Commission for Gender Equality

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BOUND BY DUTY TO CARE:

Assessing Correctional Service Centres on the health and Welfare Services for Female Offenders

2018

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FOREWORD & ACKNOWLEDGEMENTS

This report is the second in this project that started in the 2017/18 Financial Year and continues with the work of exploring and assessing how the Department of Correctional Services, through its Correctional Centres in the provinces, handles and deals with the needs of female inmates. In particular, the project focuses attention on how Correctional Service Centres observe and cater for the rights of inmates to proper healthcare services to meet their health, welfare, reproductive and sexual rights.

This is in the face of dominant social norms and perceptions that once a member of society has broken the law and went through the judicial system to receive their just punishment, society ought to treat them with the harshness they deserve as convicted criminals. However, even in the context of prisons where convicted criminals reside to receive their just punishments, the law recognises their rights and therefore imposes an obligation and duty on the part of prison officials to care for their rights. This included their rights to receive proper healthcare services, including access to medication and other support services for their health, welfare, sexual and reproductive rights.

This report therefore presents the findings of the work that was carried out involving the female sections of three Correctional Service Centres (i.e. Durban Westville Female Correctional Centre, Potchefstroom Remand Correctional Detention Facility and the Thohoyandou Correctional Service Centre). The CGE is grateful to the DCS, and the three Correctional Centres, for granting access to these Centres for purposes of fieldwork, including site visits. The CGE is also grateful to the management of the three Centres, including officials, specialists and especially the female inmates who gracefully made their time available to meet with the research team and express their views and experiences regarding the subject matter of this study.

This work was carried out by a Team of Researchers from the Commission for Gender Equality, comprising the late Arthur Baloyi who passed away on 26 January 2019, Vernet Napo, Lindelwe Motha and Mojalefa Dipholo. The report was edited and completed by Thabo Rapoo, Director for Research.

In Memory of Arthur Baloyi:

The Research Staff at the Commission for Gender Equality wish to take a moment to express our collective sadness for the loss of our colleague, Mr Arthur Baloyi, who passed away on 26th January 2019. At the time of his passing, he was an integral part of this project and was involved in the fieldwork and site visit activities to the Potchefstroom and Thohoyandou Correctional Centres. The Team is therefore extremely grateful for the time we worked with Arthur as an invaluable member of the Research Staff and a member of the Team that carried out this project. The Research Department therefore dedicates this report to the memory of Arthur Baloyi.

ABBREVIATIONS & ACRONYMS

ART	Anti-retroviral Treatment
CGE	Commission for Gender Equality
CPD	Continuous Professional Development
CSVR	Centre for the Study of Violence and Reconciliation
DCS	Department of Correctional Services
DOTS	Direct Observation of Treatment Short-course
DSD	Department of Social Development
FAMSA	Families South Africa
FGD	Focus Group Discussion
HCC	Head of Correctional Centre
HCT	HIV Counselling and Testing
JICS	Judicial Inspectorate for Correctional Services
JSCPC	Justice, Safety and Crime Prevention Cluster
NIMART	Nurse Initiated and Managed Anti-Retroviral Treatment
POPCRU	Police and Prisons Civil Rights Union
SAPS	South African Police Service
STI	Sexually Transmitted Diseases
TB	Tuberculosis

1. INTRODUCTION

In the 2017/18 Financial Year the Commission for Gender Equality (CGE) began conducting a study of the plight of female inmates in selected Correctional Services Centres operated by the Department of Correctional Services (DCS) in selected provinces. The first report from this study was published in 2018, containing the findings and recommendations from the three Correctional Services Centres (i.e. Johannesburg Female Correctional Facility in Gauteng; Pollsmoor Female Correctional Facility in Western Cape and Bizzah Makhate Female Correctional Facility in Free State) covered during the first year of the study.[1]

This research report is the second to be compiled from the second year (2018/19) of the study, focusing on another set of three Correctional Services Centres. The subject matter of this study is on matters relating to the health, social welfare, sexual health and reproductive rights of female inmates. The aim of this project is to assess these Correctional facilities in order to understand and determine the extent to which the staff, management and the inmates incarcerated in the Correctional Service Centres selected for this study were aware of the rights of the female inmates in terms of access to and provision of health, social welfare, sexual and reproductive health care services in line with the country's Constitution, its relevant legislative frameworks and also the various international policy instruments that South Africa is signatory to. South Africa also signed up to the Bangkok Rules[2] with numerous provisions that specifically recognise a whole range of human and social rights of incarcerated female prisoners, including their unique healthcare/hygiene needs.

This study assessed selected Correctional Services Centres to determine the extent to which the Management, officials/staff and other auxiliary personnel (e.g. contracted service providers) in these Centres were aware of and observed the rights of female inmates in relation to their healthcare, welfare, sexual and reproductive rights. The study also examined the internal arrangements and programme activities of the selected Centres programmes to provide the necessary resources and services to cater for the healthcare, welfare, sexual and reproductive needs of the female inmates.

The report contains the findings and recommendations of the study. It is hoped that the report with its findings will not only contribute to general public debates and advance knowledge about the plight of female prisoners within the largely hostile, masculine environment of the prison as an institution, but also serve as a vital source of policy-relevant inputs for national policy makers seeking to reform the prison environment to make it more conducive to the human rights of all prisoners, particularly the rights of female prisoners.

[1] CGE (2017), Inmates in Sickness and in Health: Assessing Correctional Services on the health and wellness of Women in Correctional Facilities (CGE Research report)

[2] See CGE (2017), op.cit., p. 9

1.1. METHODOLOGY AND RESEARCH APPROACH

As already revealed above, three Correctional Service Centres catering for female inmates were selected for the second year of the study (i.e. 2018/19). These were: the Thohoyandou Correctional Centre in Limpopo province, the Potchefstroom Remand Correctional Detention Centre in the North West province, and the Durban Westville Female Correctional Centre in KwaZulu-Natal. The approach taken in this study was a case study approach, underpinned by a qualitative methodology, based largely on formal in-depth interviews, dialogues and focus group discussions (FGD) with the key individuals involved in the running and operations of the Correctional Services Centres. The qualitative approach afforded the individual interviewed, including those involved in FGDs, the opportunity to relate and articulate their own subjective experiences of the prison as an institution, and its securely-controlled environment, in their own words.

Given that Correctional Service Centres are essentially high-level security institutions holding in custody a population of potentially dangerous remand as well as convicted prisoners serving various lengths of custodial sentences, access to these Centres is therefore understandably securely controlled by the DCS, and therefore written permission was sought and granted. Various officials, including management, prison warders, nutritionists, social workers, doctors, psychologists, nurses and other officials attached to each Centre were interviewed for the study. In addition, prisoners also participated (with permission from Centre Management) in FGDs where the research team, using an interview guide containing a set of questions, guided the discussions on key themes such as healthcare, welfare, sexual and reproductive rights issues.

Table 1: Selected Correctional Service Centres and participants/informants

Correctional Centre	Province	No. inmates who participated in the FGD	No. Warders who participated in FGD	No. officials interviewed
• Durban Westville	KwaZulu-Natal	10	6	6
• Thohoyandou	Limpopo	8	8	5
• Potchefstroom	North West	8	6	6

It is important to emphasise the fact that the participation of the female prisoners in FGD was voluntary, and that it was made clear in advance to prison officials and the prisoners themselves that participation was strictly voluntary, confidential and anonymous. The participants were therefore free to give consent for or decline the invitation to participate. These standards of good, ethical research practice have been followed by the research team since the commencement of the study and will continue to be followed to ensure that the rights of informants are always observed and respected, and their informed consent is prioritised in their participation in the project.

In some of the Centres, particularly the Thohoyandou Centre, officials appeared distrusting of the CGE research team, and therefore more inclined to seek to maintain oversight over the presence of the research team in the premises of the Centre during the team's site visits. In some cases, the officials attempted to supervise or keep the activities of the team under watch, including discussions with some of the participants and informants.

Besides the in-depth interviews with selected informants, and FGDs conducted with groups of female prison inmates at the selected Centres, the CGE research team also used other additional sources of information for the study. Firstly, the team conducted site visits and observations to assess the physical environment and arrangements made to accommodate and incarcerate the inmates, in order to assess to what extent such physical and other environmental features serve to enhance observation of, or undermine, the rights of female inmates. Secondly, official policy documents including official reports and policy documents from the DCS and other relevant government institutions such as the Judicial Inspectorates of Correctional Services (JICS), including news media articles and documents by independent sources, were also utilised as additional sources of insights into some of the issues covered by the study.

1.2. LIMITATIONS TO THE STUDY

In any given study, limitations and constraints cannot be avoided entirely. However, it is important for the research team to minimise the impact of some of the unavoidable constraints from exerting undue influence on the outcome and integrity of the study and its findings. In this study, one such limitation was that the DCS delayed its response to the Commission's request to grant formal permission of access to the selected Correctional Service Centres to start the second leg of the project this financial year. The effect was that the study commenced later than originally planned, therefore shortening the period available for fieldwork and data collection. Despite this, however, the research team did manage to conduct the fieldwork at all three selected Centres, albeit within time constraints.

Another limitation for the study was that the research team had to rely on the Centre Management for information on identifying the female inmates to be invited to participate in the FGDs. While this was unavoidable given that only the Centre Managers and prison officials had the information, all the inmates that consented to participate in the FGDs were presented with a set of questions or thematic points that had not been disclosed in advance to prison officials or Centre Management. This was a 'failsafe' mechanism to ensure that all the respondents were seeing the questions and themes for discussion for the first time during the FGDs, therefore ensuring that prior coaching or pre-determined responses could not be prepared by the participants.

Thirdly, interviewing prison inmates within the confines of a secure establishment such as a prison is itself an important limitation that could not be underestimated. Prisoners are not free individuals. They are convicts physically confined to the limits of the prison, with prison officials constantly monitoring their movements and controlling their behaviour and conduct on a daily basis, often with an ever-looming threat of punishment for anything perceived to be a violation of prison rules governing individual conduct and behaviour.

Under such circumstances, it was inevitable that the freedom of the inmates to express themselves on the issues relating to their treatment by prison authorities would be severely limited. However, while in some cases the inmates were careful and selective in their responses during the FGDs, in others they were able to raise important issues of interest for the study. In some instances, this type of environment was exacerbated by prison officials and Management that were distrustful and suspicious of outsiders.

This was especially the case towards a Chapter 9 institution such as the CGE whose functions were not fully comprehended by the officials and Centre managers. Related to this problem was the fact that permission for access was not freely granted to all the sections of the prison for reasons of security and safety. One such restricted section houses the cells occupied by inmates with mental health issues. This made it impossible for the team to observe and assess the physical conditions under which inmates with mental health issues were held or cared for.

Fourthly, issues of language barriers were also an important limitation, especially in those cases where the research team did not have a professional interpreter or translator for some of the languages that the team did not speak. This was particularly the case at the Thohoyandou Correctional Centre, where the team relied on some of the participants to interpret and translate during FGDs.

Finally, the availability of some of the informants at agreed times for interviews was not always guaranteed, which necessitated rescheduling of interviews and appointments with informants.

Nonetheless, the research team utilised alternative sources of data where possible to gain insights and limit the potential effects of some of the limitation identified under this section. In spite of these constraints, the analysis of available data obtained from both interviews and FGDs, as well as other sources, helped to develop useful insights and understanding of the way the selected Correctional Service Centres grappled with their obligations to ensure that female inmates are afforded the necessary services related to their health, welfare, sexual and reproductive rights in line with the country's policy and legislative frameworks. The presentation, discussion and analysis of the findings in the following sections in this report will therefore reflect on the insights gained.

2. OVERVIEW OF THE CORRECTIONAL SERVICES SECTOR

2.1. DCS MANDATE, POLICY AND LEGISLATIVE COMMITMENTS

The first report of this study[3] compiled and published in 2017 provides a detailed account and explanation of the mandate of the DCS, including the relevant Constitutional, policy and legislative frameworks, as well as the global minimum standards governing the treatment and welfare of prisoners, particularly female prisoners. It does bear repetition, for purposes of emphasis of the importance of the DCS's responsibility towards the healthcare and welfare, as well as respect for the rights of prisoners, that South Africa is signatory to the United Nation's Standard Minimum Rules for the Treatment of Prisoners as adopted in 1957 and updated/amended in 2015 (then so-called Nelson Mandela Rules). It contains a set of 122 rules regarded by the United Nations as suitable minimum standard conditions for the treatment, welfare and care of prisoners.

This first rule of these Nelson Mandela Rules states that "no prisoner shall be subjected to, and all prisoners shall be protected from, torture and other cruel, inhumane or degrading treatment or punishment, for which no circumstances whatsoever may be invoked as a justification".[4] Rule 4, as indicated in the first report of this study, also states that "the purposes of a sentence of imprisonment or similar measures deprivative of a person's liberty are primarily to protect society against crime and reduce recidivism".[5] The rules add further that "those purposes can be achieved only if the period of imprisonment is used to ensure, so far as possible, the reintegration of such persons into society upon release so that they can lead a law-abiding and self-supporting life".[6] This objective is reiterated by the South African Constitution, as well as the White Paper on Corrections, 2005, which identifies the promotion of the human dignity of prisoners, the humane treatment and rehabilitation of offenders as the key purposes of incarceration rather than punishment.

