Commission for Gender Equality
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Drowning in Shallow Water:

Assessing Responses by the Department of Correctional Services to the CGE Recommendations on the Health and Wellness of Women in Correctional Centres

2024

DROWNING IN SHALLOW WATER: ASSESSING RESPONSES BY THE DEPARTMENT OF CORRECTIONAL SERVICES TO THE CGE RECOMMENDATIONS ON THE HEALTH AND WELLNESS OF WOMEN IN CORRECTIONAL CENTRES

2024

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ABBREVIATIONS AND ACRONYMS

CGE	Commission for Gender Equality
CPD	Continuous professional development
DCS	Department of Correctional Services
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
JICS	Judicial Inspectorate for Correctional Services
LGBTQIA	Lesbian, gay, bisexual, trans, queer, intersex and asexual
PHC	Primary health care
SADC	Southern African Development Community
SASSA	South African Social Security Agency
SASSETA	Safety and Security Sector Education and Training Authority
TB	Tuberculosis
UNISA	University of South Africa
WHO	World Health Organization

FOREWORD AND ACKNOWLEDGEMENTS

This report forms part of the Commission for Gender Equality's (CGE) programme of reviews of the implementation of the CGE research recommendations by entities covered in past CGE research reports. This particular report stems from the recommendations of the 2017 research report that investigated correctional services for the health and wellness of women in correctional facilities.

Correctional facilities are largely considered to be masculine terrains with a predominantly male population in comparison to women. In South Africa, of the 149 337 convicted inmates, only 4089 were women by October 2023. The comparatively low number of women in correctional facilities mirrors the broader societal patriarchal norms that associate criminality with maleness, with women expected to be soft, nurturing, and homemakers. Despite these gender stereotypes, however, women do get incarcerated, and correctional facilities must be geared up to respond to their specific health needs and basic human rights.

The 2017 CGE report uncovered that even though South Africa is a signatory to a number of international instruments and has adopted numerous domestic legislative frameworks that afford female inmates a set of basic human rights, the Department of Correctional Services (DCS) lacked the adequate capacity to meet the health and wellness needs of female inmates. The report covered some of the DCS shortcomings and came up with a set of recommendations for consideration by the department. This project has assessed efforts undertaken by the department between 2018 and 2023 to address recommendations by the CGE.

The broad conclusion reached for this study is that the DCS failed, by and large, to implement or address all six recommendations emanating from the 2017 CGE report. The report shows that the DCS continued to grapple with the challenges of insufficient skills training and capacity-building programmes, unclear regulations for the distribution of toiletries and sanitary towels, overcrowding, limited staff capacity, and poor funding and resource allocations.

The CGE recognises that this report would not have been possible without the views and insights of the DCS officials who consented to be part of the study interviews. Therefore, the CGE is grateful for the cooperation and assistance of the DCS in the completion of the project. The CGE is also grateful for the work carried out by its team of researchers in bringing this report to fruition, namely:

1. Mpelo Malebye (Project Leader)
2. Gontse Prince Motaung

The report was edited and finalised for publication by Naledi Selebano, Acting Head of the Policy and Research Department.

1. INTRODUCTION

The Commission for Gender Equality (CGE) is an independent statutory body established in terms of Section 187 of the Constitution of South Africa. The CGE is mandated to promote respect for gender equality and the protection, development, and attainment of gender equality in the Republic of South Africa. The powers and functions of the CGE are outlined in the Commission for Gender Equality Act No. 39 of 1996. Specifically, in terms of Section 11(1)(a) of the CGE Act, the CGE has the mandate to monitor and evaluate policies and practices of state organs, state agencies, public bodies, and the private sector to promote gender equality, the rights of women, and prepare and submit reports to the South African Parliament.

In 2017, the CGE published a research report titled 'Inmates in Sickness and in Health: Assessing Correctional Services on the Health and Wellness of Women in Correctional Facilities'.[1] The study was guided by a number of objectives, which included assessing the state of living conditions of women at the correctional centres for women; assessing the accessibility of health services for women in correctional centres; assessing the availability of health-related resources, budget adequacy, and staff capacity in women's correctional centres; assessing the skills development and capacity-building programmes offered to correctional centre officials considering the human rights and specific health needs of women inmates; and to review health-related monitoring and evaluation systems used in correctional centres for women.[2]

The study focused on the Johannesburg Correctional Centre (Naturena, Gauteng), Bizzah Makhate Correctional Centre (Kroonstad, Free State), and Pollsmoor Correctional Centre (Tokai, Western Cape). The report outlined key findings from each correctional centre, drew conclusions and put out policy and programming recommendations for consideration by the relevant senior officials at the Department of Correctional Services (DCS).

