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UNAMA

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Assessment of Afghanistan Prison Health Services

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I. Executive Summary

There are approximately 25,300 persons currently held in provincial prisons located throughout Afghanistan.[1] These prisoners—as in other parts of the world—generally come from the least healthy sections of the population; conditions of imprisonment can deteriorate their health even further.[2]

Because prisoners have no alternative but to rely on national authorities to protect and promote their health,[3] international law imposes on national authorities a duty of care to prisoners.[4] This duty of care requires national authorities to provide prisoners with access to health-care services equivalent to the services provided in society generally.[5] Article 12 of the International Covenant on Economic, Social and Cultural Rights clarifies that this duty includes not just access to care but the establishment of conditions of detention that promote prisoner well-being. It provides:

> When a state deprives people of their liberty, it takes on a responsibility to look after their health in terms both of the conditions under which it detains them and of the individual treatment that may be necessary. Prison administrations have a responsibility not simply to ensure effective access for prisoners to medical care but also to establish conditions that promote the well-being of both prisoners and prison staff. . . . This applies to all aspects of prison life, but especially to health care.[6]

The Human Rights Committee, which is charged with monitoring implementation of the International Covenant on Civil and Political Rights, has further specified that "[i]t is up to the State party by organizing its detention facilities to know about the state of health of the detainees as far as can be reasonably expected. Lack of financial means cannot reduce this responsibility."[7]

Afghanistan's domestic laws incorporate these prevailing international standards relating to prisoner health and well-being. In the past several years, Afghanistan

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[1] Annex A, Table of Provincial Prison Populations as of August 2015.

[2] *See* Guidance Notes on Prison Reform, Guidance Note 10; UNODC and WHO, *Good Governance for Prison Health in the 21st Century*, pp. 1-2 (2013).

[3] UNODC and WHO, Good Governance for Prison Health in the 21st Century, p. 5.

[4] Guidance Notes on Prison Reform, Guidance Note 10.

[5] Guidance Notes on Prison Reform, Guidance Note 10.

[6] International Covenant on Economic, Social and Cultural Rights, Art. 12.

[7] Human Rights Committee, Communication No. 763/1997.

with support from key international donors has taken steps to fulfill its duty of care.[8] Most recently, in October 2015, the Ministry of Interior (MOI), which administers Afghanistan's prison service, and the Ministry of Public Health (MOPH), which administers Afghanistan's National Health Service, signed a Memorandum of Understanding (MOU) clarifying their respective responsibilities in ensuring that Afghanistan fulfills its duty of care to prisoners.

This report assesses the progress Afghanistan has made in meeting this challenge, and provides practical recommendations to assist national authorities and international donors in prioritizing the work that remains. The assessment and recommendations contained in this report are based on a comprehensive survey of nearly all provincial prisons administered by Afghanistan's MOI.[9] Field officers assigned to UNAMA Rule of Law conducted this survey in August 2015. The data generated provides a baseline for evaluating existing prison health services in relation to the recently revised United Nations Standard Minimum Rules for the Treatment of Prisoners ("the Mandela Rules"), adopted by the General Assembly on 17 December 2015.[10]

The report's overall conclusion is that progress has indeed been made in several key areas but substantial work remains to be done. Pursuant to the MOU, prisoners in nearly all Afghan provincial prisons have access to basic health services either through MOI prison clinics or referrals to MOPH civil hospitals. Medical services, excepting certain specialized treatments such as psychiatric care or particular prescribed medicines, are provided to all prisoners free of charge. All prisoners receive an initial medical screening by a qualified medical practitioner, and the results of that screening are placed in an individual patient file. Most prisoners also have access to adequate medical supplies and equipment either through in-house clinics or referrals to outside civil hospitals. Transportation to outside civil hospitals is provided in nearly all cases by prison ambulances or ordinary prison vehicles with attendant security arrangements.

[8] Donor support for prison health services has been largely coordinated through the Systems Enhancing for Health Actions in Transition funding pool, which provided Afghanistan with a grant of $100 million for implementation of its public health strategy, including prison health services.
[9] The prevailing security situation enabled UNAMA Rule of Law field offices to assess 31 of the 34 provincial prisons in Afghanistan.
[10] General Assembly, A/Res/70/175, 17 December 2015.

The scope and frequency of medical services, however, varies from prison to prison. The doctor-patient ratio in prisons with larger inmate populations is deeply concerning. Not all prisoners receive regular medical check-ups or have access to psychiatric and drug rehabilitation services. Additionally, dental services are not available in all prisons and, when available, are offered only on a weekly or bi-weekly basis. Although there have been relatively few deaths reported in most provincial prisons, 15 provincial prisons have experienced outbreaks of diseases, including scabies and tuberculosis, that raise concerns relating to the adequacy of existing screening and inspection regimes, as well as overcrowding conditions.

Particularly troubling is the lack of a sufficient number of female medical providers in prisons with female inmates. Cultural norms require that only female medical providers treat female prisoners. Yet, the data suggests that the 26 provincial prisons with female populations do not have an adequate number of female medical providers to effectively and regularly provide health care services to the more than 700 female inmates.[11] While all of the provincial prisons surveyed have arrangements for intake screening of female prisoners and providing child-delivery services through referral to civil hospitals, only three prisons provide prenatal or postnatal services to female prisoners. None of the other 23 provincial prisons with female inmates provide similar services. Equally alarming is the relatively high number of minor children (over 330) accompanying their mothers in prisons, putting additional demand on an already strained prison-health system.

In addition, a policy gap was observed in relation to operational systems to document and report suspected incidents of torture or other cruel, inhuman or degrading treatment or punishment. UNAMA has engaged MOI to fill this gap by adopting standard operating procedures to help ensure that prisoners benefit from these additional procedural safeguards.

National authorities must address these shortcomings to discharge their duty of care to prisoners. To do this, Afghanistan will require greater coordination among the MOI and MOPH to provide prisoners with regular access to health-care services. Particular attention should be paid to the following areas:

[11] *See* Annex A.

Recommendation 1:

Increase the number of qualified medical providers by forging closer partnerships with MOPH and non-governmental medical providers in relation the delivery of prisons health services, including by expanding the use of para-professionals such as trained medical assistants for routine care and treatment. Additionally, health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis, and other infectious diseases, as well as for drug dependence. Each prison should have a number of qualified medical professional proportional to the number of inmates in the prison.

Recommendation 2:

Expand the network for the provision of psychiatric and psychological services, as well as dental services, to ensure that all prisoners—not just some—have regular access to these services. All prison health clinics should consist of an interdisciplinary team with sufficient qualifications and acting in full clinical independence. The team also should have sufficient expertise in psychology and psychiatry so they are able to act as first responders. Qualified dental providers should provide regularly scheduled visits to all prisons, not just some prisons.

Recommendation 3:

Address the critical shortcomings in the delivery of medical services, including prenatal and postnatal care, to female prisoners by increasing the number of available female medical providers. In particular, children accompanying their mothers in prisons should have child-specific health-care services, including health screenings upon admission and on-going monitoring of their development by specialists.

Female prisoners also should receive medical screenings and care that reflects a gender-specific approach, which takes into account the particular needs of female versus male prisoners. Female prisoners, for instance, are three times more likely to have experienced sexual violence and abuse prior to their admission than male prisoners.[12] Treatment programs should take this reality into consideration by

[12] *See* WHO, *Prison and Health* (2014), p.159.

arranging counselling sessions and psychological support for female prisoners who are victims of sexual violence and abuse.

Recommendation 4:

Resolve longstanding concerns over prison overcrowding to help reduce future outbreaks of diseases such as scabies and tuberculosis that have afflicted many of Afghanistan's provincial prisons over the past five years. To ease overcrowding, existing prison facilities should be refurbished or expanded to provide increased space and ventilation for prisoners. Alternatively, if no decrease in the prison population is anticipated, consideration should be given to constructing new facilities. Existing procedures for medical intake screening should be strengthened so prisoners showing signs of contagious disease like tuberculosis are segregated from the general prison population. Consideration also should be given to conducting tuberculosis vaccination campaigns, particularly in prisons with a history of outbreaks. In addition, prison health inspections should include routine evaluations of the cleanliness of prisoner clothing and bedding to help deter further scabies outbreaks.

