail hospitals provide very limited medical facilities. The patients facing acute emergency and suffering from complicated diseases need to be taken out of jail which consume a lot of precious time.
- The security of patients going out of jail is provided by district police. In cases of emergency, this may consume a lot of time.
- All this arrangement is governed under SOPs, not rules. Initiative of each Superintendent and cooperation of district police may vary; at the cost of life of prisoners.
- Just one ambulance is provided in jails, which is Bolan carry. It has no medical equipment.

Recommendations:

Jail hospitals should be upgraded by providing following facilities:

- There should be uniformity of facilities in all hospitals in jails of the Province.
- There should at least be four sanctioned posts of Medical Officers in jail hospitals. One doctor cannot cater to needs of thousands of prisoners.
- Fully equipped ambulances must be provided to jail hospitals. The ambulances of Rescue 1122 can also be stationed at jail hospitals.
- A police post must be established at each jail to provide security to patients going outside. This will save precious time in cases of emergency.
- Mini operation theatres should be established at each hospital to provide treatment.
- Female hospitals should be established in all jails of the Province.

Data of Central Jail, Kot Lakhpat, Lahore

Category	Men	Women
Prisoners treated in jail hospital	349	28
Prisoners treated in outside jail	470	29
Reasons for getting treatment outside jail	For investigation and treatment of diseases like Cancer, Heart failure, renal failure, TB, HCV, HIV ect to save their lives.	
Sick prisoners of age 80 plus	01	Nil
Sick prisoners of age 70 plus	01	Nil
Sick prisoners of age 60 plus	04	Nil

Sick prisoners of age below 60	464	75
Number of children accompanying inmates and their medical facilities	06 male children are residing with their mothers. They are provided special diet	07 female children are residing with their mothers.

CURRENT STATE OF MEDICAL EQUIPMENT / FACILITIES IN CENTRAL JAIL LAHORE.

Sr. No.	Name of Jail	No. of Dental Unit	No. of ECG	No. of Weight Machine	No. of Nebulizer	No. of Wheel Chair	No. of Stretcher	No. of Glucometer	No. of BP Apparatus	No. of Stethoscope	No. of Oxygen Cylinder	No. of Beds	No. of Hematology Analyzer	No. of Semi automatic chemistry analyzer	No. of Mini Operation Theater	No. of Mini operation Theater Light
1.	Central Jail Lahore	02	03	02	03	04	02	02	04	06	04	57	01	Nil	01	01
		No. Of Microscope	No. of Colorimeter	No. Of Centrifuge Machine	No. Of Water Bath	No. Of water still	No. Of ESR Stand	No. Of Hemoglobin Meter	No. Of Auto Claves	No. Of General Surgery Equipment	No. Of Sucker Machine	No. Of X-ray Machine	No. Of Pipette adjustable	No. Of Ambu bag		
		01	01	01	01	01	04	01	02	72	01	01	03	02		

CURRENT STATUS OF AMBULANCE IN CENTRAL JAIL LAHORE.

Sr. No.	Name of Jail	Number of ambulance available	Condition
01	Central jail Lahore	02	Working condition

INFORMATION OF SICK PRISONERS DATA 1ST JULY 2019 TO DECEMBER 2019.

Sr. No.	Name of Jail	Total prisoners admitted in the jail from 01.07.2019 to 31.12.2019.	No. of prisoners shifted outside jail hospital from 01.07.2019 to 31.12.2019.
01	Central Jail Lahore	349	470

Alpen

**MEDICAL OFFICER
CENTRAL JAIL, LAHORE**

Procedure of prisoners done in Punjab institute of cardiology Lahore

Sr. No.	Name & Parentage	Status	Procedure
1.	M. Akram S/O Fazal Urheman	CT	Coronary artery bypass grafting (CABG)
2.	RAMZAN S/O QURESH	CT	CABG
3.	RIAZ S/O TALIB HUSSAIN	CT	CABG
4.	JAFAR ALI S/O MUHAMMAD LATIF	CT	CABG
5.	GHULAM HAIDER S/O AKBAR ALI	CT	ANGIOPLASTY
6.	ALI RAZA S/O MUHAMMAD ZULFIQAR	CT	ABULOTHERAPY
7.	EHSAN ELLAHI S/O BARKAT ALI	CT	ANGIOPLASTY
8.	ASLAM S/O SIKANDAR	CT	MVR
9.	EHSAN S/O JABBAAR ELLAHI	CT	ANGIOPLASTY
10.	Ass Muhammad S/O Hameed Khan	CT	ANGIOPLASTY
11.	Haseena Bibi W/O Dilshad	CT	ETT
12.	Gulzar Shah S/O Syed Zahoor Shah	CT	ANGIOPLASTY
13.	Muhammad Asif S/O Saddique	CT	ANGIOPLASTY
14.	Ghufran S/O Azam	CT	ANGIOPLASTY
15.	Kashif S/O Sarwar	CT	ANGIOPLASTY
16.	Abdul Qadir S/O Ramzan	CT	ANGIOPLASTY
17.	Amjad S/O Naeem	CT	ANGIOPLASTY
18.	Imran Shah S/O Abdul Rehman	CT	ANGIOPLASTY
19.	Muhammad Riaz S/O Inayat	CT	ANGIOPLASTY
20.	Muhammad Ishaq S/O Ahmad Din	CT	ANGIOPLASTY
21.	Shahbaz S/O Ashraf	CT	ANGIOPLASTY
22.	Rehmat S/O Shoukat	CT	ANGIOPLASTY
23.	Ghulam Qadir S/O Rehmat Ali	CT	ANGIOPLASTY
24.	Sohail S/O Sadiq	CT	ANGIOPLASTY
25.	Nazir Ahmad S/O Zahoor	CT	ANGIOPLASTY
26.	Hamayun S/O Rafique	CT	ANGIOPLASTY
27.	Saeed Ali S/O Ahmad Ali	CT	ANGIOPLASTY
28.	Karamat Ali S/O Niamat Ali	CT	ANGIOPLASTY
29.	SAFDER SHAH S/O Inayat Shah	CT	ANGIOPLASTY
30.	M Sharafat S/O Safdar	CT	ANGIOPLASTY
31.	Yaseen S/O Ameen	UT	ANGIOPLASTY
32.	Shahid Javid S/O Muhammad Javid	CT	ANGIOPLASTY

Dr. Muhammad Asif Sarwar
 Director
 Punjab Institute of Cardiology
 Lahore
 8/11/2020



Ph# 091-9219599

Fax. 091-9219599

F. No. HRP/ _____

Government of Pakistan,
Ministry of Human Rights,
Regional Office HR Peshawar,
Federal Judicial Complex, 1st Floor
Phase-VII Hayatabad, Peshawar
Peshawar, the 8th January, 2020

To The Director General (HR),
Ministry of Human Rights,
Islamabad.

Subject **REPORT ON THE VISIT TO CENTRAL PRISON PESHAWAR.**

Memo,

As directed, I visited Central Prison Peshawar on 7th January, 2020 and personally examined the processes / procedures and the available facilities regarding facilitation of elderly prisoners and the referral system for the chronic sick inmates in the jail. There is a small health unit in the jail premises which provides basic health facilities and has arrangements for simple laboratory tests. However, the sick prisoners, who need complicated tests, diagnosis and specialized treatment are referred to nearby LRH, KTH and other health facilities available in Peshawar under strict security system without any procedural modalities through provincial government by Superintendent of the Prison.

2. It is pertinent to mention that the elderly prisoners are treated as ordinary inmates and are not provided any special facility in the jail. As per data provided by the administration, 14 elderly prisoners have been convicted F/A and 27 are still under trial F/B. Similarly 92 Juveniles F/C and 36 female prisoners are also facing trial in different courts F/D. Five babies in the age group of 2 months to 7 years are languishing in jail with their confined mothers without any schooling F/E.