In addition, as indicated in the first report of this study, the Correctional Services Act makes several provisions in specific reference to the needs and interests of female inmates. In terms of their healthcare needs, the DCS is obligated to keep male and female inmates separate, to provide for the nutritional requirements of pregnant inmates; to create an environment sensitive to the gender of all inmates through the necessary plans, policy and infrastructure, and to develop programmes that are responsive to the special needs of female inmates, ensuring that they are not disadvantaged.[7] In addition, the DCS's own Health Care Policy and Procedures document states that the department "must provide appropriate cultural, gender and health care training programmes for all correctional and health care staff …"[8] This is a clear indication that the DCS is aware of the need for training to ensure greater awareness and therefore respect for gender related rights such as healthcare and reproductive rights.

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[3] See CGE (2017), op.cit., pp.6-13
[4] See UN Standard Minimum Rules for the Treatment of Prisoners (https://www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_the_Treatment_ of_Prisoners.pdf)
[5] Ibid
[6] Ibid
[7] Correctional Services Act, No. 111 of 1998
[8] DCS Health Care Policy and Procedures (2014)

Based on the outline provided above of the DCS policy and legislative commitments to the promotion of the health and welfare, humane treatment and respect for the rights of the prisoners as implied in the country's constitution and other relevant laws, it would be reasonable to expect that the department would put the necessary systems in place, and introduce appropriate programmes to ensure that the welfare, including the humane treatment and respect for the rights, of prisoners, will form the core of the principles underpinning the Correctional Services Sector in South Africa. This is particularly the case with the operations of the Correctional Centre management and officials. However, as will be discussed in the following subsection, a number of studies and reports compiled and published in recent years by several institutions paint a picture of a sector replete with challenges severely undermining the capacity of the DCS to meet the policy and legislative commitments outlined above, as well as in the first report of this study published in 2017.

2.2. CONTEXT AND SECTORAL CHALLENGES

As discussed in the introduction of the first report,[9] society traditionally and historically tends to perceive prisons largely as spaces for the incarceration and punishment of errant members of society who, having committed violations of the laws and offended against the norms of society, deserve and ought to be punished accordingly. Accompanying this perception is also the traditional believe that the typical offender or 'criminal' is male. This perception of the prison not only as an institution but also its predominantly male-oriented culture and environment appear to permeate the South African Correctional Services sector currently. As Table 2 below clearly indicates, current information on the number of South Africa prison facilities and the total prison population appear to confirm beyond doubt the fact that the sector is male-oriented, with an overwhelmingly male prison population which sees the majority of the 243 prison facilities in the country dedicated to male offenders. This, compared to only 22 which accommodate female inmates, 9 of which are meant exclusively for female inmates.

Table 2: Types and number of prisons facilities in South Africa

• Total number of prison facilities	243
• Number of prison facilities catering for female prisoners within male prisons	22
• Number of prison facilities (out of the 22) catering exclusively for female inmates	9
• Number of Youth prisons	14

Source: JICS (2015/16 Report); Africa Check[10] & DCS

The 2018 figures provided by the DCS also show that there were only 4,326 female prisoners in South Africa, making up only 2.6% of the entire prison population.[11] The small share of the female prison population statistics in relation to the total appears to have remained largely stable since 2000, fluctuating within a narrow range of 2.2%

[9] CGE (2017), op.cit., pp.1-2
[10] Africa Check, FACTSHEET: The State of South Africa's Prisons, 12/06/2018
[11] World Prison Brief (www.prisonstudies.org/country/South Africa), accessed on 8/03/2019

and 2.6%. Given this predominantly male composition of the prison population in South Africa, the attendant masculine character of the sector and its history of militarization[12] of its practices and the ranks of the prison officials, it is inevitable that an environment characterised by harsh, retributive management practices still prevails within the sector. As a predominantly security-oriented sector with an organisational culture that puts more focus on the secure control and punishment of the predominantly male offender population, there sector appears to place less emphasis on observance of the human, social welfare and reproductive rights of the inmates as contemplated in relevant provisions contained in the country's Constitution, the various policy and legislative frameworks as well as some of the regional and global instruments outlining the minimum standards for the treatment and care of prisoners, such as the SADC Minimum Standards for HIV/AIDS, Tuberculosis, Hepatitis B and C and STIs Prevention, Treatment, Care and Support in Prisons, the Bangkok Rules and the Nelson Mandela Rules.

The type of environment described above that largely prevails in many South African prisons tends to be extremely inhospitable to the female prisoners who not only constitute a tiny minority of the prison population but also are considered a vulnerable group with special needs in terms of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders.[13] Such an environment that is traditionally and characteristically geared towards, and dominated by male inmates, tends to be inhospitable to the special needs of women in the sector. It is largely characterised by lack of awareness and insensitivity, among prison officials, towards the special needs of women and their specific social health, welfare and reproductive rights, leading therefore to increased risks of violations of these rights on a daily basis. As indicated in the first project report, South Africa's "Constitution and other related laws, including several international instruments that the country has signed up to, afford those incarcerated a set of basic human rights, including the right to be treated with dignity and humanity … prison inmates are entitled to basic amenities such as health and wellness services including nutritious food, sanitary conditions, accommodation, recreational facilities, and the opportunity to study and improve their education. …. women inmates are entitled to a set of basic rights, including the right to protection, privacy, appropriate accommodation facilities, nutritional provisions as well as amenities and services appropriate for pregnant women or mothers with small children."[14]

In recent years evidence has emerged from the work of various institutions in the sector (e.g. Judicial Inspectorate of Correctional Services, the Wits Justice Project, the Commission for Gender Equality, the Centre for the Study of Violence and Reconciliation (CSVR) and the UN Human Rights Council) showing that the correctional services sector is plagued by various problems, including poor hygienic and unsanitary conditions including overcrowding. The consensus is that these problems have served to debilitate the operations of the DCS and its facilities on the ground, undermining the DCS's ability and capacity to fulfil its policy and legislative obligations towards the rights of prisoners. Below, some of these problems plaguing the sector are identified and discussed in brief.

[12] See Muntingh, LM (2012), AN ANALYTICAL STUDY OF SOUTH AFRICAN PRISON REFORM AFTER 1994, (PhD Thesis, University of Western Cape), pp. 106-107.

[13] United Nations Office on Drugs and Crime, United Nations Rules for the Treatment of Women Prisoners and Noncustodial Measures for Women Offenders (the Bangkok Rules), 2010.

[14] CGE (2017), op. cit., p. ii

2.2.1. Overcrowding

Overcrowding is one of the major persisting problems currently facing the Correctional Service sector in South Africa. Numerous studies and reports, including the recent report released by the JICS, not only identify this problem but provide explanation for its genesis, as well as arguing that overcrowding has become the root cause of all other problems such as infectious diseases, failure to rehabilitate inmates and the high rates of recidivisms that characterises the sector. According to Malose Langa[15], in a 2012 analysis of data contained in several annual reports produced by JICS between 2005 and 2011, South African prisons are overcrowded, with available figures showing that between 2008 and 2012, there was 20%-30% increase in the country's prison population (i.e. from 165,230 in 2008 to 183,404 in 2012).[16] A more recent 2017/2018 Annual Report released by the JICS confirms that the problem of overcrowding in South African not only persists but could be getting worse.[17]

Table 3: Prison Population in South Africa

Reporting Year	Remand Detainees	Sentenced Offenders	Average Inmate Population
2010/11	47,757	112,934	161,096
2011/12	45,898	113,044	158,942
2012/13	45,730	104,878	153,968
2013/14	44,858	107,696	152,553
2014/15	42,077	115,064	157,141
2015/16	42,380	116,951	159,331
2016/17	43,799	117,255	161,054

Source: DCS Annual Report 2016/17[18] & JICS Annual Report 2017/17

While the figures in Table 3 above show South Africa's average inmate total population of just over 161,000 and total remand population of 43,799 the JICS's latest Annual Report 2017/18 puts the total the current inmate population at 164,129 with a total remand population of 44,158 inmates. Most of the reports published on the issue of overcrowding in the prison sector point to a steady increase in the number of remand prisoners in recent years as the underlying cause.[19] Some of the driving factors causing the increase in the number of remand prisoners include prisoners who are unable to afford bail, as well as the slow and clogged administrative court processes in dispensing with the trials of remand prisoners.[20]

[15] See Langa, Malose (2012), Analysis of Existing Data on Torture in South Africa (with specific focus on annual reports published by IPID and JICS), pp. 17-19
[16] These figures included remand (including awaiting trial) prisoners
[17] See Mabasa, Nkateko, 'Red Flag Raised Over Increase in Suicides', Daily Maverick, 12/10/2018 (https://www.daily maverick.co.za/article/2018-10-12-red-flag-raised-over-increase-in-inmate-suicides/)
[18] See Africa Check, FACTSHEET: The State of South Africa's Prisons, 12/06/2018
[19] See JICS, Annual Report 2017/18
[20] See Africa Check, FACTSHEET: The State of South Africa's Prisons, 12/06/2018

Current figures on overcrowding in the sector show that the phenomenon is widespread across many provinces but with some provinces affected more than others. For instance, the JICS Annual Report cites the Eastern Cape Province as the worst affected at 57.86% level of overcrowding, followed by Gauteng at 48% and Western Cape at 45%. The Free State province was found with the lowest rate of overcrowding at 11.4%.

2.2.2. Infectious Diseases

The responsibility to treat sick inmates, including treatment of infectious diseases such as HIV/AIDS, Tuberculosis, Hepatitis B and C and STIs is firmly placed at the door of the government in terms of the SADC Minimum Standards, as well as Rule 24 of the Nelson Mandela Rules[21]. Moreover, the DCS screening process for admissions of inmates to its Correctional Centres does appear to embrace the responsibility to screen for diseases with the view to providing healthcare and treatment services. In fact, for the 2016/17 reporting year, the DCS claims to have screened and identified 1,239 prisoners with TB (of which 1,034 were treated and cured) as well as 25,042 prisoners who were HIV (24,506 were on antiretroviral drugs treatment).[22]

Several institutions and publications on the problems affecting the correctional services sector[23] have broadly endorsed the assessment of the JICS, that overcrowding is the root cause of all other problems in the system, such as mental health issues among prisoners, including suicides among mentally ill inmates. For instance, the United Nations Human Rights Council released a report on South African Prisons in 2016, detailing poor conditions prevailing in the prisons, including overcrowding, dilapidated infrastructure, lack of exercise, unsanitary conditions, poor ventilation and limited access to healthcare services.[24] These conditions are crucial in the emergence of illnesses and the spread of infectious diseases among the prison populations of South Africa.[25]

2.2.3. Violations of Prisoner's Rights

It is clear that the poor conditions that prevail within the correctional sector as detailed by several institutions identified above are responsible for the poor social, physical and mental health of inmates, often with fatal consequences. For instance both Langa's 2012 report and the JICS more recent 2018[26] figures provide details of natural and unnatural deaths, including suicides, amongst prison inmates in South Africa's prisons from 2009 to 2017.[27] The Wits Justice Project also conducted a study of South Africa's prisons in 2018 and obtained similar findings relating to a system overburdened by

[21] See Rule 24 of the Nelson Mandela Rules
[22] See Africa Check, FACTSHEET: The State of South Africa's Prisons
[23] See Daniel, Luke, *The South Africa*, South African Prisons Overpopulated and Failing to Address Mental Health, 15/10/2018; Wits Justice Project (report quoted on Health24, Horror Stories of Mental Illness in SA Prisons, 02/08/2018 (https:/www.health24.com/mental-health/news/horror-stories-of-mental-illness-in-sa-prisons)
[24] Wicks, Jeff. UN Rights Body Releases Damning Report on SA Prisons, 11/04/2016 (https://news24.com/SouthAfrica/News/un-rights-body-releases-damning - report-on-sa-prisons)
[25] See Langa, Malose (2012), op.cit., p. 18
[26] JICS Annual Report 2016/17, Presentation to Parliament's Portfolio Committee on Justice and Correctional Services
[27] See Langa, Malose (2012), op.cit., p 18

severe problems, among which is mental illness.[28] What is clear from these reports is that the current information on the rates of suicide among the prisoners is unreliable, and that it could be higher than what the official figures from the DCS are showing. Despite this, the JICS Annual Report for 2017/18 reveals that the number of prisoners who committed suicide has increased from 52 in 2016/17 to 82 in 2017/18.