Recommendation 5:

Adopt standard operating procedures requiring prison medical staff to document and report suspected instances of torture or other cruel, inhuman or degrading treatment to competent medical, administrative, or judicial authorities. These additional procedural safeguards are necessary to detect and deter possible violations of prisoner's fundamental human rights and ensure their overall well-being.

Recommendation 6:

Identify and replicate best practices developed at some provincial prisons, such as prisoner health education and drug rehabilitation programs, to enhance health services throughout Afghanistan's prison system. Prison administrators should develop a forum where they can share innovations that have been successful in improving or streamlining the delivery of health care services, including innovative counseling, educational, and vocational programs aimed at improving overall prisoner wellbeing. Whenever feasible, these innovative programs should be replicated at other prisons so the system as a whole benefits.

All of these recommendations will require continued engagement with international donors. UNAMA Rule of Law is well placed to continue assisting national authorities and international donors in coordinating strategies for the delivery of adequate prison

health services. By convening key stakeholders, it also can assist national authorities and donors in developing consistent policies and procedures aimed at more effectively discharging Afghanistan's duty of care to protect and promote prisoner health and well-being.

II. Introduction and Methodology

A. Structure of Afghanistan's prison system

The Central Prison Directorate (CPD) within the MOI has overall responsibility for the administration of Afghanistan's adult prison system.[13] CPD operates facilities at three levels: district, provincial, and central. Each district has a place of detention for short-term lock-ups during processing or transfer; these facilities are not intended to be used for long-term incarceration. Long-term incarceration usually takes place at a provincial prison located in the capital city of each of Afghanistan's 34 provinces. The central prison of Kabul in Pol-i-Charkhi serves as both a provincial prison, as well as a district detention center for Kabul and for referrals from other districts for certain categories of detainees.

A separate detention system administered by the Ministry of Defense (MOD) is used for persons detained or arrested in relation to terrorism crimes or crimes against national or external security. The principal MOD detention facility is Bagram. MOI likewise administers a specialized prison located in Kabul for persons detained or convicted in relation to counter narcotics and other drug crimes.

B. Legal framework for Afghanistan's prison health services

Afghanistan has incorporated into its domestic law the right of prisoners to access free health-care services. The right is reflected in Article 52 of the Constitution, which requires Afghanistan to provide free "preventative healthcare and treatment of diseases to all citizens," including prisoners. Article 27 of the Law on Prisons and Detention Centers specifies that, "[i]n collaboration with the Ministry of Health, the authorities of the detention centers and prisons are responsible to provide detainees and prisoners with free health services." To this end, each prison administered by the MOI is required to establish "regularly functioning health facilities" in

[13] The Ministry of Justice bears responsibility for the administration of juvenile rehabilitation centers (JRCs). This report does not evaluate the medical services available in JRCs, but a forthcoming report from UNAMA Rule of Law will address JRC services as well as overall compliance with minimum standards of treatment for juveniles in detention.

cooperation with the MOPH.[14] If treatment is not possible in the prison itself, the doctor-in-charge may recommend that the head of the prison transfer the prisoner to a hospital outside the prison for treatment.[15] In addition, MOI prison officials, in coordination with MOPH, are required to provide prisoners with regular monthly check ups to ensure proper treatment.[16]

On 20 October 2015, Afghanistan's MOPH and MOI signed an MOU relating to the delivery of health services in prisons and detention centers countrywide. The MOU, a copy of which is contained in Annex B, delineates the responsibilities of both ministries in ensuring that prisoners have adequate access to free medical services and regular checkups by qualified medical professionals. Within the division of responsibilities, MOPH, not MOI, is ultimately responsible for ensuring that prisoners have regular access to medical services.[17]

These provisions of Afghanistan's laws are consistent with recognized international standards as reflected in the recently adopted Mandela Rules.[18] In relevant part, the Mandela Rules recognize that the "provision of health care for prisoners is a State responsibility."[19] Prisoners should have free access to necessary health-care services through arrangements organized in close collaboration with the relevant public health administration.[20] To safeguard these general rights, the Mandela Rules establish several minimum standards to guide States in delivering adequate prison health services.[21] These minimum standards include (but are not limited to) the following:

- A physician or other qualified health-care professional shall see, talk with, and examine every prisoner as soon as possible following admission and thereafter as necessary.[22]
- An accurate, up-to-date, and confidential medical file shall be maintained for each prisoner.[23]

[14] Prison Rules and Regulations, Art. 17(1).
[15] Law on Prisons and Detention Centers, Art. 27(2).
[16] Prison Rules and Regulations, Art. 17(2).
[17] Annex B, MOU, paras. 1-4.
[18] General Assembly, A/Res/70/175, 17 December 2015 (adopting the Mandela Rules).
[19] Mandela Rules, Rule 24(1).
[20] Mandela Rules, Rule 24(1)-(2).
[21] Mandela Rules, Preliminary Observations 1 and 2.
[22] Mandela Rules, Rule 30.
[23] Mandela Rules, Rule 26 (1).

- Health-care services shall consist of an interdisciplinary team with sufficient qualified personnel acting in full clinical independence and shall encompass sufficient expertise in psychology and psychiatry. The services of a qualified dentist also shall be available to every prisoner.[24]
- All prisons shall ensure prompt access to medical attention in urgent cases. Prisoners who require specialized treatment or surgery shall be transferred to a specialized institution or civil hospital. [25]
- In women prisons, special accommodation should be provided for all necessary prenatal and postnatal care and treatment. Arrangements shall be made whenever practicable for children to be born in a hospital outside the prison.[26]
- Medical staff must document and report suspected cases of torture or other cruel, inhuman or degrading treatment or punishment to the competent medical, administrative, or judicial authorities.[27]
- Health-care services shall regularly inspect and advise the prison director on matters relating to prisoner wellbeing and conditions of detention, including the (a) quantity, quality, and preparation of food; (b) hygiene and cleanliness of the prison and prisoners; (c) sanitation, temperature, lighting, and ventilation of the prison; and (d) suitability and cleanliness of the prisoners' clothing and bedding.[28]

C. Methodology and scope of report

To assess whether the rights contained in Afghanistan's laws comply in practice with the Mandela Rules' minimum standards, UNAMA Rule of Law developed a detailed questionnaire to survey prison administrators, prisoners, and other relevant stakeholders, including civil society organizations, donors, and country team members. The questionnaire, a copy of which is contained in Annex C, collected relevant base-line data on the availability and scope of existing prison health services and prisoner well-being. In addition, the survey sought to quantify the range of diseases and causes of deaths experienced in Afghanistan's provincial prisons over the past five years.

UNAMA Rule of Law conducted the survey between 5 and 31 August 2015 in 31 out of 34 provincial prisons located throughout Afghanistan. Security concerns in the

[24] Mandela Rules, Rule 25(2).
[25] Mandela Rules, Rule 27(1).
[26] Mandela Rules, Rule 28.
[27] Mandela Rules, Rule 34.
[28] Mandela Rules, Rule 35.

three remaining provincial prisons (Nuristan in the Eastern Region, and Bamyan and Daykundi in the Central Highlands Region) precluded the collection of data.[29] Nevertheless, the data collected from the remaining 31 provincial prisons accounts for more than 99% of the existing inmate population and, thus, provides a sufficient baseline to assess the strengths and weaknesses of Afghanistan's entire provincial prison health services. It also provides a normative basis upon which UNAMA Rule of Law may continue to convene and coordinate donor support for Afghanistan's ongoing efforts to ensure practical implementation of its duty to provide all prisoners with free access to health services.

III. Assessment of Existing Prison Health Services

As shown in the preceding sections, Afghanistan's laws together with the MOU recently signed by the MOI and MOPH provide the necessary legal and administrative framework for the delivery of free health-care services to prisoners. The focus of this report is assessing whether that framework has been effectively implemented in practice. Based on data generated from the UNAMA Rule of Law survey, the overall assessment is mixed. Gains have been made in implementation of some of the Mandela Rules' minimum standards but substantial work remains to be done to fully implement all of the minimum standards. Each core minimum standard is assessed in turn.

A. Initial health screening and medical files

The Mandela Rules require that a physician or other qualified health-care professional see, talk with, and examine every prisoner as soon as possible following admission, and further require that an up-to-date medical file be maintained for each prisoner.[30] UNAMA's Rule of Law survey confirms that all prisoners are subject to medical screening upon admission. A copy of the health screening form, which is included as Annex D, collects information relevant to determining each prisoner's medical history, including history of heart disease, diabetes, hypertension, drug allergy, or mental illness. It also collects information relevant to each prisoner's current health concerns, such as, coughing, itching, diarrhea, or other symptoms of disease. Female prisoners are asked whether they might be pregnant. Lastly, the

[29] District detention facilities were not included in the survey and, thus, are not within the scope of this report. The survey also did not include the Kabul counter narcotics prison and detention center, or the Bagram MOD facility.

