

**IMPLEMENTATION CHALLENGES OF WELFARE PROVISIONS FOR
PRISONERS IN NSAWAM MEDIUM SECURITY PRISONS**

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DECLARATION

I, Augustina Ama Boadu, do hereby declare that except for references to other people's work which have been duly acknowledged, this dissertation is the result of my own independent research work carried out at the Centre for Social Policy Studies, University of Ghana, Legon, under the supervision of Mr. Daniel Doh, and that, it has not been presented in whole or in part for award of another degree elsewhere.

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DEDICATION

This work is dedicated to my late mother, Gladys Nuerthey, for the good foundation she laid for my education that has brought me this far.



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LIST OF ABBREVIATIONS

ACHPR	African Commission on Human and Peoples' Rights
AIHW	Australian Institute of Health and Welfare
CHRAJ	Commission for Human Rights and Administrative Justice
CSO	Civil Society Organizations
FAO	Food and Agricultural Organization
GoG	Government of Ghana
GPS	Ghana Prison Service
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICPS	International Centre for Prison Studies
NGO	Non-Governmental Organization
NRCD	National Redemption Council Decree
UNODC	United Nations Office on Drugs and Crime

ABSTRACT

This study was undertaken to investigate the implementation challenges of welfare provisions for prisoners in Nsawam Medium Security Prisons. It gathered views on the extent to which welfare standards for prisoners have been implemented and achieved in relation to health, feeding and accommodation for inmates of Nsawam Medium Security Prisons, and the challenges that faced Ghana Prisons Service in implementing welfare standards for inmates. In all 40 prisoners, 20 prison officers, and 9 key prison administrators from Nsawam Medium Security Prisons were sampled randomly and purposively. Data from 40 prisoners and 20 prison officers were collected by means of questionnaire and analyzed quantitatively whereas data from key prison administrators were collected by means of structured oral interviews and analyzed qualitatively based on the research objectives. The study established that inadequate supply of essential drugs and inadequate qualified health personnel, inadequate ration grants for prisoners, and overcrowding of cells coupled with inadequate ventilation, inadequate toilet facilities and unhygienic conditions are the major drawbacks to welfare delivery to prisoners of Nsawam Medium Security Prison. Besides, findings indicated that the Ghana Prison Service (GPS) is making effort to improve welfare delivery to prisoners and has been receiving various forms of support from Civil Society Organizations (CSOs) and Non-Governmental Organizations (NGOs). The study recommends increase in government budgetary allocation for feeding, revival of prison farm concept, resourcing of infirmary with adequate drugs and health personnel, registration of inmates with NHIS, renovation of the existing prison accommodation facilities and building of new ones, and tapping the full support of CSOs and NGOs as measures to ensure effective implementation of welfare standards in Nsawam Medium Security Prisons with regard to feeding, health and accommodation of prisoners.

CHAPTER ONE

INTRODUCTION

1.0 Background to the Study

Incarceration is not meant to be only punitive but also for rehabilitation and reformation processes. However, many think that the penal systems are purposely to deliver punishment to offenders. Therefore, punitive elements associated with incarceration continue to be the main aspect of modern day penal and correctional institutions as maintains by African Commission on Human and Peoples' Rights (ACHPR, 2004). Prison authorities and government ignore certain fundamental human rights of inmates, and fail to factor the plight and welfare of prisoners adequately into the national budget. Physical abuse of inmates by prison guards, corporal punishment and the routine use of leg irons, fetters, shackles, and chains, as well as overcrowding, malnutrition and food shortages, unhygienic accommodation and sanitary conditions, and inadequate health care, remain chronic problems of penal systems and an integral part of prison life. These human rights abuses remain the leading causes of communicable diseases and death among prisoners (ACHPR, 2004).

In the case of Africa where the penal systems were largely inherited from the colonial powers, the brutality and inadequate welfare provisions which characterized prison institutions have not been changed. Africa has not been able to minimize punitive practices - the problem of prison overcrowding, inmate abuse, poor sanitation, prison deaths, hunger and malnutrition, etc. continue to be major challenging issues that demand human rights protection measures (ACHPR, 2004).

In order to ensure the rights and protection of prisoners around the world, there are in place adequate international and local legislative instruments and standards that seek to spell out the

rights and welfare standards of prisoners, and serve as guide for the treatment of offenders in prisons. Internationally, the Standard Minimum Rules for the Treatment of Prisoners set out acceptable principles and practices in the treatment of prisoners and the management of penal institutions in terms of welfare provisions including accommodation, personal hygiene, clothing and bedding, food, exercise and sport, medical services, etc as well as discipline, punishment and protection (United Nations, 1977). Right to sufficient food that adequately meets the dietary needs for growth, quality health and life is specially recognized a major welfare provision and a fundamental human right (Human Rights Council, 2007; Ziegler, 2012). Besides, the United Nations Universal Declaration of Human Rights maintains that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of lack of livelihood in circumstances beyond his control. Governments therefore have a legal duty to give free-of-charge and sufficient food to people who are denied of access to food in times of war, disasters and particularly during detention and incarceration (FAO, 2002; Human Rights Council, 2007; Special Rapporteur on the Right to Food, 2010a; UN, 1966 & 1948).