3. As per record 210 prisoners were referred to different hospitals of Peshawar for specialized treatment from 1-10-2019 to 31-12-2019, where 04 have been diagnosed as TB patients whereas 25 HCV, 13 HBS, 08 HIV F/F. During the course of visit to jail hospital, 14 prisoners were found admitted in medical ward whereas 21 prisoners were found hospitalized in psychiatry unit.



Ph# 091-9219599
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Government of Pakistan,
Ministry of Human Rights,
Regional Office HR Peshawar,
Federal Judicial Complex, 1st Floor
Phase-VII Hayatabad, Peshawar

Suggestion / Recommendations

1. Correction center for the prisoners under the supervision of criminologists and sociologists may be established in jails, which may help in understanding the nature of crime and criminals, the behavior of the prisoners and their psychology so that more stress can be laid on reformation / correction and social integration instead of mere punishment.
2. Govt sponsored Skill Development Center with proper affiliation with certifying body may be introduced in the prison.
3. Proper mess system for prisoners be introduced and the present system of food distribution may be discarded as it is degrading and humiliating.
4. Though every barak has three to four washrooms but these are not sufficient for the sanitation of 80 to 120 prisoners residing in one barak. It is root cause of many diseases such as TB and Hepatitis.
5. Modernization of Mulaqat Room. Video conferencing or e- mulaqat system needs to be introduced particularly in all central prisons since lot of people come for mulaqat and it becomes difficult for the inmates and the visitors to communicate because of heavy rush on both sides of the steel mesh.
6. Regular trainings / sessions for jail administration and staff may help to improve human rights situation in jails.

Note. Detailed Report regarding this visit is being sent separately on Jail Monitoring tool of ROHR, Peshawar.

(GHULAM ALI)
Director Peshawar

Copy to:

P.S to Worthy Secretary (HR), Ministry of Human Rights Islamabad.

(GHULAM ALI)
Director, Peshawar



Government of Pakistan
Ministry of Human Rights
Regional Office Human Rights
1st Floor, PRCS Building adjacent OEC
Dr. Daudpota Road, Karachi
Phone:99205835, Fax:99205837
F. No. ROK/1-2/18
Dated 8th January, 2020

To,

The Director General (HR),
Ministry of Human Rights,
Government of Pakistan,
Islamabad.

SUBJECT: VISIT OF CENTRAL PRISON KARACHI BY DEPUTY DIRECTOR REGIONAL OFFICE HUMAN RIGHTS KARACHI.

Sir,

Kindly refer to our telephonic conversation on 07-01-2020 on the subject noted above.

2. As directed, the Deputy Director of this office visited Central Prison and Correctional Facility Karachi on 7th January, 2020 in order to obtain the requisite information regarding sick prisoners, procedures for their treatment, remission for aged prisoners (if any) and medical facilities for prisoners. The details are attached herewith for your kind perusal as desired, please.

Yours faithfully,

Encl: (As above)

-Sd-
(Iqbal Pasha Shaikh)
Acting Director

SUBJECT: VISIT OF CENTRAL PRISON KARACHI BY DEPUTY DIRECTOR REGIONAL OFFICE HUMAN RIGHTS KARACHI.

During the visit of Central Prison Karachi on 07-01- 2020, as per meeting with Syed Kamal Shah, Deputy Superintendent, Central Prison Karachi and Chief Medical Officer, Central Prison & Correctional Facility Karachi and obtained following information regarding sick prisoners, procedures for their treatment, remission for aged prisoners (if any) and medical facilities for prisoners as desired, please.

- 101 patients are admitted in Central Prison hospital, Karachi the details are attached.
- There are five Doctors posted in Central Prison & Correctional Facility Karachi Karachi (two in morning, two in evening and one in night).
- There are 10 wards and two ambulances in Central Prison & Correctional Facility Karachi.
- For medical treatment of surgery or other medical treatment which are necessary for prisoner but not available at prison (if the case is not related to the emergency), the request of the same is forwarded to the Home Department (for convicted prisoners) and to the concerned Court (for under trial prisoners) in order to obtain prior permission for medical treatment of the prisoners in the hospital which are outside the prisons.
- In case of Emergency, the Chief Medical Officer of the Prison refers the case to the Superintendent of the Prison for permission and moves the prisoner (under trial or convicted) for medical treatment in the hospitals which are outside the prisons. Then, the details are forwarded to the Home Department (if the prisoner is convicted) and to the concerned Court (in case of under trial prisoner).
- In case of remission, there is no any particular policy regarding remission. Further, there are 16 prisoners above 60 years in Central Prison Karachi. The details of the same has already been forwarded to the Home Department for remission purpose as desired and waiting for further communication from Home Department.



GOVERNMENT OF PAKISTAN
MINISTRY OF HUMAN RIGHTS
REGIONAL OFFICE OF HUMAN RIGHTS, BALOCHISTAN
H # 9-14/134, Aram Bagh, Near Imdad Chowk, Zarghoon Road, Quetta
(Fax Number ~ 081-9202388)

F. No. 1 (1)/2017/ RDHR/Qta/Director: 2511 /

8th January, 2020

To,

The Director General (HR)
Ministry of Human Rights,
Islamabad.


Subject: **REVIEW OF HUMAN RIGHTS SITUATION OF SICK PRISONERS IN
CENTRAL JAIL MACH, BALOCHISTAN AND ELIGIBLE PRISONERS
LANGUISHING OVER THER DUE TO NON-PAYMENT OF DIYAT, ARSH,
AND DAMAN**

Dear Sir,

The visit of subject jail was conducted in compliance with telephonic instructions received from your good office on 7th January-2020. Mr. Naveed Ilyas, Jail Superintendent and his staff facilitated the visit to retrieve the requisite information.

2. The overall capacity of the Jail is to manage Eight Hundred (800) inmates. At present there are Five Hundred and Fifty Nine (559) detainees out of them Three Hundred and Fifty Nine (359) are death row prisoners. There is a Sixteen (16) bedded hospital in the prison. Six (6) patients were admitted in General Ward and Ten (10) Psychiatric patients were kept in a separate ward. All the patients were being provided adequate medical treatment. Cases of four (4) patients had been taken up with Home and Tribal Affairs Department, Government of Balochistan, to seek their permission with regard to their medical treatment in an outside hospital. Dr. Sajjad Haider, Medical Officer manages the affairs of the hospital who is a dedicated and committed person. There are no sanctioned posts of Social Welfare Officer, Psychologist and Psychiatrist. There is no woman prisoner in Jail. There is one (1) convicted Juvenile inmate who does not face any medical problem. Prison has one (1) mini laboratory with a X-Ray Machine and the same do not cater to the needs of sick prisoners. Facility of Ambulance is also available. In emergency inmates are referred to Jail Ward of the Sandman Provincial Hospital, Quetta. Four (4) convicted prisoners are languishing in jail due to non-payment of Diyat, Arsh and Daman. Only One (1) out of them is eligible. Jail Superintendent was asked to process his case in line with laid down criteria in order to ensure the release of concerned prisoner.

