Commission for Gender Equality

A society free from gender oppression and inequality

# 'INMATES IN SICKNESS AND IN HEALTH':

## Assessing Correctional Services on the Health and Wellness of Women in Correctional Facilities

**2017**

# 'INMATES IN SICKNESS AND IN HEALTH':

## Assessing Correctional Services on the Health and Wellness of Women in Correctional Facilities

## 2017



**Publisher:** Commission for Gender Equality.

**ISBN**: 978-1-920308-72-8

**Cover Design, Typesetting & Printing:** JKMN Consulting (Pty)Ltd

**Copy Editing:** Second Stage Consulting (Pty) Ltd

# Foreword & Acknowledgements

Society generally considers prisons a place of confinement for those that failed to obey the law in order for the enforcement of appropriate punitive sanctions to take place against them. Prisons are therefore often seen more as a place for retribution rather than justice, fairness, and correction of delinquency. Given that prison populations tend to be predominantly male, general perceptions of the prison as an institution is of a largely masculine environment characterised by society's delinquents who deserve nothing but the harshest treatment possible under the law.

Yet, as will be indicated in relevant sections of this report, the South African penitentiary system has, since 1994, been geared not just towards punishment, but also towards correcting delinquency and ultimately reintegrated offenders back into society once they have served their sentences. In addition, the country'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. For instance, 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. In addition, 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.

With this study the Commission for Gender Equality (CGE) sought to assess, examine, and satisfy itself that the Department of Correctional Services, through its Correctional Facilities, is taking the necessary steps to observe, including realise, the rights of women inmates to be provided with appropriates amenities and services for their health and wellness. Due to limited resources and staff capacity, the study focussed attention on only three correctional facilities (i.e. Pollsmoor, Bizzah Makhate & Johannesburg Correctional Service Centres). Nonetheless, this has enabled the CGE to go into depth and identify some of the challenges faced by the selected correctional facilities in ensuring that women inmates received the rights, amenities and services afforded to them by the law. The objective here was to identify and raise issues of concern and bring these to the attention of policy makers for response and intervention where appropriate. The report does raise critical issues for the attention of policy makers, particularly regarding the provision of sanitary towels, the resource allocations for these Centres, availability of specialist services, etc.

The Commission is grateful for the cooperation and assistance received from the Department of Correctional Services, including from officials at the three Correctional Service Centres. The Commission also notes with appreciation the work carried out by its Research Department, and the Research Team of Naledi Selebano, Arthur Baloyi, Vernet Napo and Felicia Motha. This report was edited and finalised for publication by Thabo Rapoo, Director, Research Department.

# Abbreviations & Acronyms

**ART:** Antiretroviral Treatment

**CGE:** Commission for Gender Equality

**COs:** Correctional Officer/s

**CPD:** Continuing Professional Development

**DCS:** Department of Correctional Services

**DOH:** Department of Health

**DSD:** Department of Social Development

**ECD:** Early Childhood Development

**EML:** Essential Medicines List

**FGD:** Focus Group Discussion

**HIV/AIDS:** Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

**HPV:** Human Papilloma Virus

**ICCV:** Independent Correctional Centre Visitors

**JICS:** Judicial Inspectorate for Correctional Services

**MBU:** Mother and Baby Unit

**MDGs:** Millennium Development Goals

**MDR-TB:** Multi-drug-resistant Tuberculosis

**NGOs:** Non-governmental Organisations

**NICRO:** National Institute for Crime Prevention and the Reintegration of Offenders

**NIMART**: Nurse Initiation and Management of Antiretroviral Therapy

**PEPFAR:** President's Emergency Plan for AIDS Relief

**PYSSA:** Psychological Society of South Africa

**RDA:** Recommended Dietary Allowances

**RDI:** Recommended Daily Intake

**SACSSP:** South African Council for Social Service Professions

**SADC:** South African Development Community

**SDGs:** Sustainable Development Goals

**STIs:** Sexually Transmitted Infections

**TB:** Tuberculosis

**UTT:** Universal Test and Treat

**VCT:** Voluntary Counselling and Testing

**XDR-TB:** Extensively drug-resistant Tuberculosis

# Table of Contents

# 1. Introduction

The Commission for Gender Equality (CGE) is an autonomous Chapter Nine Constitutional body, established in terms of the Commission for Gender Equality Act (No. 39 of 1996) with the mandate to monitor and assess policies and practices of state, private and civil society entities concerning the promotion and protection of gender equality. Furthermore, as a Chapter Nine Institution supporting constitutional democracy, the CGE is liable to parliament.

This report pertains to the assessment of female correctional Centres and is based on a research study conducted by the CGE's Research Department in the 2017/18 financial year with the purpose of assessing the extent to which the Department of Correctional Services is upholding the human rights of female inmates in their correctional Centres from a health perspective. Much like male correctional Centres, female correctional Centres in South Africa are characterised by neglected gender-specific health needs, lack of gender sensitivity, restricted contact and communication with family, overcrowding, poor nutrition, poor hygiene and sanitation, as well as insufficient clothing and bedding.

South Africa is still getting to grips with the challenge of realising some of the provisions on human rights contained in its world-renowned Constitution, exacerbated by overwhelmingly high rates of crime in the context of poverty and high rates of unemployment. In the year 2000, the United Nations established eight Millennium Development Goals (MDGs) with the goal of addressing grave issues affecting the globe at that time. Advancement with several of those goals in various countries including South Africa was slow. Subsequently, this has culminated in the international community introducing the Sustainable Development Goals (SDGs) which call for the globe to take radical action in sustainable development. Particularly applicable to this research study is SDG (iii), (v) and (xvi), which aspire to do the following[1]:

- To ensure good health and promote wellbeing for all at all ages.
- To achieve gender equality and empower all women and girls.
- To promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

Arguably, male criminality and incarceration has received an abundance of attention from researchers, criminologists and the criminal justice system[2]. Contrary to this, the phenomenon of female incarceration overall and more specifically the distinct health needs of incarcerated women have received limited attention from researchers and policy makers. Thus, in efforts

[1] United Nations Development Programme, (Sustainable Development Goals), Agenda 2030.
[2] Caroline Aderonke Agboola., "A Qualitative analysis of women's experiences before, during and after imprisonment in SA" (Ph.D. dissertation, UNISA, 2014) 1.

to fill the gap, create awareness and possibly influence policy, the Research Department of the CGE carried out this research study on the Department of Correctional Services, with regards to the extent to which the department upholds the human rights of female inmates in selected correctional facilities from a health perspective. The objectives of the study were:

- To assess the state of living conditions of females in Correctional Centres.
- To assess the accessibility of health services for women in Correctional Centres.
- To assess the availability of health-related resources, budget adequacy and staff capacity in women's Correctional Centres.
- To assess the skills development and capacity building programmes offered to Centre officials considering the human rights and specific health needs of women inmates.
- To review health related monitoring and evaluation systems used in female Correctional Centres.

# 2. Methodology/Research Approach

As previously indicated, the study was carried out in the 2017/18 financial year with the purpose of assessing the extent to which the Department of Correctional Services (DCS) is upholding the human rights of female inmates in their correctional facilities from a health perspective. The study was based on the qualitative research approach given that it is most appropriate when dealing with people's lived experiences and aids well in attaining detailed data. The qualitative research approach can further be described as "a systematic subjective approach used to describe life experiences and situations to give them meaning"[3].

The table below provides the details of the three case studies and informants selected for the study. In addition to the information provided on the table, 5 officials from national level were also interviewed.

**Table 1: Selected Correctional Centres and informants.**

| Correctional Centre | Province | No. of inmates per FGD | No. of Warders per FGD | No. of officials interviewed per Centre |
|---|---|---|---|---|
| • Bizzah Makhate | Free State | 10 | 5 | 4 |
| • Pollsmoor | Western Cape | 9 | 8 | 5 |
| • Johannesburg | Gauteng | 9 | 5 | 4 |

The researchers selected three case studies as depicted on the above table, namely: Bizzah Makhate (Kroonstad, Free State) Correctional Centre, given that it is a smaller Correctional Centre and not much is known about it; Pollsmoor Correctional Centre (Tokai, Western Cape); Johannesburg Correctional Centre (Gauteng). The last two Centres are reported to be the most overcrowded female Correctional Centres in South Africa[4]. Informants were selected purposely to include warders, social workers, psychologists, psychiatrists, nurses, doctors, Correctional Centre managers and officials in the National DCS Health Directorate to be part of the study.[5]

Researchers conducted site observations in the three selected female Correctional Centres identified in the table. The observation tool used consisted of tick lists informed by inputs from the Judicial Inspectorate for Correctional Services (JICS); and further guided by prescripts of the existing legislation on the National Norms and Standards relating to Environmental Health in terms of National Health Act, 2003 (No 61 of 2003) to visually assess the physical and operational state of the facilities from a health perspective, and to determine and assess the types of health care services currently rendered to female inmates. The site observations

[3] Grove, S. K., Burns, N., & Gray, J. R. *The practice of nursing research: Appraisal, synthesis and generation of evidence*. 7th ed. (China: Elsevier, 2013) 23.
[4] Department of Correctional Services. *Annual Report* (2015/16).
[5] Babbie, E. *Essential research methods for social work*. (Belmont: Thomson/Brooks/Cole, 2007) 84.

were therefore used to understand the environment in which the inmates lived. It is also important to note that researchers obtained permission from DCS prior to conducting the site observations.

Focus group discussions were held with both warders and female inmates separately at each Correctional Centre. Focus group discussions are effective in collecting appropriate amounts of qualitative data from participants such as warders and female inmates who respectively have characteristics that relate to the purpose of the research study. In-depth interviews were also conducted with various ordinary officials based at the selected Correctional Centres as well as senior officials from different divisions at the National DCS Health Directorate. Prior to all focus group discussions and interviews, informants were briefed about the CGE and the purpose of the research study. All interviews were conducted in English, using a semi-structured interview schedule with pre-determined open-ended questions, and later transcribed and analysed.

Pre-testing is an often overlooked but extremely important part of the research process; it helps detect possible problems in the research design and/or instrumentation and it ensures the measurement instruments used in the research study are fit and dependable measures of the constructs of interest[6]. In this research study, pre-testing was done in Kgosi Mampuru II Correctional Centre and this resulted in the researchers refining some of the questions on the research schedule ultimately making them more appropriate and relevant.

Where possible, supporting documents such as policy documents, departmental annual reports, budgets information; annual departmental plans, copies of official documents such as training manuals, annual performance plans and other related documents were obtained and analysed for triangulation purposes. Ethical considerations that guided the research study are as follows:

**a. Voluntary participation**

Participation was voluntary; none of the participants were coerced to take part in the study or promised any incentives.

**b. Informed consent**

The participants' right to choose what should happen to them was respected. Appropriate information on the aims of the study, duration, procedures, and the credibility of the researchers was clearly explained to the participants (letters & formal briefings).

**c. Confidentiality and anonymity**

Participants were informed that a research report will emerge from the study & that their names would not be mentioned in any documentation or presentations regarding the research.

[6] Bhattacherjee, A. *Social science research: Principles, methods and practices*. (Florida: Creative Commons Attribution, 2012) 23.

**d. Beneficence**

The right of participants to be free from harm, uneasiness, and mistreatment was respected[7]. Furthermore, since the research study involved human participants, it sought to contribute positively to the human condition- had it not aspired to do this, it ran the risk of being unethical.

## *2.1. Limitations of the Study*

Like many research studies of this nature, this study faced a few limitations that could impact on the potential richness of some of the findings of the study. One such limitation was the unavailability of the doctors stationed at Bizzah Makhate (Kroonstad, Free State) Correctional Centre and Johannesburg Correctional Centre (Gauteng) for interviews. Their contributions could have added to the richness of, and enhanced, the findings of the study considerably. Also, site visits to the different Correctional Centres were limited to three days, which limited the opportunity for the research team to carry out further observations and possibly unearthing greater insights into the work of Correctional Services in South Africa.

Another limitation was instances where officials at national level gave vague responses to questions even after researchers followed up with probing questions in efforts to elicit comprehensive responses that could improve insights. Moreover, when clarity was requested during the report writing phase, officials did not respond to any communication sent.

A further limitation was the failure of some officials at national level to provide relevant supporting documents as requested to substantiate information given during interviews. Lastly, it is important to acknowledge that researchers without the necessary expertise in healthcare service provision rely strongly on the experience and knowledge of officials who are experts in the healthcare field.

[7] Polit., D.F., & Beck, C.T. 2012. *Nursing research: Generating and assessing evidence for nursing practice*. (Philadelphia: Lippincott Williams and Wilkins)170.

# 3. Overview/Context of Correctional Services Sector

## *3.1. Mandate of the Department of Correctional Services in terms of punishment and rehabilitation of inmates*

In 2017, South Africa documented a staggering rate of 2,129,001 serious crimes, an increase of 0.12% on the 2015/16 figure of 2,126, 552.[8] After many years of attempting to reduce crime rates in the country, it has become apparent that crime is a multifaceted social problem negatively affecting communities, and is inseparable from unemployment, poverty, inequality and other "subsidiary" factors such as socialisation and substance abuse. Furthermore, in all its efforts, the South African government is yet to develop effective ways of tackling the seemingly uncontrollable scourge of crime currently ravaging the country. Since the attainment of democracy in 1994, one prominent strategy that has gained momentum in terms of prison reform is the promotion of rehabilitation rather than harsh punishment as an ideal way of curbing criminal behaviour.

Although the notion of "criminal punishment" is still applicable today when enforcing sentences; it is important to note that criminal punishment is the expression of the community's condemnation and disapproval of the offender and her conduct as opposed to just being the infliction of retribution upon an offender.[9] Furthermore, criminal punishment is sanctioned by criminal law, hence its acceptance as the ethical reproach of the community.[10] However, any form of punishment imposed on an individual carries the risk of jeopardising the individual's rights to human dignity. Therefore, the South African Constitution explicitly states that persons deprived of their freedom have the right not to be tortured in any way and not to be treated or punished in a cruel, inhuman or degrading manner[11]. Torture is a human rights violation that can be described as any act (whether physical or psychological) causing severe pain and degradation to an individual in a lesser position of power as a means of imposing punishment or extracting information[12]. Torture can also be viewed as a vile act that has no place in a democratic country such as South Africa. Therefore, the South African government has a responsibility to promote, safeguard and uphold the human rights of prisoners to be free from torture and any other forms of ill-treatment for the duration of their sentences.

The main objectives of imprisonment during the apartheid era were deeply rooted in exerting harsh punishment and isolating prisoners from the community for what was considered unlawful behaviour at the time. With the new dispensation came the opportunity to review the

[8] South African crime statistics 2017.
[9] South African Law Commission. Sentencing mandatory minimum sentences: Issue Paper (1997), p.11.
[10] Ibid.
[11] The Constitution of the Republic of South Africa (1996).
[12] Centre for the Study of Violence and Reconciliation (CSVR). Torture in South Africa: The Act and the facts. (2014).

notions of crime and punishment.[13] The current South African prison system (which recognises the purposes of criminal punishment as deterrence, incapacitation, rehabilitation, retribution, and restitution) is geared more toward rehabilitation and reintegration into the community rather than on exerting harsh punishment.