The Kampala Declaration on Prison Conditions in Africa (1996) adopted at the first ever Pan-African Seminar on Prison Conditions in Africa held in Kampala, Uganda provides minimum standards of welfare conditions and treatment of offenders in penal institutions in Africa. The constitution of the Republic of Ghana upholds the rights and welfare of all persons including prisoners. As stated in chapter 5, article 15, clause 2, “no person shall, whether or not he is arrested, restricted or detained, be subjected to torture or other cruel, inhuman or degrading treatment or punishment”. The Prisons Service Act 1972 (NRCD 46), and the Prisons Standing

Orders (228) require the Ghana Prisons Service and correctional institutions to “ensure the safe custody and welfare of prisoners and whenever practicable to undertake the reformation and rehabilitation of prisoners”. The instruments set out welfare provisions including wholesome and nourishing food, clothing, soap, bedding and healthcare in quantities sufficient to maintain good health.

In spite of these legislations, much has not been done to ensure the welfare of inmates especially in Africa (ACHPR, 2004). In the case of Ghana, it is not different, thus, conditions in Ghanaian prisons are said to be far from international standards (Amnesty International 2012; Sackitey, 2012). The corrections processes, treatment of offenders and welfare conditions in prisons across the country have not yet seen any significant improvement upon penal systems inherited from the British colonial powers. The problem of extreme prison overcrowding, inmate abuse, poor sanitation and unhygienic conditions, prison deaths, hunger and malnutrition and lack of adequate healthcare are major challenges in the prisons. Prison officials as well as the public attribute these welfare challenges to the low budgetary allocation to adequately implement welfare provisions for prisoners (Amnesty International, 2012; Sackitey, 2012).

A research conducted by Amnesty International in five prisons in Ghana including Nsawam Medium Security Prisons finds inadequate infrastructure and sanitation, insufficient food and healthcare as major challenges in implementing welfare provisions. According to the report, the then GH¢0.60 per person per day budget for feeding was woefully inadequate. This retards the effort of the prison to serve inmates with adequate and quality meals (Amnesty International 2012; Sackitey, 2012; www.rupfa.org).

According to reliable sources (www.rupfa.org/www.webzilla.com.gh/), the prison was built for 717 inmates but due to lack of logistics and inadequate infrastructure to accommodate the inmates this number has been tripled in the Nsawam Medium Prisons. Additionally, poor welfare, lack of visit and lack of good medical care, and sicknesses are among the issues confronting the inmates, whereas about 80% of the inmates do not have lawyers to speak for them or even appeal on their cases.

In fact, the extent to which welfare standards for prisoners have been implemented particularly in relation to health, feeding and accommodation, and the treatment of prisoners and conditions of detention in general, as well as the resulting inherent human rights problems and the challenges involved in improving on welfare delivery, remain great concerns to the public, academia, prison authorities as well as to human rights organizations.

1.1 Statement of the Problem

The Ghana Prisons Service as part of its core functions is to ensure safe custody and welfare of prisoners. Welfare here means the provision of adequate food and water, quality health care, safety as well as suitable bedding among other things (Prison Service Act, 1972). The Service has constantly been confronted with limited budgetary allocation, making the provision of basic welfare needs for prisoners a major challenge. Civil Society and human rights organizations through the media have raised concerns about the inhuman conditions in Ghana's prisons; one of which is the so called "bad food" given to prisoners (Amnesty International 2012; Sackitey, 2012; www.rupfa.org/). Even though human rights institutions such as Amnesty International and Commission for Human Rights and Administrative Justice (CHRAJ) have been reporting periodically on human rights issues in the prisons, there is no empirical evidence on the

magnitude of the problems associated with these issues. Between 2007 and 2010, 78 persons died in detention and 367 prisoners lost their lives and among the major causes of deaths were anemia, malnutrition, hypertension, typhoid which are food related diseases CHRAJ, 2010; United States Department of State/Bureau of Democracy, Human Right and Labour, 2011).

Besides, little or virtually no research work has been done in these areas in Ghana, especially scholarly works that purposely examine the extent to which welfare standards for prisoners have been implemented in Nsawam Medium Security Prisons in particular, and the efforts being made by the Ghana Prison Service to improve on welfare delivery for inmates in Ghana in general. These issues which impact on the well-being of prisoners are therefore worth investigating.

1.2 General objective

The purpose of this study is to examine the welfare provisions for prisoners and how these have been defined and operationalized in the Ghana Prison Service (GPS).

1.3 Specific Objectives of the Study

Specifically, the objectives of the study are:

1. To evaluate the extent to which welfare standards for prisoners have been implemented in relation to health, feeding and accommodation in Nsawam Medium Security Prisons.
2. To examine the efforts been made by the Ghana Prison Service to improve on welfare delivery for inmates of Nsawam Medium Security Prisons.
3. To investigate the challenges facing the delivery of welfare to prisoners in Nsawam Medium Security Prisons.

4. To assess the contributions being made by Civil Society Organizations (CSOs) in the delivery of welfare provisions to prisoners in Nsawam Medium Security Prisons.

1.4 Research Questions

- i. To what extent are welfare standards for prisoners being implemented in relation to health, feeding and accommodation for inmates of Nsawam Medium Security Prisons?
- ii. What efforts have been made by the Ghana Prison Service to improve on welfare delivery for inmates of Nsawam Medium Security Prisons?
- iii. What are the challenges facing the delivery of welfare to prisoners in the Nsawam Medium Security Prisons?
- iv. What are the contributions being made by Civil Society Organizations as well as NGOs in the delivery of welfare provision to prisoners in the Nsawam Medium Security Prisons

1.5 Significance of the Study

The study involved a cross section of inmates, prison officers and some key administrators of the Nsawam Medium Security Prisons to share their concerns on the welfare matters of prisoners. It is envisaged that the level of participation and findings of this study would be useful in many ways to various categories of people including management of Nsawam Medium Security Prison, students and researchers in the field of social policy, policy makers, etc.