Approximately six years have passed since the study was published, and the CGE deems this sufficient time for the DCS and other relevant institutions covered in the study to address the key findings and recommendations emanating from the report. The CGE thus returned to these recommendations to track developments in relation to efforts undertaken to implement the recommendations of the study. This report, therefore, outlines these developments, as well as areas of persistent challenges and recommendations in light of the situation at present.

1 Inmates in Sickness and in Health: Assessing Correctional Services on Health and Wellness of Women in Correctional Facilities. (2017). Commission for Gender Equality

2 Ibid

2. BACKGROUND

The findings of the 2017 study identified the following findings in terms of the health and wellness of female inmates:

Overcrowding and poor ventilation of inmates' cells were identified as key challenges at both Johannesburg and Pollsmoor Correctional Centres for women. Overcrowding and poor ventilation are serious health risks that have been found to significantly contribute towards the spread of tuberculosis (TB) in correctional facilities. Furthermore, overcrowding also meant that the correctional centres were in contravention of the Department of Health National Norms and Standards Relating to Environmental Health for Correctional Facilities,[3] which state that the ratio of inmates must be 20 or less per toilet, handwashing basin, and shower/bathtub. Extreme overcrowding and inhumane living circumstances, including inadequate sanitation facilities, limited ventilation, poor sanitation, a lack of privacy, a lack of beds and bedding, inadequate monitoring and oversight, and inadequate healthcare were reported at the correctional centres. Some of the ablution facilities of Pollsmoor Correctional Centre were also found to be in a state of disrepair due to overcrowding.[4]

It was also highlighted by discussions with female inmates that there were inconsistencies with the administration of admission health risk assessments, with some inmates being admitted into the correctional centres without having gone through the assessments.[5] In Johannesburg and Bizzah Makhate Correctional Centres specifically, concerns were raised by inmates regarding the lack of physical examinations during admission, which was expressed as a contributory factor to the spread of contagious diseases. The healthcare professionals were, therefore, not adequately performing their role of ensuring the prevention or control of infectious diseases at the correctional centres.

In terms of addressing the specific health needs of women, the study found that all three correctional centres referred pregnant inmates to external hospitals for ante-natal care, for childbirth, and for the immunisation of children.[6] At Bizzah Makhate Correctional Centre, 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 Correctional Centre was also the only correctional 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 correctional centre. Nonetheless, the relevant health screenings for women, such as pap smears and mammograms, were provided for female inmates at all three correctional centres.[7]

[3] National environmental health norms and standards for premises and acceptable monitoring standards for environmental health practitioners.
[4] Inmates in Sickness and in Health: Assessing correctional services on Health and Wellness of Women in correctional facilities. (2017). – Commission for Gender Equality.
[5] Ibid
[6] Ibid
[7] Ibid

The general provision of primary healthcare services was a challenge at all the correctional 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.[8] An example of this was cited at the Pollsmoor Correctional Centre. At the Johannesburg Correctional Centre, on the other hand, the onsite 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. At the Bizzah Makhate Correctional Centre, the challenge of a rotating doctor was found to be a significant concern in that the doctor would often not be available to attend in cases where women required urgent attention.[9]

The availability of specialised healthcare services also appeared to be a problem for inmates at all three correctional centres. It was therefore 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 in the study.

Furthermore, it was noted that mental health was considered one of the most significant challenges experienced by female inmates, yet psychological services were almost non-existent across the board. This lack of mental health care was despite the presence of DCS-employed clinical psychologists. At the Johannesburg and Bizzah Makhate Correctional 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 Correctional Centre, the inadequate number of psychologists (only one psychologist was employed by the correctional centre) resulted in long waiting periods before inmates could access services.

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

[8] Ibid
[9] Ibid
[10] Ibid

Findings from all three correctional centres suggested that the nutritional requirements of women were not being adequately met, including for pregnant women, lactating women, HIV-positive inmates, and inmates with various health conditions.[11] Inmates complained of food that was inadequately prepared and, sometimes, a 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 correctional centres, was blamed for the poor nutritional services. Legislation, however, places the welfare of inmates under the responsibility of the DCS. A study supporting the CGE's 2017 findings reported that the correctional centres' food was monotonous and did not constitute a balanced diet. The diet consisted mainly of carbohydrates in the form of bread and pap (a porridge made from ground maize), which was sometimes served with cabbage and boiled eggs. Participants' narratives suggest that some inmates could request special diets for health (diabetic and HIV-positive inmates) and religious (halal foods for Muslims) reasons, and that this food was generally of a better quality. Regarding lactating mothers and gynaecological conditions, no dietary provisions were considered to tend to those special needs.