The Standard Minimum Rules for the Treatment of Prisoners which were initially adopted in 1957 and enhanced through the advances in the criminal justice system and human rights issues, were amended and adopted as the Nelson Mandela Rules in December 2015. Rule 4 of the Nelson Mandela Rules 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 to reduce recidivism."[14] Furthermore, the Nelson Mandela Rules confirm 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."[15] Equally, the White Paper on Corrections 2005,[16] which is rooted in the principles of the South African Constitution, reiterates that imprisonment should aim to promote the human dignity of prisoners, provide humane treatment and focus on the rehabilitation of all inmates rather than punishment. Because of this paradigm shift, South African inmates are offered various therapeutic services and other opportunities to acquire vocational and educational skills that may have not been available prior to incarceration. The goal of rehabilitation is to produce reformed former inmates who are well equipped to lead productive lives that contribute positively to the economy of South Africa, rather than aggravate an already overwhelming crime rate. Lastly, the White Paper on Corrections 2005[17] settles that the period of incarceration should be used to nurture and rebuild the relationships between the inmates, the community, and society at large.

## *3.2. Prevailing norms that characterise Correctional Centres*

To gain a holistic understanding of the phenomenon of gender inequality as opposed to rendering either gender blameless, it is important to consider the socially patterned relations between men and women when studying criminal behaviour and imprisonment. Arguably, South Africa is a society still entrenched in patriarchal systems influenced by culture, religion, and social norms. Patriarchy is a long-standing system characterised by statements such as "behind every great man is a woman" and "boys will be boys" which respectively come across as condescending to women and remissive to any negative behaviour displayed by males. For many women in South Africa, the ripple effect of such a patriarchal society further reduces access to empowerment opportunities and a self-sustaining life.

Early practices of using hard labour as punishment have contributed to the characterisation of Correctional Centres as masculine institutions unlikely to cater to women's interests/issues. Furthermore, contemporary sentencing laws are based on male characteristics and male

[13] Dissel, A., & E. Stephen, Reform and Stasis: Transformation in South African Prisons, Critique International 16 (July 2002) 1-15
[14] United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) https://www.penal.reform.org/wpcontent/uploads/1957/06/ENG.pdf.
[15] Ibid.
[16] The White Paper on Corrections 2005
[17] Ibid.

criminality; failing to consider the reality of women's lives, characteristics, responsibilities, and roles in crime[18]. Moreover, it may be fair to argue that women's fight for equal rights with men may have influenced the notion that female and male inmates must be viewed through the same lens, and must be treated the same way and under the same conditions. However female inmates are not only held captive in facilities and a prison system originally designed largely to hold male offenders but are subsequently returned to the same patriarchal environment that is often unable or ill-prepared to rehabilitate them effectively.

## *3.3. Legislative frameworks on the health rights of female inmates.*

In South Africa, inmates are entitled to all human rights except those pertaining to the implementation of their imposed sentence. Chapter 2 of the South African Constitution, which contains the Bill of Rights[19], lists a number of basic rights, including the rights to human dignity, life, and healthcare. Furthermore, Section 35(2) protects the specific rights of inmates and states that "conditions of detention that are consistent with human dignity, including at least exercise and the provision, at state expense, of adequate accommodation, nutrition, reading material, and medical treatment". In line with the Bill of Rights, the Correctional Services Act, No. 111 of 1998[20] confirms that the role of the South African Department of Correctional Services (DCS) is to be instrumental in protecting and upholding a just, peaceful and safe society through enforcing sentences of the courts and by incarcerating all inmates in safe custody whilst ensuring their human dignity and advancing their social responsibility and human development.

The Correctional Services Act[21] has several provisions that have a specific bearing on female inmates. From the women's health point of view, this includes the obligation to separate the male from female inmates; to make provision for the nutritional requirements of pregnant women; for the department to take measures in terms of planning, policy and infrastructure, to create an environment sensitive to the gender of all inmates; and the obligation to develop programmes that are responsive to the special needs of women, ensuring that women are not disadvantaged. The DCS Health Care Policy and Procedures[22] further identify that the DCS "must provide appropriate cultural, gender and health care training programmes for all correctional and health care staff, to allow for the education programmes where appropriate".

Additionally, the JICS was established to provide oversight over the treatment of inmates in Correctional Centres, including female Centres. JICS is established by section 85 of the Correctional Services Act, No. 111 of 1998. Section 85 (2) provides that "the object of the Judicial 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." Section 92 of the Act addresses the establishments of the Independent Correctional Centre Visitors (ICCV), who are appointed through public

[18] Covington, S. S. *Gendered Justice: Women in the Criminal Justice System,* ed. B. E Bloom, (Carolina: Carolina Academic Press, 2003)
[19] Constitution of the Republic of South Africa of 1996
[20] Correctional Services Act, No. 111 of 1998
[21] Ibid
[22] The DCS Health Care Policy and Procedures (2014).

nominations and consultations by the Inspecting Judge to deal with the complaints of inmates. The ICCV have the responsibility to conduct regular visits to Correctional Centres to interview inmates in private; record complaints of inmates in an official diary and monitor the way they have been dealt with; and discuss complaints with the Head of Centre or the relevant subordinate correctional official (CO), with a view to resolving the issues internally.

Regionally, the SADC Minimum Standards for HIV/AIDS, Tuberculosis, Hepatitis B and C and STIs Prevention, Treatment, Care and Support in Prisons[23], were developed in 2009 and are in line with Article 3 of the SADC Protocol on Health[24]. It calls on member states to "identify, promote, coordinate and support activities which have the potential to improve the health of the SADC population," and to "coordinate regional efforts on epidemic preparedness, mapping, prevention, control and the eradication, where possible, of communicable and non-communicable diseases." The Minimum Standards identify women as a 'special category' and specify that "women prisoners must have access to health services that take into account their special health care needs. Prison health services must have confidential complaints mechanisms, especially for women who have been victims of violence and/or sexual abuse. Information on how to use those mechanisms should be provided to all women upon entry into the prison or place of detention. Prison staff must treat women humanely and refrain from using body-restraints, especially with pregnant women. Women should have access to comprehensive maternal and child health services, and adequate supplementary feeding should be available to pregnant and nursing mothers. Adequate psychosocial support should be offered to women who are imprisoned or detained."

In terms of global obligations, South Africa has acceded to the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders,[25] also known as the Bangkok Rules. The Bangkok Rules are an important international instrument that deals directly with the incarceration of women and identifies specific health rights of women. Rule 5 focuses on the personal hygiene of female prisoners and states that "the accommodation of women prisoners shall have facilities and materials required to meet women's specific hygiene needs, including sanitary towels provided free of charge and a regular supply of water to be made available for the personal care of children and women, in particular women involved in cooking and those who are pregnant, breastfeeding or menstruating". In terms of health care services, Rule 6 addresses the need for medical screening on entry and states that "the health screening of women prisoners shall include comprehensive screening to determine primary healthcare needs, and also shall determine: (a) The presence of sexually transmitted diseases or blood-borne diseases; and, depending on risk factors, women prisoners may also be offered testing for HIV, with pre- and post-test counselling; (b) Mental health-care needs, including post-traumatic stress disorder and risk of suicide and self-harm; (c) The reproductive health history of the woman prisoner, including current or recent pregnancies, childbirth and any related reproductive health issues; (d) The existence of drug dependency; (e) Sexual abuse and other forms of violence that may have

[23] SADC Minimum Standards for HIV/AIDS, Tuberculosis, Hepatitis B and C and STIs Prevention, Treatment, Care and Support in Prisons (2009).
[24] SADC Protocol on Health (1999).
[25] 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.

been suffered prior to admission". Rule 7 states that, "if the existence of sexual abuse or other forms of violence before or during detention is diagnosed, whether or not the woman chooses to take legal action, prison authorities shall endeavour to ensure that she has immediate access to specialised psychological support or counselling." According to Rule 8 "the right of women prisoners to medical confidentiality, including specifically the right not to share information and not to undergo screening in relation to their reproductive health history, shall be respected at all times." Furthermore, Rule 9 states that "if the woman prisoner is accompanied by a child, that child shall also undergo health screening, preferably by a child health specialist, to determine any treatment and medical needs. Suitable health care, at least equivalent to that in the community, shall be provided."

In terms of gender-specific health care, Rule 10 states that "gender-specific health-care services at least equivalent to those available in the community shall be provided to women prisoners." And that if a woman prisoner requests that she be examined or treated by a woman physician or nurse, a woman physician or nurse shall be made available, to the extent possible, except for situations requiring urgent medical intervention. If a male medical practitioner undertakes the examination contrary to the wishes of the woman prisoner, a woman staff member shall be present during the examination."

According to Rule 11, "only medical staff shall be present during medical examinations unless the doctor is of the view that exceptional circumstances exist or the doctor requests a member of the prison staff to be present for security reasons or the woman prisoner specifically requests the presence of a member of staff as indicated in Rule 10." Furthermore, "if it is necessary for non-medical prison staff to be present during medical examinations, such staff should be women and examinations shall be carried out in a manner that safeguards privacy, dignity and confidentiality."

In terms of mental health and care, Rule 12 states that "individualised, gender-sensitive, trauma-informed and comprehensive mental health care and rehabilitation programmes shall be made available for women prisoners with mental health-care needs in prison or in noncustodial settings." Rule 13, "Prison staff shall be made aware of times when women may feel particular distress, to be sensitive to their situation and ensure that the women are provided appropriate support."

According to Rule 14 on HIV prevention, treatment, care, and support "in developing responses to HIV/AIDS in penal institutions, programmes and services shall be responsive to the specific needs of women, including prevention of mother-to-child transmission. In this context, prison authorities shall encourage and support the development of initiatives on HIV prevention, treatment, and care, such as peer-based education." Rule 15 calls for substance abuse treatment programmes, and states that "prison health services shall provide or facilitate specialised treatment programmes designed for women substance abusers, considering prior victimisation, the special needs of pregnant women and women with children, as well as their diverse cultural backgrounds." Rule 16 addresses suicide and self-harm prevention and states that "developing and implementing strategies, in consultation with mental health-care and social welfare services, to prevent suicide and self-harm among women prisoners

and providing appropriate, gender-specific and specialised support to those at risk shall be part of a comprehensive policy of mental health care in women's prisons."

Rule 17 on preventive health-care services states that "women prisoners shall receive education and information about preventive health-care measures, including on HIV, sexually transmitted diseases and other blood-borne diseases, as well as gender-specific health conditions", and Rule 18 says "preventive health-care measures of particular relevance to women, such as Papanicolaou tests and screening for breast and gynaecological cancer, shall be offered to women prisoners on an equal basis with women of the same age in the community."

The Bangkok Rules further identify the need for institutional personnel training that addresses the gender-specific needs and human rights of women prisoners, as well as on issues relating to women's health, in addition to first aid and basic medicine (Rule 33). Rule 34 also calls for capacity building programmes on HIV to be included as part of the regular training curricula of prison staff and that in addition to HIV/AIDS prevention, treatment, care and support, issues such as gender and human rights, with a particular focus on their link to HIV, stigma and discrimination, should also be part of the curriculum. Finally, Rule 35 identifies a need for prison staff to be trained to detect mental health-care needs and risk of self-harm and suicide among women prisoners and to offer assistance by providing support and referring such cases to specialists.

## 3.4 *Existing studies on women's access to health services in South African correctional facilities*

As already indicated, research studies on women's experiences in correctional facilities and the impact of incarceration on their health and well-being are globally sparse. Existing studies however, do indicate that apart from the need for basic health care, female inmates often have specific health needs that relate to their sexual behaviour, sexual abuse, and drug use prior to incarceration'[26] The incarceration of women is also said to place them at higher risks of contracting infectious diseases such as HIV, TB, STIs, and hepatitis B and C infections. In South Africa however, it was found that health screenings on admission, during incarceration, and on release were not always conducted at female Correctional Centres[27]. In one study where female inmates reported to have received health screenings on admission, they also complained that questions pertaining to their reproductive history were not asked, and that annual medical check-ups, such as routine pap smears or mammograms were not taking place[28].

[26] Prisons: Prisons for Women -Problems and Unmet Needs in the Contemporary Women's Prison. http://law.jrank.org/pages/1805/Prisons-Prisons-Women-Problems-unmet-needs-in-contemporary-women-s-prison.html (June 2017).
[27] AIDS Accountability International. *Prisons in Southern Africa: A discussion paper* (2015), 22.
[28] Gender, Health and Justice Research Unit, University of Cape Town. *Hard Time(s): Women's pathways to crime and incarceration* (2012), 48.

AIDS Accountability International found that while South Africa has one of the highest tuberculosis rates in the world (including Extensively Drug-Resistant Tuberculosis (XDR-TB) and Multi-Drug-Resistant Tuberculosis (MDR-TB)), overcrowding was found to be rife in female Correctional Centres and ventilation in some Centres was poor.[29] Overcrowding also led to competition for limited resources, such as food, toiletries, toilets, showers, basins, beds, and bedding[30]. In 2015, the Constitutional Court Justice Edwin Cameron produced a report[31] on the remand sections of the Pollsmoor Female Correctional Centre in the Western Cape. The report revealed problems such as over-crowding, poor ventilation in the cells, toilets not working and poor drainage pipes."[32]

In addition to this, the report indicated that access to medical health staff at the Centre was non-existent. A research study[33] conducted at the same Centre similarly alluded to the challenge of the shortage of medical staff and raised concerns over the lack of medical assessments of inmates who were suspected of having TB. Irregular provisions of antiretroviral treatment (ART) to HIV positive women was also raised as a concern at the Centre. The same study further revealed that the Pollsmoor Correctional Centre was allocated only 1 psychologist, 1 doctor and 1 dentist, who were not permanently based at the Centre but only visited once a month. A similar picture of shortage of medical staff was painted by participants of two separate studies[34] conducted in Johannesburg and Pretoria Correctional Centres respectively.

Based on an article published by the Star News Paper[35], the availability of nurses in female Centres appeared to be better as compared to the availability of doctors and other healthcare specialists. Inmates however, were generally unhappy with the offensive attitudes of nursing staff and complained that nurses would refuse to provide sick inmates with even simple over-the-counter medication. It was also found that nurses would refuse to examine inmates and determined 'sick enough' inmates by just looking at them before referring them to the doctor.[36]

As already indicated, South African legislation on correctional services places an obligation on the DCS to accommodate the special needs of pregnant women. Agboola's[37] study however, suggests that pregnancies may go unnoticed in female Centres and that some pregnant women may not even be provided with antenatal care services, even when Centre healthcare professionals are aware of the pregnancy. The study also found that food in some Centres did not meet the dietary needs of pregnant women, HIV positive women and women on other chronic medications. Instead, inmates were sometimes given rotten or poorly prepared food.