[30] Mandela Rules, Rules 26(1) and 30.

form requires the examiner to assess the prisoner's general physical appearance and record vital signs, including weight, blood pressure, and temperature.

All of this information is entered into an individual medical file, along with other information relevant to any diagnosis and course of treatment. This medical file is available to the patient and health care providers for future use in the event of illness and is updated whenever additional medical services are provided. Prisoner medical files are treated confidentially and are not disclosed to third parties.

The initial medical screening process has assisted prison officials in identifying prisoners who are sick and in need of treatment. More importantly, it has assisted prisoners to be separated from the general population until their course of treatment is completed. Quarantine procedures were implemented, for instance, in 15 provincial prisons (Pol-i-Charkhi, Kabul Female, Kandahar, Uruzgan, Nimroz, Helmand, Herat, Kapisa, Farah, Kunduz, Badakhshan, Baghlan, Laghman, Khost, and Wardak) in the five past years to respond to suspected contagious diseases. Other provincial prisons, however, lacked adequate space or facilities to implement effective quarantine measures and, instead, referred suspected cases to civil hospitals for care and treatment. Referrals of this sort present a risk of contagious diseases spreading from the prison population to the public at large. It is far preferable for all quarantine procedures to be implemented within the prison environment whenever feasible. Moreover, as noted below, existing screening mechanisms have not been completely effective in preventing outbreaks of disease at more than a third of the provincial prisons surveyed.

While Afghanistan appears to comply with the minimum standards relating to prisoner intake and medical files, it generally has not complied with its own domestic law that requires the MOI in cooperation with the MOPH to conduct routine medical examinations of prisoners every month.[31] In practice, only ten prisons surveyed provided prisoners with access to routine medical check-ups every month. Two prisons in the Central Region (Logar and Kapisa), all four prisons in the Northeastern Region (Badakhshan, Baghlan, Kunduz, and Takhar), one prison in the Southern Region (Nimroz), and three prisons in the Western Region (Badghis, Farah and Ghor) conduct mandatory monthly check-ups. Two prisons in the Southern Region (Uruzgan and Zabul) conduct routine medical check-ups but only once every three months.

[31] Prison Rules and Regulations, Art. 17(2).

Eight provincial prisons surveyed reported that routine medical check-ups are not provided except in response to suspected outbreaks of disease. This was the case, for instance, in three Central Region prisons (Pol-i-Charkhi, Kabul Female, and Wardak), two Southern Region prisons (Kandahar and Helmand), and three prisons located in the Eastern (Laghman), Southeastern (Khost), and Western (Herat) Regions, which provided medical check-ups in response to suspected outbreaks of scabies and other diseases. The remaining 11 provincial prisons surveyed did not provide routine medical check-ups; instead, services were provided only in response to a specific request for medical attention.

The Eastern Region implemented an innovative monthly health awareness program in three of the provincial prisons (Nangarhar, Kunar, and Laghman) surveyed. This program is intended to better educate prisoners about health issues and, thereby, help reduce the risk of spreading diseases among the prison population. Qualified health-care providers run the education programs, using a variety of easily-understood pictures and animations to convey their message about the types of behaviors that should be followed to stay healthy and prevent the spread of disease. The programs also emphasize the dangers of drug abuse and addiction. Health awareness programs like these merit consideration by other prison officials, particularly in areas where outbreaks of diseases have occurred.

Apart from initial intake medical screenings and periodic medical checkups available in some provincial prisons, all remaining prison health services in Afghanistan are made available only in response to a specific report of illness. These reports are most commonly communicated by prisoners to prison guards who convey them to medical staff for appropriate follow up either at an in-house prison clinic or referral to a MOPH civil hospital. In the following sections, this report will assess the composition of existing medical staff and the scope of services presently available to prisoners.

B. Composition of medical staff and scope of services

The Mandela Rules require that prison health services shall be provided by an interdisciplinary team with sufficient qualified personnel acting in full clinical independence.[32] Additionally, medical staff shall have "sufficient expertise" in psychology and psychiatry.[33] The services of a qualified dentist also shall be available to every prisoner.[34] The current state of Afghanistan's prison health services in terms

[32] Mandela Rules, Rule 25(2).
[33] Mandela Rules, Rule 25(2).
[34] Mandela Rules, Rule 25(2).

of available facilities and equipment, composition of medical staff, and access to psychiatric and dental services is discussed in this section.

1. Available medical facilities and equipment

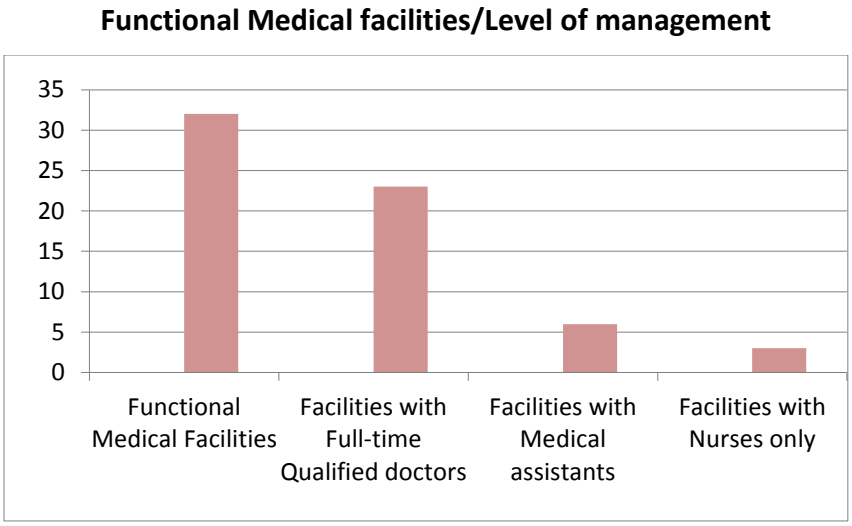
The majority of provincial prisons surveyed (23 out of 31) provide prisoners with an on-site clinic that is open 24 hours, 7 days per week.[35] On-site medical services at the eight remaining provincial prisons are available during daytime hours (six prisons) or for only four hours per day in the two prisons located in the Southeastern Region. All prison clinics have at least one treatment room available for prisoners, and all but nine provincial prisons (mostly those located in the Southeastern and Southern Regions) have at least one bed set aside for patients.

The majority of prisons surveyed (21 out of 31) reported that their clinics had a sufficient quantity of available medicine and equipment with which to treat prisoners.[36] Only ten provincial prisons, including all of the provincial prisons located in the Western Region, reported a shortage of available medicines.

2. Composition of medical staff

Nearly all of the provincial prisons surveyed are staffed by at least one medical doctor who, in most cases, is assisted by other qualified personnel, including nurses.[37] The one exception is Ghor where prison medical services are provided by two nurses. Most of the prisons surveyed also have additional medical staff available, including medical assistants, health educators, a pharmacist, and laboratory technicians. The four prisons in the Northern Region also provide midwife services for female prisoners.

[35] Annex E, Table of Available Medical Assistance and Equipment.
[36] Annex E, Table of Available Medical Assistance and Equipment.
[37] Annex F, Table of Available Medical Staff.



Despite the availability of some level of medical care in all provincial prisons, the ratio of inmates to medical providers is disproportionate in those prisons with large inmate populations. Pol-i-Charkhi, for instance, has an inmate population of nearly 8,200; Herat has over 2,600 inmates; and Kandahar and Nangarhar prisons respectively have well over 1,800 and 1,600 inmates. Yet, these prisons have only a handful of medical personnel on staff.[38] In Herat, for instance, the approximately 2,600 inmates have access to only 20 medical personnel (5 doctors and 15 nurses) or a ratio of 130 patients for each medical provider. In Kandahar, the situation is even worse with nearly 1,800 prisoners being treated by only 5 medical providers (1 doctor and 4 nurses), resulting in a doctor-patient ratio of 1 to 360.