Furthermore, the DCS failed to provide its correctional centre officials with relevant training programmes on the human rights and specific health needs of women.[12] The lack of adequate budgets was 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 budget was also seen as a major stumbling block to the capacity of health staff to achieve optimal results. Finally, the study found that the DCS had employed various forms of monitoring and evaluation, such as site visits by senior officials at the DCS, written reports, and site inspections by the Inspecting Judge and the Independent Correctional Centre Visitor. However, the intended results of these interventions were not realised, including good treatment of inmates, increased staff capacity, training opportunities for officials, and provision of adequate resources.

In light of these findings, the following recommendations were made in the 2017 CGE report:

- Regarding addressing the issue of inadequate training and capacity building, the CGE recommended that the DCS carry out a skills audit of key personnel working directly with inmates at its correctional centres and develop a clear long-term skills development and capacity-building strategy to address the skills and capacity shortages. The CGE also recommended that the DCS 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.[13]

[11] Ibid
[12] Ibid
[13] Ibid

- Regarding the development of the annual skills development and capacity-building programme, the CGE recommended that the long-term skills development and capacity-building strategy be supported with clear allocations of sufficient financial resources to sustain the annual skills development and capacity-building programme.[14] 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.
- Regarding the development of the capacity of DCS facilities to deal with the needs of female inmates, the CGE recommended that the DCS carries out a thorough needs analysis of its correctional centres, especially the DCS correctional centres for women, to determine the optimal number of nurses, psychologists, and social workers necessary to ensure that these correctional 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.[15]
- Regarding the limited funding and other resources at the disposal of DCS facilities, the CGE recommended that the DCS develops 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.[16]
- Regarding the realisation that cell overcrowding contributes to the burden on correctional centre resources and exacerbates the transfer of communicable diseases, the CGE recommended that greater efforts be made to reduce overcrowding, such as the diversion of women and juvenile offenders from the criminal justice system in appropriate cases. [17]
- Regarding the development of a policy to regulate the supply and distribution of toiletries, including sanitary towels, the CGE recommended that the DCS formulate a policy with clear and suitable guidelines on the quality and quantity of sanitary towels to be provided to inmates within an appropriate period.[18]

[14] Ibid
[15] Ibid
[16] Ibid
[17] Ibid
[18] Ibid

3. MAIN AIM OF THE STUDY

This assessment aims to review steps taken by the DCS to address the recommendations of the CGE 2017 study that sought to assess efforts by the DCS correctional centres to uphold the human rights of female inmates from a health perspective.

4. LEGISLATIVE FRAMEWORKS

The South African Constitution, under Chapter 2, outlines the Bill of Rights. These include various basic rights such as human dignity, life, and healthcare.

The Correctional Services Act[19] 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 inmates 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 further identifies that the DCS "must provide appropriate cultural, gender, and healthcare training programmes for all correctional and healthcare staff, to allow for the education programmes where appropriate".

Section 35(2) protects the rights of offenders where "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".[20] The Correctional Services Act, No. 111 of 1998 as amended,[21] confirms that the role of the South African Department of Correctional Services is to be instrumental in protecting and upholding a just, peaceful, and safe society through enforcing sentences of the courts and by incarcerating all offenders in safe custody whilst ensuring their human dignity and advancing their social responsibility and human development in line with the South African Constitution. In line with the restorative justice that democratic South Africa is underpinned by, the current South African corrections system hinges on the purposes of criminal punishment, such as deterrence, incapacitation, rehabilitation, retribution, and restitution. The corrections system is geared more toward rehabilitation and reintegration into the community rather than towards exerting harsh punishment.

[19] Correctional Services Act, No. 111 of 1998
[20] Ibid
[21] Ibid

Moreover, the Judicial Inspectorate for Correctional Services (JICS) was 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 conditions in correctional centres."

At the regional level, the Southern African Development Community (SADC) Minimum Standards for HIV/AIDS, Tuberculosis, Hepatitis B and C and STIs Prevention, Treatment, Care and Support in Prisons[22] were developed in 2009 and are in line with Article 3 of the SADC Protocol on Health.[23] The SADC Protocol calls for State parties to "identify, promote, coordinate and support activities which have the potential to improve the health of the SADC population"[24] and to "coordinate regional efforts on epidemic preparedness, mapping, prevention, control, and the eradication, where possible, of communicable and non-communicable diseases".[25] Furthermore, under the SADC Minimum Standards, women are observed as a "special category", and provision must be made for women inmates' "access to health services that take into account their special health care needs. Prison [correctional centre] healthcare 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".[26]