The findings would provide greater insight to the administrators and authorities of the Nsawam Medium Security Prisons into health, feeding and accommodation factors that contribute to poor welfare of prisoners. This would guide them to devise appropriate strategies by which feeding,

health and accommodation conditions can be improved in order to ensure quality welfare among inmates.

Besides, the participatory nature of the study would provide a platform and opportunity for inmates of the Nsawam Medium Security Prisons to share their major concerns with the potential readers of this work, and also air their views on welfare conditions that adversely affect them. This would help to inform prison authorities the plight of the inmates, and also create some form of public awareness in order to attract deserving social interventions.

Additionally, the findings of the study would provide empirical data for policy makers need to evaluate the extent to which welfare standards for prisoners being implemented and achieved, and the efforts made by Ghana Prison Service to improve on welfare delivery for inmates of Nsawam Medium Security Prisons and the challenges involved. Such a reliable data for evaluation would help policy makers to device policies and service interventions to enhance welfare delivery for prison inmates.

Moreover, the findings of the study would enable the researcher to make policy recommendations to policy makers, the Nsawam Medium Security Prison administration, Ghana Prisons Service as well as the Ministry of Interior on policies and strategies that can be employed to improve on welfare delivery for inmates in prison institutions in Ghana.

Finally, the research report would add to the existing literature on the state of welfare provisions for prisoners, and capture issues that have not been adequately researched. Such a document would be invaluable to academia, prison administration and the general public, and also serve as source of reference for other researchers intending to study on the said issues in similar prison environments elsewhere.

1.6 Conceptual Framework

The conceptualization of welfare conditions in Nsawam Medium Security Prisons and how those conditions affect the quality of life of prisoners is based on the “input-output model” of the system theory propounded by biologist Ludwig Von Bertalanffy in 1956 (Koontz and Weihrich, 1988). The theory claims that any well-structured institution has an environment in which it is established and functioned. The institution depends on its environment for inputs and the environment serves as generator which creates the inputs. These inputs from the environment are received by the institution, which then functions as processor to transform the inputs into outputs (Koontz and Weihrich, 1988). Systems theory was developed from the scholarly works of Ludwig von Bertalanffy, Anatol Rapoport, Gregory Bateson, Kenneth E. Boulding, Margaret Mead, William Ross Ashby, C. West Churchman and others in the 1950s (Laszlo and Krippner, 1998; Dent & Umpleby, 1998; Koontz and Weihrich, 1988; Mulej et al., 2004).

Some of the basic assumptions of the system theory are that: a system is a whole and is greater than the sum of its parts; there is a web of relationships among elements or parts of the system; system has an environment which plays a role in the manifestation of the system - the quality of inputs from the environment invariably affects the quality of output of the system; no system exists in isolation, instead, it interacts with other similar or different type of systems - the functioning of each system affects and is affected by other systems; at times it is "inherently impossible to determine in advance which direction a change in the system will take" (Prigogine & Stengers, 1984, p. xv; cited in Dent & Umpleby, 1998); observations are independent of the characteristics of the observer; the elements of a system are able to generate new states in themselves that they never manifested before (Dent & Umpleby, 1998; Mulej et al., 2004).

Therefore, the choice of this model is based on the belief that the quality of welfare provisions of prisoners of Nsawam Medium Security Prisons invariably affects the quality of prisoner's life and well-being. As this notion is assumed in the study, the Ghana Prisons Service is a system with Nsawam Medium Security Prisons as one of the major components (processor). This prison is an organized and well-structured penal institution which does not exist in isolation but instead, it depends on its environment and other similar and or different institutions to play its legal roles of providing safe custody, reformation and rehabilitation services to inmates. The government of Ghana, international organizations and civil society organizations are part of the environment which generates inputs for the prison. These inputs include welfare provisions and facilities for prisoners, Prison Decrees, Prison Standing Orders and Ghana Prisons Act, supervision and monitoring processes, budgetary allocation and other rules which govern the safe custody, reformation, and rehabilitation of prisoners. The inputs are received by the Nsawam Medium Security Prisons, which then transforms them into outputs in this case as quality life or welfare of prisoners. The quality of the inputs received from the environment invariably affects the quality of life or welfare of prisoners as output produced by the Nsawam Medium Security Prisons. Besides, Ghana Prisons Service as a system is greater than the sum of all the 46 prison establishments in Ghana in terms of role and hierarchy of power. However, it is affected by a dys-functioning of any of the prisons such as inability of Nsawam Medium Security Prisons to effectively implement welfare standards for prisoners. Hence, a change in the functions of the Nsawam Medium Security Prisons, as element of a system are capable to generate new states in themselves that they never manifested before, will either positively or negatively affect the state of Ghana Prisons Service. This change will sometimes be impossible to determine in advance its direction, and may come from outside or within the system which will invariably affect the

functions of the Nsawam Medium Security Prisons and thereby the output of Ghana Prisons Service. It is, therefore, assumed in this work that if inputs received by Ghana Prisons Service are acceptable, and of high quality and adequate for the functions of Nsawam Medium Security Prisons among other prisons, better outputs will result, and will positively affect the state of Ghana Prisons Service.