While there is no fixed minimum number of medical providers that must be available to prisoners, the Mandela Rules recommend that prisoners should "enjoy the same standards of health care that are available in the community."[39] Data compiled by the World Bank suggests that the ratio of medical providers to prisoners is higher than that of the general Afghan population.[40] According to the most recent data from 2013, the World Bank reported that the ratio of physicians (defined as generalists and specialist medical practitioners) in Afghanistan was only .3 physicians per 1,000 people.[41] This data, however, does not include other medical providers such as nurses

[38] Compare Annex A to Annex F.
[39] Mandela Rules, Rule 24.
[40] The World Bank, *World Development Indicators*, available at http://data.worldbank.org/indicator/SH.MED.PHYS.ZS.
[41] The World Bank, *World Development Indicators*, available at http://data.worldbank.org/indicator/SH.MED.PHYS.ZS.

or para-professionals who are available to provide services to the population as a whole. Nor does it account for the often unique and serious medical needs of persons in detention, who, as noted at the outset, are dependent on prison officials for their medical needs. Given these distinctions, the high ratio of prisoners to medical providers remains an area of substantial concern despite systemic shortages in the availability of medical services in the community as a whole.

The Mandela Rules also require prison medical teams to act with "full clinical independence."[42] Objective data establishing the independence of medical teams is difficult to obtain without a comprehensive review of individual treatment records—a review that is beyond the scope of this report. Nevertheless, one positive indicator of medical independence is the MOU, which, consistent with Afghan law, places primary responsibility for the medical care and treatment in the MOPH, not the MOI. By putting treatment decisions in the hands of medical professionals, as opposed to prison officials, greater clinical independence may be achieved. This is the approach recommended by the Mandela Rules, which states that prison health services should be organized in close relationship with public health administrators.[43]

3. Available psychological and psychiatric services

Another area of concern is the wide variance in the availability of psychological and psychiatric services for prisoners from region to region.[44] Studies of prisons establish that there is generally a high incidence of mental illness among prison populations.[45] UNAMA's Rule of Law survey revealed that, in the past five years, there were at least three suicides in Afghanistan's provincial prisons. Yet, only seven provincial prisons (Farah, Helmand, Kabul Female, Kandahar, Nangarhar, Nimroz, and Pol-i-Charkhi) reportedly provide psychological or psychiatric services to prisoners. The mental health program at Pol-i-Charkhi prison, which was implemented with support from the United States' International Narcotics and Law Enforcement, Corrections Support System Program (INL/CSSP), ensures that mental health assessments are performed on an ongoing basis as part of routine general health assessments.

[42] Mandela Rules, Rule 25(2).
[43] Mandela Rules, Rule 24(2).
[44] Annex G, Scope of Available Services.
[45] Guidance Notes on Prison Reform, Guidance Note 10; UNODC and WHO, *Good Governance for Prison Health in the 21st Century*, pp. 1-2 (2013).

Even in prisons with mental health services, services are not always provided by a licensed psychiatrist but, as in Nimroz prison, by a physician with training in psychology or psychiatry. In addition, access to psychiatric services is available only on a monthly basis in Helmand and Kandahar prisons. Twenty-one provincial prisons reportedly provide psychological and psychiatric services only through referral or consultations. The remaining three provincial prisons (Logar, Kunar, and Ghor) reported that no psychological or psychiatric services are available to prisoners.

Drug rehabilitation services are more widespread. Every provincial prison, except the four provincial prisons in the Northern Region and Ghor in the Western Region, reported that some level of drug rehabilitation services, including counseling, are available to prisoners. In all but one of these prisons, drug rehabilitation services are available directly through prison medical clinics. Nimroz prison is the only provincial prison to provide drug rehabilitation services through referrals to outside providers.

4. Available dental services

Similar variances exist in the availability of prison dental services.[46] Good dental health is a critical component of good physical health overall.[47] Indeed, dental diseases, including caries, often provide a gateway for more serious infections and illnesses.[48] Despite the importance of good dental health, seven provincial prisons, including all four provincial prisons in the Northern Region and three provincial prisons in the Western Region, reported that no dental services are available to prisoners. Twelve provincial prisons reported that referrals to outside providers are made for prison dental services. Prison-based dental services are available in the 12 remaining provincial prisons surveyed, although the frequency of dental services varies from weekly to bi-weekly depending on the prison.

If not addressed by national authorities, the absence of regular dental care in many provincial prisons may lead to an increased demand on emergency health services.[49] As shown in the next section, the Mandela Rules require prompt access to emergency health services.

[46] See Annex G.
[47] *See* Health in Prison: A WHO guide to essentials in prison health (2007), pp. 148-50.
[48] *See* Health in Prison: A WHO guide to essentials in prison health (2007), pp. 148-50.
[49] *See* Health in Prison: A WHO guide to essentials in prison health (2007), pp. 148-50.

C. Prompt access to medical care

The Mandela Rules require all prisons to ensure prompt access to medical attention in urgent cases and transfer to a specialized institution or civil hospital when appropriate treatment and care are not available on site.[50] All the prisons surveyed reported urgent care cases are referred without discrimination to MOPH civil hospitals for treatment. A case in point was observed during the UNAMA Rule of Law survey when a female prisoner at Kabul Female Prison was injured after falling on the stairs. An initial examination at the prison suggested a possible bone fracture so prison authorities arranged to transfer the inmate for further treatment at a local civil hospital.

When referrals are made, prison officials remain responsible for the safety and security of the general population and prisoners being transferred for treatment in civil hospitals. Nearly all of the prisons surveyed (29 of 31) confirmed that transfers to civil hospitals are done by means of a prison-supplied ambulance or other prison vehicle. In two prisons where there are no prison vehicles available, arrangements are made with the local Afghan National Police station or civil hospital to provide transport for the sick prisoners.

D. Special accommodation for female prisoners

The Mandela Rules require women's prisons to provide special accommodation for all necessary prenatal and postnatal care.[51] As already noted, the initial medical screening of female prisoners requires medical staff to determine if the prisoner believes she is pregnant.[52] This screening is meant to provide a gateway for access to necessary prenatal and postnatal care.

In reality, however, access to necessary prenatal and postnatal care in the surveyed provincial prisons is extremely limited. Only three provincial prisons surveyed (Kabul Female, Baghlan, and Kunduz) provided prenatal and postnatal services through a female midwife. This approach was consistent with national guidelines contained in the Prison Heath Services Strategy adopted in 2009, which specify that prenatal and postnatal care should be carried out by a midwife or female doctor.[53] Until recently, prenatal and postnatal services at Kabul Female Prison were provided through an arrangement with an international NGO. Effective January 2016,

[50] Mandela Rules, Rule 27.
[51] Mandela Rules, Rule 28.
[52] *See* Annex D.
[53] Afghanistan Prison Health Services Strategy (2009) (PHS Strategy), p. 6.

however, the NGO stopped providing these services and, as a result, prenatal and postnatal services at Kabul Female Prison are now provided by referrals to outside civil hospitals.

Whenever practicable, the Mandela Rules also require that prison officials arrange for children of female inmates to be born outside the prison environment.[54] The Prison Health Services Strategy likewise recommends that child deliveries take place in a hospital.[55] In all instances, the UNAMA Rule of Law survey confirmed that all female prisoners were referred to civil hospitals for delivery services.

Many female prisoners lack a support network to assist them in caring for minor children during their incarceration. As a result, many children accompany their mothers to prison. The UNAMA Rule of Law survey established that 336 children were accompanying the 727 female prisoners presently held in Afghanistan's provincial prisons. This high percentage (46%) of children accompanying their mothers in prison presents significant concerns for the children's wellbeing. Prison officials owe a similar duty of care to children accompanying mothers in prison as they do to the prisoners themselves. This duty requires prison officials to ensure that children accompanying their mothers in prisons are brought up in conditions as close as possible to that of a child outside prison.[56] Children accompanying their mothers in prison must receive child-specific health services, including health screenings upon admission and on-going monitoring of their development by specialists.[57] The presence of so many children accompanying their mothers in Afghan prisons, therefore, significantly increases the demand on an already overburdened prison-health system.