3. Report is submitted as desired, please.


(Abdul Sattar)
Director (Human Rights)
Ph # 081-9204126

all the prisons in the province								
Sanctioned strength of psychologists in all the prisons in the province (Chief, Junior etc.)	93	0	0	0	0	11	02	0
Vacant posts of psychologists in all the prisons in the province	56	0	0	0	0	2	04 Vacant	0
Sanctioned strength of female nurses and LHVs in all the prisons in the province	14		13		11		14	
Total number of addicts admitted in drug rehabilitation programs	538	-	200	0	59	0	05	0
Ambulances	30			6			4	
Labs	6		5		7		2	

IV. Under Trial Prisoners

<u>Province</u>	<u>Prisons</u>	<u>Total Adults</u>	<u>Male</u>	<u>Female</u>	<u>Total Juveniles</u>	<u>Male</u>	<u>Female</u>
KPK	20	6753	6614	139	314	305	9
Punjab	41	24545	24092	452	509	509	0
Sindh	24	11354	11206	148	143	143	0
Balochistan	11	1200	1184	16	44	44	0

V. Other Relevant Information provided:

Balochistan:

- i. Presently, Balochistan Province have no separate Juvenile and Women Prisons, one enclosure is separately allocated for the purpose;
- ii. At present, Balochistan Province does not have its own training center. All the trainees are sent to NAPA Lahore for basic/ Mandatory and other promotional training facility.
- iii. Only 30% of the Officers / Officials have completed their Basic Training and remaining 70% are untrained;

Sindh:

- i. Sindh Prisons and Correction Services Act 2019
- ii. The Good Conduct Prisoners Probational Release Rules, 2001
- iii. Sindh Prisons and Correction Services Act 2019 - sec 55 (Legal Aid)

- iv. In women prison Karachi counseling being provided to 50 women prisoners
- v. Prisoners with HIV, Hepatitis, TB and drug addicts are segregated
- vi. Training at Sindh Prisons Staff Training Institute Nara Hyderabad, National Academy for Prison Administration Lahore, National Institute of Management
- vii. District Oversight Committees have been notified in December who are conducting regular visits
- viii. Construction of new jails is under consideration
- ix. 1188 prisoners are on probation
- x. Beta version of PIMS has been installed and training sessions with the help of UNODC have been organized for over 200 prison officials
- xi. Activity for updating the record of prisoners and connecting it with NADRA is underway
- xii. Courses like fine arts, painting, computing, carpet manufacturing and textile manufacturing are provided
- xiii. Special boards have been constituted to consider cases of terminally ill patients for early release

Punjab:

- i. TB DOT program and Screening being conducted
- ii. Dengue eradication programs being carried out
- iii. 17408 Addicts entered in rehabilitation programs and provision of special diet to them and 160 have been referred to outside jail hospital
- iv. Details of vocational courses offered and their participation
- v. 21 jails have adult literacy centers
- vi. 66 disabled prisoners

KPK:

- i. All jails have hospitals/ dispensaries and ambulances are available in all central prisons
- ii. Blood screening tests for Hepatitis B and C of prisoners are being carried out
- iii. Treatment is being provided to mentally disabled persons
- iv. Special diet plans are provided to sick prisoners
- v. Provincial Oversight Committees have been notified by Home Department and District Oversight Committees have been notified by Deputy Commissioners. They are conducting regular visits
- vi. Ramps have been constructed in Central Prison Peshawar to cater to prisoners in wheelchairs and the same will be incorporated in other Jails
- vii. Proposals and construction of additional jails are underway
- viii. Formal and Religious education is being imparted to prisoners including higher secondary and matriculation
- ix. In collaboration with Dost Foundation non-formal education is being provided to juveniles
- x. Free legal aid is being provided to 1349 prisoners

- xi. PMIS system has been introduced and will be streamlines and upgraded in all jails of KPK
- xii. Prison Census activity has been initiated to identify prisoners worth considering for non-custodial arrangements like bail, probation and parole.
- xiii. Camp Courts in Jails are held for disposal of petty nature cases.
- xiv. DOT Program for prisoners with TB and blood screening of 13141 prisoners has been carried out
- xv. 185 Mercy Petitions pending before various forums

PRISON REFORM

	AREAS	SUBSECTIONS	LEGAL FRAMEWORK	GAPS	RECOMMENDATIONS
1	General Principles	Definitions	<p>i. Mandela Rule 1, 2, 3, 4. ii. Rule 1065 in Pakistan Prisons Rules is a complementary rule that emphasizes on the duty of prison staff to treat prisoners humanely and listen to their grievances.</p> <p>However Section 2 of Sindh Prisons and Corrections Services Act 2019 ('Sindh Act') is a better enunciation of the Mandela Rules since it recognizes the inherent fundamental right to dignity of a prisoner. Furthermore, the Sindh Act gives mechanisms for redressal and filing of complaints against the prison staff.</p>	<p>The Mandela Rules stress on the importance of dignity of the prisoners. This is missing in the overall language of the Pakistan Prison Rules barring a few specific rules.</p>	<p>Stress on the inherent human dignity and humane treatment of prisoners without discrimination, and on the need for rehabilitation rather than punitive punishment is essential and therefore must reflect in all legislation dealing with treatment of prisoners.</p> <p>The Sindh Act recognizes Constitutional Fundamental Rights of prisoners, which has not been done in the Pakistan Prison Rules. To cite an example, Section 2 of the Sindh Act is reproduced below:</p> <p><i>“Purpose of the Prison System: b) confining all Prisoners in safe and secure custody whilst ensuring their fundamental rights as enshrined in the Constitution of Islamic Republic of Pakistan, as well as under this Act or related laws and rules; and c) assisting the welfare and rehabilitation of prisoners and their reintegration into society as a law abiding citizens through provisions of reformation programs.”</i></p>
2	Admission to Prison	Allocation (close to home)	<p>i. Mandela Rule 59, 6 ii. Rule 159 of Pakistan Prison Rules</p>	<p>Although there are provisions to transfer of a prisoner to his/her home district such as Rule 159 of PPR, it is mandatory to do so only 30 days before the release of the prisoner.</p>	<p>The operation of Rule 159 should be by default, like the Rule 59 of MR. This would be in line with the concept that contact with family facilitates rehabilitation process and makes post release reintegration easier.</p> <p>As far as possible, when determining allocation of prisoners, authorities should consult with prisoners themselves to assess what they consider home. International guidelines allow for special to be made for:</p> <ol style="list-style-type: none"> 1. Prisoners with mental illnesses 2. Female prisoners with children 3. Juvenile prisoners 4. Foreign nationals <p>The prison data that was provided did not expressly provide for the number of prisoners who have been imprisoned in jails/prisons away</p>

PRISON REFORM

				from their homes.	
Registration	<p>i. Mandela Rules 7, 8.</p> <p>ii. Chapter 50 of the Pakistan Prison Rules.</p>		Currently there does not exist a uniform electronic file management system in all the prisons across Pakistan.	<p>The data provided by the Prison departments reflect that Prison Rules are followed and data related to the prisoner at the time of admission is taken down. However, amendments may be made to the extent of incorporating the following categories of data in the list as well (in addition to the data already recorded) at the time of registration</p> <ul style="list-style-type: none"> • information related to behaviour and discipline, • requests and complaints regarding ill treatment. • Emergency contact details of the prisoner's next of kin should be noted. 	
Information (Regime, rules, legal advice)	<p>i. Mandela Rules 54, 55</p> <p>ii. Rule 64 of the Pakistan Prisons Rules.</p>		<p>Although Rule 64 of Pakistan Prisons Rules says that abstract of rules are to be read up and hung but no provisions exist with respect to provision of manual of prison laws or the rights of the prisoners, especially the right to consult a legal practitioner are dealt with under the Prison Rules.</p>	<p>There ought to be a list of rights/ protections that should be read out to the prisoners upon admission, in a language they understand. This includes their right to file a complaint, the procedure for it, applicable prison regulations etc.</p> <p>Although the prison departments have provided that some form of information is shared with the prisoners, it is unclear whether all the laws and rights are read out to them. Therefore, it is proposed that a complete Jail manual with Pakistan Prison Rules attached copy should be given to the prisoners upon request.</p> <p>Moreover, in line with Section 34 of the Sindh Prisons and Corrections Services Act (2019), a panel of legal practitioners should be present for the prisoners to consult with, if they request it.</p>	
Prisoners Property (Safe custody)	<p>i. Mandela Rules 7, 67.</p> <p>ii. Pakistan Prisons Rule, Chapter 4, Rules 69-89. Rule 68</p>			<p>The prison departments have communicated that a property register is maintained at every prison therefore these provisions are being complied with. However, it is proposed that the medicine brought by the prisoners, if any, be kept available for the prisoner to use, subject to the approval of a medical practitioner.</p>	
Medical Screening	<p>i. Mandela Rules 30, 34</p> <p>ii. Rule 18-Rule 20 of Pakistan Prison Rules (medical examination of the prisoner and recording it)</p>		<p>Although the Pakistan Prison Rules specify that an evaluation will be done of mental and physical health of the prisoner at the time of admission, no provisions</p>	<p>The initial evaluation must also incorporate reporting of any signs of physical or mental torture suffered by the patient in his medical report, and whether the inmate is at risk of self-harm at the time of admission.</p> <p>Along with this, treatment should be prescribed and immediately provided.</p>	