Globally, Rule 4 of the Standard Minimum Rules for the Treatment of Prisoners adopted in 1957 – expanded and renamed to the Nelson Mandela Rules in December 2015 – states that "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. Those purposes can only be achieved 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".[27] Similarly, the White Paper on Corrections 2005, anchored by the South African Constitution, emphasises that incarceration should aim to promote the human dignity of inmates, provide humane treatment and focus on the rehabilitation of all inmates rather than punishment. Consequently, inmates in South African correctional centres must be afforded therapeutic services and other opportunities to acquire vocational and educational skills that may not have been available prior to, or previously, due to

22 SADC Minimum Standards for HIV/AIDS, Tuberculosis, Hepatitis B and C and STIs Prevention, Treatment, Care and Support in Prisons (2009)
23 SADC Protocol on Health (1999)
24 Ibid
25 Ibid
26 SADC Minimum Standards for HIV/AIDS, Tuberculosis, Hepatitis B and C, and STIs Prevention, Treatment, Care and Support in Prisons (2009)
27 United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) (2015). https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf

incarceration. The period of incarceration, according to the White Paper on Corrections 2005, should be used to nurture and rebuild relationships between inmates, the community, and South African society more broadly.

The United Nations Rules for the Treatment of Women Prisoners and Noncustodial Measures for Women Offenders (known as the Bangkok Rules) were adopted in 2010 to address some of the gaps identified with the 1955 Standard Minimum Rules for the Treatment of Prisoners. The Bangkok Rules are an important international instrument that deals directly with the incarceration of women and identifies specific health rights of women.

The Bangkok Rules are centred on a human rights approach and underscore the importance of distinguishing the needs of female inmates from those of male inmates. The Bangkok Rules highlight many areas, including the presence of high levels of victimisation among female inmates and their greater propensity for self-harm and suicide; the special status of inmates who are women as mothers of children both inside and outside the facilities; the specific stigma that women face as offenders; the importance and need for programmes and activities that are gender-responsive in correctional facilities; and the various particular needs of indigenous female offenders and those from various religious and cultural backgrounds. [28]

The Bangkok Rules further make a call for gender-responsive and gender-sensitive policies and programmes in correctional centres in a wide variety of areas, including intake, classification, mental and physical healthcare, mothering in correctional facilities, searches, and the development of pre-release and post-release programmes that take into account the stigmatisation and discrimination that women face upon release, among others.[29]

5. METHODOLOGY AND APPROACH

This assessment adopted a qualitative approach to monitor and review progress made by the DCS to address recommendations emanating from the 2017 CGE report that investigated the extent to which the department was upholding, from a health perspective, the human rights of female inmates in their correctional centres. The research team visited the three correctional centres that had formed part of the 2017 project, i.e., Johannesburg Correctional Centre (Naturena, Gauteng), Bizzah Makhate Correctional Centre (Kroonstad, Free State), and Pollsmoor Correctional Centre (Tokai, Western Cape) to conduct interviews with DCS officials and to obtain relevant secondary sources of data.

[28] Barberet, R., & Jackson, C. (2017). UN rules for the treatment of women prisoners and non-custodial sanctions for women offenders (the Bangkok Rules): A gendered critique. *Papers: revista de sociologia*, *102*(2), 0215-230.

[29] Ibid

The purposive non-probability sampling technique was utilised given the pre-determined criteria of participants for the study, and face-to-face semi-structured interviews, which lasted between one and two hours, were conducted with the DCS officials.

Table 1: Number of research participants

The participants of the study included the following categories of DCS staff:

Role	Number of participants
Centre manager (CM)	4 (3 permanent CMs and 1 acting CM)
Doctor	2
Nurse	6
Social work	3
Psychologists	2
Education staff	2
Nutritionist	1
Programme implementors	7
Human resource personnel	3
Total	**30**

A total of 30 participants formed part of the study across the three correctional facilities. As mentioned, the researchers also relied on secondary sources of data, such as officially published and non-published documents, to triangulate and verify the data to determine the progress of the implementation of CGE recommendations.

6. LIMITATIONS

Research studies are subject to limitations or constraints that may affect the various phases of the research process. The main limitation of this study is that it is based on the insights and experiences of officials interviewed for the study that could not be independently verified except through the limited number of reports and publications from the DCS itself.

7. ETHICAL CONSIDERATIONS

In line with the Human Sciences Research Council Code of Research Ethics,[30] the CGE research staff are required and expected to comply with universally accepted professional standards of research regarding activities related to the study that may impact participants' rights and concerns. Specifically, the CGE Research Department adheres to the following rights of participants:

7.1 Informed consent

Before the interviews, participants are informed about the study – its goals and objectives, the methodology and approach, and a letter with this information is provided to the participants. Those involved in interviews or focus groups are afforded the opportunity to ask further questions as well as seek clarity on any matter raised which might have been unclear.