The Gender Health and Justice Research Unit found that female inmates at Pollsmoor and

[29] AIDS Accountability International. *Prisons in Southern Africa: A discussion paper* (2015), 22.
[30] Caroline Agboola, Memories of the inside: Conditions in South African Women's Prisons, *SA Crime Quarterly* 56 (June 2016) 19-26.
[31] Cited in Filth, disease, sex and violence for Pollsmoor's female inmates, *Mail and Guardian*, 4 March 2016.
[32] Ibid
[33] Gender, Health and Justice Research Unit, University of Cape Town. *Hard Time(s): Women's pathways to crime and incarceration* (2012), 51.
[34] Women in prison: ignored and neglected, *Saturday Star*, 8 March 2014. http://www.iol.co.za/news/south-africa/women-in-prison-ignored-and-neglected-1658349.
[35] Women in prison: ignored and neglected, Saturday Star, 8 March 2014.
[36] Gender, Health and Justice Research Unit, University of Cape Town. Hard Time(s): Women's pathways to crime and incarceration (2012).
[37] Caroline Agboola, Memories of the inside: Conditions in South African Women's Prisons, SA Crime Quarterly 56 (June 2016) 19-26.

Worcester Correctional Centres were hardly supplied with toiletries. As a result, most women relied on their families for the provision of sanitary towels and other feminine hygiene products. Inmates reported receiving only two sanitary pads for every day that they were menstruating, which was insufficient and thus contributed to ill-health and poor hygiene.[38]

Access to mental healthcare is another critical aspect of the incarceration of women. In Vetten's[39] study, interviews with women in three Gauteng centres indicated that several inmates had either attempted to commit suicide, tried to hurt themselves, were taking sleeping pills or were on anti-depressants. The availability of psychological services at South African women's Correctional Centres was however, reported to be significantly poor.

This study hopes to make meaningful contributions to literature on the treatment of female inmates, particularly pertaining to their health and wellbeing. As already seen from the evidence presented above, existing studies in the South African landscape have focused solely on the experiences of female inmates without examining other structural issues that could contribute to such experiences. This study on the other hand has incorporated perceptions of DCS officials in order to assess systemic issues that may prevail either as stumbling blocks or as enablers to the provision of efficient and effective health services to female inmates i.e. budget, staff capacity and resources; training and capacity building; as well as monitoring and evaluation systems.

[38] Gender, Health and Justice Research Unit, University of Cape Town. *Hard Time(s): Women's pathways to crime and incarceration* (2012), 48.
[39] Lisa Vetten, Human Rights in African Prisons, ed. J Sarkin (Cape Town: HSRC Press, 2008).

# 4. Research Findings

## *4.1. Correctional Centre 1: Johannesburg Female Correctional Centre*

### 4.1.1. Brief Background

The Johannesburg Medium B Female Correctional Centre is situated in Meredale, Johannesburg South, Gauteng, South Africa. It occupies the same location as three other male Centres, namely the Johannesburg Medium A; Johannesburg Medium B; and Johannesburg Maximum prison Centre.

The figures provided by the Johannesburg Centre show that the number of inmates in the Centre fluctuates daily due to various reasons such as new admissions to the Centre, inmates being released or hospitalised in outside facilities. Therefore, there is a daily count of inmates. On the day of the visit there were 976 inmates. The figures below give a basic breakdown of the some of the categories of inmates.

- The approved capacity of the Centre is 613 inmates.
- The incarcerated/sentenced inmates were: 698
- Those on remand were: 278
- With a total of 976 there was overcrowding of 59.2%.

### 4.1.2. State of Facilities of the Female Correctional Centre

The Johannesburg Correctional Centre has 5 sections known as A, B, C, D and E. Some of these Sections (i.e. A, C and D) have subsections to cater for various categories of inmates (i.e. juveniles, mothers and their babies, short-term and medium-term inmates, the elderly and even those inmates currently studying through the University of South Africa); various types of amenities and facilities (i.e. single cells, communal cells, isolation cells, etc.) as well as for medium and maximum-security inmates.

Johannesburg Correctional Centre uses Section C1 of the Centre to house the Mother and Child unit. On the day of the visit there were 21 mothers and babies. In the sleeping accommodation, each mother occupies a single bed; and the babies occupy cots that are adjacent to the mothers' beds. Each mother is allocated a chest of drawers for storage of personal belongings. Each cell has a heater and a fridge. The Unit had a creche for babies/ toddlers which is managed by other inmates, and a courtyard where the babies can play. There are swings, jungle gyms, tables and chairs and tractors for babies to play.

It was observed that the Centre had a well-equipped kitchen for preparing food and a well-equipped laundry for washing the clothes of the inmates. A tuck shop was also observed adjacent to the mother and baby unit which is accessible to all inmates. There was also a Hospital Section that catered for the needs of sick inmates. On the day of the site visit, the CGE Research Team did note that the various Sections had basic facilities and amenities such as beds, wash basins and tables or desks, especially those singles cells housing the inmates who were registered as students. The Team did note the problem of over-crowding in some of the Sections, particularly Section B which houses the medium-term inmates, and Section E, which serve to house inmates from court or preparing for court. All the sections are meant to have a supply of hot water. However, due to the ageing infrastructure and overcrowding, not all cells had hot water. Because of this, some inmates stated that "they woke up as early as 02:00 am to get warm water and a decent bath."[40]

In terms of the overall condition of the Centre, it was found to be clean in all sections observed. As indicated above, the Research Team observed overcrowding in some of the Section, including the aging infrastructure with some facilities seeming dilapidated.

### 4.1.3. Relevant Health Related Programmes, Projects, and Services for Female Inmates

#### a) General healthcare programmes, projects, and services

Two female nurses preferred to be interviewed simultaneously to avoid ambiguities. One occupied the position of a Professional Manager and the other one was a Chief Operational Nurse. A nurse in a correctional facility is perceived as a focal point of medical services. He or she is the first professional personnel that the offender is escorted to by the Correctional officer after admission to the facility. Every inmate must "undergo a health status examination, which must include testing for contagious and communicable diseases as defined in the Health Act, 1977 (No.63 of 19977), if in the opinion of the of the correctional medical practitioner, it is necessary to protect or maintain the health of the inmates or other persons."[41] The health care provided is based on the principles of primary health care. [42]

According to the nurses, they conduct two screening processes. The first one is an oral examination where the focus would be on taking the history of the offender from a medical perspective; enquiring about their current illnesses with a specific focus on communicable diseases such as tuberculosis and HIV and AIDS; their mental health; hypertension; cardiac condition; asthma; diabetes; epilepsy; injuries and deformities; and their pregnancy status. The second screening phase involves a thorough physical examination of the offender to establish, among others, if they are not pregnant.

A sample of 10 inmates; two from each of the five sections of the correctional facility were engaged in a focus group discussion. Despite officials' testimony about their work and the services they are rendering to inmates, there was a lot of contradictions from inmates

[40] Testimony from inmates in a focus group discussion.
[41] Correctional Services Act 111 of 1998 as amended, Section 5 (b)
[42] Ibid section 12(1).

regarding their health care experiences and programmes they receive from the Correctional Centre. Firstly, they denied the screening process conducted by nurses. Most of them stated that they only had an oral examination but no physical examination. They stated that access to medical services in a correctional Centre was difficult.

The nurses further explained that if inmates do not know their pregnancy status, then they are tested. If they are found to be pregnant; they are immediately booked in the hospital section until after the delivery of the baby; thereafter they would be moved to a special mother-and-baby unit. The issue of pregnant inmates occupying the hospital section until the birth of the babies was corroborated by the inmates

The hospital does not have ante-natal and delivery services hence they would be referred to nearby hospitals such as Baragwanath Hospital in Soweto; and Lilian Ngoyi hospital in Johannesburg. Inmates and their babies have a right to receive health care services that any member of the community would receive from health facilities. This information was also corroborated by the inmates.

The nurses have to request the services of social workers to communicate with the families of inmates who had started the ante-natal services before incarceration to get their clinic cards to ensure continuity of ante-natal services at the hospitals. All babies are delivered in hospitals. The inmates would be escorted by the Correctional Officers to the hospitals for delivery. The COs would take shifts in the hospital ensuring that the offender does not escape until her release back to the correctional facility. The nurses would make follow ups with the hospitals about the breast-feeding needs of babies to differentiate between those that should be given strictly breastfeeding and no water. Thereafter, the mothers would receive their post-natal care services and the babies their immunisation programmes from the two hospitals using the Road to Health Charts for their health care needs. If the offender was incarcerated to the facility with a young baby (below 2 years) then the baby's health card would be sought from the family and the baby would continue to receive the ante-natal care programme from the assigned hospital. The nurses are responsible for ensuring continuity of health care services for these children once they exit the correctional facility.

Children receive milk formula from DCS as well as "food, clothing, health care as contemplated in Section 12 of the Act and facilities for the sound development of the child for the period that such a child remains in the Correctional Centre."[43] By four months they are introduced to solid meals. After 6 months the babies are introduced to full meals.

During the screening process, the inmates are asked if they are HIV positive; and if so, if they have been on treatment so that they can continue with the treatment. If when they are tested they are found to be HIV positive, then treatment begins. The two most prevalent diseases according to the nurses, are HIV and AIDS and TB, hence TB screening is done on a regular basis. All inmates are usually screened for sexually transmitted diseases (STIs.) and skin problems. Chicken pox outbreaks sometimes happen in the correctional facility and TB

[43] Correctional Services Act No. 110 of 1998 as amended Section 20 (1A).

patients are kept in isolation cells. Inmates are also encouraged to open at least two windows at night in a communal cell to allow fresh air to flow in.

Some of the inmates stated that they received their uniforms from the DCS, while they relied on their families for underwear and shoes. However not all inmates received visitors, which meant that some inmates had to share their old underwear and shoes with inmates who received no help from their families. Once a month, inmates receive a packet of sanitary towels from the correctional facility. Some inmates who receive visitors from their families also get toiletries such as soap, tissue papers and roll-on deodorant; sometimes they receive donations from churches.

During focus group discussions, the inmates referred to a male doctor who they alleged was treating them poorly. They claimed that the doctor often refused to touch them during physical examinations. The general allegation was that this particular doctor relied strictly on the descriptions offered by the inmates themselves regarding their medical ailments. During focus group discussions some of the inmates, particularly those who are not mothers, stated that access to health care facilities was difficult. They stated that each offender focuses mainly on programmes as stipulated in their sentencing plans. Claims were made that whenever inmates were sick, they were given only 4 Panado pain killers and 2 ibuprofen tablets, and that access to medication was largely dependent on the mood of the nursing sister on duty on the on the day. For instance, on inmate argued that,

"the sisters look at people's faces, then decide how to help them…. in many instances the sisters shout at the mothers, and the woman who looks after the juveniles… they don't respond to the immediate needs of inmates- for instance by 09h00 when you ask for medical treatment they say they are eating their breakfast…People with HIV struggle to get ARVs…" [44]

They further stated that if an offender was injured they would access medical care sometimes after a week or a month. One offender related a case where the police van in which she was escorted from court to the Correctional Centre got involved in an accident; and she was subsequently injured. It took almost a month before she could receive treatment. Even then she received only four (4) Panado tablets and two (2) ibuprofen pills. Another inmate supported this claim, stating that "there is no medication in the centre except Panado and Ibuprophen pills, and when you are sick and you get referred to Baragwanath hospital, then you should consider yourself lucky."[45] Regarding health care specific services related to women, the inmates referred to advocacy on HIV and AIDS that takes place once a year; compulsory screening on TB every six months, and once a year pap smear screening whose results are received after a long period of time.

When inmates are due to be released from correctional facilities, they are usually given health care education. They are advised to test for infectious diseases together with their partners; and use condoms going forward.

[44] Focus group discussion held with female inmates, Johannesburg Female Centre, September 2017
[45] Ibid.

The nurses are responsible for referring the inmates for specialised medical programmes such as psychological services; specialised therapeutic diets and social work services. It seldom happens that inmates are referred to the doctors, as most primary health care medical services are rendered by the nurses. Only in rare cases are inmates referred to the doctors; the nurses stated that they shall have conducted the initial screening process prior to such referrals. Some women inmates receive specialised medical assessments and treatment. For example, women who, due to high stress levels and trauma must part ways with their babies when they reach the maximum of two (2) years, as the babies are released to the care of the mothers' family or to foster care.

### b) Psychological programmes, projects, and services

Another key programme for inmates is rendered by clinical psychologists. Patients are referred to them either by the nurses or doctors and social workers. The function of the clinical psychologists is mainly to provide individual and group therapy programmes to the inmates with the aim of identifying psychological, emotional, or behavioural issues. Internally they work through victim dialogues and engage social workers. Their work is interrelated with that of social workers so that women do not perceive themselves in isolation from their families due to, for example, parenting behind bars; inability to attend family funerals; and, depression because of sentencing. The aim is to assist the women to regain their individuality and learn to look after themselves.

All the inmates who participated in the focus group discussions stated that they were never exposed to the services of the clinical psychologists. Presumably this is a highly specialised service that most women do not know about, except for those who need psychological treatment, who could have been referred to such services by the nurses and social workers. They did not form part of the focus group.

### c) Social Work programmes, projects, and services

The other key programme that inmates receive from the Correctional Centres is on how to accept the reality that they are going to live in a correctional facility according to their sentencing plan; and how to cope by receiving psycho-social services from the social workers. It is therefore the function of the social workers to ensure that the women inmates' stay in the Centre is manageable. Social workers promote programmes that are responsive to the special needs of women. Some of the programmes entail assisting women with babies who have no relatives to have their children placed on foster care; and encouraging frequent visitation of foster parents to the children before their release from correctional facilities. "Upon admission of female inmates who have young children who should be released from correctional facilities after reaching the age of two years, the Department must immediately, in conjunction with Department of Social Development, take the necessary steps to facilitate the process for proper placement of such a child." [46]

[46] Correctional Services Act, No. 118 of 1998 as amended Section 20 (1)

The social workers are also mandated to assist the women to cope with problems at home such as the welfare of children who have been left behind at home; coping with depression because of relationship issues with their husbands or partners; assisting those whose families have abandoned them because of their crimes, hence no visitation.

The facility has a lot of foreign nationals who should be put into contact with their families and embassies especially in cases where the children are involved and who to place them with in their countries for the duration of the prison sentence. It is a common challenge for the social workers to make inmates aware that Correctional Services programmes are meant to assist them to cope with life within the facilities, and that these programmes can be stretched to a limited extent to cater for family members. The social workers also use the services of non-governmental organisations like the National Institute for Crime Prevention and the Reintegration of Offenders (NICRO) to teach young mothers about parenting skills. There is also an Early Childhood Development (ECD) service provider called EBOTSE which uses qualified teachers to give the children stimulating sessions.