PRISON REFORM

				<p>In line with the above suggestion, it should be noticeable that the data provided by the Punjab prisons authorities actually show that treatment is extended to prisoners at the time of admission if injuries or evidence of torture is seen.</p> <p>Data received from prisons reflects that in all provinces barring Balochistan, there are prisons that have outgrown their capacity and are overcrowded. In Punjab alone almost half of the prisons have exceeded their authorized capacity.</p> <p>Although there is a concept of special prisons in rule 6 (3) of the PPR, but in practice there are no open prisons in Pakistan. No data available on open prisons to contest the above statement.</p> <p>Proper facilities should be designed for disabled prisoners. Medicine and regular medical care should be provided to people with disabilities. Their medical file should be updated with the check ups they have undergone. In KPK ramps are being constructed other provinces may take similar measures.</p> <p>Prisoners identifying as the transgender should be protected from other prisoners, as they are vulnerable. A complaint procedure can be devised for them where they can either be separated or placed in separate, in more secure quarters of the prison. Upon admission, prison officials may follow the SOPs formulated by the Ministry of Human Rights. Annexure X</p> <p>Similarly, amendments may be made to Prison Rules to incorporate specific provisions for senior citizens in the prisons.</p>
3	Classification and Accommodating special needs	<p>Categorization</p> <p>i. Mandela Rule 11. ii. Chapter 9 of Pakistan Prisons Rules.</p> <p>Classification</p> <p>i. Mandela Rules 89, 93, 94</p> <p>Special Needs (e.g. disabilities)</p> <p>i. Mandela Rules 2,5</p>	<p>exist with respect to continuation of treatment.</p> <p>There is no concept of open prisons in Prison Rules.</p> <p>Although the MR state that a closed prison should not exceed 500 prisoners, majority of prisons in Pakistan are overcrowded.</p> <p>No corresponding provisions for Rule 2 and 5 of the MR (prisoners with disabilities) exist in Pakistan Prison Rules.</p> <p>Furthermore, no specific provisions with respect to care of senior citizens are provided in Prison Rules.</p>	<p>Prison Staff should be given a routine checkup of physical and mental health.</p> <p>A support group, headed by a psychologist can be made, and individual appointments can also be set up to discuss all mental health issues faced by prison staff.</p> <p>Regular trainings of Prison staff to deal with aggressive prisoners (MR Rule 82), or in special circumstances.</p> <p>Security of employment should be ensured and employment should be incentivized to reduce high turnover rate. Employment benefits and conditions of service shall be favourable in view of the exacting</p>
4	Prison Staff	<p>Safety</p> <p>i. Mandela Rule 74, Rule 82</p> <p>Employment</p> <p>i. Mandela Rules 74, 78 ii. Chapter 45 of PPR</p>	<p>There are no corresponding provisions in the PPR, which adequately protect safety and the rights of the prison staff.</p> <p>There is a huge turnover of the prison staff in</p>	

PRISON REFORM

			<p>nature of the work. For Example Cash Awards for Prison Officers may be introduced for exceptional performance as provided under Section 24 of Sindh Prisons and Corrections Services Act, 2019</p> <p>Standardized safety procedures for Specialists and medical personnel.</p>
Remuneration	i. Mandela Rule 74	<p>Pakistan as there are no adequate protections especially for medical staff. The information received from the prison departments show that almost half of the prison posts that provide technical support and otherwise are currently vacant.</p>	<p>Before entering on duty, all prison staff shall be provided with training tailored to their general and specific duties.</p>
Recruitment	i. Mandela Rules 74, 81 ii. Chapter 45 of PPR	<p>The Prison staff also lacks proper training with respect to special prisoners.</p> <p>The training of the officials should be updated yearly.</p>	<p>Along with this, a tutorial on translated summary of Mandela guidelines on the treatment of prisoners should be given mandatorily. The psychosocial needs of prisoners and the civic duties of the staff should be emphasized, the importance of their job should be imparted. Prison staff should also be deterred from using excessive force.</p>
Training	i. Mandela Rules 75, 76 ii. Chapter 45 of PPR iii. Bangkok Rule 34	<p>According to data provided by Sindh prison department, regular trainings of prison staff are carried out. However, Balochistan states that only 30% of their staff is trained.</p> <p>Although the Prison Rules refer to relevant qualifications of the Prison staff, the same is not implemented.</p> <p>No corresponding rules in Prison Rules to cater to Rule 34 of the Bangkok Rules according to which Capacity-building</p>	<p>Staff training and promotion opportunities should be made available to all staff members on an equal basis, without discrimination, and in accordance with the requirements of their particular roles and functions (MR 215).</p> <p>Women prison staff should receive equal access to training as male staff, and all staff involved in the management of women's prisons shall receive training on gender sensitivity and prohibition of discrimination and sexual harassment (Bangkok Rule 32).</p> <p>In line with Bangkok Rule 33, All staff assigned to work with women prisoners should receive training relating to the gender-specific needs and human rights of women prisoners. Additionally, basic training shall be provided for prison staff working in women's prisons on the main issues relating to women's health, in addition to first aid and basic medicine. Moreover, where children are allowed to stay with their mothers in prison, awareness-raising on child development and basic training on the health care of children shall also be provided to prison staff, in order for them to respond appropriately in times of need and emergencies.</p>

PRISON REFORM

				<p>programmes on HIV should be included as part of the regular training curricula of prison staff.</p>	<p>The data provided by the prison authorities shows that the no sanctioned posts for psychiatrists in Sindh, KPK and Baluchistan which may cater to the humane treatment of women prisoners and children born in prisons.</p> <p>Although language according to the Rule 34 is missing, data shows that HIV, TB and hepatitis screenings are already being conducted across Pakistan. In Punjab alone approximately 3000 prisoners were screened for HIV.</p> <p>Regular feedback to be taken from the STAFF and PRISONERS on how the management or services can be improved.</p>
5	<p>Files and Records</p>	<p>Management</p> <p>System standardized</p> <p>Information (Personal data, date of release, legal case, complaints etc)</p>	<p>i. Mandela Rules 79, 80 ii. Chapter 45 of PPR</p> <p>i. Mandela Rules 6, 10 ii. Rule 1240</p> <p>i. Mandela Rules 7-9, 26, 92 ii. Chapter 50 of Pakistan Prisons Rules. (Rule 1240)</p>	<p>In Pakistani Prisons there is a culmination of manual and automated systems, which are being used and these also differ from prison to prison.</p> <p>No complaints from prison staff and the prisoner are recorded.</p> <p>The information should be kept confidential especially the health records of the prisoner and that information should be transferred to a medical facility upon release.</p>	<p>A Standard electronic Register should be used which should contain all the files of the prisoner.</p> <p>All of the registers being used as per Rule 1240 of the PPR should be Automated.</p> <p>A system has to be devised in which a prisoner can effectively without coercion make a complaint to the Superintendent and upon release the prisoner shall receive an official copy of the records.</p> <p>The data provided by Sindh Prison department states that a record is maintained of directions from the Court where prisoners have couriered their grievances and regular reports are filed in compliance of the directions. Other provinces may adopt similar methods.</p> <p>MoHR has already developed a standardized Mercy Petition form/Template which should be uploaded through adequate software onto the data base of each prison.</p>
6	<p>Accommodating Prisoners</p>	<p>Hygiene</p> <p>Food and Water</p>	<p>i. Mandela Rules 15, 16, 18-21 ii. Chapter 31 of Pakistan Prisons Rules</p> <p>i. Mandela Rules 22, 35, 42, 43. ii. Chapter 20 of Pakistan Prisons Rules.</p>	<p>Although Rule 767 of the PPR talks about maintenance of wells but it does not ensure clean drinking water.</p> <p>Although there is a complete procedure for</p>	<p>The prison service should provide clean drinking water and sanitation services. The data provided by Punjab reflects that efforts are being made for sanitation of wells, the same may be introduced in other provinces.</p> <p>As per Rule 12 of The MR, one prisoner should occupy one prison. However, data provided to the Commission reflects serious overcrowding in all prisons except Balochistan.</p>