7.2 Voluntary participation

No participant is forced or coerced into taking part in the study or is promised incentives for participation. Cooperation of one's own accord is always sought.

7.3 Confidentiality and anonymity

Information that the study will be developed into a research report, which will be published, is always given to each participant. Participants are also informed that their names will not be included in any documentation or presentations regarding the research unless they specifically waive anonymity.

7.4 Beneficence

Participants' rights to be free from harm, uneasiness, and mistreatment are always respected. Without this, the study runs the risk of being unethical.

[30] Human Sciences Research Council (HSRC), Code of Research Ethics, http://www.hsrc.ac.za/en/about/research-ethics/code-of-research-ethics (January 2021)

8. FINDINGS

8.1 Skills training and capacity building

Two of the key recommendations of the 2017 report aimed to address challenges of skills training and capacity building for women within correctional facilities. The recommendations stemmed from the findings that pointed to limited knowledge and understanding of the human rights and specific health needs of female inmates among DCS staff.

The CGE had recommended that a skills audit of key personnel working directly with inmates at its correctional centres be carried out and that the DCS develop a clear long-term skills development and capacity-building strategy to address the skills and capacity shortages. Cognisant of the resource and budgetary constraints of the department, the CGE further recommended that the DCS 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.

The CGE had also recommended 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 was supposed to include gender awareness training and, in particular, the skills and knowledge to handle the specific needs of women inmates.

The skills audit would thus be used to examine the status of the personnel within the correctional centres to ensure their appropriateness, relevance, competency, and utility, as well as to form the basis for a long-term skills development and capacity-building strategy to address shortages and inefficiencies.

The findings of the current review reveal that in the Pollsmoor Correctional Centre specifically, emphasis was placed on a 20-year-old work study that had been conducted to ascertain the best ways to utilise resources at the correctional centre for women, as well as the National Workplace Skills Plan (prioritised training needs) which included training on Gender Empowerment and Prevention of Gender Based Violence under Human Resources, as well as training on the rights of LGBTQIA persons.[31] [32] However, officials indicated that DCS training programmes were limited, poorly coordinated, and lacked a holistic approach regarding the handling of the specific health needs of female inmates. Furthermore, as already indicated, a limited number of important gender subjects were covered, as opposed to the full scope of areas covered in legislation and in the Bangkok Rules.

[31] Workplace Skills Plan (WSP) Prioritised Training Needs 2023/2024 Financial Year (Pollsmoor Correctional Centre)

[32] Training Plan for Pollsmoor Management Area 2023/2024 Financial Year

A systematic approach to addressing capacity challenges at the correctional centres was therefore unavailable. Officials were able to highlight the challenges that they faced through their own observation in their work areas without a formal, methodical approach and a thorough process in place to address matters.

Consistent with the findings of the 2017 study, officials identified a lack of skills among the security staff of the DCS to manage and assist inmates battling mental health and other health conditions. The challenge of limited psychological and social work services in the correctional centres compounded the situation. It was further revealed that much of the security staff curriculum continued to focus purely on security matters even though an increased need for a broader and more holistic approach was realised. Correctional centres security staff enjoyed more proximity to inmates in comparison to other DCS staff, given the nature of their work that required their full-time presence in the correctional centres. As a result, they were more exposed to the needs and challenges of inmates. Awareness raising on mental health, as well as knowledge around drug use and abuse and rehabilitation, were identified as crucial areas where training was required.

Another identified crucial area for capacity building was midwifery. This need was initially captured in the 2017 CGE report, wherein it was established that some women presenting to correctional centres were pregnant, yet the DCS does not provide childbirth facilities. It was noted that the DCS does not require midwifery skills and qualifications when recruiting nursing staff, even though it is a clear need in correctional centres for women. The World Health Organization (WHO) defines midwifery as "skilled, knowledgeable and compassionate care for childbearing women, newborn infants, and families across the continuum from prepregnancy, pregnancy, birth, postpartum, and the early weeks of life".[33] This specific area of expertise is important for female nurses at correctional centres. However, it was not a key requirement for their recruitment. As a result, there was a paucity of this skill in the correctional centres. Another skill set that was lacking across the correctional centres was that of psychiatric nurses.