Inmates who participated in the focus group discussion confirmed that they received social work services when in need, and were happy with the way the services were delivered to them so that they could cope with their sentencing and incarceration.

### d) Personal hygiene and nutritional programmes, projects, and services

According to the Act, "food must be well prepared and served at intervals of not less than four and a half hours and not more than six and a half hours, except that there may be an interval of not more than 14 hours between the evening meal and breakfast".[47]

Researchers met with the nutritionist who gave a detailed plan on the type of food that inmates receive based on the National 12 Day Cycle Meal Plan of 2017. The normal diet in a correctional centre "is based on South African Food based dietary guidelines that are the basis of healthy eating and encourages inclusion of a variety of foods such as milk, meat, vegetables and fruit, carbohydrate/starch and fat. This diet contains all the nutrients that a healthy person's body requires for maintenance, repair, growth, and development as required by the Recommended Dietary Allowances (RDA) or Recommended Daily Intake (RDI)[48] The Centre could augment any dietary requirement based on the availability of fruits, vegetables, and meat per season. For instance, if beef was unavailable it would be replaced by pork. If an inmate is placed on specialised nutrition services based on medical grounds, it is again the responsibility of the nurses to prescribe an appropriate diet that requires such specialised therapeutic services. The diet is subject to review after six (6) months. The nutritionists also mentioned how food is prepared; and the fact that the Correctional Centre Head would taste the food daily prior to any cooked meal being provided to the inmates. Babies received milk and cereals from the food service provider.

[47] Correctional Services Act no 118 of 1998 as amended; Section 8 (5).
[48] Therapeutic Diet Annual, DCS, 2016 P. 9.

There were varied opinions from the inmates regarding the food that they received from the Centre. Some inmates were satisfied with the meals they received. They reported that there was a significant improvement from what they received in the past. However, others complained about how poorly it was prepared. Given that meals were prepared by the inmates, they were asked about how they could influence the kitchen staff to prepare edible meals. The informants stated that they did not have any influence whatsoever and that in many instances they have to throw away the food.

### 4.1.4. Budget/Funding Allocation, Staff Capacity, and Other Resources

In terms of budget or funding allocations, the Head of the Centre indicated that an amount of R74 121 100 was allocated for operations, and R2 173 000 for the health services and facilities of the Centre such as hospital services, equipment and medication. She stated however that the budget allocation was not adequate for the Centre, even if the management was able to utilise the funding optimally. The Head of the Centre also indicated that the pharmacy was well resourced. In terms of staff capacity, the information obtained from the Centre and through interviews shows that the Centre was managed mainly by female staff. The Centre had security staff at the main entrance gate to the Centre and another one at the gate inside the holding cells. There Centre is run by a Manager (Head of Correctional Centre) responsible for overall operations. The following table outlines the breakdown of staff at the Centre.

**Table 2: Centre staff break-down**

| Designation | Women | Men. |
|---|---|---|
| • Management | 13 | 1 |
| • Nurses | 7<br><br>2 vacancies | 0 |
| • Doctors (not in post establish-ment) | 0 | 2 |
| • Social workers | 3 | 0 |
| • Psychologists | 3 | 0 |
| • Psychiatrists | 2 | 0 |

**Source: DCS Johannesburg Centre**

All officials stated that they were overwhelmed by work; and this was compounded by the moratorium imposed by government on the filling of posts.

During interviews, the nurses raised issues such as under-staffing. They indicated that currently the Centre had only seven nurses, with two vacancies, resulting in long working hours with no

provision for night duty for nurses. They did indicate, however, that there is always one official on standby for emergency purposes such as when a pregnant inmate goes into labour at night. On the other hand, inmates stated during focus group discussions that nurses were not available at night. While these statements could not be verified, they appear to indicate lack of sufficient knowledge and information given to inmates regarding provisions on the availability of the nursing staff at night.

The nurses also claimed during interviews, that inmates reported them to court regarding lack of ARVs in the Centre whereas the ARVs are allocated according to inmates' prescriptions. The nurses also pointed out that the Centre has more foreigners than other DCS Centres in the country, and that foreigners did not qualify for medical parole in South Africa, leading to many of them dying in DCS facilities. The nurses also raised concerns about the number of babies in the facility and lack of resources, including limited space to cater for their needs.

The social workers who were also interviewed for this study, also raised issues such as workload and under-staffing. For instance, they indicated that there were only 3 Social Workers handling more than 900 inmates (i.e. 684 sentenced and 278 unsentenced inmates). The issue of foreign nationals in the Centre was also raised by the Social Workers, particularly regarding those foreigners without the proper papers, and the challenges of contacting their families and embassies when children are involved.

Some mothers who have been separated from their children sob for months on end after having parted with their children; others become aggressive because they don't understand why the separation has taken place; yet others take the separation positively by enrolling in the DCS N-level courses. Some foreign national inmates are admitted to the facility without comprehension of a single South African language; hence after their enrolment in the N-level courses, their level of communication improves. These courses also benefit South Africans by improving their educational qualifications. In many instances, mothers who were drug users and were separated from their children relapse, hence the social workers would refer them to the clinical psychologists for psychotherapy and substance abuse programmes.

During interviews with clinical psychologists, issues were raised such as work overload, working within the female section; inmates expecting services beyond what is currently provided for (e.g. inmates expecting regular counselling services for close family members). The psychologists also felt the pressure of demands from inmates to handle other family related social problems that arise because of incarceration, such as the separation from their families, including children.

There were also claims from those interviewed, particularly the nurses, of general shortages of various resources including equipment, which often caused the Centre to rely on the help and services/equipment (e.g. Hemoglucotest equipment for blood sugar level tests) from non-governmental organisations such as the Aurum Institute.

### 4.1.5. Skills Training and Capacity Building for Officials

Some of the key categories of professionals/specialists provided copies of policies relating to their work which generally lacked specific guidelines and provisions on how to deal with and handle issues related to female inmates. Information and insights obtained through interviews and focus group discussions appear to indicate that once appointed, the various professionals and specialists, including Correctional Officers, received only a six-week compulsory training course (from either Zonderwater, Cullinan or Kroonstad Training facilities). It was alleged by the informants that the focus of the training is largely on the implementation of the Correctional Services Act within DCS correctional facilities. The informants insisted that because of this lack of clarity from the DCS on how to deal with and handle female inmates, they have to rely on and are guided by the legislative frameworks of their respective departments and related codes of ethics (e.g. clinical psychologists are governed by the Medical Dental and Supplementary Health Professions Act as well as the Ethical Code of Psychologists).

The nurses indicated during interviews that the first training is provided by the Department of Health, focussing on primary health care, while the Nursing Act serves as the guiding framework for their work. In addition, the nurses pointed out that the health care policies of the Department of Health supersede the policies of the DCS in terms of health care services provided to the inmates. It would appear also that the Department of Health and some NGOs continue regularly to provide training courses for the nurses. For instance, the Department of Health provides training on managing TB, Initiation of ARVs, and HIV/AIDS management course on blood tests and regimen; the NGO AURUM provides training courses focusing on the response, treatment, and research efforts to eradicate TB and HIV while another NGO, INNOVA, provides training and development courses on nursing and clinical roles. All this indicates that the nursing staff rely to a very large extent on other institutions for their training needs to enhance their knowledge and skills, particularly in terms of working with women inmates.

The psychologists who were interviewed for this study also reported that for their training needs, they relied on the VISTA Academy and Clinic. They also attend the Psychological Society of South Africa (PYSSA) country-wide annual congress for psychologists where they share and exchange knowledge on new developments in the field through discussion of academic papers presented. It would appear that the DCS does cover the costs of these activities, such as registration fees, course tuition and accommodation, according to the focus group discussions. The social workers indicated that for their training needs, they attend various training courses designed to enable them to handle the special needs of the inmates and conditions within DCS facilities and in line with the provision of the White Paper on Corrections 2005. The social workers indicated that for the financial year under review (2017/18), they have attended several courses on topics such as social work and ethics, parenting and resilience, setting boundaries (as Correctional Officials), divorce counselling and emotional blackmail. For the Correctional Officers, the informants pointed out that the only training they received in line with their duties in terms of the security of the inmates was the initial compulsory security training offered by DCS after appointment.

Based on the discussion above, it is clear that the Department of Correctional Services has not made adequate provisions for the training needs of the various categories of professionals, including the Correctional Officers, on skills training and the handling of female inmates in the DCS Centres. This might imply that some of these professionals are not adequately prepared to deal with and handle female inmates and their special needs.

### 4.1.6. Monitoring and Evaluation System

During interviews, the informants were asked to identify and describe the system or methods currently used by their Centre to monitor and evaluate the efficacy and effectiveness of services currently rendered to female inmates. Based on the information obtained from these interviews, the following methods were identified, and each of these are explained below:

- Monthly monitoring with the Deputy Director in each division.
- Performance Assessment is conducted quarterly with the Deputy Director.
- Internal peer assessment where senior officials from one Centre would come and do an overall assessment of a specific division from policy and strategies to implementation.

a) *Monthly monitoring:*

- These are based on Service Level Standards, to determine if targets have been attained.
- Information is compiled and captured in the Annual Performance Plan.

b) *Review of the Performance Agreement on a three-monthly interval:*

- This involved discussions between the official and the Supervisor on strategies to overcome daily obstacles in the work to be performed.
- Independent auditors conduct monthly performance assessments in line with a plan.

c) *Meetings with Independent Auditors.*

- Independent Auditors in the department conduct analyses of risks in each division in preparation for external auditing.
- Once a year an external assessment is conducted by a team of officials from another correctional facility focusing on policies and strategies. These are arranged by the DCS prior to the auditor's visit. Similar audits are also conducted by officials from the regional and national offices.

None of the officials mentioned external assessment which is conducted by the Judicial Services Commission. In addition, it was not clear how effective these various methods were, particularly in ensuring the effectiveness, relevance, and efficacy of the services rendered to the special needs of the women inmates.

## *4.2. Correctional Services Centre 2: Pollsmoor Female Correctional Centre*

### 4.2.1. Brief Background

Pollsmoor Prison is a maximum security facility situated in Tokai, Cape Town, and is the largest prison in the Western Cape Province.[49]In the past, it once housed anti-apartheid activists Walter Sisulu and Ahmed Kathrada as well as former President Nelson Mandela after being released from Robben Island. However, in recent years the prison has gained notoriety and is known for dangerous conditions and overcrowding. The Constitutional Court Justice Edwin Cameron wrote a scathing report after visiting the prison in 2016. He said:

'Ninety-four women were crowded into a poorly aerated room. The mattresses were stinking. There was no working toilet, a clogged sink drain and only cold water … sheets and blankets were infested with lice … [and] the cell was infested with cockroaches.[50]'

The quotation above mainly describes the conditions in the Female prison which is part of the Pollsmoor Prison Precinct. This section, is a medium security facility and hosts offenders for the maximum of 24 months period. Offenders with sentences longer than the prescribed maximum period are then transferred to Worcester female prison to complete the remaining sentenced period. At the time of CGE assessment there were 297 inmates sentenced and 340 in remand.[51]

### 4.2.2. State of Facilities of the Female Correctional Centre

According to the some of the officials from Pollsmoor who were interviewed for this study, this issue of the plight of babies of incarcerated parents was of major concern given that the prison facilities were generally not designed to house babies. Following this realisation, Pollsmoor is one of the 16 Female Correctional Centres that have the Mother and Baby Unit (MBU) to accommodate children. The establishment of this unit was guided by section 28(1) of the Bill of Rights, which asserts that every child has the right to be treated in a humane manner and be kept under conditions appropriate to the child's age.[52] Officials at Pollsmoor asserted that their facility was in compliance with the Correctional Services Amendment Act

[49] Pollsmoor Prison, South African History Online,16 March 2011. http://www.sahistory.org.za/places/pollsmoor-prison
[50] Conditions at Pollsmoor "Profoundly disturbing", says Judge, *Lawyers for Human Rights*. September 2012. http://groundup.org.za/article/conditions-pollsmoor-profoundly-disturbing-says-j...
[51] Interview held with a DCS official, Pollsmoor Female Centre, October 2017
[52] The Gender Health and Justice Research Unit, *Policy Brief*, Women in Prison: Health and Mental Health, September 2012. www.ghjru.uct.ac.za/sites/default/files/image_tool/images/.../Policy_Brief_Health.pdf

No 25 of 2008 by allowing female inmates(mothers) to stay with their babies in the Mother and Baby Unit until the babies reached the age of two years.[53] This was indeed confirmed during the site visit conducted by the CGE team.

The MBU facility for Pollsmoor was located in a house outside of the prison facility and looked like an ordinary suburban house that has been turned into a crèche facility. On the outside there was a playground equipment including a slide, a seesaw and a set of swings.[54] The walls enclosing the yard and the facility where the unit is housed are colourful and are covered with a plethora of animal paintings. The unit had 6 bedrooms, and only two of them were occupied by mothers and their babies. Though the facility had the capacity to host 15 babies and their mothers, there were only 7 babies with their mothers observed at the time of this study. There was a kitchen, a laundry room, a playroom and three toilets. One of the unoccupied bedrooms had been converted into a storage room and in it, baby products such as strollers, dolls and other toys were found. All rooms had floor carpets and heaters and overall the observation conducted led to the conclusion that the facility was in a good condition.[55]

The structure of the building had aged and in some sections water leaks from the roof were observed, including paint peeling off from the ceilings.[56] The passages are long and dimly lit. Overall, the facility was clean despite the noted short comings. Most Communal cells especially those for remand were not in good state of repair. For instance, in one of the communal cells, windows were broken, the walls unpainted or dirty and the television set was also not working.[57] The air in the cell was stale and filled with tobacco smoke, which was apparently caused by the inmates smoking inside their cells because there was no designated smoking area, and that smoking had been banned. This was confirmed by the prison authorities.[58] Inmates indicated that the lack of a designated smoking area led to smoking inside communal cells, exposing other inmates to second-hand smoke. During focus group discussions conducted with the inmates, there was a general perception that the smoking ban was the cause of squabbles and fights amongst inmates over cigarettes, which often led to smuggling of cigarettes into the Centre.[59] It was claimed by the inmates that some of them smuggled cigarettes through their vaginas, which possibly caused gynaecological problems for many of the women inmates. The inmates were adamant that their repeated requests for the smoking ban to be lifted fell on deaf ears. During the CGE Team's site observations, we noted the problem of overcrowding, among other minor issues such as water leaks under the sink.