There is clear consensus on the assessment of the problem of overcrowding in South African prisons, which serves as an anchor for all the other ills that plague the sector. The JICS Annual Report 2017/18, for instance, states that 'a recurring and persistent issue' of overcrowding leads to an increase in suicides, especially by mentally ill inmates. Langa argues in a 2012 report that "as a result of the overcrowding, many inmates are subjected to gang violence, are sodomised, become infected with HIV/AIDS and have no access to education and rehabilitation services".[29] More recently, confirmation of this assessment emerged from the JICS report on the persisting issue of overcrowding. Also Inspecting Judge Johan van der Westhuizen is quoted in the media reiterating the same sentiment as Langa, that "overcrowding is the core of everything else that exists within prisons".[30] The JICS was not only critical of the general conditions prevailing in the sector, but also specifically focusing on the plight of inmates declared with mental health problems and temporarily held in some Correctional Centres while awaiting to be transferred to specialist mental health care facilities in line with the provisions of the Mental Health Care Act. The JICS states in its report that "the circumstances regarding state patients were not acceptable" and that "their interim accommodation in prison, pending their transfer, is considered cruel and inhumane".[31]

During its investigations conducted of 81 prisons, as reported in its 2017/18 Annual Report, the JICS indicated that it identified 1200 inmates declared mentally ill. It would therefore seem that the DCS tends to keep inmates declared with health care problems among the general prison population while attempting to provide care and treatment for them. This is mainly due to the shortage of public mental health care facilities/ hospitals in the country. However, according to the JICS the DCS "is not equipped to deal with them".[32] The consequences of all this is that many inmates with mental health problems often receive poor treatment or even lack of care, often leading to death, including suicide. The poor treatment and lack of proper care for inmates are often accompanied by practices such as the physical assaults/beatings, mental and psychological abuse by prison officials and the segregation (or solitary confinement) of inmates considered 'problematic' for lengthy periods of time.

In its 2016/2017 annual report presentation to Parliament's Portfolio Committee on Justice and Correctional Services, JICS has also provided the figures for reported cases of the use of force/violence by prison officials against prisoners.[33] The figures show the number of complaints about the use of force steadily increasing from 10 cases in reporting year 2010/11 to 724 in reporting year 2016/17. In particular, the figures increased dramatically in the three reporting years from 2013/14 (461) to 2014/15 (619)

[28] See Wits Justice Project Report at www.witsjusticeproject.co.za
[29] Langa, Malose (2012), op.cit., p. 17
[30] See Mabasa, Nkateko, 'Red Flag Raised Over Increase in Suicides', Daily Maverick, 12/10/2018 (https://www.daily maverick.co.za/article/2018-10-12-red-flag-raised-over-increase-in-inmate-suicides/)
[31] JICS Annual Report 2017/18, quoted in Jenna Etheridge, The State of Our Prisons: Overcrowding, Suicides and Shortage of care for Mental illness, News24, 12/10/2018
[32] Ibid
[33] JICS Annual Report 2016/17, Presentation to Parliament's Portfolio Committee on Justice and Correctional Services

to 2016/17 (724). In their respective investigations the JICS, Wits Justice Project, CSVR and the UN Human Rights Committee have all alluded to widespread practices within the sector that constituted violations of the rights of prisoners.

2.2.4. Lack of Capacity and Resources

The Department of Correctional Services is clearly a vital institution within the correctional services sector, with a critical policy and legislative mandate not only to incarcerate convicted inmates, but also to provide care and rehabilitation services. The ultimate objective of the DCS is to rehabilitate offenders and prepare them for reintegration into their communities. However numerous reports and publications based on studies of the sector point to severe lack of capacity and limited resources within the DCS to fulfil this function effectively.

Some of the root causes of the DCS's lack of capacity including overcrowding and understaffing (the latter confirmed by the Police and Prisons Civil Rights Union (POPCRU)), lack of funding, lack of adequate specialists (i.e. psychologists, psychiatrists, etc.) to serve the needs of the more than 160,000 prisoners in South Africa. The JICS annual report for 2017/18 argues that the DCS's lack of technical capacity, staff and resources has led to failure to rehabilitate offenders and equip them with the necessary technical and life skills to cope with life outside of prison once released. The lack of rehabilitation results in, among others, high rates of recidivism or re-offending as many ex-offenders who cannot break out of the crime cycle eventually join gangs or revert to a life of crime that ultimately leads them back to prison.

3. RESEARCH FINDINGS

3.1. CASE STUDY 1: FEMALE SECTION - DURBAN WESTVILLE CORRECTIONAL CENTRE, KZN

3.1.1.Brief Background

The Westville Correctional Centre is one of the largest in South Africa. It is in a residential suburb of Westville, approximately 20km from Durban in the eThekwini Municipality. It was established in 1985, according to the Head of the Correctional Centre (HCC), to hold only white prisoners at the time. However, the Centre is now racially integrated, with prisoners from all racial groups held at the facility. It consists of five centres:

- The Durban Westville Female Correctional Centre, which houses both the sentenced and the unsentenced female offenders. Within the centre there are various categories of inmates who serve various terms of sentences which vary from short-term sentences, through long-term sentences, up to life imprisonment. Their ages range from juvenile to the elderly.
- Durban Correctional Centre A which houses awaiting trial male offenders
- Durban Correctional Centre B which houses sentenced male maximum security inmates
- Durban Correctional Centre C which houses sentenced short to -medium term male inmates; and
- Durban Correctional Centre D which houses sentenced male youth who are in conflict with the law.

Each of these centres has a medical facility or a hospital section. In the centre there is the DCS's only accredited textile and fabric production workshop in the country, with a laundry (currently not operational) which was meant to provide offenders with income earning opportunities. When the study was conducted, there were 48 female offenders working in the textile and fabric workshop, making various garments such as bedspreads, sheets, towels, underpants, clothing for juveniles and females, although at the time of the study, there was shortage of materials.

The signage within the Centre was not clear, making it difficult for the research team to find its way to the Female Centre. Once inside, the Team encountered very little by way of security restrictions of movement, with security guards only guarding the main entrance. The team was made aware that due to shortage of staff not all the gates were monitored. As part of the Centre's daily routine, a daily count of offenders in the female centre is carried out given that the number of offenders fluctuates due to new admissions, others released, transferred to other facilities or hospitalised at facilities outside the Centre.

The Centre is meant to accommodate 251 female offenders. However, as the figures in Table 4 below show, on the day of the visit there were 375 offenders, with 278 sentenced offenders and 97 remand detainees. Therefore, the Centre was overcrowded by

149.4% on the day. Despite this, the White Paper on Corrections states that female Correctional Centres do not experience "the same degree of overcrowding as male offenders."[34] As indicated at the beginning of this report, overcrowding is a major problem among Correctional Centres in the country, implying that the overcrowding at the Durban Westville Female Correctional Centre was part of a national problem. The fact that the Centre is the only female facility in the Westville area is one of the important contributing factors.

Table 4: Age category of female offenders, Durban Westville female facility

Age category	No. of sentenced inmates	No. of remand detainees	Total	Percentage
• 14-25 Juveniles	41	36	77	21%
• 26-45 Middle aged offenders	177	56	233	62%
• 46-74 Elderly offenders	60	5	65	17%
• Above 75	-	-	-	-
Grand total	278	97	375	100%.

Source: Durban Westville Correctional Centre.

The figures in Table 4 show that at the time this project was carried out, the age categories 26-45 years, made up the biggest group (62%) of all the offenders in the Durban Westville female Correctional Centre, followed by the youth category (i.e. 14-25 years) at 21% and lastly by the elderly offenders (i.e. 46-74 years) at 17%.

Table 5: Sentencing categories of offenders, Durban Westville female facility

Sentence	Total	Percentage
• 0-24 months	36	12.95%
• 25months -10 years	94	33.81%
• 11 years- 20 years and above	99	35.61%
• Life sentence	49	17.63%
Grand Total	278	100%

Source: Durban Westville Female Correctional Centre

The figures in Table 5 show that the majority (53.2%) of the female inmates in the Centre were serving long term sentences over 10 years, suggesting serious crimes committed; with 99 (35.61%) serving sentences of between 11 and 20 years, and 49 (17.63%) serving life sentences.

According to the Centre Management, inmates are provided with the requisite medication on a daily basis, although during focus group discussions some of the inmate lamented lack of medical supplies or delays in the provision of medical supplies. The Centre insisted that those with infectious diseases were usually kept in isolation cells or hospitalised, although it was not clear if proper procedures and guidelines (as

[34] White Paper on Corrections, DCS, Republic of South Africa, May 2005, p.81

outlined in the Correctional Services Act) were adhered to in this regard. The Centre also insisted that offenders were screened on a regular basis to detect diseases and other healthcare needs and that the offenders were encouraged to undergo voluntary HIV and AIDS screening on a regular basis. However, the effectiveness of the screening process was placed under scrutiny during focus group discussions[35] when some of the inmates insisted that conditions such as mental health issues, drug addictions and substance abuse could not be detected through the screening process despite a highly elaborate admissions procedure outlined to the team by the Centre officials interviewed for this study.[36]

During the site visit to the Centre, the research team observed that many offenders occupied single cells apparently for their safekeeping. However, due to overcrowding at the facility, in many instances two offenders shared a single cell with a two-tier bunk bed. The overcrowding was identified by some of the informants as a factor in the spread of contagious diseases among inmates. In spite of broad consensus, confirmed by an assessment contained in the JICS's recent 2017/18 Annual Report, that overcrowding is a factor in the spread of communicable diseases, officials at the Centre, particularly the nurses, insisted that overcrowding did not play any role in the spread of communicable diseases such as HIV/AIDS. The officials insisted that for this Centre, the sick offenders were accommodated in the hospital section, and that those with TB and other infectious diseases were kept in isolated cells adjacent to the hospital.[37] Pregnant inmates and mothers with babies at the Centre are housed in the Mother and Child Unit, which officials insisted was established in line with the provisions of the White Paper on Corrections.[38] However during the visit to the Centre, the research team observed that young offenders were kept and housed in the same section (Section B) of the Centre as adults, despite Section 11.2(1) of the White Paper on Corrections and Section 7.1(c) of the Correctional Services Act which state that young offenders be "kept separately from detained persons over the age of 18 years and in accommodation appropriate to their age".[39] The problem of overcrowding was clearly a factor in this regard.

[35] Focus Group Discussions with inmates conducted on 24/10/2018

[36] Admission procedure as outlined by Centre Officials: On admission to the facility, all offenders are screened by two lay Counsellors to detect any health-related diseases. Offenders are then referred to two professional nurses for detection of any other illnesses, including pregnancies and injuries; documenting of family histories and assessment of mental health status. Those found to be mentally ill are referred to the Psychologist for treatment. For mothers admitted with young babies, DCS staff does not get directly involved. Instead the mother goes through a screening process carried out by the NGO (Right to Care) before the babies are taken to the Chesterfield clinic for immunization. The mother gets interviewed based on the clinic chart. Offenders are screened for communicable diseases such as sexually transmitted diseases (STIs) and Tuberculosis, including other chronic diseases. While screening for HIV/AIDS is voluntary, offenders who refuse to be screened are usually referred to the social workers and psychologists for advice to undergo screened in order to receive the requisite treatment.

[37] Interview with the Centre Nurse, 23/10/2018

[38] Section 11.4.3 White Paper on Corrections, DCS, Republic of South Africa, May 2005 p.81

[39] Section 7.1.c., Correctional Services Act no. 11 of 1998.

3.1.2. Issues and problems related to health, welfare, and reproductive rights of female inmates

The DCS is bound in terms of Bangkok Rrules, Constitutional and legislative provisions to comply with the minimum standards and other guidelines for the treatment and care of offenders, including observing their rights to equality, human dignity, security, access to healthcare services, and freedom from torture and inhumane, cruel and degrading treatment. In addition, children's rights and the rights of pregnant inmates or mothers with young children are to be observed and respected, including the rights of inmates to communicate with and be visited by family and next of kin. Based on interviews conducted with officials at the Centre, the DCS has contracted a Johannesburg-based non-governmental organisation (NGO) called "Right to Care" to ensure that the rights of inmates are realised, including the rights of inmates to receive treatment and care for diseases such as HIV/AIDS, tuberculosis (TB), cervical cancer and sexually transmitted diseases.[40]

During the admission processes, offenders who indicate that they are pregnant are usually processed by the nurses to assess the growth and health status of the foetus. Section 49 A(1) of the Correctional Services Act states that "every detainee who on admission claims to be pregnant must immediately be referred to a registered medical practitioner for a full medical examination in order to confirm that pregnancy".[41] According to Centre officials, the doctor usually ensures that the inmate receives treatment from King Edward Hospital, including the babies undergoing immunisation from Chesterfield clinic followed by all the necessary care including nutrition until the age of 2 years when they should be released from the facility. The Correctional Services Act states that "a female inmate may be permitted to have her child with her until such time that the child can be appropriately placed taking into consideration the best interests of the child".[42]

In cases where an inmate is admitted in the centre with young babies, the DCS is obliged to "immediately in conjunction with the Department of Social Development, take the necessary steps to facilitate the process for the proper placement of such a child".[43] The department would be responsible for food, clothing and health care and sound development of the child for the period that the child remains in the correctional centre.