In this respect, the extent to which welfare standards for prisoners have been implemented are dependent variables (outputs) which are definitely influenced by such factors (inputs) include definition of welfare standards in the Ghana Prisons Service, commitments of prison officers, budgetary allocation to prisons, supervision and monitoring processes as independent variables. It is therefore assumed that if the welfare standards are well-defined, prison officials are motivated and exhibit the needed commitments, enough budgetary allocation is made to the prisons, and supervision and monitoring processes are effective, then, the implementation and achievements of welfare standards for prisoners would be successful to a very large extent and vice versa. This is in line with the ideas of Amnesty International (2012) and ACHPR (2004) (2012)

The efforts by the Ghana Prisons Service to improve on welfare delivery for inmates of Nsawam Medium Security Prisons are conceptualized as the capacity and steps of the prisons to enhance services to the inmates. This is also a dependent variable (output) whose analysis may be determined by independent variables (inputs) including funds allocated to Ghana Prison Service to improve on welfare provisions, availability and adequacy of facilities such as accommodation and beddings, clinic, sanitary facilities and capacity of prisons staff and logistics. That is, if these inputs are in their good state and quantities sufficient, welfare delivery is likely to be enhanced

and vice versa. This argument is supported by Amnesty International (2012), ACHPR (2004) and Sackitey (2012).

Challenges involved in the implementation or delivery of welfare standards for prisoners constitute another dependent variable to be investigated in the study. Challenges that the Ghana Prisons Service may face in its efforts to implement and or improve on welfare provisions in Nsawam Medium Security Prisons are also likely to be caused by independent variables such as resources available to the prisons and definition of welfare standards in Ghana Prisons Service. It is presumed that if resources are available in sufficient quantities and welfare standards are suitably defined to the prison environment in Ghana, then, there will be less and addressable challenges to be faced by the Ghana Prisons Service in its efforts to implement and or improve on welfare provisions in Nsawam Medium Security Prisons and vice versa. This is equally argued by Amnesty International (2012), ACHPR (2004) and Sackitey (2012).

Apart from the independent variables, certain extraneous variables may also affect the implementation and achievement as well as the effort of Ghana Prisons Service to improve on welfare provisions in Nsawam Medium Security Prisons. These include the prisons management, size of the prison population and the quality of prison officials among many. Since, these variables play a role in producing the quality of life or well-being of prisoners as output, they must be controlled in order that they do not interfere with the results of the study. The control of the extraneous variables will be achieved by carefully differentiating between the results linked to extraneous variables and those based on independent variables as far as the issues under study are concerned.

1.7 Definition of Concepts

For the purpose of this study, the definitions given here are operational but they do not differ significantly from their usual meanings.

Prisoners mean people of 18 years and above who are lawfully sentenced to term of imprisonment in Nsawam Medium Security Prisons. This term will also mean **inmates**.

Poor will be used to mean substandard quality of welfare provisions.

Welfare of prisoners implies provisions that ensure the rights and well-being of prisoners.

Welfare standards means legally defined provisions that seek to ensure safe custody, effective reformation and rehabilitation as well as quality of life of prisoners

1.8 Organization of the Work

The study is organized into five (5) chapters. Chapter one presents the introduction to the work which involves the background to the study, the research problem, objectives of the study, research questions, significance of the study, operational definition of concepts and theoretical framework.

The chapter two entails the review of both theoretical and empirical literature that may be found relevant background to the investigation and understanding of issues under study. It is sub-organized into themes based on the major variables of interest to be studied.

Chapter three presents the manner in which the study would be conducted. It outlines and describes components including research design, population, study area, sample size and

sampling technique, research instruments, validity and reliability, procedure of data collection and analysis, limitation to the study, and scope of work.

Chapter four is used to present, analyze and discuss both the primary and secondary data which will be collected from the field for the study. The chapter is sub-divided into various sections based on the study objectives so as to achieve systematic presentation and meaningful link of ideas.

Chapter five entails the summary and conclusion of the research findings. It is also used to make recommendations on policies, strategies and social interventions that can be employed to improve welfare conditions in Nsawam Medium Security Prison in Ghana.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Chapter two of this work entails the review of both theoretical and empirical literature that are found relevant background to the investigation and understanding of issues under study. It is organized into themes based on the major variables of interest to the study.

2.1 Legal and Policy Frameworks for the Treatment of Prisoners

There is a substantial body of legal and policy frameworks and standards at international, regional and local levels which seek to ensure appropriate treatment of prisoners and delivery of welfare provisions and suggest measures of addressing some challenges in prisons worldwide. These legislations are in recognition that although prisoners are in penal institutions and are denied freedom they have right to life, human dignity and security as the general population (African Union, 1996; United Nations, 1984). Various legislative instruments relevant to this study include the following:

2.1.1 International Instruments

In “recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family...” including prisoners and detainees, Article 1 of the **Universal Declaration of Human Rights (1948)** states that “all human beings are born free and equal in dignity and rights”. This entreats nations to ensure that all persons including prisoners are treated humanely and are provided the right to live as such. Besides, in order to avoid violence as response to ill-treatment among human population as, for instance, has been noted in prisons, Article 3 of the

Declaration further provides that “everyone has the right to life, liberty and the security of person”. Additionally, Article 5 provides that “no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment”. These imply that any condition and treatments which amount to cruelty and life-threatening must be checked in order to avoid rebellion such as violence and gangsterism which characterize prisons worldwide.