In contrast, most of the single cells that were visited during site inspections were in a good state of repair. These were used mainly to house prisoners that required separate accommodation for various reasons such as studying, security/protection, isolation on the grounds of health and to segregate prisoners deemed to be violent or disruptive. Most single cells we visited

[53] Interview held with a DCS official, Pollsmoor Female Centre, October 2017
[54] Observations by CGE Researchers, October 2017.
[55] Ibid
[56] Ibid
[57] Ibid
[58] Interview held with a DCS official, Pollsmoor Female Centre, October 2017.
[59] Focus group discussion held with female inmates, Pollsmoor Female Centre, October 2017.

measured approximately 5.5 square meters and are deemed adequate for only one prisoner, not more than that. However, at Pollsmoor single cells are used to house three prisoners at a time, thus causing over-crowding. The state of the furniture in the cells varied from reasonable to poor condition, with some cells having more items of furniture than others. In general, all cells had beds and furniture, but communal cells did not have items such as desks, chairs and tables which were found mostly in some of the single cells used by inmates who were studying.[60] Pregnant inmates are one of the groups with a designated facility within the Centre; they are housed separately from the other inmates. At the time of the study 14 inmates were housed at the maternity section. The Centre also had a laundry room run by inmates; there were only 2 washing machines working at the time of the visit. The dryers and irons were not in working order.

The female Centre had a 10-bed hospital with a courtyard. The hospital's consultation and voluntary counselling and testing (VCT) room are accredited anti-retroviral (ARV) sites. The hospital ward had an ultraviolet light to eliminate airborne microbes, 2 toilets, 2 bath tubs and 4 sinks. At the time of the study there were no patients accommodated.[61] However, the hospital had 5 single cells. It is here where 3 TB patients were housed. These patients were housed separately in the single cells and were also isolated from the section housing the MDR patients. The MDR section had a separate courtyard and at the time of the study, there was only one patient housed there. The Centre is serviced by one doctor who visits twice a week. The hospital or sick bay mainly focused on stabilising patients and in case of emergencies patients were referred to Groote Schuur or Victoria Hospitals.

When inmates were probed about the condition of the facility, the research team received mixed responses. Some said the toilets did not flush properly and the inmates used buckets to flush. They further said the maternity section had no working showers. On the other hand, others said the Centre's maintenance team was quick to attend to queries. According to one of the informants, "[w]hen showers don't work, they get fixed the same day."[62] The Centre was also commended for the conditions of the old age section. According to one inmate, "the old age section is well run and it is probably the best in the country. They know that they are keeping human beings behind *(sic)* the cells.[63]" However, these claims were not verified given that the section in question was not included in the site visit. Therefore, based on the responses gathered from the focus group and evidence from the site visit it was clear that there was variation in terms of maintenance: Some sections were kept in good repair while others were not well maintained. Regardless of the above-mentioned shortcomings and maintenance issues, the female Centre at Pollsmoor was found to be exceptionally clean. According to some of the prison officials, inmates are required to work in the maintenance of the facility, and to keep it in a spotless condition, as far as cleanliness is concerned. During our visit we observed inmates mopping and polishing the floors to high lustre. Most single cells and some communal cells were also kept neat.

[60] Observations by CGE Researchers, October 2017.
[61] Ibid
[62] Focus group discussion held with female inmates, Pollsmoor Female Centre, October 2017.
[63] Ibid

### 4.2.3. Relevant Health Related Programmes, Projects, and Services for Female Inmates

#### a. General healthcare programmes, projects, and services

According to an official who was interviewed for this study, the medical facility at the female Centre has been set up in line with the Department of Health's legislation, policies, guidelines and protocols to provide health care services. These include for the prevention of diseases, promotion of health, management of acute and chronic communicable diseases such as HIV and STIs, and non-communicable conditions such as diabetes, hypertension, and mental conditions, affecting women and their babies. As one of the officials indicated, the Centre had one nurse who was allocated to attend to offenders during the admission process. The medical screening of offenders as they enter prison is a critical part of the admissions process. It is not only important for collecting general information about the sentenced prisoner, but it also provides critical information about how to address immediate and ongoing health and mental health care needs of prisoners. During the interview, the official indicated that the screening took place and includes a comprehensive health care screening for all female inmates to determine primary health care needs, including, the presence of communicable diseases such as TB, STDs, and blood-borne diseases. HIV testing is also part of the screening and is available to inmates on a voluntary basis, in line with current DCS policy guidelines.

To provide primary healthcare, the Centre had qualified medical staff in residence. The Centre had its own in-house doctor, two sessional doctors and 4 in house nurses. However, access to medical personnel was limited and their availability was as follows: the doctor was available twice a week and the dentist once a month. In addition to this limitation, inmates reported that the on-site nurses were also not easily accessible. Medical services at the Centre are accessed through the Complaints and Requests procedure, which is conducted every morning to note inmates who require medical attention. Inmates are first referred to the on-site nurse before being referred to the doctor. They may also be referred to the hospital should their complaint be deemed serious enough. However, inmates in the study reported that they faced a number of other obstacles when attempting to access health care services. They cited instances where they had to assist fellow inmates who had not received medical attention due to the infrequent availability of the medical personnel. They further claimed that the referral to a hospital was not easily accessible and that the Centre only refers dying patients. Another inmate, cited lack of access to optometric services and that she could not read as a result.

Beyond these limitations, most inmates lauded the health services they received. Women in our study reported that they could access pap smears given that this service is available once every week. Pregnant women are referred to external public health facilities for ante-natal care, intra-partum care, post-natal care including specialist services where indicated. The programme of immunisation is not offered by the Centre, and babies born to mothers within the facility are sent to a nearby Westlake Clinic for immunisation. In addition, the MBU also runs a Baby Gym Programme for incarcerated mothers and their babies. This affords the mothers and their babies the opportunity to do baby gym exercises on a regular basis. The Centre also runs a fitness programme that provides yoga and aerobics sessions for juveniles.

### b. Psychological programmes, projects, and services

The Centre has an on-site psychologist and psychological services were rendered to the women as requested or as referred by the social workers. Interventions such as individual or group therapy and life skills group and other DCS programs were employed to assist inmates with depression, substance abuse and trauma. The inmates found the quality of the psychological services commendable. And those who had utilised these services noted its positive impact on their experience of incarceration. However, some complained that they had to wait for weeks to access the psychologist.

### c. Social Work programmes, projects, and services

The Centre has onsite social worker who provided services to assist inmates with enhancing adjustment, social functioning, and reintegration of all offenders into the community. Upon incarceration, inmates undergo an assessment by a social worker to assess inmate's 'social wellbeing'. The results of this assessment are then used to develop a sentence plan which is used to monitor the rehabilitation of the inmate over the duration of their sentence.

Other than these services, the social worker assisted with most of the challenges especially those of incarcerated women with babies. According to the DCS legislation, babies born at the Centre are only allowed to stay with their mothers at the MBU for a period not exceeding 2 years. Upon reaching the stipulated period, the social worker has to assist with the placing babies in alternative care. According to one of the officials interviewed for this study, this process takes too long to complete, especially in cases where there is lack of cooperation amongst the relatives of the inmate. In addition, the social worker also provided workshops on breast cancer awareness, HIV awareness and 16 days of activism for no violence against women and children.

### d. Personal hygiene and nutritional programmes, projects, and services

Inmates complained of the poor quality of the meals they received. During the focus group, inmates accused Bosasa, the company that prepares food for Pollsmoor of providing food that was not well cooked. "The vegetables are not peeled; the food is dirty. Bosasa is taking advantage of this prison, it's like they are cooking for dogs" said one inmate.[64] Furthermore, inmates also complained about receiving cold tea with no sugar. However pregnant women and mothers with babies did not present with the same complaints given that they were on a nutritional programme different from that of other inmates.

According to Rule 5 of the Bangkok Rules 'the accommodation of women prisoners shall have facilities and materials required to meet women's specific hygiene needs, including sanitary towels provided free of charge[65]'. However, the provision of sanitary towels was one of the most common complaints amongst inmates in our focus group. All women in our study

[64] Focus group discussion held with female inmates, Pollsmoor Female Centre, October 2017.
[65] The Gender Health and Justice Research Unit, *Policy Brief*, Women in Prison: Health and Mental Health, September 2012. www.ghjru.uct.ac.za/sites/default/files/image_tool/images/.../Policy_Brief_Health.pdf

indicated that they were not provided with enough sanitary towels needed when they were menstruating. The inmates also said that Warders were applying the 'Show and I give' practice of rationing the supply of sanitary towels due to shortages. According to this practice, inmates who are asking for sanitary towels have to present proof that they are really menstruating by being subjected to a visual examination which involves stripping for the warder to see if they have menstrual blood or not. As one inmate put it, "in a case where warders believe your story that you are really on your periods then they they'll give you (sanitary) pads and if not, they won't." Inmates found this practice deplorable and humiliating.[66]

Others mentioned that at times they have to share their sanitary towels with other inmates by dividing them in half. These experiences were also confirmed by the officials, who confirmed the situation about the shortages of sanitary towels. The officials further said that they often relied on sanitary towels provided by the Hope Prison Ministry[67] to deal with the shortages, but lamented that the provisions by this entity were infrequent.[68] The problem of inadequate supply was not limited to the sanitary towels, but also related to toiletries in general. Inmates revealed they sometimes had to use butter when they have run out of skin lotion. They further found the Centre rules to be unreasonable, because their visitors were not allowed to bring them toiletries, even in the cases where shortages were apparent.

### 4.2.4. Budget/Funding Allocation, Staff Capacity, and Other Resources

An inspection of the correctional facility carried out by the Research Team revealed the shortages of supplies due to limited financial resources at the Centre. The mentioned limited supply of toiletries for inmates and other resources also attest to this. Authorities at the Centre also confirmed our view that the budget is inadequate. Other sections of the Centre such as the MBU also had limited resources, but donors and relatives of the inmates would often contribute items that the Centre could not provide such as baby clothes and toiletries.

**Table 3: Number of Healthcare Practitioners**

| Designation | Number |
|---|---|
| • Nurses | 4 |
| • Doctors | 1 |
| • Social workers | 3 |
| • Psychologists | 2 |

**Source: DCS Pollsmoor Centre**

Table 3 depicts the number of health care practitioners and psychosocial staff stationed at the Centre during the time of this study. As indicated during interviews, the informants insisted

[66] Focus group discussion held with female inmates, Pollsmoor Female Centre, October 2017
[67] Hope Prison Ministry is a religious organisation that provides support to prison communities of the Department of Correctional Services Centres in Western Cape, South Africa.
[68] Interview held with a DCS official, Pollsmoor Female Centre, October 2017

that they were experiencing work overload and needed more capacity to carry out their services effectively.

### 4.2.5. Skills Training and Capacity Building for Officials

All officials interviewed indicated that they underwent a basic training during their induction by the DCS. The officials complained that they had not received training for dealing with psychiatric patients. However, prison authorities indicated that they made efforts to refer such inmates to mental health institutions, but that depended on the availability of space at the mental institution to house such inmates. Officials also indicated that they had no capacity to deal with disabled inmates. Regardless of all the training programmes offered to the DCS staff at the centre, none was found to be gender specific. Officials indicated that their training was rather general and not specialised for females.

### 4.2.6. Monitoring and Evaluation System

During the interview, the prison authorities indicated that Correctional officials report daily to their supervisors and that any incident is reported daily at the morning briefing session. The Centre also utilises a Monitoring and Evaluation system set out by the DCS and all officials indicated that their respective departments had reporting structures. The information gathered also indicates that the Centre is also inspected by the JICS. However, evidence to ascertain these claims was not provided to the research team.

## *4.3. Correctional Centre 3: Bizzah Makhate Female Correctional Centre*

### 4.3.1. Brief Background

The Bizzah Makhate Correctional Centre was established in 1959 in Kroonstad, which is the third largest city of the Free State Province. The Centre was previously known as Kroonstad Prison and was renamed Bizzah Makhate in 2014 in honour of a political activist who was detained several times at the Centre during the apartheid era[69]. Four Centres are found within the Bizzah Makhate facility. They are: Centre A (adult males), Centre B (males awaiting trial), Centre C (females) and Centre D (male juveniles). Bizzah Makhate is also a management area responsible for the four (4) mentioned Centres in Kroonstad, as well as ten (10) others (Bethlehem, Ficksburg, Harrismith, Hennenman, Hoopstad, Lindley, Odendaalsrus, Senekal, Ventersburg, and Virginia).

The study was conducted at the Bizzah Makhate Medium C Female Centre. The Centre was divided into three sections, i.e. Sections A, B, C, and various sub-sections under each. Inmates were allocated to sub-sections based on the following considerations: 1. the type of work they did at the Centre; 2. students; 3. pre-release (those who have received release

[69] "New name for Centre: Makhate honoured by Department of Correctional Services," Kroonnuus, 22 April 2014, https://issuu.com/kroonnuus/docs/kroonnuuskn_20140422.

dates); 4. new admissions (less than 6 months in the Centre); 5. those facing further charges; 6. awaiting trials; 7. mothers, pregnant women and babies; 8. elderly women; 9. female juveniles (sentenced separated from the unsentenced); and 10. smokers and non-smokers. The Centre had capacity to accommodate 216 inmates but had a total population of 189 at the time the study was conducted. The number of sentenced inmates was 163 and there were 26 remand detainees. The statistics provided to the Research Team by the Centre also indicated that there were 8 mothers and children (6 sentenced and 2 remand detainees), as well as four 4 pregnant inmates.[70]

In terms of classification by age, the table below shows the age categories of female inmates at the Centre.

**Table 4: Age Categories of Female Inmates**

| Age category | No. of Sentenced Inmates | No. of Remand Detainees | Total |
|---|---|---|---|
| • 14-20 years old | 1 | 2 | 3 |
| • 21-25 years old | 13 | 6 | 19 |
| • 26-60 years old | 144 | 18 | 162 |
| • 60-74 years old | 5 | 0 | 5 |

**Source: DCS Bizzah Makhate**

Table 4 shows that the largest age category of female inmates at the Centre was of those between the ages 26-60 (162), and that those between 14-20 years (3) were the lowest in number. Inmates between the ages 60-74 were also few at just 5, while 19 of the inmates were in the ages 21-25.

Table 5 below shows that the majority (40) of sentenced inmates were given sentences of between 3-5 years. The lowest sentence, which was being served by one person was 0-6 months. The table shows various periods of duration of sentences and the total number of inmates in each category.