When the stage is reached for the mother and child to be separated, usually when the child reaches the age of two years, this is usually considered a traumatic moment for the mother, and therefore calls for proper support and care by skilled Centre officials for the mother to deal with issues such as separation anxiety/stress, depression and other conditions that accompany such a moment by the Centre. During interviews conducted with officials it was made clear that one of the roles of the social worker was to provide counselling to the mothers of small children to develop coping skills for when their babies are released upon reaching the age of 2 years. According to the social worker, this is a very difficult period for these women.

[40] Interview with the Centre nurse, 23/10/2018
[41] Correctional Services Act no. 111 of 1998
[42] Ibid, Section 20(1)
[43] Ibid, Section 20(1, A)

Some women do not let go easily despite the counselling. Not only does the separation cause a lot of emotional distress and anxiety for the women, but also the placement of the children in foster care facilities especially when the immediate family of the mothers refuses to take care of the child.

The issue of substance abuse (i.e. alcohol and drug addiction) by offenders was also identified by the informants as a critical matter for the Centre. During the interview with the Centre nurse, the nurse insisted that "in most instances offenders are admitted to the Centre without visible symptoms", and that only at a later stage after admission would such visible signs be detected (i.e. abdominal pains, vomiting, and severe loss of weight or malnutrition). Once such visible signs become clear, the nurses would get involved in treating these symptoms, while social workers and psychologists would provide assistance to develop coping skills for affected inmates. However, this acknowledgement that the screening process at the Centre is not able to detect signs of substance abuse (visible or not) during admission raises serious questions about the quality and effectiveness of the screening process.

An effective screening process carried out by trained and skilled specialists should be able to detect behavioural, attitudinal and other signs (including visual) of substance abuse (even if such signs are still at an early stage) at the time inmates are admitted to the Centre. In other words, a skilled and qualified healthcare provider should be able to identify the symptoms of substance abuse as outlined in the Programmes Manual[44] and ensure that this is clearly notified in the offender's Correctional Sentence Plan. During interviews conducted with informants at the Centre, it became clear that due to shortage of specialists, some of the pre-screening functions were routinely delegated to auxiliary nurses from the NGO, 'Right to Care'. Added to this is also the issue of severe workloads for existing healthcare providers, particularly the nurses, who apparently often find themselves having to handle and deal with some of the health and medical care issues for which only the doctors are qualified. This would plausibly account for possible weaknesses in the screening of inmates, especially for medical health issues including symptoms of substance abuse during the initial screening process.

The availability of qualified specialists at the Durban Westville Correctional Centre was one of the key challenges identified by the informants. It was revealed, for instance, that both the doctor and the psychologist serving the Centre were on contract, and therefore only available to serve inmates at the Centre once a week. This often means that much of the time the nurses are expected to carry out most of the health-care functions at the Centre, including those that require specialist skills and for which the nurses at the Centre are not qualified. The implication of this is that the inmates at the Centre do not receive the necessary quality health care and support which they are entitled to in terms of policy, the law and the rights of inmates to be provided with access to proper healthcare at all times.

This clear lack of access to proper and quality healthcare and support by inmates was confirmed during focus group discussions with the offenders when many of them complained of the long waiting periods before seeing the psychologist and doctor for specialist medical care and support.[45] Added to this was another widespread

[44] Department Correctional Services , Republic of South Africa ,p.16 Correctional Programmes Targeting Offending Behaviour, 2014 http://www.gov.za/sites/defaults/files/gcis-document201409/ accessed 06/03/19

[45] Focus Group Discussion with inmates, 24/10/2018

complaint raised by the inmates, about receiving their prescription medical supplies too late. Many inmates indicated that once prescription notes had been issued by the doctor for chromic medications, the inmates' took too long to ensure that such supplies were delivered to the patients. Inmates revealed instances where prescription notes expired while still waiting for medical supplies. The Centre's explanation for this problem was that the chemist/ pharmacy was located outside the premises of the hospital, which apparently explained the delays in securing prescribed medications for the inmates.

It would appear therefore that the Centre could be failing to ensure that an effective and efficient system is in place for securing critical medical supplies for inmates on time. During focus group discussions with the inmates, there was a strong perception among them that the Centre was failing to ensure the provision of proper medical and healthcare services to inmates in line with the DCS's legal and policy obligations in this regard. Many of the inmates were convinced that at the time of their admission to the Centre they were in a good state of health, but that over time their health had deteriorated due to the poor state of medical and healthcare services at the Centre. Many blamed their frequent illnesses, sicknesses and general state of poor health on the Centre's apparent inability to secure their medical requirements on time and for what they saw as poor quality of healthcare provision at the Centre. The inmates also revealed during focus group discussions that where medical supplies were made available for inmates, various types of illnesses/medical conditions were treated using the same set of medications (i.e. Ibuprofen, Panado and Allergex).[46]

The overcrowding and lack of regular exercise for the inmates at the Centre were identified as aggravating circumstances. According to Correctional Officers interviewed at the Centre, offenders were allowed only one-hour of physical activity per day, but that due to lack of staff this did not take place.[47]

The DCS annual reports and studies, conducted by the Judicial Services Commission, as well as other scholarly research conducted on women incarceration, reveals that women experience various problems both from a psychosocial and mental health perspective.[48] Some of these problems were also identified as occurring among inmates at the Durban Westville Female Correctional Centre. During an interview with the social worker,[49] it was revealed that most of the women at this Centre were mothers and parents suffering from various forms of depressions, stress and anxieties caused by their incarceration and therefore separation from their households, families and children. This had in many cases caused emotional, psychological and social anxiety problems not only on the inmates but also possibly on the immediate family members of the inmates. The female inmates therefore often felt isolated and cut off from families due to lack of frequent visits and regular communication. However, officials at the Centre pointed to, and emphasised, the limited nature of the role of the DCS, which is legally restricted to its obligation to rehabilitate the offender and not get involved in matters related to the extended families of the inmates. Nonetheless the Centre insisted that inmates suffering from various social, psychological or emotional distresses due to their

[46] Focus group discussion with offenders, 23/10/2018
[47] Focus group discussion with the correctional officers 26/10/2018
[48] DCS Annual Report, 2016; Judicial Services Commission Annual Report 2014; Agboola Angela, "Memories of the 'inside': Conditions in South African women's prisons" South African Crime Quarterly Report no.56 Pretoria, June 2016; Sinefu A, "The psychological impact of Imprisonment in South Africa: A case study in Nkonkobe Municipality, University of Fort Hare, 2007
[49] Interview with the Social worker, 24 /09/2018.

incarceration receive regular support from the social worker. This was confirmed by the inmates during focus group discussions.

3.1.3. Relevant Health-Related programmes, Projects and Services for Female Inmates

The department has released a document outlining the correctional programmes that are targeting offending behaviour.[50] Correctional programmes are needs-based programmes that address offending behaviour. They are compulsory for all offenders who are serving a sentence of 24 months and longer. The seven developed and sourced programmes are:

- Anger management
- Cross Roads Correctional programme
- Preparatory programme on sexual offences
- Substance abuse correctional programme
- Pre-release programme.
- Restorative Justice Orientation programme
- New beginnings Orientation programme. [51]

Based on the interviews conducted with the Centre officials, including the specialists, it became clear that some of these programmes were being offered to inmates in attempts to deal with some of the various conditions prevalent at the Centre, some of which were identified during the interviews and focus group discussions. For instance, the anger management and restorative justice programmes were offered to the affected inmates by psychologists and designated officials. The substance abuse programme was also utilised by nurses to control the widespread problem of substance abuse at the Centre. The psychologists at the Centre believe that the programme serves "to help them to gain insight into the negative effects of substance abuse".[52]

Despite issues related to the poor quality of healthcare and medical support services identified in the previous subsection, the Centre insisted that it conducted healthcare programmes for inmates with conditions related to TB, HIV/AIDS, sexually transmitted diseases (STI), mental health, family planning, cervical cancer and other minor ailments such as flu. Inmates who refused treatment are often referred to the social worker or psychologist to convince them to carry on with their treatment. At the time of the study, the Centre revealed that there were approximately 26 inmates who required mental health care. It would appear that these inmates were being kept at the Centre for such care, even though it was not clear as to the nature of the mental health specialist care needed and whether the Centre had the requisite capacity to handle the task within the premises.

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[50] Department Correctional Services, Republic of South Africa, http://www.gov.za/sites/defaults/files/gcis-document201409/ accessed 06/03/19

[51] Ibid. p.8

[52] Ibid. p.15

The Centre also revealed that 230 inmates (75%) were currently receiving HIV/AIDS related treatments in the form of antiretroviral drugs, in addition to group counselling sessions under the Cross Roads Correctional programme aimed at equipping offenders with the skills and knowledge to become law-abiding citizens. The Centre further revealed that module 6 of the programme refers to sexually transmitted infections, AIDS and sexual practices,[53] with inmates offered HIV and AIDS counselling and testing (HCT) at different frequencies in line with the Guidelines for the Management of HIV, TB and Sexually Transmitted Infections (STIs). The Centre stated that if offenders are released prior to completing their treatment, arrangements are made for the treatment to continue outside the Centre. The Centre also referred to several inter-sectoral committees for staff to cater for the health needs of offenders, such as the Infection and Prevention Committee, the Awareness of Personal Hygiene Committee, Environmental officers as well as Occupational health and Logistics committees. The Centre insisted that monthly meetings are held to report on health-related matters.

The details and information about these programmes are obviously based on formal prescribed procedures and processes which may not occur as contemplated in practice. In fact, the Centre did not provide evidence to confirm the extent to which these programmes and activities are implemented successfully and in line with state formal requirements and their level of efficacy, especially given the complaints from inmates regarding the quality of healthcare services and the timely provision of prescribed medical supplies/drugs.

As indicated in the previous subsection, the Centre insisted that the social worker provided assistance to mothers/inmates with children especially in respect of parenting skills. The social worker also provides individual and group therapy sessions to mothers who left their children behind due to incarceration and facilitates family days on a quarterly basis.

3.1.4. Budget/Funding Allocation, Staff capacity and other Resources

According to the Head of the Centre, at the time of the study the budget allocated to the Centre was R17,799,000.00 for health care services which catered for the payment of staff and the purchasing of consumables in the hospital section. However, the Centre management did not provide detailed information on the actual total budget for the Centre and whether such as budget was adequate to enable the Centre to fulfil its operational programme needs and related expenses.

During the interview with the nurse, she alluded to the problem of insufficient resources including lack of staff capacity. The nurse revealed the fact that at the time of the study the Centre had only "one professional nurse, one HIV/AIDS nurse, a staff nurse or enrolled nurse and two lay counsellors from an NGO called Right to Care". The social work division of the Centre had only two social workers and a newly appointed junior social worker, while the doctor and psychologists were on contracts, and therefore not available at regular frequencies. For instance, when available the doctor can only see a maximum of 10 offenders a day once a week.

[53] DCS, Correctional Programmes Targeting Offending Behaviour, p12

The shortage of resources including staff at the Centre means that the Centre has to rely on staff from the NGO to assists with a number of tasks such as the screening of offenders during admissions, updating the database of HIV/Aids patients, alleviating the workload of the nurses and referring admitted new inmates for detection of illnesses, pregnancies and injuries.[54] The lack of resources has also meant that the Centre relies on donations. For instance, the NGO, Right to Care, donated a computer used for data capturing, suction machines, a High Blood Pressure meter machine used to detect the quantity of iron in the bloodstream of patients as well as a fridge for storing medication.

3.1.5. Skills Training and Capacity Building for officials

Not much information was received from the Centre on the nature, type and number of training programmes provided for its personnel and specialists (Doctor, psychologist, social worker, nurse, etc.) to ensure effective and quality service provision for the benefits of inmates. The social worker indicated that the DCS had not provided training/ skills development programme since 2014. Some of the officials claimed to pay for their own skills development initiatives including the costs of attending workshops (e.g. attending a workshop on drug addiction, August 2018, & a workshop on disability by the Council for the Disabled).

The Centre stated that the DCS provided an unaccredited one and half year cooking related training and skills development course for the offenders working in the kitchen of the female section of the Centre. For the Centre staff, a one-year accredited training course was provided by an accredited service provider. The members provide portfolios of evidence and a two weeks attendance then they write the examinations. It was subsequently revealed at the State Capture Commission of Enquiry, chaired by Deputy Chief Justice Raymond Zondo, that cooking courses provided to the inmates and staff at DCS Centres across the country, allowed the inmates to perform services for which the former service provider, Bosasa Operations (later called African Global Operations), was contracted by the DCS to perform in several of its facilities across the country.[55]

3.1.6. Monitoring and Evaluation system

The purpose of this section was to determine the extent to which the DCS conducted regular assessments and monitoring of the work of its Centres including staff and contracted service providers to ensure that quality services are provided efficiently and effectively to meet the needs of the inmates in line with the DCS's own policy and legislative obligations.