These concerns about the number of children accompanying their mothers in prison can best be addressed by increased reliance on alternative forms of punishment than incarceration for female prisoners. Whenever possible and appropriate, non-custodial alternatives should be implemented so children are not adversely impacted by their mother's crimes.[58] These non-custodial alternatives may take the form of

[54] Mandela Rules, Rule 28.
[55] PHS Strategy, p. 9.
[56] United Nations for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders ("Bangkok Rules"), Resolution adopted by the General Assembly on 21 December 2010, A/RES/65/229, Rule 51 (1-2).
[57] Bangkok Rules, Rule 51 (1-2).
[58] Bangkok Rules, Rule 64.

suspended or deferred sentencing in combination with court-supervised community service or probation.[59]

Cultural norms present another challenge to the delivery of health services to female prisoners. Female prisoners may only be examined or receive treatment from female practitioners.[60] Although female prisoners account for approximately 3% of the total provincial prison population,[61] the UNAMA Rule of Law survey established that not all prisons have an adequate number of female practitioners. Only two regions (Central and Western) had female medical professionals working full time in prison medical clinics located at Kabul Female and Herat prisons. In the Northern Region, in contrast, female medical professionals made only bi-weekly visits to female prisoners in the region's four provincial prisons. As a result, the 112 female prisoners in the Northern Region were able to access the prison medical clinics only twice a week during daytime hours; whereas, male prisoners were provided 24/7 access. There were no female practitioners at all to meet the needs of the 104 female prisoners detained in the following seven provincial prisons:

Region	Provincial Prison	Number of Female Prisoners
Eastern	Langham	4
	Nangarhar	18
Southeastern	Paktya	3
	Ghanzi	20
Southern	Helmand	21
	Kandahar	27
	Nimroz	11
Total female prisoners without access to female medical practitioners		104

In provincial prisons with no or an insufficient number of female practitioners, prison medical staff must arrange referrals to outside providers. This, in turn, means that female prisoners may not receive the same access to medical services as male prisoners.

[59] UN General Assembly, United Nations Standard Minimum Rules for Non-Custodial Measures (" Tokyo Rules"), Resolution adopted by the General Assembly on 2 April 1991, A/RES/45/110. Rule 8.2 lists further non-custodial measures which may be implemented.

[60] Male prisoners likewise may be treated only by male practitioners, but the shortage of male practitioners is not as acute as it is for female practitioners.

[61] *See* Annex A.

E. Documenting and reporting incidents of torture or inhuman treatment

If, in the course of examining a prisoner upon admission or providing routine care, medical staff observe signs of torture or other cruel, inhuman or degrading treatment or punishment, the Mandela Rules require that they document and report their suspicions to competent medical, administrative, or judicial authorities.[62] In conducting its survey, UNAMA Rule of Law observed a gap in existing MOI operating procedures relating to this important safeguard. MOI has undertaken to fill this gap, with the technical assistance of UNAMA Rule of Law and Human Rights, by adopting standard operating procedures requiring mandatory documentation and reporting of suspected incidents of torture or other inhuman treatment. This undertaking is consistent with Afghanistan's national action plan against torture.

F. Inspections of prison food, sanitation, and living conditions

To further ensure prisoners' well-being, the Mandela Rules require that a physician or other competent public health body regularly inspect prisons and report to the prison director on food, hygiene, sanitation, and other living conditions.[63] Prison directors should then take these reports into consideration in their administration of conditions of detention.[64] UNAMA Rule of Law confirmed that regular inspections are, in fact, conducted in all of the surveyed provincial prisons. In addition, inspectors report their findings to prison directors. Some of these reports, in fact, have resulted in improvements to sanitation and food preparation. For instance, the director of Kabul Female Prison reported that she has investigated reports of bad hygiene to remedy the problem. In addition, with support from donors, the prison constructed a new food preparation area to replace an older, smaller kitchen. At Pol-i-Charkhi prison, complaints about the quality of bread supplied by outside vendors spurred the development of a prison bakery, which has improved the overall quality of bread and provided new vocational training opportunities for prisoners.

One shortcoming observed in Afghanistan's existing inspection regime was that most inspections were conducted by a prison medical assistant and not a physician or MOPH official. In only two prisons—Nimroz and Uruzgan in the Southern Region—were inspections conducted by a physician. It is beyond the scope of this report to assess whether inspections conducted by prison medical assistants nevertheless provide an effective safeguard on matters of prison food, hygiene, sanitation, and

[62] Mandela Rules, Rule 34.
[63] Mandela Rules, Rule 25(1).
[64] Mandela Rules, Rule 25(2).

other living conditions. If, however, Afghanistan continues to rely on non-physicians or non-MOPH officials to conduct regular prison inspections, consideration should be given to ensuring that all inspectors receive proper training and that standard methodologies be used in conducting the inspections. Consideration also should be given to ensuring a follow-up mechanism on all reports submitted to prison directors.

One area of particular concern was the outbreak of disease in 15 of the 31 surveyed provincial prisons. The most common outbreak experienced over the past five years was scabies, which is a skin disease spread by close human contact.[65] Other common outbreaks reported over the past five years included tuberculosis and diarrhea. All of these diseases can be attributed to and exacerbated by prison overcrowding and other substandard conditions of detention such as poor ventilation or sanitation.[66]

Intake screening mechanisms are one effective way to prevent the introduction of these diseases in the prison population. Regular inspections of prison living conditions, including food preparation, water purity, ventilation, and cleanliness of clothing and bedding, also are effective means of preventing outbreaks of many diseases. The outbreaks of scabies, tuberculosis, and diarrhea that have occurred in many provincial prisons over the past five years demonstrate that existing screening and inspection mechanisms should be reviewed to ensure effectiveness.

One positive development is the construction of two separate tuberculosis treatment rooms at Nangarhar prison. This project, which was funded by International Committee of the Red Cross (ICRC), will help prevent future outbreaks of tuberculosis at this prison. It is a best practice that should be replicated at other prisons where similar outbreaks have occurred.

In addition, to reduce the risk of future outbreaks, national authorities must address the longstanding issue of prison overcrowding that has confronted Afghanistan over the past several years. Data compiled in 2011 revealed that the actual capacity of provincial prisons was more than double the recommended capacity (3.4 sm/person) under standards recommended by the ICRC.[67] The prison population has increased by over 1,700 persons since that study was conducted, resulting in even greater

[65] *See* Health in Prison: A WHO guide to essentials in prison health (2007), pp. 56-57.
[66] *See* Health in Prison: A WHO guide to essentials in prison health (2007), pp. 73.
[67] ICRC, *Prisons of Afghanistan: Assessment and Recommendations* (2011), p. 2.

overcrowding today. As already noted, overcrowding may exacerbate the spread of disease and adversely impact overall prisoner well-being.

Incidents of prisoner deaths are another indicator of overall prisoner well-being. Over the past five years, the provincial prisons surveyed reported relatively few deaths in relation to the overall prison population attributable to inadequate conditions of detention. There were 103 deaths reported in 31 provincial prisons over the past five years, and most of those deaths were attributable to heart attack, lung disease, kidney failure, liver cirrhosis, and other diseases common in the community at large. The one exception is Kandahar where 42 deaths resulted from diseases commonly associated with substandard conditions of detention such as diarrhea, scabies, and mental illness.

IV. Recommendations

This report has highlighted the key successes and shortcomings in Afghanistan's existing system of prison health services. Key successes include the establishment of a network for providing all prisoners with access to basic health services, including intake screening and maintenance of up-to-date medical files for each prisoner. Through its cooperative arrangements with the MOPH, Afghanistan also extends prisoners with access to necessary urgent care and other medical services. In addition, prison staff conduct regular inspections of food, sanitation, and living conditions to help ensure prisoner well-being and adequate conditions of detention. In these ways, Afghanistan has made tangible progress in fulfilling its duty of care to prisoners in a manner consistent with the Mandela Rules' minimum standards for the treatment of prisoners.

There are, however, several areas meriting immediate attention to address critical shortcomings in Afghanistan's care and treatment of prisoners. There is an inadequate number of qualified medical providers in relation to the total number of prisoners, resulting in a high ratio of prisoners to medical providers in many provincial prisons. Additionally, the scope of medical services presently available varies from region to region. In many regions, prisoners do not have regular access to psychological and psychiatric services. Many prisoners also lack regular access to dental services. To address these shortcomings, Afghanistan with support from its international partners should:

Recommendation 1:

Increase the number of qualified medical providers by forging closer partnerships with MOPH and non-governmental medical providers in relation the delivery of prisons health services, including by expanding the use of para-professionals such as trained medical assistants for routine care and treatment. Additionally, health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis, Viral Hepatitis B and other infectious diseases, as well as for drug dependence.