The United Nations Standard Minimum Rules for the Treatment of Prisoners (1957) makes it clear the importance of suitable accommodation for prisoners. Article (10) of the rules provides that “all accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation”. Besides, prison accommodation should have adequate natural and artificial lights to enable prisoners to read or work, adequate and ever clean sanitary, bathing and shower facilities. It further provides that accommodating two prisoners in a cell meant for one is unacceptable, and where dormitory system is used, prisoners who are put together must suitably match and be supervised regularly.

Noting the right to food sufficient for survival and health of persons, the rules states in Article (20) that (1) “every prisoner shall be provided by the administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served”, and (2) “drinking water shall be available to every prisoner whenever he needs it”. Failure to meet this standard which demands on the GPS to offer prisoners adequate and quality food and water would also constitute a violation of the right to food under Article 11.1 of the **International Covenant On Economic, Social And Cultural Rights (ICESCR) 1966**.

Moreover, bearing in mind that poor health and poor healthcare are common challenges and conditions in prisons across the world, the United Nations Standard Minimum Rules for the Treatment of Prisoners (1957) reiterate the fact that prisons must have at least one qualified medical officer with knowledge to offer daily physical and mental healthcare of prisoners, and infirmaries with adequate equipment, furnishings and pharmaceutical supplies. To ensure special medical care, the rules further requires that “sick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals, and the services of a qualified dental officer shall be available to every prisoner”.

To address problems of harsh prison conditions and ill-treatments, Article 20 of the Standard Minimum Rules provides that(1) “the medical officer shall regularly inspect and advise the Director (of prisons) upon: (a) the quantity, quality, preparation and service of food; (b) the hygiene and cleanliness of the institution and the prisoners; (c) the sanitation, heating, lighting and ventilation of the institution; (d) the suitability and cleanliness of the prisoners' clothing and bedding...” and Article 31 further states that “corporal punishment, punishment by placing in a dark cell, and all cruel, inhuman or degrading punishments shall be completely prohibited as punishments for disciplinary offences”.

In the same vein, both the **Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (1988)** and the **Basic Principles for the Treatment of Prisoners (1990)** uphold prisoners' inherent dignity and provide them all the rights as enjoyed by the general public with the exception of those that are necessary to be curtailed for the purpose of imprisonment. Thus, Principle 1 of the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (1988) states that “all persons under any

form of detention or imprisonment shall be treated in a humane manner and with respect for the inherent dignity of the human person” whilst Principle 6 reiterates that “no person under any form of detention or imprisonment shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment - no circumstance whatever may be invoked as a justification for torture or other cruel, inhuman or degrading treatment or punishment”.

Similarly, Principle 1 of the Basic Principles for the Treatment of Prisoners (1990) states that “all prisoners shall be treated with the respect due to their inherent dignity and value as human beings”. Besides, Principle 7 provides that “efforts addressed to the abolition of solitary confinement as a punishment, or to the restriction of its use, should be undertaken and encouraged”. Principle 9 further provides that “prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation”. Undoubtedly, these principles are provided to help address inhumane conditions characterizing prisons.

2.1.2 Regional Instruments

The **Kampala Declaration on Prisons Conditions in Africa (1996)** adopted at the first ever Pan-African Seminar on Prison Conditions in Africa held in Kampala, Uganda in 1996 recognizes the need for prisons in Africa to ensure that inmates exercise their rights as imprisonment requires. That is in respect of human rights, the Kampala Declaration recommends in Principle 1 that “the human rights of prisoners should be safeguarded at all times...”and in 2 as “Prisoners should retain all rights which are not expressly taken away by the fact of their detention”.

By recognizing the right to life and inherent dignity despite detention, the Kampala Declaration further recommends that: 3. “prisoners should have living conditions which are compatible with human dignity”, 4. “conditions in which prisoners are held and the prison regulations should not aggravate the suffering already caused by the loss of liberty”, 5. “the detrimental effects of imprisonment should be minimized so that prisoners do not lose their self-respect and sense of personal responsibility”, 6. “prisoners should be given the opportunity to maintain and develop links with their families and the outside world, and in particular be allowed access to lawyers and accredited paralegals, doctors and religious visitors”.

The **Arusha Declaration on Good Prison Practice (1999)** adopted at a conference held in 1999 in Arusha, Tanzania, is another regional policy framework for Africa which seeks to ensure effective delivery of welfare provisions to prisoners and compliance with prison standards. The adoption of the Arusha Declaration was in recognition that “conditions in most African prisons fall short of minimum standards for the treatment of prisoners”. It therefore calls on prison services to promote and implement good prison practices, offer prison guards requisite skills of managing prisons and partner with civil society organizations to improve conditions and delivery of welfare and minimum standards for the treatments prisoners.

The **Ouagadougou Declaration and Plan of Action on Accelerating Prisons and Penal Reforms in Africa (2002)** seeks to suggest means by which challenges to prison management can be reduced and improve conditions in prisons and delivery of welfare provisions to prisoners. It recommends that African prisons must: reduce prison overcrowding by means of non-custodial measures; ensure self-sufficiency in prison resources by involving prison staff and inmates in agricultural production and prison industries; and maintain standards by application of

rule of law to prison administration in order to ensure dignity and quality health of prisoners. Besides, the declaration recommends that African prisons must have clear and all inclusive regulations to govern prisons, the rights and duties of prisoners, and punishments and decisions that affect the rights of prisoners should be reviewed by an independent judicial body in order to address prison abuse and ill-treatments in African prisons. Additionally, in recognition of the prisoners right to quality health, the Ouagadougou Declaration and Plan of Action on Accelerating Prisons and Penal Reforms in Africa (2003) reiterates the need to emphasize primary health care, hygiene education, nutrition and sanitation promotion in the prisons and link the healthcare of prisoners with the Ministry of Health and national health schemes, and also the need for health information.