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	<p>Accommodation (pre-trial detainees separate, proper heating etc)</p>	<p>i. Mandela Rules 12-14, 42, 113</p>	<p>winters in the Rule 260 of the PPR but no adequate heating facilities are provided for.</p>	<p>If the child is conceived in the prison this fact should not be mentioned in the child's records including birth certificate. (Rule 28 MR and Rule 3 of the Bangkok Rules).</p> <p>To update rules 325 to 327, Rule 48 of the Bangkok Rules should be incorporated verbatim:</p>
	<p>Children and Women</p>	<p>i. Mandela Rules 28, 29. ii. Also see UN Bangkok Rules. iii. Chapter 13 of the Pakistan Prisons Rules.</p>	<p>Rules 325 to 327 talk about children born in prison, however these are inadequate.</p> <p>Data: there are 50 children with their mothers in KPK and 90 in Punjab.</p> <p>Absence of corresponding provisions to Rule 51 of the Bangkok Rules which refer to provision of health-care services, education, development and retaining a healthy environment for children's upbringing are being complied with.</p>	<ol style="list-style-type: none"> 1. Pregnant or breastfeeding women prisoners shall receive advice on their health and diet under a programme to be drawn up and monitored by a qualified health practitioner. Adequate and timely food, a healthy environment and regular exercise opportunities shall be provided free of charge for pregnant women, babies, children and breastfeeding mothers. 2. Women prisoners shall not be discouraged from breastfeeding their children, unless there are special health reasons to do so. 3. The medical and nutritional needs of women prisoners who have recently given birth, but whose babies are not with them in prison, shall be included in treatment programmes. <p>It may be noted however that although Pakistan Prison Rules do not specifically refer to vaccinations and maternal care to be provided, however, the mothers and children are being vaccinated.</p> <p>It is proposed that the best practices as enlisted in the Bangkok Rules for children may be incorporated in Pakistan Prison Rules:</p> <p>Rule 50 Women prisoners whose children are in prison with them shall be provided with the maximum possible opportunities to spend time with their children.</p> <p>Rule 9 If the woman prisoner is accompanied by a child, that child shall also undergo health screening, preferably by a child health specialist, to determine any treatment and medical needs. Suitable health care, at least equivalent to that in the community, shall be provided.</p> <p>Rule 23 Disciplinary sanctions for women prisoners shall not include a prohibition of family contact, especially with children.</p> <p>Rule 28 Visits involving children shall take place in an environment</p>

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				<p>that is conducive to a positive visiting experience, including with regard to staff attitudes, and shall allow open contact between mother and child. Visits involving extended contact with children should be encouraged, where possible.</p> <p>Rule 5The accommodation of women prisoners shall have facilities and materials required to meet women’s special hygiene needs, including sanitary towels provided free of charge and a regular supply of water to be made available for the personal care of children and women, in particular women involved in cooking and those who are pregnant, breastfeeding or menstruating.</p> <p>Where conjugal visits are allowed, this right shall be applied without discrimination, and women prisoners shall be able to exercise this right on an equal basis with men. Procedures shall be in place and premises shall be made available to ensure fair and equal access with due regard to safety and dignity.</p> <p>It may be noted that Birthday parties of children and other events are celebrated in prisons in Punjab. Schools exist in women ward in the Punjab jails for the children of female prisoners. However, in KPK only one prison has school for children. Most of the prisons across Pakistan allow for Conjugal rights.</p>	<p>Searches should not be used as a pretext to harass prisoners. Strip Searches should only be done in exceptionally dire circumstances.</p> <p>Staff members have to file a report of all searches conducted, their nature, justification and subsequent conclusion. A copy should be provided to the prisoners who should be told of their right to file a complaint against such searches. A copy should also be filed in the permanent record of the prisoner.</p> <p>Rule 19 of the Bangkok Rules clarifies that personal searches of women and girls should “only be carried out by women staff who have been properly trained in appropriate searching methods and in accordance with established procedures”.</p> <p>Rule 42 Pregnant women and girls should never be subjected to vaginal searches.</p>
7	Discipline and Sanctions	Searches (dignity and privacy)	<p>i. Mandela Rules 50-53, 60</p>	<p>Searches should be carried out in a respectful way keeping in mind the inherent dignity of ingramed in every person.</p> <p>As per Rule 43, the scope of solitary confinement and other forms of degrading treatment including cruel punishments should be limited. Human Contact is necessary for the mental health of the prisoners thus prolonged confinement shall be reduced.</p>	

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8	Contact with the outside world	i. Solitary confinement	i. Mandela Rules 43-46, Also see UN Bangkok Rules and UN Havana Rules. Chapter 26 of Pakistan Prisons Rules. Section 29 of Prisons Act, 1894	Discipline and order shall be maintained with necessary restrictions be imposed and these restrictions should not amount to torture (Rule 43).	It may be noted that the data received by the prison departments of all provinces state that solitary confinement, if ever given, does not exceed 3 days. In KPK prisons 74 prisoners have been detained in solitary confinement. However, Solitary confinement should be forbidden altogether for women, juvenile prisoners and prisoners with mental illnesses.
		Disciplinary offenses	i. Mandela Rules 36-43	Instruments of Restraint are inherently degrading	Collective punishment should be forbidden.
		Use of restraints	i. Mandela Rules 43, 47-49 ii. Rule 652 and Rule 653		Rule 43 MIR No Disciplinary action should amount to torture or any other cruel or degrading treatment. Any such treatment should also be reported on paper, with the staff member explaining the reason for it and the prisoner holding the right to file a complaint against it.
		Use of force	i. Mandela Rule 82. ii. Also see UN Basic Principles on the Use of Force and Firearms by Law Enforcement Officials iii. Rule 1066 of Pakistan Prisons Rules		Prisoners shall be allowed to defend themselves in person, or through legal assistance when the interests of justice so require, particularly in cases involving serious disciplinary charges. Prisoners shall have an opportunity to seek judicial review of disciplinary sanctions imposed against them.
		Family and friends	i. Mandela Rules 43, 58-60, 68, 70. See also UN Bangkok Rules. ii. Pakistan Prisons Rules, Chapter 38 and chapter 22.	Prisoners are allowed to meet visitors once a week but this should be exercised as of right and other forms of communication should be made possible.	Telephone facility should be made available to all prisoners who wish to talk to their counsel. This is in light of the fact that in far flung areas, most prisoners are unable to know the progress of their cases or able to contact their family members.
		Legal representatives	i. Mandela Rules 41, 53, 61, 119, 120. See also UN Principles and Guidelines on legal aid in Criminal Justice Systems.	Prisoners should be allowed to keep their legal files in their cell. Language barrier.	Any correspondence with a lawyer should remain confidential - whether call or a letter. In case of a language barrier the state should provide the services of an interpreter in the prison to facilitate legal action. Access to Legal aid organisations should be ensured, including