Where outbreaks of disease occur, prison medical staff should be supplemented with medical staff from the local community. Mapping exercises should be conducted in the areas surrounding each provincial prison to identify potential health partners who may be available to assist in the event of an outbreak or other medical emergency. Partnerships also should be explored to assist prison health services in delivering a full range of services and treatment to meet prisoners' needs, including through periodic visits to supplement the services provided by prison medical staff.

Recommendation 2:

Expand the network for the provision of psychiatric and psychological services, as well as dental services, to ensure that all prisoners—not just some—have regular access to these services. All prison health clinics should consist of an interdisciplinary team with sufficient qualifications and acting in full clinical independence. The team also should have sufficient expertise in psychology and psychiatry so they are able to act as first responders. Consideration should be given to expanding the mental health program INL/CSSP introduced at Pol-i-Charkhi prison. In addition, qualified dental providers should provide regularly scheduled visits to all prisons, not just some prisons.

Recommendation 3:

The shortcomings in relation to the medical needs of female prisoners are particularly acute. Several provincial prisons with female inmates have no female medical practitioners. In other provincial prisons, female inmates are provided with reduced access to medical services through reduced clinic hours. Furthermore, the provision of prenatal and postnatal care to female prisoners is almost uniformly provided through referrals to external providers, if at all. To address these shortcomings, Afghanistan with support from its international partners should:

Address the critical shortcomings in the delivery of medical services, including prenatal and postnatal care, to female prisoners by increasing the number of available female medical providers. In particular, children accompanying their mothers in prisons should have child-specific health-care services, including health screenings upon admission and on-going monitoring of their development by specialists. Consideration also should be given to alternative forms of detention for female inmates to help reduce the number of children accompanying mothers in prison.

Female prisoners also should receive medical screenings and care that reflects a gender-specific approach, which takes into account the particular needs of female versus male prisoners. Female prisoners, for instance, are more likely to have experienced sexual violence prior to their admission than many male prisoners. Treatment programs should take this reality into consideration by arranging counselling sessions and psychological support for female prisoners who are victims of gender based violence.

Recommendation 4:

Outbreaks of diseases such as scabies and tuberculosis in 15 provincial prisons over the past five years strongly suggest that existing screening and inspection mechanisms are not alone an adequate safeguard against the risk of future outbreaks. To address this risk and reduce prisoner deaths resulting from substandard conditions of detention, Afghanistan with support from its international partners should:

Resolve longstanding concerns over prison overcrowding to help reduce future outbreaks of disease such as scabies and tuberculosis that have afflicted many of Afghanistan's provincial prisons over the past five years. To ease overcrowding, existing prison facilities should be refurbished or expanded to provide increased space and ventilation for prisoners. Alternatively, if no decrease in the prison population is anticipated, consideration should be given to constructing new facilities such as the separate tuberculosis treatment rooms the ICRC funded at Nangarhar prison.

Existing procedures for medical intake screening should be strengthened so prisoners showing signs of contagious disease like tuberculosis are segregated from the general prison population. Consideration also should be given to the conducting of vaccination campaigns for tuberculosis, meningitis, and viral Hepatitis B,

particularly in prisons with a history of outbreaks or where a threat is detected, and especially to ensure 100 percent coverage of children for childhood vaccinations.

In addition, prison health inspections should include routine evaluations of the cleanliness of prisoner clothing and bedding to help deter further scabies outbreaks. If Afghanistan continues to rely on non-physicians or non-MOPH officials to conduct regular prison inspections, consideration should be given to ensuring that all inspectors receive proper training and that standard methodologies are used in conducting the inspections. Alternatively, the MOPH should arrange for an annual visit of public-health professionals to carry out this function and, at the same time, provide on-the-job training to prison health staff so that they may conduct their own regular monthly inspections.

Recommendation 5:

Adopt standard operating procedures requiring prison medical staff to document and report suspected instances of torture or other cruel, inhuman or degrading treatment to competent medical, administrative, or judicial authorities. These additional procedural safeguards are necessary to detect and deter possible violations of prisoners' fundamental human rights and ensure their overall well-being.

Recommendation 6:

As demonstrated by this report, several provincial prisons have experimented with new approaches to health services and prisoner well-being. These innovations have resulted, for instance, in the introduction of health education and drug rehabilitation programs for prisoners, as well as the construction of separate treatment rooms to prevent the spread of infectious diseases. Yet, there appears to be no existing mechanism for sharing these best practices and replicating them in other prisons. To address this situation, Afghanistan with support from its international partners should:

Identify and replicate best practices developed at some provincial prisons, such as prisoner health education and drug rehabilitation programs, to enhance health services throughout Afghanistan's prison system. Prison administrators should develop a forum where they can share innovations that have been successful in improving or streamlining the delivery of health care services, including innovative counseling, educational, and vocational programs aimed at improving overall prisoner wellbeing. Whenever feasible, these innovative programs should be replicated at other prisons so the system as a whole benefits.

V. Conclusion

The ongoing conflict and limited financial resources do not absolve Afghanistan from addressing these shortcomings in its existing system for prison health services. To discharge the duty of care established by its domestic laws and satisfy the minimum standards established by the Mandela Rules, Afghanistan must address each of these areas. Afghanistan with the support of international partners has laid a solid foundation for the construction of an adequate prison health service accessible to all prisoners; it now must build on that foundation to ensure that its duty of care to all prisoners is fulfilled. To assist Afghanistan and its partners in meeting this challenge, UNAMA Rule of Law will continue its efforts to convene international partners to support national authorities in their ongoing efforts to extend minimum standards of treatment to all prisoners, including access to necessary health-care services.

VI. Annexes

Annex A: Afghanistan Prison Population as of August 2015

Annex B: Signed MOU between MOPH and MOI

Annex C: Prison Medical Services Survey

Annex D: Initial Admission Health Screening Form

Annex E: Available Medical Assistance and Equipment

Annex F: Available Medical Staff

Annex G: Scope of Available Services

Annex A: Afghanistan Prison Population as of August 2015

Provincial Prison		Prison Population		
		Male	Female	Total
CENTRAL REGION				
1.	Kabul Female Prison	0	177	177
2.	Kapisa	285	11	296
3.	Logar	175	0	175
4.	Panjshir	102	0	102
5.	Parwan	507	16	523
6.	Pol-i-Charkhi	8154	0	8154
7.	Wardak	178	13	191
	Subtotal for region	9401	217	9618
CENTRAL HIGHLANDS REGION				
8.	Bamyan	123	6	129
9.	Daykundi	142	15	157
	Subtotal for region	265	21	286
EASTERN REGION				
10.	Kunar	233	0	233
11.	Laghman	299	4	303
12.	Nangarhar (Jalalabad)	1614	18	1632
13.	Nuristan	NA	NA	NA
	Subtotal for region	21	22	2168
NORTHEASTERN REGION				
14.	Badakhshan	299	12	311
15.	Baghlan	666	27	693
16.	Kunduz	580	37	617
17.	Takhar	546	42	588
	Subtotal for region	2091	118	2209
NORTHERN REGION				
18.	Balkh (Mazar)	907	45	952
19.	Faryab	494	18	512
20.	Jawzjan (consolidated with Sar-i-Pol prison)	603	32	635
21.	Samangan	276	17	293
	Subtotal for region	2280	112	2392
SOUTHEASTERN REGION				
22.	Ghazni	434	20	454
23.	Khost	466	6	472
24.	Paktika	140	0	140
25.	Paktya (Gardez)	374	3	377
	Subtotal for region	1414	29	1443

SOUTHERN REGION				
26.	Helmand	934	21	955
27.	Kandahar	1739	27	1766
28.	Nimroz	495	11	506
29.	Uruzgan	168	0	168
30.	Zabul	233	0	233
	Subtotal for region	3569	59	5628
WESTERN REGION				
31.	Bagdhis	172	9	181
32.	Farah	509	7	516
33.	Ghor	198	9	207
34.	Herat	2493	124	2617
	Subtotal for region	3372	149	3521
	TOTAL ALL REGIONS	24538	727	25265

Annex B: Signed MOU between MOPH and MOI

Joint Order

Ministries of Interior and Public Health

Signing date (according to Dr. Najibullah Asadi 20 October 2015)

Subject: Improvement of Provision of Health Services in the Prisons and Detention Centers Countrywide