**Table 5: Periods and Durations of Sentences of Inmates**

| Sentence | Total |
|---|---|
| • 0-6 months | 1 |
| • 6-12 months | 2 |
| • 12-24 months | 7 |
| • 2 years | 3 |
| • 2-3 years | 22 |
| • 3-5 years | 40 |

[70] Interview held with a DCS official, Bizzah Makhate Female Centre, October 2017

| | |
|---|---|
| • 5-7 years | 22 |
| • 7-10 years | 29 |
| • 10-15 years | 26 |
| • 15-20 years | 5 |
| • 20> | 3 |
| • Life sentence | 3 |

**Source: DCS, Bizzah Makhate**

### 4.3.2. State of Facilities of the Female Correctional Centre

Based on our observations on the day of the visit, all holding cells (communal, two-sharing and single cells) for remand detainees, sentenced inmates and female juveniles were in a state of good repair, tidy, with clean walls and floors, free from debris and litter and with beds covered in clean linen. Only a few communal cells had graffiti on the walls but were kept generally clean. The cells were adequately ventilated through windows, and the windows also provided sufficient illumination to the cells. The number of inmates was below the Centre threshold of 216. Therefore, there was adequate floor space for movement and enough beds and storage cabinets for all inmates.[71]

In terms of toilet and ablution facilities, the Centre was compliant with the Department of Health (DOH) National Norms and Standards Relating to Environmental Health in Terms of National Health Act, 2003 (Act No. 61 of 2003),[72] in that the ratio of inmates per toilet, handwashing basin and shower/bathtub was below twenty[73]. In fact, most single cells had a toilet and basin available for use by the occupant. Furthermore, the toilets were kept clean and were maintained in good working order. All cells had running cold water but not all had hot water. The Centre had thus provided urns (20-30 litres) to cater for sub-sections with no running hot water. Urns were however logistically difficult to manage among inmates, especially in sections with bigger numbers of inmates. Consequently, some of the inmates had resorted to using small basins for bathing so that the boiling water could cater for everyone. It was not clear when the problem of hot water had started, as informants stated that it had been long since the Centre last had hot water in all its sections.[74] Ideally, urns should serve as a temporary means of providing hot water, given that they don't provide the same capacity of hot water as geysers do. Nonetheless, it was noted that the Centre had at least made means to provide hot water for its inmates.

The Mother and Baby Unit (MBU), also referred to as the "creche" by the Centre staff and inmates was also observed as part of this assessment. An informant indicated that the unit was in the process of being transformed to comply with the norms and standards of the Department of Social Development (DSD) so that it could be registered as an Early Childhood

[71] Observations by CGE Researchers, October 2017
[72] Department of Health National Norms and Standards Relating to Environmental Health in Terms of National Health Act, 2003.
[73] According to the Department of Health National Norms and Standards Relating to Environmental Health in Terms of National Health Act, 2003, the ratio of inmates per toilet, handwashing basin and shower/bathtub should be 20 or less.
[74] Observations by CGE Researchers, October 2017.

Development Centre.[75] At the time of the observation, the unit had an unpleasant smell and flies, but it was generally clean in appearance. It was not clear what had caused the bad odour, however, the smell could have been caused by soiled nappies or dirty children's clothes. The unit had 1 adult toilet; 2 small toilets for children; 5 adult handwashing basins, 2 for children and 1 bathtub. Each inmate had a bed and a baby cot next to it, however the linen used on the beds appeared to be dirty and worn out. Additionally, the unit had a fridge and microwave, but the latter was not working at the time of the observation; as a result, inmates had to go to the Centre kitchen to heat food for their children. Inmates also revealed that the MBU did not have a floor carpet and was thus too cold for children, particularly during the winter season[76]. The researchers were able to physically confirm that the unit did not have a floor carpet or alternative forms of heating in order to keep the children warm during the winter.[77]

The Centre had an onsite gym and officials stated that it was available to all Centre inmates to use on a voluntary basis. The provision of gym facilities was in line with Correctional Services Act No. 111 of 1998, which states that "every inmate must be given the opportunity to exercise sufficiently in order to remain healthy and is entitled to at least one hour of exercise daily."[78] The Research Team was able to observe numerous women utilising the gym on the day of the visit. The gym was equipped with a tread mill, a leg press, pull up bar, cycling machines, punching bags, weights, exercise balls, yoga mats, aerobic steps, a radio, and water bottles. A sentenced female inmate was responsible for managing the gym as well as running classes.[79]

The Centre laundering facility was clean and appeared to be well managed. The room was properly ventilated and adequately illuminated, with drainage designed without open drains and chemicals locked away. The area however, did not have any toilet facilities and emergency showers, which was in contravention with the DOH national norms and standards for laundering facilities.[80] In terms of equipment, the Centre had 6 industrial washing machines, 3 small (domestic) washing machines, 4 industrial pressers, 4 dryers and 4 basins. It was insisted that the capacity and condition of the equipment used met the Centre laundering requirements and that the facility was also being used to wash blankets for male inmates and for the local police station.[81]

The hospital and clinic[82] were clean, hygienic and in a state of good repair. The 2 hospital wards had 5 and 11 beds respectively. The capacity of beds appeared to be adequate as only 4 inmates were admitted in one of the wards at the time the study was conducted. Both wards had 1 toilet, 1 bathtub, 2 basins and 1 sink each. An urn was provided for one of the wards that did not have hot running water. According to DCS legislation,[83] every Correctional Centre should be in the position to provide Essential Drug Programme listed medications.

[75] Interview held with a DCS official, Bizzah Makhate Female Centre, October 2017.
[76] Focus group discussion held with female inmates, Bizzah Makhate Female Centre, October 2017.
[77] Observations by CGE Researchers, October 2017.
[78] Correctional Services Act No. 111 of 1998.
[79] Observations by CGE Researchers, October 2017.
[80] Department of Health National Norms and Standards Relating to Environmental Health in Terms of National Health Act, 2003.
[81] Observations by CGE Researchers, October 2017.
[82] The clinic and hospital were in the same vicinity.
[83] Department of Correctional Services, Health Care Policy and Procedures, (2014).

Guidelines for the Essential Medicines List (EML) were contained in a 12-chapter long booklet[84] and a copy of the booklet was shared with the CGE researchers. The informants, some of whom were based at the pharmacy,[85] argued that the Centre was able to provide all EML listed medications.[86] Inmates corroborated this information, as they stated that they were always provided with medications when they consulted at the clinic for various conditions. Their only concern was that they could not ask to be given alternative medications if they experience negative side effects. For example, one of the focus group participants revealed that the hypertension medication that she was given made her feet swell. She claimed that she had asked for a different prescription but was told that it was impossible.[87]

The food preparation premises were clean and were in a state that food could be handled hygienically. Cooking and serving equipment such as stoves, ovens, pots, and food warmers were available at the Centre; however, based on information obtained from an informant, there was a shortage of these equipment as some had broken down[88]. The facility was generally small, clustered, and appeared to be old. The researchers were informed that the premises were rodent-proof but that the devices were hidden from inmates to avoid suicide attempts. The Research Team was therefore not able to observe the devices as inmates were present in the kitchen at the time of the observations.[89]

### 4.3.3. Relevant Health Related Programmes, Projects, and Services for Female Inmates

#### a. General healthcare programmes, projects, and services

Based on the information provided, there were 3 female nurses who were located at the Female Centre and were responsible for rendering women specific health services, as well as general primary healthcare. The nurses were, among other things, responsible for conducting health risk assessments during the admission process of inmates. Two assessment forms were used for health risk assessments. One was administered immediately on the arrival of an inmate, while the other one was administered within 24 hours of arrival. The forms were not specifically designed for the admission of women, but had sections that were applicable only to women.

The form administered on arrival for example had a section that stated that "this section is applicable to female inmates only" and had a series of 13 questions. The questions were as follows: 1. Are you pregnant? 2. If pregnant, how many weeks/months? 3. When is your next antenatal appointment? 4. Are you experiencing any problems with your pregnancy? 5. When was the last baby delivered (if having a baby) 6. What was the method of delivery/deliveries? 7. Is the baby or child healthy or ill? 8. Does the baby of child have any allergies? 9. Is the baby or child taking any medication? 10. Has the baby had the necessary immunisation/s? 11. Does the child or baby have any scheduled health appointment? 12. When was the baby

[84] Department of Health, Standard Treatment Guiles and Essential Medicines List: Essential Drugs Programme, South Africa, (2012).
[85] The Pharmacy was responsible for the entire management area and was located at Bizzah Makhate.
[86] Interviews held with a DCS officials, Bizzah Makhate Female Centre, October 2017.
[87] Focus group discussion held with female inmates, Bizzah Makhate Female Centre, October 2017.
[88] Interview held with a DCS official, Bizzah Makhate Female Centre, October 2017.
[89] Observations by CGE Researchers, October 2017.

or child fed? 13. Is the baby/child on a specific diet?[90] The comprehensive health assessment form (administered within 24 hours of arrival) had a section titled: Mother (reproductive health) and child health details, which looked at the following aspects: 1. Last menstrual period 2. Parity (number of children) 3. Previous pregnancies (including miscarriages) 4. Immunisation records (in case of children/babies less two years) 5. Childhood illness 6. Any chronic medication received by the baby/child including ARV treatment. Another section of the form asked about the date of the last pap smear conducted and other health aspects.[91]

It was revealed during the focus group discussions that this comprehensive assessment precedes a physical examination. Some of the focus group participants, however, denied ever being physically examined during the health assessments and stated that the assessments comprised mainly of questions rather than physical examinations. The group was split between those who had received physical examinations and those who were only asked questions pertaining to their state of health and wellbeing, suggesting possible inconsistencies in the application of departmental guidelines/rules in this regard. Inmates felt that the lack of physical examinations placed them at risk of catching contagious diseases and were able to point out a number of incidences where they believed they had observed such a challenge taking place[92]. The Correctional Services Act however, gives nurses the privilege to decide if an inmate requires further testing after a verbal assessment has been conducted[93]. In light of the challenges raised by inmates however, it appeared that this privilege was not exercised cautiously and thus needed to be reviewed. Nonetheless, inmates stated that the assessment also comprised of important questions relating to history of sexual assault and rape, but these questions were not reflected on either of the two assessment forms[94].

Some of the health risks and challenges detected by nurses during the health assessments were that some women would be detained pregnant without having presented to any health care facility for ante-natal care. This seemingly happened despite the pregnancy being overtly visible. Secondly, some of the HIV positive women were found to have defaulted on their antiretroviral (ARV) treatment and therefore required to be urgently placed on treatment. Thirdly, untreated Sexually Transmitted Infections (STIs) constituted some of the challenges commonly detected at this point. A fourth challenge raised by informants was that some inmates came with children without their clinic cards (formally known as Road to Health Cards) and medications. The issue of women being detained without their chronic medication with them, including ARVs was also raised as a big concern[95].

In terms of services provided to pregnant women, we were informed that arrangements were made with external hospitals for ante-natal care. Women with high risk pregnancies were admitted at the Centre hospital but were receiving treatment from the High-Risk Clinic at Boitumelo Regional Hospital[96]. A pregnancy is considered high-risk when there are potential complications that could affect the mother, the baby, or both. High-risk pregnancies required

[90] Department of Correctional Services, Initial health and physical risk assessment form.
[91] Department of Correctional Services, Comprehensive health assessment form.
[92] Focus group discussion held with female inmates, Bizzah Makhate Female Centre, October 2017.
[93] Correctional Services Act No. 111 of 1998.
[94] Focus group discussion held with female inmates, Bizzah Makhate Female Centre, October 2017.
[95] Interview held with a DCS official, Bizzah Makhate Female Centre, October 2017.
[96] Boitumelo Hospital is in Kroonstad and is the only regional hospital within the Fezile Dabi Health District.

management by a specialist to help ensure the best outcome for the mother and baby, hence inmates were sent to Boitumelo Regional Hospital for treatment[97]. One of the inmates however, disputed claims that ante-natal care services were provided to all pregnant women and alleged that she came into the Centre when she was two months pregnant but never received any services. According to her, the nurses were fully aware of the pregnancy as it was detected during the admission health assessments; however, the necessary precautions were never taken. The baby was subsequently born with health complications but was put on treatment and had eventually recovered[98]. Not receiving ante-natal care services had clearly placed both the mother and baby in great danger.

Services for delivering babies and immunisation of children were accessed at the Boitumelo Regional Hospital. The Centre was not able to administer immunisations because of its limited number of children. One informant argued that immunisations were fundamentally designed for mass administration. The small number of children at the Centre could therefore not allow for the Centre to provide the services.[99] The Centre provided other primary healthcare services to children, even though some of the mothers[100] complained that their children were always sick nonetheless. The information obtained through the focus group[101] however, suggested that there could have been other factors that contributed to the constant ailments of children other than challenges with healthcare services. For example, the inmates revealed that the Centre was experiencing a severe shortage of baby formula, to the point that the nutritionist would sometimes buy it from her own personal resources. Furthermore, nappies and clothing were also not supplied by the Centre as it relied on donations for provisions. An NGO called Babies Behind Bars[102] was said to be making donations of nappies and clothing every six months, but according to inmates, the supplies neither reached them nor their children. The inconsistent supply of baby formula, baby food, nappies and appropriate clothing for children can thus be seen as a major area of concern for the welfare of children.

Women specific healthcare services rendered at the Centre clinic included annual pap smear screenings for cervical cancer, which were sometimes combined with a test for human papillomavirus (HPV).[103] The administration of pap smears formed part of the requirements imposed by the DCS which required that at least 85% of the Centre population[104] be tested annually and 7% per month. Mammograms were also conducted on annual basis.[105] It appeared that the Centre had prioritised the health needs of women in this regard, as all the focus group participants who had been incarcerated for over 1 year at the Centre indicated that they had been taken for these tests and that some were already undergoing treatments for various conditions discovered through the tests.[106]

Furthermore, HIV/AIDS related services were also made available to inmates at the Centre.

[97] Interview held with a DCS official, Bizzah Makhate Female Centre, October 2017.
[98] Focus group discussion held with female inmates, Bizzah Makhate Female Centre, October 2017.
[99] Interview held with a DCS official, Bizzah Makhate Female Centre, October 2017.
[100] Focus group discussion held with female inmates, Bizzah Makhate Female Centre, October 2017.
[101] Ibid
[102] Babies Behind Bars is an NGO that looks after babies from birth to two years old while they are living with their mothers in Correctional Centres across South Africa by providing all their basic necessities.
[103] Human papillomavirus is a common STI that can cause cervical cancer in the long run.
[104] The informant did not indicate whether or not pap smears are recommended for a specific age
[105] Mammography tests for the presence of cancer in the breasts.
[106] Focus group discussion held with female inmates, Bizzah Makhate Female Centre, October 2017.