Many studies exploring the principle of equal legal representation and access of prisoners to the legal aids and resources and protections of the criminal justice system have yielded similar results especially in Africa. According to ACHPR (2004), Amnesty International (2012), US Department of State/Bureau of Democracy, Human Rights and Labor (2011), and Ghana National Review, Universal Periodic Report (2008), a very large proportion of people in conflict with the criminal justice system are either poor and lack resources with which to seek legal aid in order to protect their rights or do not have access to legal aid or to the court of law. Besides, there is absence of legal services and assistance in a large number of police stations and prisons across Africa, whilst many African governments fail to enforce rights to due process, a fair hearing, and legal representation thereby denying people justice. In recognition of these lapses in African criminal justice system, the **Lilongwe Declaration on Accessing Legal Aid in the Criminal Justice System in Africa** was adopted in 2004. It strongly advises governments to provide access to legal aid for persons in the criminal justice system, and government officials,

including police and prison administrators, judges, lawyers, and prosecutors to recognize the crucial role of legal aid in the development and maintenance of a just and fair criminal justice system and provide legal assistance at all stages of the criminal process.

By way of action plan to ensure that African governments enforce rights to due process, a fair hearing, and legal representation, the Lilongwe Declaration on Accessing Legal Aid in the Criminal Justice System in Africa (2004) demands that African governments should establish independent legal aid institutions, create a legal aid fund to administer public defender schemes, provide human rights education and legal literacy programmes, enact legislation that promote human rights in the criminal justice system, provide paralegal services in police stations, courts and prisons, and encourage Non-Governmental Organizations (NGOs) and faith-based groups to train local leaders on the law and constitution.

2.1.3 Local Instruments

Ghana as a nation has ratified various international and regional conventions and declarations that seek to enhance human rights of all persons including prisoners and detainees. In recognition of these, the **1992 Constitution of the Republic of Ghana** guarantees the fundamental human rights and freedom for all persons in the country. In chapter 5 of the Constitution, Article 15 provides for the dignity of all persons including the arrested, restricted or retained and this provision to a large extent provides the basis for the need to safeguard the human rights and dignity of persons in penal institutions in Ghana. That is, Article 15 (2) provides that “no person shall, whether or not he is arrested, restricted or retained, be subjected to - (a) torture or other cruel, inhuman or degrading treatment or punishment; (b) any other condition that detracts or is

likely to detract from his dignity and worth as a human being”. Undoubtedly, this requires the GPS to avoid abuse of prisoners and ill-treatments, and to improve welfare delivery to prisoners so that they can live in dignity and health.

Bearing in mind the need for appropriate accommodation arrangements for different categories of inmates, Article 15 (3) further provides that “a person who has not been convicted of a criminal offence shall not be treated as a convicted person and shall be kept separately from convicted persons” whilst Article 15(4) states that “a juvenile offender who is kept in lawful custody or detention shall be kept separately from an adult offender”.

In line with the 1992 Constitution of the Republic of Ghana, the **Prisons Service Act 1972 (Prison Service Degree [N.R.C.D. 46])** provides for the health, feeding and accommodation for prisoners. Section 35 (1) provides that:

“It shall be the duty of the Director of Prisons to ensure that every prisoner (a) is regularly supplied with wholesome and nourishing food in quantities sufficient to maintain him in good health; (b) is at all times supplied with clothing, soap, bedding and other necessities in quantities sufficient to maintain his decency, cleanliness and good health; (c) is at all reasonable times permitted access to washing and toilet facilities sufficient to keep himself clean and decent in his person; (d) is permitted to take daily exercise outside his cell during the hours of daylight for a period not less than one hour in every day; (e) is promptly supplied with all medicines, drugs, special diets or other things prescribed by a medical officer of health as necessary for the health of that prisoner”.

In respect of accommodation, section 37(2) states that “No cell shall be used for the confinement of a prisoner unless a medical officer certifies in writing that its size, lighting,

heating, ventilation, fittings and furniture are adequate for health and that it allows the prisoner to communicate at any time with a prison officer”.

2.2 Conditions and Challenges in Prisons

Various studies have shown that the issues of poorly ventilated buildings and abusive accommodation arrangements, growing prison populations and overcrowding, inmate abuse, unhygienic sanitary conditions, prison diseases and deaths, hunger, food shortages and malnutrition, lack of medical care, etc. remain the most common phenomena associated with prison facilities across the world. These poor conditions in prisons amount to inhuman treatment and human right abuse (African Commission on Human and Peoples’ Rights [ACHPR], 2004; United Nations Office on Drugs and Crime ([UNODC], 2009) International Centre for Prison Studies ([ICPS], 2012; Amnesty International, 2012).