Pursuant to Article 52 of the Afghan Constitution, Articles 19, 24 and 27 of the Law on Prisons and Detention Centers, and Article 17 of the Prisons Regulations, in order to resolve the problem of the General Directorate of Prisons and Detention Centers of MoI, on checkup and treatment of inmates and detainees which is their humanitarian right as well, it is hereby instructed the following points to all authorities of the provincial hospitals, Three Hundred Beds Hospital and Prisons:

1. All provincial health directorates of MoPH are responsible to accept and treat all inmates and detainees who require medical checkup and admission, in the relevant hospitals.
2. In the provinces, MoPH shall sent its mobile clinics to provincial prisons three times a week, to treat and provide health care, until the health services are handed over to MoI.
3. MoPH shall provide assist and cooperate for capacity building of the prisons' medical staff.
4. Provision of security of the inmates and detainees during the transportation, treatment and admission in the hospitals until the end of treatment, is the responsibility of MoI.
5. MoI is responsible to pay the financial cost of the treatment of those inmates whose specialized checkups required to be done in private hospitals when it cannot be done in MoPH hospitals.
6. Acceptance of inmates and detainees in provincial prisons will be done in the relevant MoPH provincial hospitals, and in the Police Academy Three Hundred Beds Hospital of MoI in Kabul. If the treatment is beyond the ability of the Police Academy Three Hundred Beds Hospital, it will be done in the other public or military hospitals located in Kabul. If cooperation of the specialist of MoPH is required, MoPH shall cooperate.
7. Ministries of Interior and Public Health jointly trying, in the shortest possible time, to pave the ground for establishment of a 30 – 50 beds fully equipped hospital, and

its organizational structure (tashkeel) , in Kabul, according to the needs of Pul-e-Charkhi Prison, in order to resolve the existing challenges.

8. MoPH is committed to sometimes send specialist doctors to Pul-e-Charkhi Prison to treat inmates, based on the need and request of the Prison Director, until the completion of handing over of provision of health services from MoPH to MoI which will take place till 1399 (2020).
9. MoPH and MoI, with the support of international agencies are responsible to provide the rehabilitation and recovery of inmates in the structure of Central Prison of Pul-e-Charkhi Hospital.
10. Management and coverage of all huge emergency cases are responsibility of all health governmental agencies jointly.
11. In order to continue provision of health services to prisons, Ministry of Finance shall provide the financial resources if funding of health services by international agencies stopped.
12. In order to improve the provision of health services and sound management in the prisons, the lead of provision of health services shall be handed over to one of the parties (in agreement of MoPH and MoI).

(Signed)	(Signed)
Noor-ul Haq OLOMI	Dr. Feroz-uddin FEROZ
Minister of Interior	Minister of Public Health
Islamic Government of Afghanistan	Islamic Government of Afghanistan

Annex C: Prison Medical Services Survey

Questions for UNAMA RoL Medical Services Survey

1. Are there functioning medical facilities at your provincial prison? Please describe these facilities.
    a. Open and operating 24 hours/locked down at certain hours?
    b. Describe – number of rooms, beds (take pictures if that helps)
    c. Any security/detention equipment or methods?

2. Which personnel work at this medical facility?
    a. What qualifications do they have?
        i. Do ANY staff have qualifications/certification as psychiatrist (MD) or psychologist (Ph.D.)?
        ii. If not, are these specialists ever brought in, if so, schedule?
    b. How many at each time?
    c. 24/7 hours/days?
    d. What procedures to call doctors to the prison if there's an emergency (stabbing, shooting, sickness)

3. Is there a full-time qualified doctor employed by the prison authorities?
    a. Nurses?
    b. Female medical personnel?
    c. Visiting hours for doctor or nurses (times – 2x week for X hours or full time there?)

4. Who provides equipment or budgets or medicines or staff/volunteers for this facility – salaries, equipment, medicines, and operating budget?
    a. MoI?
    b. MoPH?
    c. ICRC?
    d. Outside donors international?
    e. NGOs?

5. Are the equipment/medical and pharmaceutical supplies adequate for the provision of medical services to prisoners?
    a. Sufficient quantity
    b. Right medicines/equipment
    c. Issues with counterfeit?
    d. Expired medicines?
    e. Where do the medicines come from – any complaints as to which meds from which countries (India Pakistan Iran Turkish)

6. Is there any collaboration/cooperation between the prison authorities and the local public health department?
    a. Describe

b. Any MOUs or written or memo agreements/letters?

7. Does the prison routinely provide both a physical and mental inspection/interview of each prisoner on initial admission to the prison?
    a. Describe extent
    b. Any follow-up?
    c. Are these documented in the files of the prisoners? Tick box?

8. Does the prison conduct routine monthly medical inspections of each prisoner?
    a. Describe?
    b. For what issues?
    c. Are these documented in the files of the prisoners? Tick box?

9. Do prisoners have access to, and do they receive
    a. Dental services
    b. Psychiatric care
    c. Drug detoxification and rehabilitation
    d. Any examples of where this happens actually?
    e. Do the prisoners have to pay or is it free?

10. Describe the procedure for a prisoner to complain of illness and receive treatment.
    a. Are there forms:
        i. To request medical or do they just say "I'm sick"
        ii. Do the guards have medical forms they the guards fill out
        iii. Forms to show what medical treatment given? That are later put into the files of the prisoner.
            1. Per our RoL Corrections Component (including Dr. Ali), there are two types of forms, one is a screening (upon admission) form, one is an admission to the infirmary form.
    b. If possible, get copies of some of the forms, with name crossed out, (redacted) to protect privacy.

11. In serious cases, where the clinic is inadequate, what do the prison authorities do?
    a. Bring doctors into the prison?
    b. Send the prisoner out to a hospital?
        i. How is transport arranged?
        ii. Does the prisoner get asked to pay?
    c. Do nothing?

12. Is there a full-time prison ambulance available?
    a. If not, does the prison have cars to take the prisoners?

13. Does the prison have prenatal (before birth, after pregnancy known) and post-natal (after birth) medical treatment, or facilities available for female inmates and their children?
    a. Are women with children/babies treated differently than women without children/babies?

14. Does the prison designate a staff member as a "medical officer" as required by the 1955 UN Standard Minimum Rules for the Treatment of Prisoners, art. 26(1)? See above.
    a. That person's qualifications?
    b. Does s/he conduct regular inspections of food, sanitation, living conditions *etc.* for prisoners
    c. Does s/he report findings to the Director?

15. Have there been any outbreaks of disease at the prison in the last 5 years.

16. Have there been any deaths at the prison in the last 5 years, and if so, what were the causes.

17. Questions to the medical staff, and management of the prison/detention centers (Kabul is separate – are others?):

    a. What are YOUR recommendations for improvement or change/reform?

    b. Please ask that of prisoners, detainees, and NGO and other stakeholders if you have the opportunity.

18. Finally, please make general remarks describing the major failings/problems/challenges facing the prison in the provision of medical services.

Annex D: Initial Admission Health Screening Form

NAME OF DETENTION PLACE:_____

ADMISSION HEALTH SCREENING

1. IDENTIFICATION:

Name: _____ Father's Name: _____

Age _____ Gender: M / F Serial No: _____

Name of Next of kin: _____

Address: _____ Tel : _____

2. DATE OF DETENTION _____ DATE OF SCREENING _____

3. MEDICAL HISTORY:

Have you been told by a doctor to have any of the following?

Heart Disease	No ☐	Yes ☐	_____
Diabetes	No ☐	Yes ☐	_____
Hypertentions	No ☐	Yes ☐	_____
Asthma?	No ☐	Yes ☐	_____
Drug allergy?	No ☐	Yes ☐	_____
Mental illness?	No ☐	Yes ☐	_____

Have you been admitted to a mental institution? No ☐ Yes ☐

4. CURRENT HEALTH CONCERNS:

Are you suffering from any of the following?