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9	Day-to-day activities	R�habilitati on/ resocializati on programme s	i. Mandela Rules 4, 88, 89, 91-94, 96-108	<p>There should be an active effort by the state to rehabilitate the individual and to reduce rates of recidivism. Over all the state should shift from the authoritarian crime control model to a due</p>	<p>access to an NGO of the prisoners choosing. Although Sindh Prison Department shared data of prisoners who are receiving legal aid, they also shared that a large population is still unable to receive free legal aid. For example in Sindh 1476 prisoners are provided free legal aid but 550 needy prisoners are still not provided legal aid. In Balochistan no free legal aid is provided.</p> <p>Untried prisoners should be informed promptly about their case status and developments.</p> <p>If the prisoner cannot afford the state should bear legal fees.</p> <p>PPR should include provision dealing with foreign nationals granting them diplomatic protection including consular access. Stateless persons should also be accommodated. Example: Section 46 [International Transfer of Prisoner] of the Sindh Act, 2019</p> <p>Mandela Rule 62 is ideal are may be incorporated verbatim:</p> <ol style="list-style-type: none"> 1. Prisoners who are foreign nationals shall be allowed reasonable facilities to communicate with the diplomatic and consular representatives of the State to which they belong. 2. Prisoners who are nationals of States without diplomatic or consular representation in the country and refugees or stateless persons shall be allowed similar facilities to communicate with the diplomatic representative of the State which takes charge of their interests or any national or international authority whose task it is to protect such persons. <p>For example In Sindh, 240 detained foreigners are not provided consular access.</p> <p>Vocational training and work for the sole purpose of rehabilitation should be adapted. Dependency programs have to be introduced. Punjab offers training at training centres in a variety of activities as an MOU has been signed with TEVTA and so far 11, 396 prisoners have benefitted from it. Almost 1/4 of the prison population participates in these activities. A space should be allocated for prisoners to walk/recreational purposes everyday for one hour. Three slots per day can be allocated so that crowd management is easier for</p>
	Embassies		i. Mandela Rule 62	<p>Access to effective legal aid.</p> <p>Due process for the prisoners.</p> <p>Untried Prisoners.</p> <p>No specific provisions with respect to foreigners is present in Prison Rules</p>	

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10	Physical and Mental Health	Access to Healthcare	<ul style="list-style-type: none"> i. Mandela Rules 24-29, 31 ii. Chapter 32 of Pakistan Prisons Rules 	<p>Dentist should be made available to the prisoners. Data reflects that no posts are sanctioned for dentists in Sindh and KPK.</p>	<p>Access to Religion as a right should be guaranteed not only in theory to all prisoners not only muslims.</p> <p>In Sindh courses are provided in fine arts, computing, and English to 4400 prisoners approximately</p>
	Education	<ul style="list-style-type: none"> i. Mandela Rule 104 ii. Rule 679 of Pakistan Prisons Rules 		<p>Extra protections for minorities should be established as they are the most vulnerable.</p> <p>Data: Punjab reports that they have established technical training centres for women in courses such as Fashion designing, beautician, Machine embroidery etc.</p>	
	Meaningful activities	<ul style="list-style-type: none"> i. Mandela Rules 4, 23, 64-66, 105 	<p>However in Balochistan only factory existed at Mach Jail and the same was burnt down in rioting in 2007-2009. No other factory exists. Two (02) vocational training centers are still incomplete due to non-allocation of remaining funds</p>		
	Work	<ul style="list-style-type: none"> i. Mandela Rules 40, 96-103 ii. Chapter 33 of Pakistan Prisons Rules talks about Prison industries, and labour 	<p>For example In Sindh courses are provided in Beautician, Carpentry, Motor Winding, Electrician, Handicrafts, Tailoring and Embroidery as well as Music to approximately 240 prisoners.</p>		
			<p>process model thus a prison should be viewed as a rehab facility.</p> <p>Sentenced prisoners should be provided work as per Rule 96 of The MR, the work should be useful in nature.</p> <p>Work should not be used as a pretext to hard labour with long hours as it is inhumane.</p> <p>The Purpose work in prison should not be to turn a financial profit.</p>	<p>staff members as a specific number of prisoners will be given one slot each.</p> <p>Sentenced prisoners shall have the opportunity to work and/or to actively participate in their rehabilitation, subject to a determination of physical and mental fitness by a physician or other qualified health-care professionals.</p> <p>Include Society for the advancement of health, education and environment (SAHEE), to provide recommendations and expertise.</p>	

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				<p>All medical files should be recorded electronically, access to those files should be given to a third party if the prisoner consents.</p> <p>The medical staff should be independent of the prison service, so they may do their work unfettered.</p> <p>For pregnant females: The healthcare staff should regularly check for any signs of mental stress and should take necessary steps for treatment.</p> <p>Medicals Officer should uphold the same standard of care as of a regular patient</p> <p>Confidentiality between prisoner and doctor and the practice of informed consent should be implemented.</p>
		<p>i. Mandela Rules 25, 30-34 Chapter 40 of Pakistan Prisons Rules on Medical Officer</p>		<p>Include DOST Welfare Foundation (for drug rehabilitation) to provide recommendations and expertise.</p> <p>All under-trial prisoners suffering from mental disorders should preferably be granted bail.</p> <p>Prisoners upon release should be safeguarded from from any sort of insults or abuse thus the release should be as discreet as possible.</p> <p>An affirmative action by the state for prisoners reintegration is crucial, the concept of half way homes can be implemented, and other measures like microfinance loans to start a new phase of life.</p>
	Role of Healthcare staff	<p>i. Mandela Rules 26, 32 ii. Chapter 18 on “mental patients”, Pakistan Prison Rules</p>		
		Prisoners as patients	<p>i. Mandela Rule 35 ii. Chapter 32 of Pakistan Prisons Rules iii. Mental Health Ordinance 2001</p>	
		Advice on health		
		Property	<p>i. Mandela Rule 67. ii. Rule 131 of Pakistan Prisons Rules. iii. Generally see Chapter 6 of Prison Rules</p>	<p>The prisoner should sign off all his articles upon release, including the money the prisoner brought in.</p>
		Reintegration	<p>i. Mandela Rules 88,90</p>	
11	Release from Prison			
12	Inspections and investigations	<p>i. Mandela Rules 83-85, 57, 71 ii. Chapter 28 and 29 of Pakistan Prisons Rules</p>	<p>Inspections Of the Prison by External and international organizations are not provided for in prison rules.</p>	<p>Mandela Rules: The system of two-fold inspections should be implemented, where Internal and external parties (independent of prison staff) should be able to inspect the prison.</p> <p>Each province can decide how their two-fold inspection can unfold and provide mechanisms. Although for example in Sindh, Oversight Committees are</p>

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13	Transfer and Transport	<ul style="list-style-type: none"> i. Mandela Rules 26(2), 73 ii. Chapter 7 of Pakistan Prison Rules 	<p>The MR states that upon transfer medical files should be transferred to the relevant health authorities or the personal doctor. No such provision exists in Chapter 7 of the PPR.</p>	<p>functioning that regularly convene every fortnight.</p> <p>The transportation vehicles for the prisoners should be adequately ventilated.</p> <p>Medical files shall be transferred to the health-care service of the receiving institution upon transfer of a prisoner and shall be subject to medical confidentiality.</p>
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Appendix D