Training covering issues of the LGBTQIA+ community was provided to selected officials in the correctional centres. It must be noted that issues of LGBTQIA+ persons were not covered in the previous report, given the unique challenges of the community in the DCS system that deserve to be covered in a study of its own as opposed to in a report exploring issues of women. Nonetheless, the training programme covered definitions, legislative frameworks, interactions, communication, dignity and respect, language use, confidentiality, behaviour and education.[34] The training also covered Standard Operating Procedures of the DCS, search procedures, transport, and accommodation.[35] Officials interviewed for this study who had attended the training thought that the training did not do much for them in terms

[33] World Health Organization. (2019). Framework for action strengthening quality midwifery education for universal health coverage 2030. WHO: Geneva
[34] Department of Correctional Services LGBTQI Sensitivity Training PowerPoint Manual
[35] Ibid

of practically preparing them to deal with gender-related issues and the human rights of LGBTQIA+ inmates amidst existing correctional centre challenges.

8.2 Services and programmes

Under services and programmes, the CGE had recommended that the DCS formulate a policy within an appropriate period to regulate the supply and distribution of toiletries, including sanitary towels, and that the policy should contain clear and suitable guidelines on the quality and quantity of sanitary towels to be provided to inmates.[36]

The information obtained in the current assessment did not indicate that a policy regulating the quality and distribution of toiletries was in place. Instead, the National Commissioner of the DCS reported, through a CGE Public Investigative Hearing, that the department has established a Task Team to monitor the provision of sanitary towels[37]. Challenges about the quality of the sanitary towels, such as the small-size sanitary towels that absorbed poorly and were unable to cater to the varying flows of inmates, however, persisted in correctional centres such as Bizzah Makhate Correctional Centre. At the Pollsmoor Correctional Centre, the "show and I give"[38] practice is still utilised and involves inmates physically having to prove to officials that they were indeed on their menstrual cycle. The CGE had, in its 2017 report, called for the DCS to address this inhumane practice that borders on invasion of privacy and degradation of human dignity. A formalised policy with guidelines to resolve this issue was, however, not yet in place.

8.3 Overcrowding

The challenge of overcrowding is a longstanding phenomenon at the correctional facilities of South Africa. As the 2017 CGE report illustrated, overcrowding may have an adverse impact on the health and wellbeing of female inmates. The study revealed that cell overcrowding contributed to the burden on correctional centre resources and that it exacerbated the transfer of communicable diseases. As a result, the CGE recommended that greater efforts be made to reduce overcrowding.

On the days that the CGE visited the three correctional centres, overcrowding presented as a persistent challenge at both Pollsmoor and Johannesburg Correctional Centres, while in Bizzah Makhate Correctional Centre, overcrowding was said to be a challenge during holiday periods such as the Easter holidays and over the December festive period. Officials interviewed for the study attributed this phenomenon to the illegal movement of Lesotho nationals in and out of South Africa.

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[36] Ibid

[37] National Commissioner of the Department of Correctional Services. (2024). Public Investigative Hearing on Gender Transformation within the Department of Correctional Services in terms of the Commission for Gender Equality Act. 39 of 1996

[38] Inmates in Sickness and in Health: Assessing Correctional Services on Health and Wellness of Women in Correctional Facilities. (2017). Commission for Gender Equality, p. 48.

Overcrowding remained a strenuous burden on the already limited resources of the DCS correctional centres despite the Overcrowding Reduction Strategy that was introduced in December 2020.[39] The strategy attributes overcrowding to "criminal justice legislation and policy leading to overuse of the penal system, limited use of alternatives to detention on remand, length of detention on remand, limited use of noncustodial measures, inefficient measures to promote social reintegration, breaches of early conditional release and probation orders, socioeconomic and political factors, crisis overcrowding and inadequate prison infrastructure".[40] In other words, the DCS was still grappling with some of the issues raised by the CGE recommendations, specifically the recommendation to introduce diversion programmes for women and juvenile offenders from the criminal justice system in appropriate cases.[41] As a temporary measure to alleviate the pressures of overcrowding, the transfer of inmates to other correctional centres was adopted. This strategy, however, was reportedly too lengthy to complete.

Table 2: Capacity and overcrowding

Table 2 shows the occupation states of the correctional centres at the time of data collection:

Centre	Bed space	Occupation on the day	Overcrowding (%)
Bizzah Makhate Correctional Centre	191	192	100.52
Johannesburg Correctional Centre	711	1084	152
Pollsmoor Correctional Centre	245	508	207

Fundamentally, and consistent with the 2017 findings, overcrowding put a strain on the DCS resources, which in turn negatively affected the quality of stay for inmates, as well as impacted the working conditions of officials, particularly those working as healthcare and medical professionals. In the case of nurses, for example, overcrowding was particularly felt during the admission process when new inmates were received. Due to limited nursing staff at the correctional centres, this often meant that nurses were drawn into admission work, compromising or neglecting the daily responsibilities of running the primary health care (PHC) services for inmates already detained. Furthermore, it was revealed that while the number of inmates increased daily, the number of healthcare providers, on the other hand, remained the same.