Cough with sputum for two weeks or more?	No ☐	Yes ☐
Itching on your body?	No ☐	Yes ☐
Diarrhea (losse stools for 3 or more times a day)?	No ☐	Yes ☐
Do you think you are pregnant? (for memale detainees)	No ☐	Yes ☐

Any other health conserns? _____

5. PHYSICAL EXAMINATION:

General appearance:

Does the patient look sick or in pain? No ☐ Yes ☐

Vital Signs

Weight, Kg _____ BP, mmHg _____ Pulse, /min _____ Temp, ^{0}C _____

Annex E: Available Medical Assistance and Equipment

Provincial Prison	Available medical facilities, including	Available medicine/equipment	Transportation
Central Region			
Kabul Female Prison	24/7 facilities with at least one bed for emergencies	Sufficient quantity	Prison ambulance
Kapisa	24/7 facilities with at least one bed for emergencies	Sufficient quantity	Prison Ambulance
Logar	24/7 facilities with at least one bed for emergencies	Insufficient quantity	Prison ambulance
Panjshir	24/7 facilities with at least one bed for emergencies	Sufficient quantity	Ordinary prison vehicle
Parwan	24/7 facilities with at least one bed for emergencies	Insufficient quantity	Prison Ambulance
Pol-i-Charkhi	24/7 facilities with 1 in-patient ward and 10 beds.	Insufficient quantity	2 Prison Ambulances
Wardak	24/7 facilities with at least one bed for emergencies	Insufficient quantity	Ordinary prison vehicle
Eastern Region			
Kunar	24/7 facilities with 4 rooms and 5 beds	Sufficient quantity	Ordinary prison vehicle
Laghman	24/7 facilities with 1 room and 2 beds.	Sufficient quantity	Ordinary prison vehicle
Nangarhar (Jalalabad)	24/7 facilities with 6 rooms and 8 beds	Sufficient quantity	Prison ambulance
Northeastern Region			
Badakhshan	Daytime facilities with 0 beds but 2 treatment rooms. Medical staff on call at night and emergencies	Sufficient quantity	Ordinary prison vehicle

Baghlan	24/7 facilities with 4 beds	Sufficient quantity	Ordinary prison vehicle
Kunduz	Daytime facilities with 5 beds. Medical staff on call at night and emergencies	Sufficient quantity	Ordinary prison vehicle
Takhar	Daytime facilities with 3 beds. Medical staff on call at night and emergencies	Sufficient quantity	Ordinary prison vehicle
Northern Region			
Balkh (Mazar)	24/7 facilities with 4 beds for males; daytime facilities for females	Sufficient quantity	Ordinary prison vehicle
Faryab	24/7 facilities with 1 bed for males; daytime facilities for females	Sufficient quantity	Ordinary prison vehicle
Jawzjan (consolidated with Sar-e-Pul prison)	24/7 facilities with 10 beds for males; daytime facilities for females	Sufficient quantity	Ordinary prison vehicle
Samangan	24/7 facilities with 4 beds for males; daytime facilities for females	Sufficient quantity	Ordinary prison vehicle
Southeastern Region			
Ghazni	Facilities open 4 hour per day with 0 beds and located in container	Sufficient quantity	Ordinary prison vehicle
Khost	Facilities open 4 hours per day with 0 beds but 3 treatment rooms	Sufficient quantity	Prison ambulance
Paktika	24/7 facilities with 0 beds but 2 treatment rooms	Sufficient quantity	Ordinary prison vehicle
Paktya (Gardez)	24/7 facilities with 2 beds	Sufficient quantity	Prison ambulance
Southern Region			

Helmand	24/7 facilities with 4 beds	Insufficient quantity	ANP vehicle
Kandahar	24/7 facilities with 0 beds	Sufficient quantity	Prison ambulance
Nimroz	24/7 facilities shared with pharmacy with 0 beds	Insufficient quantity	Ordinary prison vehicle
Uruzgan	24/7 facilities shared with pharmacy with 0 beds	Sufficient quantity	Ordinary prison vehicle
Zabul	24/7 facilities shared with pharmacy with 0 beds	Sufficient quantity	Hospital ambulance
Western Region			
Badghis	Daytime facilities (8 hours) with 3 beds	Insufficient quantity	Ordinary prison vehicle
Farah	Daytime facilities (8 hours) with 2 beds	Insufficient quantity	Ordinary prison vehicle
Ghor	Daytime facilities (12 hours) with beds	Insufficient quantity	Prison ambulance
Herat	24/7 facilities with 7 rooms 0 beds.	Insufficient quantity	Prison ambulance

Annex F: Available Medical Staff

Provincial Prison	Number of medical officers	Number of nurses	Number of additional medical staff
Central Region			
Kabul Female Prison	3 (2 gynecology specialists, and 1 dentist)	2 midwives	1 psychologist
Kapisa	1	1	1 paramedic and 1 doctor assistant
Logar	2	1	0
Panjshir	1	1	1 doctor assistant
Parwan	1	1	1 doctor assistant
Pol-i-Charkhi	6 (1 doctor, 2 internal medicine specialists, 2 psychiatric counselors, and 1 dentist)	7	5 doctor assistants, 7 paramedics, 2 lab technicians, 1 pharmacist and 1 X-Ray Technician
Wardak	1	0	1 Psychologist
Eastern Region			
Kunar	1	2	1 doctor assistant
Laghman	2	3	0
Nangarhar (Jalalabad)	3	3	0
Northeastern Region			
Badakhshan	1	3	1 health educator
Baghlan	1	3	1 pharmacist 1 laboratory technician
Kunduz	2	3	1 pharmacist
Takhar	1	2	1 health educator
Northern Region			
Balkh (Mazar)	1	1	1 pharmacist 1 midwife
Faryab	1	1	1 pharmacist 1 midwife
Jawzjan (consolidated with Sar-e-Pul prison)	1	1	1 pharmacist 1 midwife

Samangan	1	1	1 pharmacist 1 midwife
Southeastern Region			
Paktya (Gardez)	1	1	1 pharmacist 1 health educator
Ghazni	1	1	1 laboratory technician
Khost	1	1	1 psychiatrist 1 health educator
Paktika	1	1	1 psychiatrist
Southern Region			
Helmand	2	2	1 pharmacist 1 health educator
Kandahar	1	4	1 pharmacist
Nimroz	2	0	0
Uruzgan	1	1	1 health educator
Zabul	1	1	1 health educator
Western Region			
Badghis	1	1	0
Farah	1	1	1 health educator
Ghor	0	2	0
Herat	5	15	1 health educator

Annex G: Scope of Available Services					
Provincial Prison	**Psychiatric Services**	**Drug rehabilitation services**	**Dental services**	**Child delivery services for female prisoners**	**Prenatal and postnatal services for female prisoners**
Central Region					
Kabul Female	Yes	Yes	Yes	Referral	Yes thru NGO
Kapisa	Referral	Yes	Yes	Referral	No
Logar	No	Referral	Referral	NA	No
Panjshir	Referral	Referral	Referral	NA	No
Parwan	Referral	Referral	Referral	Referral	No
Pol-i-Charkhi	Yes	Yes	Yes	NA	No
Wardak	Referral	Referral	Referral	Referral	No
Eastern Region					
Kunar	No	Yes	Yes (weekly)	NA	No
Laghman	No	Yes	Yes (weekly)	Referral	No
Nangarhar (Jalalabad)	No	Yes	Yes (weekly)	Referral	No
Northeastern Region					
Badakhshan	No	Yes	Yes (weekly)	Referral	No
Baghlan	No	Yes	Yes (weekly)	Referral	Yes
Kunduz	No	Yes	Yes (weekly)	Referral	Yes
Takhar	Referral	Yes	Yes (weekly)	Referral	No
Northern Region					
Balkh (Mazar	Consultation with visiting doctor	No	No	Referral	No
Faryab	Consultation with visiting doctor	No	No	Referral	No
Jawzjan (consolidated with Sar-e-Pul prison)	Consultation with visiting doctor	No	No	Referral	No

Samangan	Consultation with visiting doctor	No	No	Referral	No
Southeastern Region					
Ghanzi	Referral	No	Yes	Referral	No
Khost	Referral	No	Referral	Referral	No
Paktika	Referral	No	Referral	NA	No
Paktya (Gardez)	Referral	No	Referral	Referral	No
Southern Region					
Helmand	Yes (monthly)	Yes	Referral	Referral	No
Kandahar	Yes (monthly)	Yes	Yes (biweekly)	Referral	No
Nimroz	Yes but not psychiatrist	Referral	Referral	Referral	No
Uruzgan	Referral	Yes	Referral	NA	No
Zabul	Referral	Yes	Referral	NA	No
Western Region					
Badghis	Referral	No	Referral	Referral	No
Farah	Yes	Yes	No	Referral	No
Ghor	No	No	No	Referral	No
Herat	Referral	Yes	No	Referral	No