Such services included the prevention of mother-to-child transmission of HIV and the Universal Test and Treat (UTT) programme for HIV, which allowed for the administration of ARVs to all HIV positive women and children despite their CD4 count. Informants revealed that 384 HIV tests had been conducted for the April 2016-March 2017 financial year; and that 87 (46%) inmates were eligible for ARVs at the time the study was conducted. HIV testing was done voluntarily. However, inmates were always encouraged to test. Stigma surrounding HIV at the Centre was identified as a significant challenge that prohibited most inmates from testing. It was revealed that HIV positive inmates are often verbally abused and discriminated against by other inmates. Furthermore, based on the inmates' knowledge and experiences, those that had disclosed that they were HIV positive had done so either on their own accord or inevitably when they would be seen attending support group programmes or when they went to the clinic to get their treatment. Healthcare professionals on the other hand were said to be treating HIV positive inmates sensitively and with respect for their privacy.[107] To address the issue of stigma surrounding HIV, the Research Team was informed that the Centre was organising an HIV/AIDS awareness programme that would take place on World AIDS Day (1st of December 2017). Services for TB and STIs were also provided at the Centre. However, statistics to this effect could not be obtained by the CGE.[108]

In terms of general access to healthcare, informants revealed that nurses were available on week days at the facility clinic and on standby after hours to attend to emergencies. The procedure for seeing nurses was that inmates had to record their requests to seek medical attention on the complaints and requests register each morning[109]. The process was however different for those who were on chronic medication as they had to go to the clinic every morning for their medication. Inmates were not allowed to keep medications with them in the cells; this was another mechanism used by the Centre to safeguard inmates against suicide attempts. The doctor (general practitioner) was responsible for all 14 centres in the management area and was at the Female Centre on Tuesdays. The challenge with this arrangement was that urgent cases that needed the doctor's immediate attention could not be attended to immediately. Nurses had to manage these cases on their own or refer inmates to external hospitals where they usually experienced delays and shortage of beds[110]. Healthcare specialists such as optometrists, oncologists, dentists and others were accessed from Boitumelo Regional Hospital, Universitas Hospital[111], National District Hospital[112] and the Phelophepha Health Train[113]. Lists of inmates that needed specialised services would be compiled and those inmates would then be transported to the above listed facilities. Again, inmates complained that they had to wait for extended periods before they could be seen by the specialists.[114]

[107] Ibid
[108] Interview held with a DCS official, Bizzah Makhate Female Centre, October 2017.
[109] CGE could not verify this procedure as a policy requirement of the DCS.
[110] Interview held with a DCS official & Focus group discussion with female inmates, Bizzah Makhate Female Centre, October 2017.
[111] Universitas Private Hospital is the first ever public-private healthcare partnership of its kind in South Africa and is managed by Netcare. The Hospital is based in Bloemfontein, Free State.
[112] National District Hospital is a provincial hospital in Bloemfontein, Free State. The hospital receives referrals from local clinics, private doctors, correctional services, SA Police, Southern Free State towns and Soft border towns.
[113] Phelophepha Health Trains are state of the art trains that provide comprehensive and cost-effective health services predominantly to rural populations of South Africa. They operate as a one-stop mobile health service that spends about a week in each area and then moves to another place. The Phelophepa Train consists of six on-board operational Clinics: The Health Clinic, The Roche Pharmacy Clinic, The Educational Clinic, The Dental Clinic, The Eye Clinic, and the Psychology Clinic.
[114] Interview held with a DCS official & Focus group discussion with female inmates, Bizzah Makhate Female Centre, October 2017.

### b. Psychological programmes, projects, and services

Inmates were not aware of any psychological services being rendered at the Female Centre. This was despite the presence of a male clinical psychologist, whose office was based in front of the Female Centre. The psychologist was however, responsible for the entire management area, meaning that he was rendering services at all 14 centres under the Bizzah Makhate management area. Two of the inmates in the focus group had utilised services of an external psychologist at the Boitumelo Regional Hospital and had found them to be beneficial. Other participants were however adamant that the two who had accessed psychological services were "lucky" as information pertaining to such services was not made widely available to inmates. This sentiment was in direct contradiction with what was said by a senior official from the DCS National Office who claimed that "we do a range of things from giving them orientation when they come in as to what to expect, what services are available and how to survive the incarceration, to make the best use of their time here, so it starts there"[115].

As per Centre procedures, referrals for psychological services were made by nurses and the Research Team was informed that all cases that required the attention of a psychologist were referred accordingly. The CGE however, could not obtain any evidence to substantiate if this was true. Nonetheless, it would appear, based on interviews and focus group discussions, that the nurses perceived most of the presented cases as the results of hypertension, and thus managed such cases as a medical condition. Nurses didn't often see a need to refer inmates to the clinical psychologist[116]. To inmates however, this appeared to be a dismissal of their mental health concerns as they felt that they were not being referred even when they evidently needed the psychologist's services. A clearer referral policy was thus needed at the Centre.[117]

An informant revealed that depression was a commonly diagnosed mental illness in female inmates and that it resulted mostly from the continual worry over the welfare of children who were in the care of the female inmate prior to incarceration. It was revealed that the condition often grew worse in cases whereby children were moved to the care of unreliable relatives or friends. The Centre however, did not have enough capacity to deal effectively with such cases, as the psychologist was unable to have long-term meaningful interventions with clients. His high workload and the alleged pressure from senior DCS officials to focus more on inmates serving life sentences were persistent hindrances[118].

Despite the identified challenges pertaining to the work of the clinical psychologist, it was revealed that services for inmates (men and women), were in the form on individual therapeutic sessions and psychoeducational groups[119]. However, as already indicated, none of the participants in the focus group discussion had participated in any of these interventions by the DCS psychologist.

[115] Interview held with a DCS official, Department of Correctional Services National Office, November 2017.
[116] Interview held with a DCS official, Bizzah Makhate Female Centre, October 2017.
[117] Focus group discussion held with female inmates, Bizzah Makhate Female Centre, October 2017.
[118] Interview held with a DCS official, Bizzah Makhate Female Centre, October 2017.
[119] Ibid

### c. Social Work programmes, projects, and services

Various psychosocial services were provided by the female social worker who was based specifically at the Female Centre. The services were rendered through one-on-one needs-based therapy and life skills programmes through group therapy. The social worker was also dealing predominantly with cases related to the domestic concerns of female inmates. It was revealed that constant worry over the welfare of children and loved ones, as well as challenges pertaining to marriage and divorce made it difficult for women to cope from behind bars.[120] Officials however, felt that the DCS regulations were restrictive as they didn't allow them to intervene with the family. For them, this was a big challenge given that the wellbeing of the family system often had a direct impact on the wellbeing of the female inmate. As such, the social worker felt compelled to have family interventions, especially when children were involved. This was mainly because referrals of families to external social workers from the Department of Social Development often yielded no results[121].

Programmes rendered through group therapy were generic and not designed specifically to meet the needs of women. The list provided by the Centre shows that the available programmes were as follows:

- Anger management programme
- Substance abuse programme
- Resilience enhancement programme for youth in correctional services
- Cool and fit for life youth programme
- Sisonke marriage, family care and relationship programme
- Sexual offender treatment programme
- Parenting skills programme
- Elderly offenders programme
- Free to grow life skills programme

There appeared to be a need for programmes that targeted the specific psychosocial needs of women. For example, the Sexual offender treatment programme appeared to be best suited for males as most perpetrators of sexual offences are men while victims are largely women. An equivalent programme that focused on providing support to victims of sexual offences could have been provided by the DCS, especially because it had emerged that a high number of women had been victims of sexual offences prior to their incarceration. The parenting skills programme on the other hand, appeared to be helpful to mothers whose children were accommodated with them at the Centre. The programme helped mothers

[120] Interview held with a DCS official & Focus group discussion with female inmates, Bizzah Makhate Female Centre, October 2017.
[121] Interview held with a DCS official, Bizzah Makhate Female Centre, October 2017.

with ideas on how to mentally stimulate their children and to respond prudently to their needs. The Sisonke marriage, family care and relationship programme was also said to be helpful in helping women with skills to relate better with their spouses, children, and other family members. A number of inmates in the focus group had benefitted from these programmes[122].

The Complaints and Requests Register was used to record inmates' requests to see the social worker, and she was available on weekdays to see them. Inmates were generally happy with the social worker's professional conduct towards them[123].

### d. Personal hygiene and nutritional programmes, projects, and services

In terms of personal hygiene, sentenced inmates in the focus group revealed that they each received 1 packet of sanitary towels (10 pads) every month, 1 tooth paste every 3 months, 6 toilet paper rolls and 1 bar of soap every month. Remand detainees on the other hand received a face cloth, 6 rolls of toilet paper, 1 bar of soap, 1 tooth brush, 1 tooth paste and a packet of 10 sanitary towels on admission and every month thereafter. The Centre thus, appears to have been responsive to the unique hygiene needs of women. The provision of toiletries was, however, not without challenges. For example, 1 tooth paste every 3 months was insufficient for sentenced inmates. Furthermore, sentenced inmates also claimed that they had to cut towels to make facecloths as the Centre did not provide them with any. The lack of supply of roll-ons also came out as a serious concern for the inmates, as well as the scarce provision of underwear. The inmates complained that warders did not have a fair system of distributing underwear and felt that they were always biased towards the inmates they liked[124]. According to the warders though, the Centre had a challenge of limited supply of underwear, as such, they encouraged inmates to buy their own[125]. The DCS legislation does not have clear provisions on the supply of toiletries to inmates and is thus flawed. Clear legislation, with specific procedural guidelines on the distribution of toiletries would be beneficial to female inmates.

The Centre had 1 female nutritionist who was responsible for ensuring that the dietary needs of all female inmates, including pregnant women, lactating mothers, and their children were met. The Centre followed a 12-day cycle meal plan for inmates on a normal diet[126] and there was a therapeutic diet manual which contained substitutions and amendments "to compensate for the malfunctioning of an affected part of the body, to comply with specific needs as determined by the illness, and to prevent an illness from developing or deteriorating the patient's body."[127] The therapeutic diet manual had sections on diets for pregnant and lactating females; infants from birth to 6 months; babies from 6-12 months and for toddlers 1-4 years.

[122] Focus group discussion held with female inmates, Bizzah Makhate Female Centre, October 2017.
[123] Ibid
[124] Ibid
[125] Focus group discussion held with DCS officials, Bizzah Makhate Female Centre, October 2017.
[126] "The normal diet is based on South African Food Dietary guidelines that are the basis of healthy eating and encourages inclusion of a variety of foods such as milk, meat, vegetables and fruit, carbohydrates/starch and fat. This diet contains all the nutrients that a healthy person's body requires for maintenance, repair, growth and development as required by the Recommended Dietary Allowances (RDA) or Recommended Daily Intake (RDI)". Department of Correctional Services, Therapeutic Diet Manual.
[127] Department of Correctional Services, Therapeutic Diet Manual.

In principle, the Centre was taking the dietary needs of women and children into cognisance. In practice however, this was far more complex and problematic. For instance, the inmates argued that they would normally just eat because they were hungry. They recalled being served what they called "*staap-taap*", which was said to be a combination of chicken bones, spinach, onions, carrots, cabbage "and whatever else that could be found". According to them, the food was always poorly cooked and would sometimes even make them sick. Furthermore, inmates complained about unusual meal combinations such as mealie pap served with boiled eggs.[128] One of the Centre officials was however upfront about the fact that they had a problem of shortage of protein and other supplies from time to time. This meant that the 12-day cycle meal plan was not always followed through, which could be seen as a compromise of the nutritional requirements of inmates. Furthermore, as already mentioned, the Centre did not always cater for the nutritional needs of children as baby formula was not always available. Pregnant and lactating women also indicated that they were served the same meals as everyone else, even though an official had claimed that they were provided with a nutritional supplement.[129] It appeared that only inmates who were on no-salt, no-sugar, as well as those following Halaal diets were catered for, given that their food containers would be clearly marked that they don't contain certain products.

Inmates were provided with three meals per day: breakfast, lunch, and supper. The food was supplied by a service provider called Bosasa. Meals were prepared at the Centre by the inmates who were allocated to work in the kitchen.[130]

### 4.3.4. Budget/Funding Allocation, Staff Capacity and Other Resources

The researchers were informed that the total budget allocated to the Centre for 2017/18 was R25 734 100. Healthcare services were apparently allocated R1 603 400, personal hygiene R26 400, nutrition services R763 100 and social work services R579 700.[131] Informants argued that these amounts were not adequate to meet the needs of the female Correctional Centre given the constant shortages of relevant equipment and supplies, such as kitchen equipment and personal hygiene products.[132] It should be noted though that shortages of supplies and equipment might not necessarily be an objective evidence or indicator of the inadequacy of budgetary allocations. While this might be a good indicator, it might also indicate poor planning and management of limited resources. The CGE was unable to assess the validity of some of these claims.

Furthermore, informants felt that the staff complement of the Centre was limited and that there was a need to create more posts in order to adequately meet the needs of female inmates. On the day of the visit, only 1 nurse was on duty, one of them was on leave and the other one was off sick. The nurse on duty was also on standby to attend to male juveniles, as the nurse based at the Male Juveniles Centre was on leave. The nurse was therefore responsible for admission health assessments, daily operations of the clinic, and administration

[128] Focus group discussion held with female inmates, Bizzah Makhate Female Centre, October 2017.
[129] Interview held with a DCS official, Bizzah Makhate Female Centre, October 2017.
[130] Ibid
[131] Ibid
[132] Ibid.

for both female and male juvenile inmates. It was further revealed that things were not any better when all 3 nurses were on duty, given that they would always work overtime so that they could attend to all sick inmates.[133]

During interviews, one informant raised concerns about the high caseload faced by the social worker as she was the only one based at the Centre, adding that senior officials from the DCS had under-estimated her work pressures by merely considering the low number of female inmates compared to the males. The informant added that the ratio of 1 social worker per 189 inmates was too much, especially given that the social worker also had to handle matters relating to family interventions.[134] The CGE team was not able to test the veracity of these claims regarding the workload faced by the social worker.

The psychologist did not form part of the Centre staff complement as he was responsible for all 14 Centres in the in the management area. Informants claimed that there was no support from senior DCS officials given that several requests had been made for additional psychologists, but to no avail. The Centre thus relied on the services of external psychologists at the Boitumelo Hospital who were also said to be short staffed. Similarly, the doctor was also responsible for 14 Centres and was not always available to attend to the medical needs of inmates and children[135]. There was therefore an urgent need to increase the number of clinical psychologists and medical doctors in order to satisfactorily address the health needs of inmates.

According to informants, an NGO called Right to Care[136] had provided the Centre with HIV/AIDS counsellors. The organisation was also supplying the Centre with tools for HIV testing and other healthcare related equipment, such as x-ray machines. In fact, the majority of the Centre medical equipment was donated by the Right to Care organisation, which raised questions regarding the Centre's ability and prospects to continue operating if the donations were to stop. This is because the Centre was generally struggling with relevant resources to render efficient and effective health services to female inmates.[137]

### 4.3.5. Skills Training and Capacity Building for Officials

The study found that the Centre had not taken its security personnel (Warders) for training programmes that address the unique health needs and human rights of female inmates. The security staff of the Centre consisted mainly of women, and presumably this was done with the hope that female Warders would respond sensitively to the needs and rights of other women[138]. This was not the case however, as the study found that female Warders were sometimes harsh and insensitive towards female inmates. The inmates for example, revealed that Warders would sometimes dismiss their ailments as attention seeking tactics and would therefore refuse them an opportunity to record their requests to seek medical attention in

[133] Ibid
[134] Ibid
[135] Ibid
[136] Right to Care is an NGO that was established to support and provide prevention, care and treatment for HIV and associated diseases, namely: tuberculosis (TB), cervical cancer and sexually transmitted infections (STI).
[137] Interview held with a DCS official, Bizzah Makhate Female Centre, October 2017.
[138] The CGE could not find any DCS policy document that supports the sole placement of female warders at the female Centre.

the Complaints and Requests Register.[139] It was therefore clear that the Warders needed sensitisation on the human rights framework regarding the treatment of female inmates.