The Centre officials interviewed for this study claimed that regular monitoring and evaluation took place in various forms for different units in the centre. For instance during an interview the Head of the Centre indicated that the Office of the Area Commissioner sometimes carried out visits to the various sections of the Centre to check on their conditions and the treatment of inmates.[56]

[54] Interview with the nurse, 23/10/2018

[55] Bloomberg, 01/02/2019, Zondo Asks South African Authorities to Probe Prison-Food Tenders, Daily Maverick (www.dailymaverick.co.za./article/2019-02-01-zondo-asks-south-african-authorities-to-probe-food-tenders)

[56] Interview with the HCC, 24/10/2018

However, the fact that this was done 'sometimes' and not systematically and regularly should raise questions regarding the effectiveness of the monitoring and evaluation carried out by the Head of the Centre as indicated during the interview. The Head of the Centre also apparently monitors the kitchen "as the need arises", sometimes conducting 'surprise visits'. It was revealed that the kitchen unit is subject to inspections by DCS inspectors from the regional office who frequently monitor the quality of the food provided to the offenders, as well as the work carried out by an audit company called ECOLAB which monitors and evaluates the services provided by Bosasa on a quarterly basis. However, the Centre did not provide information on the impact and efficacy of these activities on ensuring improvements in the quality of services provided to the inmates.

Based on the interviews with Centre officials and specialists contracted to the Centre, it would appear that the quality of the services provided by these specialists is not subject to any formal and systematic monitoring and evaluation. The Centre indicated that the nurses are required to complete a report based on a template designed by the DCS. However, it is not clear what type of information is collected through the template, the quality and relevance of the information collected, how often it is collected and to what end it is used except to say that the statistics inform them that they are exceeding their set targets as per their performance plans.

Curiously though, none of the Centre officials interviewed for this study made any reference to the inspections/monitoring and evaluation work of the Judicial Inspectorate of Correctional Services. The JICS is legally mandated to conduct formal and regular inspections (including monitoring and evaluations) of the work of DCS facilities across the country precisely to determine the nature, quality and efficacy of services provided to meet the needs and the rights of the inmates in line with the law and the Constitution. The aim of the Inspectorate is "to facilitate the inspection of correctional centres in order that the Inspecting Judge may report on the treatment of inmates in correctional centres and on conditions in correctional centres".[57]

3.2. CASE STUDY 2: FEMALE SECTION - POTCHEFSTROOM REMAND DETENTION FACILITY, NORTH WEST

3.2.1. Brief background

This Centre is located in the town of Potchefstroom in the North West province and is classified as a remand correctional facility. It began operating in 1978 and was commissioned to serve medium security offenders. It is now changed to accommodate maximum security offenders and awaiting trial detainees.[58] The female section is accommodated within the same premises as the male prison on the E section for sentenced and unsentenced inmates. The others are Sections A (males awaiting trial), B section (males awaiting trial), C section (males awaiting trial) and D section (sentenced males). The entire Centre is located on a 45-hectare piece of land of which 15-hectares is agricultural land.[59]

[57] Section 85 (2) DCS Act, 111 of 1998.
[58] Justice MTR Mogoeng. 2011. "Potchefstroom Correctional Centre Report 2011 by Mogoeng".
[59] Ibid

As observed in the previous report,[60] the number of inmates changed daily given the classification of the correctional facility as a remand centre. Factors such as inmates being released, attending court proceedings, being hospitalised or daily new admissions create constant fluctuations in the number of inmates at the Centre. This therefore makes it necessary for officials to maintain regular daily record of the numbers of inmates through a daily count. Therefore, on the day of the visit to the Centre (16/10/18), the total number of inmates in the Women's Section was 110.

- Approved capacity of the female section E was 62 inmates.
- Number of sentenced female offenders on the day of the visit: 81
- Number of unsentenced/remand offenders on the day of the visit: 30
- Total number of female inmates on the day of the visit: 110
- Rate of overcrowding: 77.4%

Regarding the types of inmates at the Centre, the table below shows the different categories of female inmates.

Table 6: Types of Inmates by Age

Age Category	No. of sentenced inmates	No. of remand detainees	Total
14-20 years old	3	7	10
21-25 years old	6	6	12
26-35 years old	33	8	41
36-45 years old	17	7	24
46-60 years old	19	1	20
60-74 years old.	3	0	3
75 + years old.	0	0	110

Source: DCS Potchefstroom Remand Detention Facility

The above table indicates that the majority of sentenced inmates at the Potchefstroom Remand Detention Facility were in the age bracket 26-35 (33) while the smallest category of sentenced prisoners was those under the age of 20 and over the age of 60. On the day of the visit to the Centre, it was observed that the 3 sentenced inmates aged 60-74 were accommodated in the same section as the Mother and Child Unit, plausibly due to overcrowding.

As already stipulated, the Potchefstroom Remand Detention Facility has 5 sections. Sections A, B, C, D all belong to men, whilst section E belongs to women. Some of the sections have subsections that cater for different categories of inmates (i.e. juveniles, mothers and their babies in the E section, the elderly and short-term, medium term and long-term inmates). The centre makes use of the E section to house the Mother and Child unit as well.

[60] Commission for Gender Equality, 'Inmates in sickness and in health': Assessing Correctional Services on the health and wellness of women in Correctional Facilities, (2017).

On the day of the visit (16/10/18) there were three pregnant mothers, one sentenced and two unsentenced. Two other mothers were staying with their babies. The sleeping area for the mothers in the section for sentenced inmates comprised single cell areas, although the area appeared as if it was a temporary arrangement to accommodate mothers. These were rooms that catered for the mothers and their babies in a section of the prison that was also allocated to elderly female inmates. This particular section encompassed single cell areas and the room in question was adorned with art and paintings on the walls. On the day of the visit to the Centre, the research team noted that there was no day care facility or even play area for the children, although dilapidated play equipment (i.e. swings, jungle gyms) for the kids were observed in the premises.

The food for all offenders was prepared in the kitchen on the male section of the prison by the male offenders mainly because the Potchefstroom prison was nominally and initially meant to be a male detention Centre, although the Centre now also provides detention facilities for female inmates who are allowed to prepare their own meals when necessary. The kitchen was spacious and appeared to have all the necessary equipment. However, during focus group discussions, female offenders complained about the quality of the food prepared by male offenders. Some of the female offenders claimed that the food was not edible and discarded it.[61] One offender even claimed to have suffered from allergic reactions allegedly caused by the poorly prepared food.[62] There seemed to be a widespread view, shared by female warders and even confirmed by the doctor, that the food in the Centre was poorly prepared by the male offenders, and was therefore not edible.[63] However it was not clear if this complaint had been brought to the attention of the authorities given. The Correctional Services Act, No. 111 of 1998 explicitly states that food must be well prepared, and offenders must be provided with adequate diet to promote good health[64] and to "make provision for the nutritional requirements of children, pregnant women and any other category of prisoners whose physical condition requires a special diet".[65]

The laundry area and all its equipment in the female section was not working and appeared to have not been working for a while. The hospital section designated for female offenders was converted to accommodate the mother and child unit, together with the elderly inmates. Although the main hospital that existed catered for both male and female offenders, the male offenders appeared to enjoy greater access as the hospital was located in their section.

Given that the Potchefstroom Detention Centre was historically a male facility, there was a sense among the female offenders that they were disadvantaged in terms of the quality and scale of services provided to them compared to the male offenders, particularly in regard to using the hospital facility.[66] Also, interviews with officials at the Centre as well as focus group discussions with inmates revealed that for serious health cases, female offenders would be treated at outside hospital facilities[67] which could fuel perceptions that no adequate provisions exist to cater for the needs of female

[61] Focus group discussion with inmates, 18/10/2018
[62] Ibid
[63] Ibid
[64] Correctional Services Act, No. 111 of 1998
[65] Correctional Services Act, No. 111 of 1998
[66] Ibid
[67] Lisa Vetten, Human Rights in African Prisons, ed. J Sarkin (Cape Town: HSRC Press, 2008).

inmates. Also, the Centre did not provide recreational facilities for female inmates even though adequate space within the premises was observed during a visit to the Centre.[68]

The issue of overcrowding was raised, and observations confirmed, especially in the female section E that was initially meant to house 62 inmates, but on the first day of the visit to the Centre, it housed 110 inmates. It was further confirmed by officials at the Centre that some inmates received foam mattresses to sleep in the communal cells.[69] The problem of overcrowding had other consequences. Problems such as work overload and severe capacity limitations on the Centre staff (i.e. warders) in the face of a growing population of female inmates, poor sanitation and deteriorating hygienic conditions, strain on the Centre's already limited resources and negative impact on provision of basic services including quality of nutrition and health care.[70]

While much of the amenities appeared in reasonable condition, there were few issues of concern observed. For instance, the communal cells appeared to have more than 20 female inmates who shared a bathtub and a basin that had no hot water. The toilets for communal cells did not flush, which raises the issue of the quality of sanitation services which is a basic human right. This included the state of the toilet facilities which was clearly unsatisfactory for female offenders. The toilets needed to be manually filled with water using buckets. Other problems included the toilet and bathtub area that did not have a door, thus denying privacy to female offenders.[71] Hot water was not readily available, which was an inconvenience to the female inmates.

In terms of healthcare equipment and consumables to cater adequately for the healthcare needs of the inmates, it was made clear during interviews with officials and other key informants at the Centre that the facility had very limited supplies. For instance, the doctor mentioned (as will be discussed in later sections) that the Centre had the bare minimum for mild cases, while anything severe would be referred to outside hospital facilities.

3.2.2. Issues and problems related to the health, welfare and reproductive rights of female inmates

The dispensing of medicines to inmates was found to be one of the key issues of complaint among inmates at this Centre, especially prescribed medical supplies for the inmates. During focus group discussions, inmates mentioned that it often took up to two months for prescribed medication to be provided, and that Centre staff would often be indifferent towards the inmates inquiring about the habitual late provision of their prescribed medicines.[72] This treatment is a violation of the rights of inmates' access to healthcare services and humane treatment. There was also strong belief among the inmates that the Prison appeared to prioritise HIV/AIDS medicines over others, apparently due to the rapid and immediate dispensation of the latter, compared to medicines for other illnesses.[73] Thus, according to the inmates prescribed medicines for other chronic illnesses, allergies and other illnesses were not given priority

[68] Lisa Vetten, Human Rights in African Prisons, ed. J Sarkin (Cape Town: HSRC Press, 2008).
[69] Ibid
[70] Goyer, KC. Prison Privatisation in South Africa: Issues, challenges and opportunities (USAID).
[71] Focus group discussions with inmates, 18/10/2018
[72] Ibid
[73] Ibid

by the Centre.[74] Some informants interviewed for this study referred to 'situations out of their hands' as well as 'politics'[75] to explain the hindrances to timely dispensation of prescribed medicines. The challenge of capacity and work overload was identified as an important factor in the issue of late dispensing of prescribed medicines. However some of the female inmates felt that the needs of male inmates were being prioritised over those of female inmates at the Centre,[76] accompanied by a strong conviction among the female inmates that the Centre was also allocating more resources to the healthcare needs of male inmates.[77] Thus, the female inmates were adamant that there should be health staff specifically assigned for the female section to attend to their healthcare needs.[78]

Some of the female inmates referred to the poor healthcare service provision that apparently occur annually when the DCS Centres become involved in 'Operation Vala'. Operation Vala is an annual programme launched by the DCS to deal with prison escapes and instil increased safety during annual December festive periods.[79] The inmates felt that during the period of the operation, too much focus is placed on the objectives of the operation to the detriment of the needs of the inmates, especially those that often fall sick. Some of the inmates alluded to the fact that during that period, the overcrowding was worsened as the Centre was filled way beyond capacity due to festive season arrests related to drunk driving and petty assault cases.[80] For instance inmates mentioned how the results of pap smears and mammograms were delayed due to staff shortages during the course of the year, which get worse during the period of Operation Vala.[81]

It would appear that staff shortages and capacity limitation at the Centre often results in poor healthcare service provisions especially during lockup periods when sick inmates are left on their own, including those with mental illnesses and thus at risk of suicide. Some inmates indicated that the Centre often expected inmates to keep watch over others, especially the sick ones and those with severe mental illnesses, which suggests lack of adequate capacity by the Centre to provide healthcare services to inmates at all times, hence its reliance on inmates to keep watch over other sick inmates, with Prison officials largely available to respond during periods of medical emergencies.[82] For instance, an incident was related by some of the inmates when an inmate was initially thought to have only minor stomach cramps, and received little attention from Centre officials despite repeated pleas for help, until much later when it became clear that the inmate suffered from an inflamed appendix and had to be taken to hospital for an operation.[83]

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[74] Ibid
[75] Interview with an Official/Informant, 16/11/2018
[76] Focus group discussions with inmates,18/10/2018
[77] Lisa Vetten, Human Rights in African Prisons, ed. J Sarkin (Cape Town: HSRC Press, 2008).
[78] Focus group discussion with inmates 2018 Potchefstroom Remand Detention Facility
[79] SABC News, Correctional Services Department launches Operation Vala. 2018. http://www.sabcnews.com/sabcnews/correctional-services-dept-launches-operation-vala// Department of Correctional Services Annual Report 2017/18
[80] Focus group discussions with inmates,18/10/2018
[81] Focus group discussions with warders,16/11/2018
[82] Focus group discussion with inmates,18/10/2018
[83] Focus group discussions with inmates, 18/10/2018; Interview with Head of Facility, 16/10/2018

Further instances were related by inmates as evidence of the apparent inadequacies in the service provision related to the healthcare needs of the inmates. For instance, it would appear that substance abuse is a major factor at the Centre. The inmates referred to widespread use and addictions to nyaope[84] (a harmful and destructive drug also known as whoonga or wunga). Inmates made reference to nyaope addicts suffering from withdrawal symptoms such as puking and soiling themselves being left unattended to by prison officials, especially during lockdown periods.[85] Other cases involved inmates falling ill during the night and only receiving assistance in the morning unless their conditions escalated into 'near-death' emergency situations, in which case prison officials would intervene.[86] Emily Keehn argues that shortage of prison officials is a problem, especially in cases where prison warders are not available to accompany inmates on visits to medical specialists.[87] It should also be noted that the lack of trust in inmates by prison officials leads to situations where prison warders often do not believe it when inmates report their illness, and would often be disbelieved by prison officials until such time as their medical conditions escalate into serious emergencies. Some of the inmates expressed concerns over high risks of contracting of illnesses/communicable diseases such as TB due to being kept in the same cells with newly admitted inmates who had not yet gone through the screening process properly.[88]

Finally, the issue of the access to and availability of healthcare specialists at the Centre was also raised by inmates during focus group discussions, with inmates lamenting the fact that the clinical psychologist was not always readily available.[89] This problem is part of a broader issue for the correctional services sector raised at the beginning of this report – shortage of medical and other specialists.[90] For instance the clinical psychologist, interviewed for this study, revealed that she only worked at the Centre on a referral basis and that she was not stationed at the facility. She indicated that she was also responsible for three additional Correctional Services Centres.