39 Department of Correctional Services Overcrowding Reduction Strategy
40 Ibid, p. 7
41 Inmates in Sickness and in Health: Assessing Correctional Services on Health and Wellness of Women in Correctional Facilities. (2017). Commission for Gender Equality, p48

8.4 *Staff capacity*

Issues of staff capacity among health staff were presented as a key challenge in the 2017 research report. The inadequate staff capacity had an adverse impact on the quality and effectiveness of the delivery of services to correctional centre inmates. The CGE thus recommended that the DCS must undertake a thorough needs analysis of its correctional centres for women to determine the optimal number of nurses, psychologists, and social workers necessary to ensure that these correctional centres have the capacity to handle the needs of all inmates, especially in relation to the mental healthcare needs of women inmates.

While there was uncertainty amongst participants interviewed for the study regarding the extent of the implementation of the CGE recommendations in this regard, the current assessment uncovered that the challenge of inadequate health staff at the correctional centres continued to exist.

Table 3: Number of healthcare practitioners across the three correctional centres

Table 3 outlines the staff complement as follows:

Healthcare practitioner	Johannesburg Correctional Centre	Bizzah Makhate Correctional Centre	Pollsmoor Correctional Centre
Nurse	6 (+manager)	3	2
Psychologist	1 (+comm serve)	0	1
Social workers	2	2	3
Psychiatrists	1 (sessional)	0	0
Doctor	1 (sessional)	1 (sessional)	1

Study participants at all the correctional centres included in this review indicated that there was a staff shortage of crucial professionals required to render health care services, as illustrated in Table 3. The situation was dire across the board, with unfilled posts for the psychologist at Bizzah Makhate Correctional Centre and for psychiatrists at both Bizzah Makhate and Pollsmoor Correctional Centres.

The situation persisted despite the intense need identified for psychological interventions at the correctional centres. Data indicated that women showed a greater need to seek assistance through talk therapy. The issues that they faced were diverse and included personal development, substance abuse, goal setting, and trauma, among many others. Psychological interventions were particularly difficult during holiday and festive periods when there is an increased need for psychological services to process the guilt, loss, and grief that comes with being incarcerated. One-on-one sessions were deemed the best

method of intervention, however, due to overstretched staff, this was limited and often compromised.

It was also noted that psychological services were often rendered under crisis mode, which made it difficult to address deeper, underlying challenges faced by inmates. The situation was further compounded by the psychologist's responsibilities that stretched to other areas, such as parole and probation services.

The scope of social work services was also too broad, leading to the ineffective implementation of psychosocial services due to the overwhelming volume of inmates requiring services. Social work programmes included one-on-one sessions, external engagements dealing with caregivers of children, parenting programmes, and SASSA paperwork and transfers, among others. These services were spread between the two or three social workers employed at the correctional centres.

It was indicated in the interviews across the correctional centres that post establishment was last conducted 20 years ago, in 2003. As such, the post establishment information was not a reliable indication of the needs of the correctional centres. What the data collected for this study indicates, however, is a severe shortage of healthcare personnel relative to the number of inmates requiring services.

8.5 Funding and other resources

In the case of the issue of resources, the 2017 study recognised the limited funding and other resources at the disposal of DCS facilities and, as a result, recommended that the DCS develop 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.

Data obtained from the interviews conducted for this review assessment illustrated that the correctional centres were receiving some form of support through donations by non-governmental organisations and faith-based organisations. Support was rendered in the form of sermons and supplies for mothers and babies based at the correctional centres. Partnerships with institutions of higher education also assisted with book clubs and the Inside-out Outside-in interest group through the University of South Africa (Unisa).[42] Partnerships and collaborations were, however, done on an ad-hoc basis, with no clear guiding framework or programme of action as recommended by the CGE. Furthermore, partnerships

[42] The Unisa website describes Inside-out Outside-in an "inter-disciplinary grouping of South Africans and International scholars, practitioners and students interested in issues relating to corrections. The group is composed of individuals who believe in facilitating processes where 'outside' citizens can actively engage and collaborate with the 'inside' correctional environment in South Africa. We encourage collaborative generation and dissemination of knowledge about corrections experiences, circumstances, and initiatives".

were limited to a small area of services, such as supplies for mothers and children, faith-based activities, and higher education. At the same time, a wide array of challenges existed at the correctional centres, including issues of limited staff capacity, the limited supply of toiletries and sanitary towels, and others, as discussed in other parts of the report. The DCS programme of collaborations was, however, too narrow and limited in light of the enormity and complexity of challenges encountered in their correctional facilities.