MANDELA RULES (MR) ON SICK PRISONERS AND THEIR CORRESPONDING PROVISIONS IN PAKISTAN PRISON RULES (PPR)

<u>MR</u>	<u>Mandela Rules Description</u>	<u>PPR</u>	<u>Gaps and Recommendations</u>
109	<p>Persons who are found to be not criminally responsible, or who are later diagnosed with severe mental disabilities and/or health conditions, for whom staying in prison would mean an exacerbation of their condition, shall not be detained in prisons, and arrangements shall be made to transfer them to mental health facilities as soon as possible.</p> <p>If necessary, other prisoners with mental disabilities and/or health conditions can be observed and treated in specialized facilities under the supervision of qualified health-care professionals.</p> <p>The health-care service shall provide for the psychiatric treatment of all other prisoners who are in need of such treatment.</p>	433 - 455	<p>Currently many mentally sick patients are being retained in prisons and are not being transferred to mental health facilities.</p> <p>In Punjab alone there are 222 sick prisoners.</p> <p>Prisons are understaffed and many do not have trained psychiatric and psychologists working full time.</p>
110	<p>It is desirable that steps should be taken, by arrangement with the appropriate agencies, to ensure if necessary the continuation of psychiatric treatment after release and the provision of social psychiatric aftercare.</p>		<p>No Rules per se within the Prison rules exist currently to deal with this issue however other relevant laws that look into this.</p>
24	<p>1. 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.</p>	Rule 197	<p>However, Punjab Prison Department stated that increased coordination is required between health department.</p>

	<p>2. Health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence.</p>		<p>The data provided shows that often doctors and medical personnel from nearby hospitals come in for visits as and when required. However, more information may be sought in this regard from Prison authorities and health ministry.</p>
25	<p>1. Every prison shall have in place a health-care service tasked with evaluating, promoting, protecting and improving the physical and mental health of prisoners, paying particular attention to prisoners with special health - care needs or with health issues that hamper their rehabilitation.</p> <p>2. The health-care service shall consist of an interdisciplinary team with sufficient qualified personnel acting in full clinical independence and shall encompass sufficient expertise in psychology and psychiatry. The services of a qualified dentist shall be available to every prisoner.</p>	787	<p>Although there are sanctioned posts for an interdisciplinary team, most of the posts remain vacant. This is a major cause of concern with respect to sick prisoners and their treatment in prisons.</p>
26	<p>1. 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. A prisoner may appoint a third party to access his or her medical file.</p> <p>2. Medical files shall be transferred to the health-care service of the receiving institution upon transfer of a prisoner and shall be subject to medical confidentiality.</p>	166	<p>No rules exist to allow prisoners to have their medical data reviewed by third parties. Or detailed provision with respect to transfer of health file of prisoners.</p>

27	<p>1. All prisons shall ensure prompt access to medical attention in urgent cases. Prisoners who require specialized treatment or surgery shall be transferred to specialized institutions or to civil hospitals. 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.</p> <p>2. Clinical decisions may only be taken by the responsible health-care professionals and may not be overruled or ignored by non-medical prison staff.</p>	197	The Rule does exist however data has revealed that currently over 245 cases of medically ill prisoners that are pending before the respective Home Departments with 232 cases in Sindh and 12 in Punjab.
28	In women's prisons, there shall be special accommodation for all necessary prenatal care and treatment . Arrangements shall be made wherever practicable for children to be born in a hospital outside the prison . If a child is born in prison, this fact shall not be mentioned in the birth certificate.	323, 324, 325, 326	To update rules 325 to 327, Rule 48 of the Bangkok Rules should be incorporated verbatim (already provided in the Matrix at Annexure C)
29	<p>1. A decision to allow a child to stay with his or her parent in prison shall be based on the best interests of the child concerned. Where children are allowed to remain in prison with a parent, provision shall be made for:</p> <p>(a) Internal or external childcare facilities staffed by qualified persons, where the children shall be placed when they are not in the care of their parent;</p> <p>(b) Child-specific health-care services, including health screenings upon admission and ongoing monitoring of their development by specialists.</p> <p>2. Children in prison with a parent shall never be treated as prisoners.</p>	325, 327	The prison rules state that children can only stay in prison till the age of 7. However, serious problems with respect to their schooling and education persist in these prisons and provisions for the same may be incorporated in Prison Rules
30	A physician or other qualified health-care professionals, whether or not they are required to report to the physician, shall see, talk with and examine every prisoner as soon as possible following his or her admission and thereafter as necessary . Particular attention shall be paid to: <p>(a) Identifying health-care needs and taking all necessary measures for</p>	976, 979	

	<p>treatment;</p> <p>(b) Identifying any ill-treatment that arriving prisoners may have been subjected to prior to admission;</p> <p>(c) 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, medication or alcohol; and undertaking all appropriate individualized measures or treatment;</p> <p>(d) In cases where prisoners are suspected of having contagious diseases, providing for the clinical isolation and adequate treatment of those prisoners during the infectious period;</p> <p>(e) Determining the fitness of prisoners to work, to exercise and to participate in other activities, as appropriate.</p>		
31	<p>The physician or, where applicable, other qualified health-care professionals shall have daily access to all sick prisoners, all prisoners who complain of physical or mental health issues or injury and any prisoner to whom their attention is specially directed. All medical examinations shall be undertaken in full confidentiality.</p>	981	
32	<p>1. The relationship between the physician or other health-care professionals and the prisoners shall be governed by the same ethical and professional standards as those applicable to patients in the community, in particular:</p> <p>(a) The duty of protecting prisoners' physical and mental health and the prevention and treatment of disease on the basis of clinical grounds only;</p> <p>(b) Adherence to prisoners' autonomy with regard to their own health and informed consent in the doctor-patient relationship;</p> <p>(c) The confidentiality of medical information, unless maintaining such confidentiality would result in a real and imminent threat to the patient or to others;</p> <p>(d) An absolute prohibition on engaging, actively or passively, in acts that may constitute torture or other cruel, inhuman or degrading treatment or</p>		<p>No Rules with respect to ethical and professional standards for medical staff exist currently.</p> <p>Medical Staff may be trained to apprise them of these.</p>

		punishment, including medical or scientific experimentation that may be detrimental to a prisoner's health, such as the removal of a prisoner's cells, body tissues or organs.		
33	981	The physician shall report to the prison director whenever he or she considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.		
34	982	If, in the course of examining a prisoner upon admission or providing medical care to the prisoner thereafter, health-care professionals become aware of any signs of torture or other cruel, inhuman or degrading treatment or punishment, they shall document and report such cases to the competent medical, administrative or judicial authority. Proper procedural safeguards shall be followed in order not to expose the prisoner or associated persons to foreseeable risk of harm.		Capacity Building and Trainings, Training the prison staff to treat prisoners as wards of state and worthy of respect and dignity
35	780, - 785 793, 984 - 985, 991, 803, 802 983, 799, 999	1. The physician or competent public health body shall regularly inspect and advise the prison director on: (a) The quantity, quality, preparation and service of food; (b) The hygiene and cleanliness of the institution and the prisoners; (c) The sanitation, temperature, lighting and ventilation of the prison; (d) The suitability and cleanliness of the prisoners' clothing and bedding; (e) The observance of the rules concerning physical education and sports, in cases where there is no technical personnel in charge of these activities.		Capacity Building of existing staff (Jail Super intendant and Medical officers etc.) may be carried out to educate them on these rules and their duties. Proper records to be maintained for all the findings made by the medical administration.