2.2.1 Buildings and Accommodation

Many prisons around the world are noted to have very large and tall buildings and high security fences with some of them surrounded with barbed wires on the top for security reasons ACHPR, (2004). However, giving security measures the paramount priority, the structure of buildings and accommodation arrangements show undue human rights abuses and ignorance of the welfare of prison inmates (UNODC, 2009). Prison cells are characterized by inadequate ventilation, high illumination of night light or total darkness, dilapidated roof, ceilings, mats, and floor, and inadequate toilet facilities (Amnesty International, 2012). According to a recent report of UK Home Office of Immigration and Nationality Directorate of Cameroon (2011), prisons in Cameroon are seriously overcrowded, unsanitary and inadequate, old and filthy. Prisoners are

kept in dilapidated colonial-era prisons where the number of detainees is four to five times the original capacity, whilst a Pennsylvania prisoner claims that his cell is inadequately ventilated, exposed to extreme heat and cold, rodent infestation among others which amount to inhuman treatment. Many Israeli prison facilities are also reported of stifling heat in the summer and freezing cold in winter, poor sanitation, insect infestation and structural conditions that impair privacy of prisoners (ICPS, 2012).

The punitive nature of accommodation facilities of Ghana prisons in generally and in Nsawam Medium Security Prisons in particular are of no exception. Buildings are tall with high security fences, limited space and size cells, insufficient number of windows to let in fresh air, worn out and cracked walls, too high illuminated lights or darkness, etc. (Amnesty International, 2012; US Department of State/Bureau of Democracy, Human Rights and Labor, 2011). In the 2008 Universal Periodic Review of human rights performance of Ghana, the GoG acknowledged that “some of the prison buildings are old and not suitable for habitation” (Ghana National Review, Universal Periodic Report, 2008: in Amnesty International, 2012).

Contrarily, a Special Rapporteur of ACHPR (2004) claims that many of the buildings of prisons and detentions in South Africa are generally well constructed and are in good conditions; the infrastructure is good and modern. Most of the facilities inspected had well-constructed buildings with modern trade equipment and facilities including kitchen equipment, toilets and security apparatus.

However, abusive accommodation arrangement in the prison environments is a serious problem and common prison condition worldwide. In Turkey, adult and juveniles share cells together and

in the Cayman Islands, older men are housed with juveniles at Eagle House, the centre designed for the country's youngest prisoners, and teenagers are still being housed inside the adult prison at Northward (ICPS, 2012). Recently, Amnesty International (2012) also notes that accommodation arrangement in Ghana's prisons is equally abusive. As found at the time of visit, some of the facilities' cells lack toilet, were dark, and had poor ventilation and very filthy kitchens and basic infirmaries. In some prisons, six (6) remand inmates were sleeping in 6 feet by 10 feet cells, 45 sleeping in 4 metres by 5 metres cells, and 115 convicted prisoners sharing 5 metres by 8 metres cells. As also observed by United States Department of State/Bureau of Democracy, Human Rights and Labor (2011), these inmates slept on their sides on mats or bare floor by alternating head-to-toe in order to manage the limited space, and carefully had to step between sleeping colleagues to the corner to urinate, whilst in some blocks, prisoners had to sleep in batches.

2.2.2 Prison overcrowding

There is substantial evidence of overcrowding of prisons worldwide. The Special Rapporteur of African Commission on Human and Peoples' Rights ([ACHPR], 2004) claims that about 8.5 of the world population or 140 out of 100, 000 persons are prisoners. The phenomenal growth of prison populations with disproportionate expansion of prison facilities are among the leading causes of overcrowding of prisons across the continent. Similarly, International Centre for Prison Studies ([ICPS], 2012) finds, in its bi-monthly review of reports on prison conditions from 1st September to 31st October 2012, that prison overcrowding is common and chronic challenge in prisons around the world. It notes that, for instance, in **Europe**, Italy's 206 prisons with a capacity of about 46,000 was holding around 67,000 prisoners, giving an overcrowding rate of

145 percent, Serbian prisons capacity of 7,400 had 11,375 prisoners, Czech Republic with 20,700 places had 23,200 prisoners, whilst Mexico's prison population stood at 48,872, or 25 percent above capacity as of July 2012.

In South and North **America**, 48,658 prisoners were held in prison facilities with a capacity of 33,822 in Chile, and as of July 2012, prison population of Mexico stood at 48,872, which was 25 percent above capacity, whilst Costa Rican prisons had a capacity of 9,813 but at 27 September, 2012 was holding 12,987 (ICPS, 2012). A study by Government Accountability Office (GAO) into the growth in the prison population between fiscal years 2006 to 2011 reveals that the population in US federal prisons grew by 9.5 percent with prison overcrowding increasing from 36 to 39 percent in that time (ICPS, 2012).

Besides, in **Asia and Oceania**, Pakistan's 91 prisons with official capacity of 42,617 held 78,000 prisoners at the end of January 2011, representing an occupancy rate of approximately 180 percent. Kedungpane prison in Central Java of Indonesia was housing 1000 prisoners in a facility designed for 500 prisoners instead, a prison in Mardin province in Turkey was holding 987 women prisoners in a prison with capacity of 480, whilst in the Northern Territory of Australia, prison population increased by 14 percent from June 2011 to June 2012 (ICPS, 2012).

Prison overcrowding in the case of **Africa** is also a major challenge and common characteristic of prisons. Africa has not been able to address the ever-growing problem of prison overcrowding and other poor conditions in its prisons (ACHPR, 2004). According to a study by the Cameroon Branch of Advocates Sans Frontières (2002 cited in UK Home Office of Immigration and

Nationality Directorate of Cameroon (2011), the country's prisons had a capacity of 15,250 but were accommodating 23,000 prisoners, and similarly, the Togolese Human Rights League (2010) reports that the 12 prisons of Togo harboured more than twice their designed capacity. In the main prison in Lome there were 1,844 prisoners being held in facilities designed for 666. Also, Tanzania had about 38,000 prisoners in prisons with a total capacity of 27,552 (ICPS, 2012). ACHPR (2004) equally maintains that overcrowding is prevalent in almost every prison in South Africa. Out of 238 prisons, only 29 were not populated above their official capacities, 67 had overcrowded cells of between 101 and 149 percent, 53 had overcrowded cells between 150 and 174 percent and 85 had overcrowded cells of between 175 and 370 percent.