3.2.3. Relevant Health Related Programmes, Projects and Services for female inmates

According to informants interviewed at the Centre, the process of admissions of inmates is guided by, among others, the Constitution, Correctional Services Act, Occupational Health and Safety Act and the Mental Health Care Act. This means that before admission an inmate would go through a screening process that involves a set of questions about their health (including pregnancy in the case of females),[91] medical history and ask the inmate to undergo a voluntary HIV/AIDs status test. As a formal procedure, the nurse is obligated to conduct weekly reviews of inmates on chronic medication, including monthly reviews for inmates on ARVs. The screening process is supposed to uncover common illnesses such as TB, HIV, high blood pressure, asthma, diabetes. According to the nurse, inmates with TB are taken to a lab to confirm status

[84] Health24, Is Nyaope South Africa's Worst Drug? 2014. Https://www.health24.com/lifestyle/street-drugs/news/street-drug-nyaope-classified-as-illegal-20140403.
[85] Focus group discussion inmates, 18/10/2018
[86] Ibid
[87] Africa Check. 2014. Do prisoners have access to better medical facilities than the public? Https://africacheck.org/reports/do-prisoners-have-access-to-better-medical-facilities-than-the-public/
[88] Focus group discussions with inmates,18/10/2018
[89] Ibid
[90] See Lisa Vetten, Human Rights in African Prisons, ed. J Sarkin (Cape Town: HSRC Press, 2008)
[91] Interview with nurse, 17/10/2018

after which they would receive treatment and, where necessary, be kept in isolation.[92] However given the testimonies of some of the inmates during focus group discussions regarding poor medical and healthcare support at the Centre, it was not clear to what extent these formal procedures were executed to the letter. In addition, the JICS[93] has in the past noted contraventions of departmental policy on the examination of inmates within the first 24 hours of incarceration, including failure to provide immediate medical treatment to inmates after incarceration, including remand prisoners.[94]

The Correctional Services Act no 118 of 1998 stipulates the steps and processes to be followed when it was found that a remand detainee is pregnant, this includes immediately referring them to a registered medical practitioner for a full medical examination to determine pregnancy, allocation to a unit specifically for inmates whom were pregnant and the provision of an adequate diet to promote good health.[95] According to the Centre, a pregnant inmate is usually taken to the Potchefstroom Hospital for antenatal visits and for delivery, given that the Centre does not have the facilities and capacity to carry out such a procedure.[96]

According to the nurse once the baby is born, the baby and mother are provided with the necessary healthcare services, support and treatment.[97] As indicated already, based on testimonies of inmates during focus group discussions and other sources including JICS, there are questions regarding the quality of healthcare services provided to inmates, and the extent to which these formal prescribed procedures for the provision of medical care and support to inmates are executed as required. For instance, the doctor was only available for a total of 6 hours in a week, during which he is expected to see many inmates/patients, meaning that the access to the doctor is not always guaranteed, unless referred to an outside facility when urgent medical intervention is necessary.

Cases of mental health are usually referred to the Witrand hospital. At the time of the visit to the Centre, it was revealed that it had six inmates with mental health issues.[98] Inmates with mental illness were also referred by the doctor to the clinical psychologist.[99] However, some of the informants indicated that due to poor infrastructure and limited specialist services, offenders with disabilities and mental illnesses could not be accommodated at the facility.[100] This is in spite of the Correctional Services Act no 118 of 1998 requiring DCS Centres to make provision for the mental-health needs of detainees, including placement in single cell areas, for purposes of observation by a medical practitioner, treatment and provision of social and psychological services.[101]

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92 Ibid
93 JICS, Annual Reports 2011-12; 2012-13; & 2013-2014
94 Africa Check. 2014. Do prisoners have access to better medical facilities than the public? https://africacheck.org/reports/do-prisoners-have-access-to-better-medical-facilities-than-the-public/.
95 Correctional Services Act no 118 of 1998 as amended; Section 49A (1)(2)(3)
96 Interview with nurse, 17/10/2018
97 Ibid
98 Ibid
99 Ibid
100 Focus group discussions with warders, 16/11/2018
101 Correctional Services Act no 118 of 1998 as amended; Section 49D (1)(2)(3)

According to the nurse, inmates on ARV treatment are provided with their medication on a daily basis, even though apparently juvenile inmates often smoked their tablets and have to be placed under the Direct Observation of Treatment Short-course (DOTS) by healthcare workers to observe them and ensure that they took their medication. The observation course was also used on other patients diagnosed with various other illnesses. However according to the nurse, the observation course could not be implemented during the night time when the inmates are locked up.[102]

An interview with the clinical psychologist revealed the critical role that this function can play, in assisting newly incarcerated inmates, especially female offenders who were caregivers and had children left behind, to adjust to their situations. As indicated already, many inmates in this situation often suffer from severe emotional distress, depression and other mental health conditions associated with incarceration and separation from their social roles as household caregivers and mothers. A Clinical psychologist also plays a critical role in helping inmates cope with the stress and social stigma of imprisonment.[103] The clinical psychologist provided intervention after diagnosing these conditions. Such interventions can either be on a one to one basis or through group sessions. However, as indicated earlier during focus group discussions the inmates appeared dissatisfied about the availability and accessibility of some of these specialist services at the Centre. It needs to be noted though that the readiness and willingness of the inmates to use the services of the Clinical psychologist was also raised an issue of concern during an interview with the Clinical Psychologist.[104]

What can be deduced is that services such as those by the clinical psychologists were in high demand on the one hand. However, on the other hand, the availability of specialists such as psychologists was limited and infrequent within the Correctional Services sector. For instance, the DCS has confirmed this shortage, indicating that as of 31 March 2018 there were 95 approved psychologist posts, with 79 being filled, to serve the entire population of 164,129 inmates in the sector.[105] This shortage was also a factor at the Potchefstroom Remand Detention Facility where it was indicated that the clinical psychologist was also overworked and overstretched.

In terms of the Centre's social work programmes and services for inmates, two social workers (one male, one female) were stationed at Potchefstroom Remand Detention Facility at the time of the study. Female inmates received services from the female social worker who was interviewed for the study. The social worker revealed that the following programmes and services were available and provided to the inmates:

- Family and marital problems
- Personal growth and self-management
- Bereavement
- Trauma
- HIV/AIDS counselling
- Crisis intervention

[102] Interview with nurse, 17/10/2018
[103] Interview with clinical psychologist, 18/10/2018
[104] Ibid
[105] Department of Correctional Services Annual Report 2017/18

- Psychosocial problems
- Substance abuse
- Support services

The social worker confirmed that the inmates did utilise these services, as many of them suffered from a range of conditions and disorders brought about by their situation of incarceration. Amongst others was physical and emotional support for female inmates with strained relations with their families; inmates disowned by their families and their struggles coping with the stigma of incarceration, as well as the emotional distress and anxiety experienced by mothers being separated from their children.[106] According to the social worker, some of the services were provided in collaboration with social workers from the Department of Social Development (DSD) and non-governmental organisations (NGOs) such as Families South Africa (FAMSA) and restorative justice, especially in instances where reconciliation is necessary. It was also revealed that some inmates who were shy to consult the social worker used the parade to express their concerns. During the parade the inmates were able to voice their issues as they were unlikely to consult outside of the parade due to fear of being stigmatised and discriminated against by their peers.

An issue that was raised during the interview with the social worker was the need for formal debriefing sessions for the social worker to cope with the environment in which they work. It would appear that such sessions are not provided for. Given possible risk of exposure to trauma from dealing with the issues affecting the inmates, it would appear that this service would be vital not only for the wellbeing/welfare of the social workers at the Centre, but also to improve their own effectiveness.[107]

Other services that were being provided to female inmates included sanitary pads, although the inmates complained about the quality of these sanitary pads.[108] Even the prison officials did confirm that the sanitary pads were of poor quality, including being too thin.[109] Other supplies such as toiletries were also provided for the inmates. Apparently in cases where donations were offered, prison policy and bureaucratic red tape became an obstruction.

With respect to the nutritional needs of the inmates, the Centre has a nutritionist who was interviewed for this study. The nutritionist provided an elaborate outline of nutritional supplies for inmates on a daily basis, including the meal times and specific quantities for different types of food, fruits and vegetables. The nutritionist was adamant that the nutritional and dietary needs of the inmates were being met, including those of inmates with special dietary needs (i.e. diabetics, inmates undergoing HIV/AIDs treatment, babies and breast-feeding mothers).[110] However the inmates were also adamant these claims were exaggerated. As indicated already, many of the inmates have complained about poorly prepared meals at the Centre.[111]

[106] Interview with social worker, 18/10/2018
[107] Ibid
[108] Focus group discussions with inmates,18/10/2018
[109] Focus group discussions with warders,16/11/2018
[110] Interview with nutritionist, 17/10/2018
[111] Focus group discussions with inmates, 18/10/2018

Several inmates on special dietary needs for various chronic illnesses disputed the claims of the nutritionist[112] while others referred to the same type of meals (predominantly porridge/pap) being provided all the time without much variation.[113]

3.2.4. Budget/Funding Allocation, Staff Capacity and Other Resources

In terms of budget allocation and other resources, the Head of the Centre revealed that R98, 000,820 was allocated by the DCS to cover the operations of the Centre and the entire Department in Potchefstroom for the financial year 2018-2019, with R7, 081, 000 set aside to cover health care services for inmates. The Head of the Centre insisted that the budget allocation was reduced by R1, 100, 300.00 compared to the previous financial year budget, meaning that the budget was not sufficient to cover all its operational expenses.[114]

Informants at the Centre claimed that due to budgetary and overall resource limitations, other areas of capacity such as the limited number of the nursing staff, security personnel as well as non-functioning electronic security equipment thus impacting negatively on the effectiveness and efficiency of tasks such as security searches to detect firearms, knives and cell phones. For the nursing staff, the Centre revealed that there was a need for more permanent nurses. At the time of the study, the Centre had three permanent nurses, four additional sessional[115] nurses, only two of whom were qualified.

The Management of the Centre did argue that the limited budget has had a negative impact on staff capacity at the Centre, also referring to a DCS moratorium currently in place on the filling of vacant positions except for critical posts.[116]

The Management of the Centre revealed that as of December 2018 the Centre had 36 vacancies. Also, information provided by the DCS reveals significant levels of staff turnover, with the number of permanent officials who resigned increasing from 1 488 in the 2016/17 financial year to 2 468 in the 2017/18 financial year.[117]

3.2.5. Skills Training and Capacity Building for Officials

This issue of training remains a persisting factor for the DCS Centres. This identified as an issue in the first report of this study.[118] However in this Centre, the issue of training was articulated more in terms of skills and capacity to implement provisions of the Correctional Services Act, than on dealing with the specific needs of female offenders. As indicated already, the Potchefstroom Remand Detention Facility was initially built for the incarceration of male and not female offenders. It would appear therefore that the type of training provided to prison officials was geared more towards dealing with male rather than female offenders, mainly because of the high volumes of male offenders currently received by the Centre.