Additional areas where poor resources hindered the effective provision of services were the lack of access to computers and the internet to stay abreast with work developments and to report statistics in line with the Annual Performance Plans of the DCS. Officials highlighted that much of their work was still captured by hand even though they lacked simple stationery such as pens. Officials also showed CGE researchers their torn uniforms and worn-out shoes. In some cases, officials' uniforms were so worn out that they wore their private clothes to work, which became a safety risk as uniforms served as markers to distinguish officials from inmates. Lack of access to a fridge to store insulin for medical reasons was among the list of challenges that the DCS correctional centres were confronted with, and many other challenges that were compounded by overcrowding and limited funding.

9. CONCLUSION

The CGE conducted this assessment to review steps taken by the DCS to address the recommendations of its 2017 report on the state of health and wellbeing of female inmates in correctional facilities. In light of the findings emanating from this current review, the CGE concludes that it could not satisfy itself that the DCS had taken the necessary steps or, at least, other alternative measures to address issues raised in the findings and recommendations of its 2017 reports. This overall conclusion is based on the following reasons:

Firstly, the DCS did not conduct any skills audit to ascertain the types of skill sets available in relation to those required within DCS correctional centres as per the 2017 recommendations of the CGE. Additionally, the DCS also failed to develop a long-term skills development and capacity-building strategy, thus conducting skills training and capacity building in a fragmented and restricted manner.

Secondly, the findings of this review indicated that the DCS had not formulated a policy to regulate the supply and distribution of toiletries and sanitary towels that take into account the quantity and quality of sanitary towels to be provided to individual inmates. As a consequence, sanitary towels of poor quality were still being circulated by the DCS, particularly at the Bizzah Makhate Correctional Centre. The CGE also noted that toiletries and sanitary towels were still handled in an unsystematised and inconsistent manner across the three correctional centres.

Thirdly, while it was observed that the DCS had attempted to deal with the problem of overcrowding through the development of the Overcrowding Reduction Strategy, overcrowding remained an issue of serious concern for the health and wellbeing of female inmates.

Fourthly, related to developing the capacity of DCS facilities to deal with the needs of female inmates, the CGE had recommended that the DCS carries out a thorough needs analysis of its correctional 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 in relation to the mental healthcare needs of women inmates. The findings of this review illustrated that the DCS had not adhered to this recommendation and that, instead, the centres were reliant on post establishments that were developed in 2003.

Finally, on the issue of funding and resources, even though non-government organisations were providing relief to the strained capacity of DCS resources in the form of donations and other services, a more concerted effort was required to enhance these partnerships to ensure that they are strategic, have a broader reach, are consistent, relevant, and distributed equitably. Furthermore, the CGE had recommended that the DCS develop a clear programme of collaboration with non-governmental organisations to assist with staff capacity in the provision of health services, which, based on the findings of the study, never materialised.

NOTES

OFFICES AND CONTACT DETAILS

HEAD OFFICE
2 Kotze Street Women's Jail,
East Wing Constitution Hill
Braamfontein, 2017
Tel: +27 11 403 7182
+27 10 494 3524

KWAZULU-NATAL
40 Dr A.B Xuma Road
Commercial City, Suite 1219
Durban, 4000
Tel: +27 31 305 2105

GAUTENG
267 Lillian Ngoyi Street
Praetor Forum Pretoria, 0001
Tel: +27 12 341 6090

FREE STATE
49 Charlotte Maxeke Street
Fedsure Building, 2nd Floor
Bloemfontein, 9300
Tel: +27 51 430 9348

EASTERN CAPE
3-33 Phillip Frame Road
Waverly Office Park Chiselhurst
East London, 5247
Tel: +27 43 722 3489

NORTHERN CAPE
143 Du Toitspan Road
NPO Building
Kimberley, 8300
Tel: +27 53 832 0477

LIMPOPO
Cnr Grobler & Schoeman Street
106 Library Gardens Square,
1st Floor Polokwane, 0700
Tel: +27 15 291 3070

NORTH-WEST
38 Molopo Road
Mahikeng, 2745
Tel: +27 18 381 1505

COMMISSION FOR GENDER EQUALITY

@CGELIVE

COMMISSION FOR GENDER EQUALITY

@CGE_ZA

GENERAL ENQUIRIES
INFO@CGE.ORG.ZA

MEDIA ENQUIRIES
MEDIA@CGE.ORG.ZA

WWW.CGE.ORG.ZA

SCAN CODE TO ACCESS CGE WEBSITE

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