<p>2. The prison director shall take into consideration the advice and reports provided in accordance with paragraph 1 of this rule and rule 33 and shall take immediate steps to give effect to the advice and the recommendations in the reports. If the advice or recommendations do not fall within the prison director's competence or if he or she does not concur with them, the director shall immediately submit to a higher authority his or her own report and the advice or recommendations of the physician or competent public health body.</p>	<p>791 - 792</p> <p>994</p>	
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Draft Guidelines for Police Engagement with Transgender Persons

PURPOSE:

The purpose of this document is to establish guidelines for the police department for appropriate treatment of transgender individuals who encounter the Police officials or Police Department.

DEFINITIONS:

Adopted Name: Is the non-birth name that a transgender individual uses, in self-reference. (This may or may not be the individual's legal name.)

Sex: The classification of people's bodies as male or female, usually as assigned at birth.

Gender Identity: Gender identity means a person's innermost and individual sense of self as male, female or a blend of both or neither: that can correspond or not to the sex assigned at birth (Transgender Act 2018)

Gender Expression: Gender expression refers to a person's presentation of their gender identity, and/or the one that is perceived by others (Transgender Act 2018)

Transgender:

A transgender person is a person who is

- (i) Intersex (Khunsa) with mixture of male and female genital features or congenital ambiguities, or
- (ii) Eunuch assigned male at birth, but undergoes genital excision or castration; or
- (iii) a Transgender Man, Transgender Woman, Khawajasira or any person whose gender identity and/or gender expression differs from the social norms and cultural expectations based on the sex they were assigned at the time of their birth. (Transgender Act 2018)

PROCEDURES:

1. FORMS OF ADDRESS:

- 1.1. Officers shall address transgender individuals by the individual's adopted name. This is true even if the individual has not received legal recognition of the adopted name. In addressing or discussing a transgender person, officers shall use pronouns appropriate for that person's gender identity.
- 1.2. If Gender Expression does not clearly indicate a transgender person's identity, an officer may politely and respectfully ask how the person wishes to be addressed. For example, an officer may ask a transgender person which name and pronoun the person prefers.
- 1.3. When a person self-identifies as a transgender person, officers shall not question this identity or ask about the person's physical status.
- 1.4. Whether or not the name on a person's driver's license or identification card coincides with the person's gender identity, an officer shall address or refer to the person by the name that the person has used to identify him or herself. An officer shall also use the pronouns consistent with the name provided by the person.
- 1.5. Under no circumstances may an officer frisk, search, or otherwise touch any person for the purpose of obtaining information about that person's gender status.
- 1.6. Under no circumstances shall transgender people be subject to more invasive search procedures than non-transgender people

2. CALLS FOR SERVICE:

- 2.1. Calls for service or complaints generated by transgender individuals shall be addressed and investigated in a manner that is consistent with all Departmental policies. No officer shall fail to respond to a call for service or take appropriate action based on the gender identity, gender expression, or any other demographic characteristic of the caller.

3. IDENTIFICATION OF INDIVIDUALS ON OFFICIAL RECORDS AND REPORTS:

- 3.1. To minimize inconsistency or confusion, any individual listed on any official Departmental reports shall be identified in a manner which is consistent with their current government-issued identification card (CNIC Card). This applies to all personal information including name and gender.

- 3.2. An officer should ask the person for his or her legal name (CNIC name) in a one-on-one situation. If the contact is in a group environment, the officer should ask the person to step outside the group to obtain the legal name and avoid "outing" the person.
- 3.3. If the individual uses an adopted name, that name should be listed as any other alias would be.
- 3.4. Persons without any government identification shall be identified according to their self identified Gender.
- 3.5. If any confusion exists regarding how to identify an individual's gender (for example, if the person has no government-issued identification and is unwilling or unable to speak with an officer about the matter), a supervisor shall be consulted and the report shall note how the final decision was reached.
- 3.6. Legal names (CNIC name) are only relevant for purposes of accurate legal record keeping. In all other interactions, an officer should address the person using their adopted name.

4. INVESTIGATIVE DETENTION/STOP AND SEARCH:

- 4.1. Officers shall continue to use standard practices and procedures when conducting "Investigative Detentions" and "Pat downs" and shall abide by all Departmental policies and procedures. Additionally, a search or pat down shall not be performed for the sole purpose of determining an individual's anatomical sex, and transgender individuals shall not be subject to more invasive search or pat down procedures than non-transgender individuals.
- 4.2. If a transgender individual makes a request to be searched by an officer of a specific gender, that request shall be honored if it is reasonably possible to do so. This does not apply to a non-invasive pat down search for officer safety reasons.

5. SEARCHES:

- 5.1. The search will be conducted by officers of the same gender as the transgender prisoner's gender identity, (e.g. for Transgender woman, a woman police personnel will be appointed).

6. PROCESSING OF TRANSGENDER ARRESTEES:

6.1. Appearance-related items, including, but not limited to, prosthetics, clothes, wigs, or make-up should not be confiscated or removed from transgender people unless such items present a safety hazard.

7. JUVENILE TRANSGENDER INDIVIDUALS:

7.1. All interactions with juvenile transgender individuals shall conform to the mandates set out by this policy. This policy does not affect any other provisions outlined in applicable directives covering the processing and handling of juveniles. In an event a juvenile transgender individual is arrested the Juvenile Justice Systems Act 2018 will apply to the minor transgender.

8. DETENTION:

8.1 Transportation:

8.1.1 As with all prisoners, a transgender prisoner shall be transported alone when possible. In cases of multiple arrests, officers should make efforts to ensure that additional units are called to assist with the transporting of transgender individuals.

8.1.2 When requested by a transgender individual, an officer of the individual's gender identity will conduct the transport or be present for the transport, if possible.

8.2 Booking and Processing:

8.2.1 The Booking Officer will book a transgender prisoner under the name appearing on the prisoner's government-issued identification (CNIC Card) according to normal booking procedures and protocols. The adopted name (i.e. name that the individual uses in self reference) of the transgender prisoner will be listed as an a.k.a. or alias. If insufficient identification is available, then ask the person's self identified gender and preferred pronoun.

8.2.2 Prisoner logs and other documents used to keep track of prisoners while they are in custody shall identify transgender individuals as stipulated above. The individual's adopted name as well as gender identity/expression shall be noted so subsequent shifts of officers may address the prisoner as the prisoner wishes to be addressed.

8.2.3 According to section vi of the Transgender Persons (Protection of Rights) Act 2018, separate prisons, jails and confinement cells need to be established for transgender

people. Transgender prisoners shall not be placed in cells with other prisoners unless no alternative exists. Where no alternative exists, the transgender prisoner's views regarding their personal safety should be considered seriously when determining how to allocate prisoners between cells.

8.2.4 Officers transporting a transgender detainee to another facility (court, jail, etc.) shall advise the personnel at the receiving facility of the housing preference and gender status of the detainee and ensure that all paperwork accompanying the prisoner adequately describes the gender-related identity issues that are presented. This information shall be relayed in a discreet, respectful, and timely manner.

8.3 Medical Treatment:

8.3.1 Whenever a transgender individual expresses a need for medical attention, members shall handle the situation with the same urgency and respect as any other illness or injury to detainees and document any treatment that is provided.

8.4 Use of Bathrooms:

8.4.1 Officers shall permit a detainee to use gendered facilities that correspond to that individual's identity. A detainee shall not be required to use the restroom of such individual's designated sex at birth.

8.4.2 Options for reasonable restroom access may be limited by the physical set-up of the Department's facilities.

Fortunately, any of the following options can be employed:

- Single-occupant, gender-neutral restroom facilities.
- Multiple-occupant, gender-segregated restroom facilities with lockable single-occupant stalls.

9. TRAINING:

9.1. Training on interactions with transgender people and review of this Policy should be conducted as directed by the Police Personnel and Training Section. This training should sensitize all the police officials from time to time especially on checkpoints who may interact with transgender community and be respectful towards their gender.