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[112] Ibid
[113] Ibid
[114] Interview with Head of the Centre, 16/10/2018
[115] Sessional nurses are those that come to the Centre periodically to perform nursing duties, as opposed to regular nurses at the Centre
[116] Department of Correctional Services. 2018. Minister Masutha visits correctional officials working during festive season. http://www.dcs.gov.za/?page_id=3740
[117] Department of Correctional Services Annual Report 2017/18
[118] CGE (2017), 'Inmates in sickness and in health': Assessing Correctional Service on the health and wellness of women in Correctional Facilities.

The nurse who was interviewed for this study indicated that in addition to the general training provided to the nursing staff to deal with patients, a nurse Initiated Management of Antiretroviral Therapy (NIMART)[119] training was offered as part of the task-shifting strategy recommended by the World Health Organization (WHO) to deal with the human resource shortages that have negatively impacted access to Anti-Retroviral Treatment (ART) in developing countries. In general, though, the training is geared towards serving patients in general and not women/female inmates in particular. Doctors were also offered general training programmes although this was specific to certain types of inmates.[120] These were mainly programmes by government to enhance expertise in the area of TB and checking blood pressure, including classes on how to manage dispensation of drug medication in the treatment of illnesses. For the social worker, training for continuing professional development (CPD) was made available on a monthly basis, although general and not for any specific type of inmates such as female inmates or mothers with babies. The clinical psychologist expressed the need for such training geared towards the needs of specific categories of inmates, especially pregnant women.[121]

For prison officials, a six-month basic training course was provided on how to deal with their working environment as well as handling offenders.[122] However, the training was more security-oriented and did not prepare them to handle female inmates specifically.[123] Prison officials also referred to the lack of debriefing sessions to assist them to cope with some of the trauma inducing effects of dealing with offenders, some of whom had committed serious crimes such as the murder of babies, which often caused distress and depression among their ranks. This is despite the DCS indicating the existence of internal proactive strategies and interventions as part of its Integrated Employee Health and Wellness programme comprising Occupational Health and Safety, Employee Assistance Programme, HIV/Aids assistance, Bio-kinetics services, Sports and Recreation opportunities and facilities.[124] This might suggest either lack of awareness of these internal staff programmes or their ineffectiveness.

3.2.6. Monitoring and Evaluation System

An important area for the study was to ascertain the systems or methods used by the DCS Centres to monitor and evaluate the quality, efficacy and effectiveness of services rendered to the female inmates. Based on interviews with the various service providers and specialists at the Centre, it would appear that different methods were currently being used to monitor their work. However, it appeared that standard service level agreements applied across the various professions for establishing targets, including key performance agreements, and for determining if these were met.

The centre head mentioned that the JICS carried out inspections and evaluations at the facility and reported to the regional and national DCS offices its findings. For the nursing staff, the nurse indicated that reports are compiled and submitted, through the sector coordinator, to the regional office which carries out the monitoring and

[119] Ford, P (2013), Nurse Initiated and Managed Anti-Retroviral Treatment: An ethical and legal analysis in South Africa. A research report to the Steve Biko Centre for Bioethics, Faculty of Health Sciences.
[120] Interview with Doctor, 16/11/2018
[121] Interview with clinical psychologist, 18/10/2018
[122] Focus group discussions with warders, 16/11/2018
[123] Ibid
[124] Department of Correctional Services Annual Report 2017/18

assessment of the work done. Similarly, the clinical psychologist was required to submit monthly reports to the Supervisor, containing information on the work done, interventions made, and number of inmates seen. The social worker indicated that a tool was designed by the Social Work programme Manager to collect information on a monthly basis including statistics on targets met such as the number of inmates seen and assisted.

The doctor referred to a reporting system which entailed meetings held every six months to report on the number of cases dealt with in the hospital section, the number of patients diagnosed with HIV/AIDs, those that died and diagnoses of new cases of other health related issues among inmates.

In many of the cases of monitoring and evaluation system referred to by the informants, either limited or no useful details were provided on the types of information collected, how it was collected, the frequency of collection and details on how to ensure that reliable and quality information was collected. It was also not clear as to the purpose to which such information was utilised either by the DCS or its regional office. It was clear that across the various methods mentioned, greater focus was placed on collecting information on quantity-related performance variables rather than quality-related performance variables.

3.3. CASE STUDY 3: FEMALE SECTION - THOHOYANDOU CORRECTIONAL CENTRE, LIMPOPO PROVINCE

3.3.1. Brief Background

The Thohoyandou Correctional Centre is based in the Limpopo province, located along the R523 main road between the village of Vhondwe and Thohoyandou. Its location in the township of Thohoyandou, which is close to the border area between South Africa, Zimbabwe and Mozambique, has led to foreign nationals, apparently many of whom are illegal immigrants, from some of the neighbouring countries comprising a significant portion of its prison population.[125] It serves predominantly rural areas surrounding it. It is located approximately 12km from the South African Police Services (SAPS) police station in Thohoyandou, although there is a satellite SAPS police station nearby in the village of Vhondwe. Also situated in its vicinity are the Thohoyandou Regional Court and the Thohoyandou Magistrate Court. It is vulnerable to overcrowding given its location near the border with neighbouring countries as well as serving a significant number of local areas surrounding it.

At the time when the study was carried out, the Centre was facing a shortage of water which affected many local residential areas with the broader local municipality.[126] It would appear that the municipal authorities were implementing water rationing, and therefore various sections of the Centre were forced to collect and store water in 20 litre containers. Obviously, such water shortages have negative consequences for the sanitary conditions within the centre, including possibly negative healthcare risks not just for the local communities, but also for the Centre. On the day of the visit to the female section of the Thohoyandou Correctional Centre[127] for site observation and other

[125] Interview with the psychologist, 28/10/2018
[126] Focus group discussions with the Centre Coordinator and Staff Support, 30/10/2018
[127] Site visit to the female Section of the Thohoyandou Correctional Centre, 01/11/2018

fieldwork activities, the research team observed the presence of correctional officers performing security guard duties at the gate entrance. Once formally welcomed and allowed into the Centre, the research team made its way to the Female Correctional Centre where the fieldwork began.

The Female Correctional Centre is a small facility with two (2) main communal cells holding 76 inmates in each cell, a Mother and Baby Unit and a portion of the centre allocated to juvenile male offenders. This centre did not have a kitchen but relied on food prepared in the kitchen located in the Medium B section of the male offenders' facility. However, it was revealed that the kitchen in the male offender section had been declared unhealthy by the Department of Health and yet it was still being used to prepare food for inmates.[128] The Centre said that it was still waiting for funds from the DCS to renovate the kitchen. The baby section had a small kitchen for preparing their food, a task apparently performed by one of the female offenders at the Centre.

During the visit to the Centre, several Centre officials were interviewed for the study, including HCC, the psychologist and social worker. In addition, focus group discussions were conducted with groups of correctional officials as well as the offenders. It is important to note that the offenders did convey their fear of being victimised for participating in focus group discussions, although they were assured of confidentiality and anonymity in the way the information and insights gained from the study would be utilised in the report. The offenders also indicated that they had previously participated in similar studies which had made no difference in their material conditions at the Centre.

Information gathered during site observation indicated that the Female Correctional Centre was certified to hold a total of 134 inmates. However, at the time the study was carried out there was a low number (96) of female offenders (i.e. 79 sentenced and 17 remand inmates). This meant that part of the female section was rezoned and allocated to 94 male juvenile offenders. At the time of the study, the occupancy rate of the female section (part of which was allocated to juvenile male offenders) was overcrowded with 190 inmates. At the time of the study, the Head of the Centre indicated that the female section had one (1) pregnant remand offender and three (3) mothers with babies. There were nine vacant beds in this cell. During the day of the visit, there were 16 unsentenced female offenders and 79 sentenced offenders occupying the communal cells. Each of the female communal cells had a toilet, a shower and a wash basin. There was no hot water in the cells at the time of the visit to the centre. The Female Correctional Centre had at its disposal two (2) nurses, a social worker and a psychologist assisted by a student from the University of Venda. The Centre also had a doctor that visited the Centre only once a month. It was revealed that because the doctor was not available frequently, healthcare related services were mostly provided by the nurses.

[128] Interview with Head of Correctional Centre (Medium B Section), 31/10/2018

3.3.2. Issues and problems related to health, welfare and reproductive rights of female inmates

This section identifies some of the issues of concern for the offenders, especially regarding their rights to receive proper healthcare services and access to medical support for their health, welfare, reproductive rights and related matters.

The centre runs a number of programmes aimed at dealing with different aspects of the offenders sentencing and rehabilitation, including any other health and welfare related issues identified through the screening process at the time of admission. For instance, each sentenced offender has her own designed programmes based on their sentence plan. Some offenders, based on their behavioural assessments, are placed on various programmes such as anger management, treatment of sexually transmitted diseases, programmes on substance abuse, as well as, where applicable, programmes to reintegrate them back into their communities. The Centre also runs the Victim Offender Dialogue programme which apparently is very unpopular because the programme is meant for the offenders to meet their victims in person for possible reconciliation prior to parole hearings. Offenders are expected to show/express remorse to their victims or family/relatives of the victims for the crimes they have committed. It was revealed that some of the offenders are not prepared to participate in the process. However, during focus group discussions with the offenders, the reasons for this reluctance to participate in this programme were not clarified. Instead, the offenders referred to other programmes such as the TB and HIV/Aids programmes as well as the pap smears and mammograms.

Besides the specialist/focussed programmes that are part of the sentencing plans and rehabilitation of the offenders, the inmates are also regularly provided with awareness raising sessions as part of the Centre's health calendar. During various months of the calendar, awareness raising sessions are held with inmates on various topics such as reproductive health, cancer, sexually transmitted diseases, condom usage, pregnancy awareness, TB, vaccination, mental illness, child health, etc.

During focus group discussions, there were issues raised regarding the way their complaints often go unattended to, particularly issues relating to illness. As was found with the other case studies, offenders indicated that responses to requests for medical attention for inmates that are ill are often not dealt with by the Centre staff until their situations become serious and urgent.[129]

In terms of access to medical supplies for the treatment of ailments, the offenders indicated that the Centre usually provides iBuprofen, Panado and Painblock to treat all kinds of illnesses reported. However, some of the offenders argued that access to the medications are severely limited and rationed - "They give you painkillers for today and then when you come back for more, they say we gave you yesterday".[130] Offenders also alleged that they are not allowed to consult the nurse on two consecutive days for the same ailment.

[129] Testimony by offenders during the focus group discussion, held on 31/10/18
[130] ibid

As was found with the other Centres, the offenders in this Centre also alleged that they seldom received their medications on time, with one offender saying that she had been waiting for medication for three months. Another offender alleged that patients are often switched, so that the pills meant for one patient are given to someone else, which compromises the confidentiality of the information of prisoners at the Centre – the offender went on to say, "if they gave me the HIV pills then I would know that the other person is also HIV positive".[131]

It was indicated at the beginning of this case study that the broader local authority in which the Centre is located has been experiencing water shortages. This meant that water rations were being implemented, with offenders and staff allocated 20 litre buckets and drums to store water. This water shortage poses possible health risks not just for the local community but also for the Centre. Moreover, the inmates revealed that the lack of running water in the Centre meant that their toilets could not be flushed, thus escalating conditions of poor hygiene. The offenders confirmed that they are provided with sanitary towels and some basic toiletries (i.e. soap and tooth paste) from the DCS.

As with the other Centres covered in this study, the female section of the Thohoyandou Correctional Centre provided a detailed 12 Day meal plan for the offenders, which entails various nutritious food items. However, the offenders insisted that what is contained in the meal plan is not what they receive in practice. Many of them complained about the quality of the food prepared for them and also argued that that they were offered the same meal (porridge/pap with meat, but without the fruits and vegetables as indicated in the meal plan) every day without much variation.[132] During the site visit the researchers did observe food supplied to the inmates, without any vegetables and fruits as indicated in the meal plan which promises fruits and vegetables on a daily basis.

Finally, the issue of shortage of specialists and workload which has been identified as a key challenge for the other case studies was also found to be a key challenge at the Thohoyandou Centre. For instance, it was found that there are two clinical psychologists for the entire management area of Thohoyandou and Makhado. One of them is stationed at the Thohoyandou Correctional facility, with assistance from a student psychologist from the University of Venda. The psychologist referred to the workload of attending to the needs of both the male and female, including the juveniles' sections of the Thohoyandou Centre as part of her workload. According to agreed service standards, the psychologist is expected to see 28 offenders per month, although the psychologist claimed to be seeing far more offenders than the stipulated number due to emergencies and factors beyond her control that make it impossible to restrict the number of offenders attended to.

3.3.3. Relevant health related programmes, projects and services for female inmates

Based on information obtained through interviews conducted with officials at the Centre, a detailed and elaborate process of admission was outlined, which the nurses are apparently in charge of. The Centre has two (2) nurses who work in the clinic, and

[131] Ibid.
[132] Focus group discussion with offenders 31/10/18

also responsible for providing for the healthcare needs of inmates at the Centre. The interviewee had only worked in the centre over the past nine months of 2018. One of the two nurses, who also held the rank of Supervisor, was interviewed for this study.