The team was informed that the nurses, social worker and clinical psychologist had, through their academic training in their respective professions, developed an awareness and understanding of human rights and specific health needs of women. It was however still clear that the DCS had not offered any training programmes to the officials in this regard. Continuous training and capacity building is important for ensuring that officials are up to date with current knowledge and practices. It also serves as a demonstration of the Department's commitment towards improved quality of health services for inmates. Nonetheless, the researchers learned that nurses received opportunities to attended training programmes related to their general work from time to time. In the 2017/18 financial year, nurses attended training on the Nurse Initiated Management of Anti-Retroviral Therapy (NIMART) and Multi-Drug-Resistant Tuberculosis (MDR-TB) respectively. The NIMART training was provided by the Right to Care Organisation, while training on MDR-TB was offered by the DCS. The social worker and psychologist were on the other hand not provided with any training opportunities in the 2017/18 financial year. The lack of training was attributed to the cost cutting measures that were being implemented by the Department. As a result, the social worker had joined forces with other DCS social workers in the province to organise training from their personal resources. The sole purpose of these training interventions however, was so that the social workers could attain their Continuing Professional Development (CPD) points in order to continue being registered with the South African Council for Social Service Professions (SACSSP)[140].

### 4.3.6. Monitoring and Evaluation System

In terms of monitoring and evaluation, senior officials from national and regional offices of the various units (psychology, social work and healthcare services) visited the Centre from time to time to monitor officials on a number of aspects of their work, namely: client/patient files, availability of resources, adherence to policy and whether or not officials are upholding the relevant ethics and values of their profession. Monitoring and evaluation tools[141] were used during these visits and some were shared with the CGE team of researchers. The CGE was, informed that senior officials from the national psychology unit were no longer conducting onsite inspections as the unit was under pressure to save funds. The unit national director was thus reliant on the reports compiled by the regional coordinator to track progress and to monitor the work of the Centre psychologist[142].

Additionally, the Research Team was informed that the area commissioner, area coordinator for development and care services, as well as the Independent Correctional Centre Visitors (ICCV) clerk also visited the Centre on a biweekly basis to deal with complaints of inmates; which included complaints on health-related matters. The regional Inspecting Judge also

[139] Focus group discussion held with female inmates, Bizzah Makhate Female Centre, October 2017.
[140] Interviews held with a DCS officials, Bizzah Makhate Female Centre, October 2017.
[141] The nurses' monitoring tools took women specific health services into cognizance, as nurses had monthly and annual targets for pap smears and mammograms. Statistics on these aspects and other health services retendered to female inmates were submitted to the regional office on a monthly basis.
[142] Ibid

conducted monthly Centre inspections, which touched on the health aspects of female inmates. While inmates were interviewed directly in some of these processes, they felt that their complaints were not adequately dealt with, as problems of lack of running hot water, insufficient provisions of toiletries, bad treatment from Warders and inadequate diets were persisting.[143] Officials also felt that DCS monitoring and evaluation processes were only done for compliance purposes, as they still lacked support from senior DCS officials to ensure that there's sufficient availability of resources for them to carry out their daily work.[144]

[143] Focus group discussion held with female inmates, Bizzah Makhate Female Centre, October 2017.
[144] Interviews held with a DCS officials, Bizzah Makhate Female Centre, October 2017.

# 5. Overview of Key Findings

The findings and discussions presented in this report identify that while there have been efforts made by the DCS to provide female inmates with health services at the three Centres assessed for this study, a number of challenges also persisted.

Overcrowding and poor ventilation of inmates' cells were identified as key challenges at both Johannesburg and Pollsmoor Female Centres. Overcrowding and poor ventilation are a serious health risk as they have been found to be significant drivers of the spread of TB in correctional facilities. Furthermore, overcrowding also meant that the Centres were in contravention of the Department of Health National Norms and Standards Relating to Environmental Health on correctional facilities, which state that the ratio of inmates per one toilet, handwashing basin and shower/bathtub should be twenty or less. Some of the ablution facilities of Pollsmoor Centre were also found to be in a state of disrepair due to overcrowding.

Focus group discussions with female inmates revealed that there were inconsistencies with the administration of admission health risk assessments, with some inmates being admitted into the centres without having gone through the assessments. In Johannesburg and Bizzah Makhate Centres specifically, inmates also raised concerns of lack of physical examinations during admission which they felt contributed to the spread of contagious diseases. The healthcare professionals were therefore, not adequately performing their role of ensuring the prevention of diseases in the Centres.

In terms of addressing the specific health needs of women, the study found that all three Centres referred pregnant inmates to external hospitals for ante-natal care, as well for labour and for the immunisation of children. In Bizzah Makhate however, it was revealed that the health needs of pregnant women were not adequately addressed, as there was an incident whereby a pregnant woman was not provided with the relevant ante-natal care services. Bizzah Makhate was also the only Centre amongst the three, where the welfare of children appeared to be neglected. Shortage of baby formula and clothing for children appeared to be a persistent challenge at the Centre. Nonetheless, the relevant health screenings for women, such as pap smears and mammograms were provided for female inmates at all three Centres.

The general provision of primary healthcare services was a challenge at all the Centres, as findings revealed that women were sometimes denied the necessary healthcare treatment to the point that untrained inmates would sometimes attempt to offer medical assistance to sick inmates. An example of this was cited at the Pollsmoor Centre. In the Johannesburg Centre on the other hand, the on-site doctor was alleged to treat inmates poorly, including refusing to touch them during consultations. It was also revealed that inmates would be merely provided with painkillers only suitable to treat mild to moderate pain for serious injuries. In Bizzah Makhate, the challenge of a rotating doctor was found to be a significant concern, in that the doctor would often not be available to attend to cases that needed his urgent

attention. Availability of specialised healthcare services also appeared to be a problem for inmates at all three Centres. It can therefore be concluded, based on the problems that emerged concerning the provision of healthcare services that the DCS had failed to prioritise the general healthcare of female inmates.

Furthermore, while mental health is considered one of the most significant challenges experienced by female inmates, psychological services were almost non-existent across the board. This was so despite the presence of clinical psychologists who were employed by the DCS to provide services at the Centres. In fact, in Johannesburg and Bizzah Makhate Centres, female inmates were unaware of the existence of clinical psychologists and claimed that they had no knowledge of such services. The rotation of one psychologist across 14 correctional Centres in Bizzah Makhate appeared to be the source of the challenge. Although inmates were generally satisfied with the quality of services rendered by the onsite psychologists at Pollsmoor, the inadequate number of psychologists (only one psychologist was employed by the Centre) however, resulted in long waiting periods before inmates could access services. There is, therefore, a need for the DCS to increase the capacity of psychologists in order to adequately address the psychological needs of female inmates.

The distribution of sanitary towels and other toiletries to female inmates was fragmented amongst the three Centres. For example, while Johannesburg and Bizzah Makhate Centres provided every female inmate of menstruating age with 10 sanitary towels per month, the situation was dreadful for women in Pollsmoor, whose rights to dignity and privacy were being violated. The women were subjected to an inhumane practice of removing their underwear to prove to Centre officials that they were indeed menstruating before they could be provided with sanitary towels. We found that the lack of clear policy guidelines on the supply and distribution of sanitary towels and other toiletries at the female Centres were enabling factors for horrendous acts such as this one.

Findings from all three Centres suggest that the nutritional requirements of women were not being adequately met. This was also true for pregnant women, lactating women, HIV positive inmates, and inmates with various health conditions. Inmates complained of food that was inadequately prepared and sometimes, lack of consideration for those with special dietary requirements. The Bosasa private company which was the main service provider for the supply of food to the Centres was blamed for the poor nutritional services. Legislation however, places the welfare of inmates under the responsibility of the DCS.

Furthermore, the DCS failed to provide its Centre officials with relevant training programmes on the human rights and specific health needs of women. Lack of adequate budgets were cited as a major contributor to the lack of training as the Department was in the process of implementing its cost containment strategies. Lack of budgets were also seen as a major stumbling block to the capacitation of health staff in order to achieve optimal results.

Finally, while the study found that the DCS had employed various forms of monitoring and evaluation, such as site visits by senior officials in the Department, written reports and site inspections by the Inspecting Judge and the ICCV, results in terms of good treatment of inmates, increased staff capacity, training opportunities for officials and provision of adequate resources were however not realised.

# 6. Conclusions & Recommendations

## 6.1. Conclusions

This study has enabled the Commission to assess the conditions and state of the amenities available at the three selected DCS Centres; the programmes and services offered for the health and wellness of female inmates; available resources; the programmes to develop relevant skills and build the capacity of relevant personnel to handle female inmates as well as existing system for monitoring and evaluating the efficacy of these services.

Within the limitations outlined at the beginning of this report, the study has nonetheless unearthed numerous instances of good practices in terms of the services offered by DCS Correctional Centres to take care of female inmates. It was evident that these programmes have indeed made a positive impact on the lives of women in in these Centres. Through some of the services, programmes, and practices in place it was clear that the DCS Centres had made commendable efforts in fostering an ethos of professionalism and care towards the inmates.

However, in other instances the study uncovered areas of concern and challenges that need the attention and, and where possible, intervention of relevant policy makers. Below are the conclusions drawn from the discussion and analysis of the findings presented in this report.

- The discussion and analysis of the findings in this report led to the conclusion that the Department of Correctional Services has not expended adequate efforts and invested inadequate resources in the training and development of the skills of key officials and personnel hired to delivery services and programme in the care of female inmates, particularly on gender issues.
- In particular, the Team concluded that there were no clear plans and regular programmes in place to provide capacity (i.e. skills and knowledge) development of serving DCS mental health professionals to handle the psychological needs of female inmates at the selected DCS facilities.
- The issue of overcrowding at DCS Centres (as was the case for the Johannesburg and Pollsmoor Centres) remains a challenge and therefore constitutes a material impediment in the optimal provision of health care services.
- Finally, the Team concluded that the decision to implement cost containment measures in some of the DCS Centres, particularly the Bizza Makhate Centre in the Free State, has had various impacts on quality and adequacy of services and programmes rendered to inmates. In particular, the cost containment measures have affected the provision of toiletries, including sanitary towels, which could affect the reproductive health and wellness of female inmates negatively.

## 6.2. Recommendations

The following recommendations were drafted based on the conclusions drawn in the subsection above. It is hoped that these recommendations would assist in developing appropriate responses and interventions to address the challenges identified and therefore improve the health and wellness of female inmates at DCS Centres.

- To address the issue of inadequate training and capacity building, the we recommend that the carry out a skills audit of key personnel working directly with inmates at its Centres, and develop a clear long-term skills development and capacity building strategy to address the skills and capacity shortages. The Commission recommends the DCS to consider approaching the Safety and Security Sector Education and Training Authority (SASSETA) for funding support in terms of a dedicated training module for DCS officials on subjects such as gender equality and human rights.
- We also recommend that the long-term skills development and capacity building strategy be supported by the development of annual skills development and capacity building plans, with clear allocations of sufficient financial resources, to sustain the annual skills development and capacity building plans. The skills development and capacity building programme should include gender awareness training and, in particular, the skills and knowledge to handle the specific needs of women inmates.
- Related to developing the capacity of DCS facilities to deal with the needs of female inmates, we recommend that the DCS carries out a thorough needs analysis of its Centres, especially the female DCS Centres, to determine the optimal number of nurses, psychologists and social workers necessary to ensure that these Centres have the capacity to handle the needs of all inmates, including women inmates, especially in relation to the mental healthcare needs of women inmates.
- Given the limited funding and other resources at the disposal of DCS facilities, we recommend that the DCS development a clear programme of collaboration with relevant non-governmental organisations in the sector to utilise their expertise, capacity and resources, to augment the limited resources and capacity of the specialist personnel currently charged with rendering health and wellness programmes and services to its facilities, especially those catering for the needs of female inmates.
- Owing to the realisation that prison cell overcrowding contributes to the burden on prison resources and exacerbates the transfer of communicable diseases, greater efforts to reduce overcrowding such as diversion of women and juvenile offenders from the criminal justice system in appropriate cases are recommended.
- Finally, CGE recommends that the DCS formulate a policy to regulate the supply and distribution of toiletries including sanitary towels. This policy should contain clear and suitable guidelines on the quality and quantity of sanitary towels to be provided to inmates within an appropriate period of time.

**GAUTENG**
Johannesburg **(Head Office)**
2 Kotze Street,
Womens Jail, East Wing,
Constitutional Hill,
Braamfontein
2017
Tel: +27 11 403 7182
Fax: +27 11 403 7188

Pretoria
267 Lillian Ngoyi Street,
Preator Forum
Pretoria 0002
T +27 12 341 6090
F +27 12 341 4689

**EASTERN CAPE**
East London
3-33 Phillip Frame Road
Waverly Park Chilselhurst
East London, 5200
T +27 43 722 3489
F +27 43 722 3474

**FREE STATE**
Bloemfontein
49 Charlotte Maxeke Street,
2nd Floor Fedsure Building,
Bloemfontein 9300
T +27 51 430 9348
F +27 51 430 7372

**KWAZULU-NATAL**
Durban
40 Dr. A.B Xuma Road
Suite 1219, Commercial
City, Durban 4001
T +27 31 305 2105
F +27 31 307 7435

**LIMPOPO**
Polokwane
Cnr. Grobler & Schoeman Streets
1st Floor, 106 Library Gardens Squire
Polokwane 0700
T +27 15 291 3070
F +27 15 291 5797

**MPUMALANGA**
Nelspruit
32 Belle Street, Office 212-230
Nelspruit 1200
T +27 13 755 2428
F +27 13 755 2991

**NORTHERN CAPE**
Kimberley
143 Du Toitspan Road
NPO Building, Kimberley 8301
T +27 53 832 0477
F +27 53 832 1278

**NORTH WEST**
Mafikeng
38 Molopo Road,
Mafikeng 2745
T +27 18 381 1505
F +27 18 381 1377

**WESTERN CAPE**
Cape Town
132 Adderly Street,
5th Floor ABSA Building,
Cape Town 8001
T +27 21 426 4080
F +27 21 424 0549

**Toll Free: 0800 007 709**

**cgeinfo@cge.org.za • www.cge.org.za**