The standard process for admissions as outlined by the informant entails the screening of offenders for diseases such as tuberculosis (TB) and sexually transmitted diseases (STI's). In cases where inmates have TB, they are kept isolated for treatment. The admission process also enquires about the medical histories of the inmates, including current treatments for any injuries, as well as for any other physical conditions including disabilities. It would appear that the nurses are responsible for much of the medical and healthcare needs of the patients because, according to the Head of the female Correctional Centre (HCC), the doctor working at the Centre comes only once a month.[133] In cases where patients need specialist medical attention, they are transferred to an outside hospital. It was also revealed that the pharmacy that provides medical supplies for offenders was based in Polokwane, which is quite a distance from the Centre.

The research team found that the psychologist working at the Centre plays a particular role in the screening of the offenders, especially by assessing the different types of offender personalities to determine the level of intervention and therapy needed.[134] It would appear therefore that the role of the psychologist in this process was critical especially in identifying risky behavioural types/personalities such as those with different types of antisocial behaviour disorders (e.g. psychopaths), violent tendencies, mental illnesses,[135] etc. In addition to the nursing staff, the Centre also has a social worker and other correctional officials that perform their respective roles and responsibilities in relation to incarcerated inmates, including running specific programmes as part of the sentencing and rehabilitation of offenders.

Based on information and insights obtained from interviews with various officials at the Centre, some of the women had committed serious crimes that either impacted negatively on their behaviours or caused them to struggle to adjust to the consequences of their actions. Also, many of the inmates were re-offenders, having committed minor/petty crimes such as shoplifting, reflecting levels of poverty and socio-economic deprivation. It would appear therefore that the clinical psychologist working at the Centre is required to play a role in providing counselling to all the different types of inmates. In addition, the clinical psychologist works closely with the nurses on issues such as abnormal growths, pap smears and contraceptive use by the female inmates. The role of clinical psychologist, among others, is to provide individual and group therapy programmes for the women offenders, with the aim of identifying psychological, emotional or behavioural issues. However, in spite of the counselling and other services provided by the Clinical Psychologist and other programmes administered on the offenders as part of their sentencing and rehabilitation, the Centre admitted that many of the offenders at the Centre were repeat offenders, suggesting that the DCS sentencing plans and rehabilitation processes are ineffective and failing to alter the behaviour of the offenders, once released back into their communities.

[133] Interview with the Head of the Correctional Centre, 30/10/2018
[134] Interview with the psychologist, Thohoyandou Correctional Centre, 28/10/2018
[135] At the time of the study, the Clinical Psychologist revealed that the Centre had seven mental health patents

This could suggest that the root causes of the offending behaviours are far more intractable and beyond the efficacy of current DCS offender treatment and counselling/rehabilitation programmes.

As indicated earlier, the proximity of the Centre near the border with neighbouring countries means that a significant proportion of the Centre inmate population is made up of foreign nationals from neighbouring countries. Many of these foreign nationals are illegal and are therefore unable to provide proper documentation, including records of their medical and immunisation histories. According to the informants, some of the immigrants present with lethal strands of TB and bacteria for which they need urgent treatment. This presents a serious administrative problem for the admissions and screening process at the Centre, which is meant to identify and isolate offenders on the basis of assessments of their health and medical conditions.

Other issues and challenges such as high incidents of bullying, fighting, offender maladjustment to prison conditions, lack of parenting skills within the prison environment, and others are among the challenges that have been identified by the informants at the Centre. Most of these require the involvement of the clinical psychologist to provide assistance to the inmates. However, it was not clear how effective these assistance programmes were in achieving the Centre's objectives of managing the presence and rehabilitation of the inmates. In fact, the clinical psychologist suggested that the Victim Offender Dialogue process needed to be reviewed both in terms of policy and implementation because not all offenders are conduits of it.

During the focus group discussion, it became clear that while the offenders appreciated the role, services and assistance provided by the clinical psychologist, they raised the issue of the availability of the clinical psychologist who was not always readily available. Some of the offenders referred to long waiting periods (sometimes up to 2 weeks) for consultations to take place.

3.3.4. Skills training and Capacity building for officials

The purpose of this section is to assess the types and nature of training opportunities provided to the various categories of officials at the Centre in terms of improving the quality, efficiency and effectiveness of the services provided to meet the needs of the female inmates. Based on the interviews with various officials at the Centre, it became clear that none of them had undergone any training apart from the general skills training relevant for Correctional Service officials. None of them had undergone any specific skills training relevant for the healthcare, sexual/reproductive and welfare needs of female inmates.

The specialists (i.e. clinical psychologist, nurses & doctor) on the other hand, would be expected to be registered and therefore belong to their own relevant professional bodies that guarantee their qualifications, professional expertise and adherence to professional ethics and standards of conduct expected of members of these professional bodies.

3.3.5. Budget/Funding allocation, Staff capacity and other Resources.

According to information received from the Centre Coordinator and Support Staff, the total budget of the centre was R32 589 800. The three specialist categories of service had their own allocations from the budget to render their specialist services to the inmates. For instance, the social worker was allocated R371, 100, the clinical psychologist R491, 000 and the nursing staff R1, 897 500.00.

3.3.6. Monitoring and Evaluation system.

Monitoring and evaluating the quality of the work rendered to inmates at DCS Centres is a critical aspect of improving the capacity of the DCS to meet the needs of the inmates. Officials and informants at the Thohoyandou Female Correctional Centre were asked to provide information in this regard. The Team was informed that this is a role performed by the Head of the Female Correctional Centre through what the officials referred to as the Professional Management Development System. No further details and clarity were provided on this. It would appear that there was no formal, systematic process for monitoring and evaluating the different types of services provided by different units and specialists at the centre.

4. OVERVIEW OF KEY FINDINGS

The findings of this study identify a number of salient issues not just for the Department of Correctional Services, but also for the Correctional Services Sector in general. Some of these issues have already been identified and articulated in the first report of this study, and being re-presented here as recurring themes. In some cases where new issues that were not identified in the first report were found, these are clearly indicated and explained in terms of their significance to the overall issues raised in this second report.

Firstly, the issue of overcrowding in the Centres covered in this study was identified in the previous report, and therefore reappears in this report not merely as a recurring theme but also as an indication of a persisting challenge for the DCS and for the Correctional Services Sector in general. All three Centres were affected by this problem. As indicated at the beginning of this report, this is an issue raised even by the Judicial Inspectorate for Correctional Services. It signals a number of key developments. It signals challenges within the value chain of the broader judicial sector, particularly the efficiency and speed with which crimes committed are prosecuted by the magistrate courts in the country. Delays in the court processes, due to slow administrations and processing of cases through the courts, mean that more and more awaiting trial prisoners will be held within the limited spaces of the country's detention Centres, thus creating a backlog that the DCS Centres throughout the country have to deal with through their limited resources, both financial and in terms of human capital.

The second issue is limited DCS staff capacity, which is reflected in the individual case studies covered in this report. All three Centres reported the issue of inadequate capacity. This is one of the consequences of the problem of overcrowding. As more prisons are forced to accommodate more offenders, either remand, transfer or sentenced, more personnel in the form of security officers, specialists (i.e. doctors, clinical psychologists, psychiatrists, social workers, nurses, etc.) and other Correctional officers become overburdened and overworked, thus creating risks to the capacity of DCS Centres to deliver quality services in line with the law and other domestic and international standards of service delivery within prisons.

Thirdly, the issue of lack of adequate staff capacity has obvious negative repercussions in other areas, one of which is compromising the provision of quality healthcare and related services for the needs of female inmates. Examples of the latter are: the late arrival of prescription medications due to lack of staff to fetch the supplies from outside pharmacists; long waiting periods for inmate consultations with specialists due to shortages of clinical psychologists and doctors; the infrequent availability of specialists such as doctors, often leading to ordinary nursing staff to handle medical problems for which they are not qualified; poor quality of the offender screening processes during admissions which often leads to failure to detect infectious diseases among offenders, and others. All three Centres have been affected to varying degrees by one or more of these consequences of capacity shortages. The Thohoyandou Centre appeared to face an additional challenge of handling a significant number of foreign illegal nationals without proper documentation and medical histories, thus presenting unique risks which the Centre's capacity is not always ready to handle. For the female section of the Potchefstroom Remand Detention Facility, one of the key challenges was the

issue of strong perceptions among female inmates that the Centre was originally meant for male inmates, and therefore more priority was given to the needs of male inmates compared to those of female inmates. Whether or not such perceptions are based on reality is a matter that needs the DCS to address to allay such fears. In general, though, the factors identified above serve as indictors of increased potential risks of violations of the rights of inmates to vital medical supplies as well as quality healthcare provision in line with the provisions of the law and international standard for the care of prisoners.

Fourthly, the issue of the proper care and treatment of mental health patients was identified in the first report of this study and remains one of the issues presenting a challenge to DCS facilities. This is an issue that has also been raised by the JICS as an area of concern. It would appear that the Centres are largely lacking in capacity and therefore are largely unprepared to handle inmates with mental healthcare problems. In some of the Centres, it was clear that these patients received poor treatments in the form of long periods of isolation, poor medical support or verbal abuse by officials poorly equipped to handle and manage such inmates.

Finally, the issue of nutritional supplies is clearly an area of dispute between prison authorities and inmates. While prison officials in all three Centres were keen to provide comprehensive details of prescribed lists of balanced and nutritious meal plans for the inmates in line with the requirements of the DCS, in practice the experiences of the inmates were different. Many inmates alluded to being fed maize meal/porridge or pap with red meat and nothing else all the time, without much deviation.

The Correctional Services Sector in general and the DCS in particular will continue to face some of these challenges as long as the issue of overcrowding, which appears central to many of the challenges outlined above, remains unresolved. However, to resolve such a challenge is obviously a long-term challenge that goes beyond the scope of the work of the DCS, and calls on the resources of the entire Justice, Safety and Crime Prevention Cluster (JSCPC) in the country.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1. CONCLUSIONS

The following conclusions were drawn from the findings presented and discussed in this report, based on the three Centres covered in the study:

Firstly, overcrowding is the central factor affecting the work of the three DCS Correctional Centres covered in this study. Because of the problem of overcrowding, the three Centres faced repercussions such as lack of staff capacity, which in turn affected the quality of services rendered to inmates.

Secondly, the offender screening process during admissions is currently vulnerable to lapses, mainly due to over-reliance on ordinary nursing staff and lack of specialists. This has resulted in offenders with serious healthcare needs, including infectious diseases and 'invisible' signs of substance abuse and addictions to drugs, being admitted undetected, thus placing the health of other inmates at risk.

Thirdly, we conclude that the three Centres have not provided adequate skills development and training, including adequate preparation of their staff and officials, to provide for the health, sexual reproduction rights and welfare needs of female prisoners. Both general prison staff and specialists interviewed for this study admitted to not receiving training on how to deal with the needs of female prisoners, despite the steady presence in the number of female inmates in the country.

Fourthly, the lack of specialists is a significant debilitating factor in the capacity of the Correctional Centres to meet the health, reproductive and welfare needs of female inmates. All three Centres acknowledged the shortage of psychologists, doctors, social workers and nurses, which in turn affects the accessibility and quality of the healthcare services rendered to inmates.

Finally, besides the work of the JICS, the DCS does not have a clear and consistent system for monitoring and evaluating its services. Instead the various Correctional Centres rely on different and inconsistent methods administered by the different centres without clear coordination in their applications.

5.2. RECOMMENDATIONS

- The Department of Correctional Services should work closely together with other key institutions within the Justice, Safety and Crime Prevention Cluster (JSCPC), especially the Department of Justice, the Courts and the NPA, to develop a clear strategy for resolving the problem of overcrowding in DCS Detention Centres across the country. This could entail the Department of Justice and the magistrate courts developing effective case management programmes to help speed up the processing of criminal cases.

- The DCS should develop a new strategy for accommodating inmates with mental health problems that does not involve imprisonment of mental patients in currently overcrowded DCS Correctional Centres where their needs become difficult to manage, compounded by DCS staff inadequately trained in dealing with the

needs of mental health patents. This should be done with the objective of resolving the problem of overcrowding.

- The Department of Correctional Services, together with its Correctional Centres across the country, should review and possibly strengthen its offender screening process by ensuring that qualified specialists with the requisite skills are involved to detect serious health and medical conditions that pose a risk to the health of other inmates when such offenders go undetected. This will assist the DCS in reducing the number of cases where poor quality screening processes allows offenders with infectious conditions, including those with severe mental illness and addictions to substance abuse pass through the process undetected until late after admission

- The DCS should provide the necessary skills development and training to its staff at its Correctional Centres across the country to equip them with the skills to detect, manage and treat inmates with mental illness. In addition, such training should entail knowledge and awareness of the law on the rights of the inmates, including female inmates, mothers with children and inmates with mental illness.

- Individual Correctional Service Centres, with guidance from the DCS, should develop effective operational manuals for dealing with the provision of the timely procurement supply of prescribed medications for inmates, to reduce delays in the provision of such medications and minimise the violation of the rights of inmates to proper health care including access medication.

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