A recent study visit by Amnesty International to investigate prison conditions and challenges in Ghana including Nsawam Medium Security Prisons finds severe overcrowding in many of the country's prisons. According to the organization, all the male prisons are seriously overcrowded with the exception of the Senior Correctional Centre. It was especially noted that Nsawam Male Prison held 4.5 times its officially designed inmate capacity. That is, the prison has inmate capacity of 717 but as of September, 2011, it was holding 3,281 prisoners, giving an overcrowding rate of 458 percent. Kumasi male's prison capacity of 416 held 1,872 prisoners with overcrowding rate of 450 percent, Tamale male's with 70 places held 260 prisoners representing overcrowding rate of 371 percent, whilst Sunyani male's prison held 816 prisoners instead of the official capacity of 297 creating overcrowding rate of 274 percent as at September 2011 (Amnesty International, 2012).

Substantial literature claims that overcrowding can be attributed to many factors including the large number of detainees on awaiting trial, unnecessary arrests by the police, unaffordable bail

and unnecessary postponements of cases, increase in the use of incarceration in general and long term sentences in particular and little use of noncustodial sentences. Overcrowding creates competition for limited resources, aggression and violence, higher rates of illness and higher suicide rates, rehabilitation deficits, asphyxia, skin diseases, sexually transmitted diseases, malaria or TB, etc. (Amnesty International, 2012; ICPS, 2012; ACHPR, 2004).

2.2.3 Inmate Abuse

Inmate abuse is another common condition and a challenge in many prison systems around the world. Many prisons offer treatments which abuse inmates physically and psychologically, and breach their human rights. According to ACHPR (2004), some countries still allow corporal punishment, and daily wearing of leg irons, fetters, shackles, and chains which make it difficult and painful for even simple movements such as walking. Besides, unwarranted beatings are so common and found to be an integral part of prison life in many prison establishments. A report by Amnesty International maintains that some inmates in Chad were chained 24 hours a day in severely overcrowded and unventilated cells which resulted in the death of nine prisoners of asphyxia (cited in ICPS, 2012). UK Home Office of Immigration and Nationality Directorate of Cameroon (2011) claims that in Cameroon, prison officials reportedly torture, beat and physically assault prisoners.

Another form of abuse noted in many prisons is solitary confinement of inmates for an unacceptable number of hours. ICPS (2012) asserts that most inmates in Israeli prisons are solitarily confined 23 hours a day in their cells, without access to healthcare, rehabilitation programmes, education or recreation. It further claims that lawyers and Child Safety

Commissioners have complained seriously about a 16 year old juvenile who spends 22 hours a day in solitary confinement in Port Phillip adult prison in Victoria, Australia, whilst US prison system sent prisoners to solitary confinement more than 13,500 times in 2011.

Prisoners in Ghana are not safe either in terms of abuse as far as there is existence of ill-treatment at various levels. That is, reports from reliable sources claim that prison officers use corporal punishment, verbal abuse and short term solitary confinement as disciplinary measures for misconduct by prisoners (Amnesty International, 2012; ICPS, 2012). Amnesty International (2012) acknowledges in a report on its visit to prisons in Ghana that prisoners are caned, beaten, hit with fist and belt, and insulted as formal punishments for misbehaviours such as fighting, smoking, illegal trading, stealing, etc. The organization further claims a witness of a prison guard aggressively yelled at inmate and some locked up for three days, whilst some prisoners reported of bribing guards for favour and exemption from ill-treatments in some of the prisons visited. Similarly, ICPS (2012) reports that a prison officer at the Nsawam Medium Security Prison ordered some inmates to mix salt and gunpowder and smear around the genitals of two colleagues male prisoners who were allegedly found having sex resulting in severe burns (ICPS, 2012).

2.2.4 Poor Health, Diseases and Deaths of Prisoners

Many studies have revealed that poor health, high rate of diseases and untimely death of prisoners are not only major issues of concern and common conditions in prisons across the world but also prisons are noted to be associated with high levels of mental illness, chronic and communicable diseases, injury, poor dental health, blood borne and sexually transmitted

diseases, disability and death (Amnesty International, 2012; Australian Institute of Health and Welfare [AIHW], 2011; UNODC, 2009). For instance, between 2001 and 2004, US recorded 12,129 State prisoner deaths with 89% resulting from medical conditions, Ghana recorded 84 in 2009 (US Department of State/Bureau of Democracy, Human Rights and Labor, 2011) and 78 in 2010 (Amnesty International, 2012) whilst in 2011, 183 people died in prison in Italy with 63 of them resulted from suicide (ICPS, 2012).

There is substantial research evidences that most common health conditions affecting prisoners in Ghana in particular and worldwide in general include tuberculosis (TB), malnutrition, dysentery, HIV/AIDS and skin disease (US Department of State/Bureau of Democracy, Human Rights and Labor, 2011; Amnesty International, 2012). According to the U.S. Department of Justice (2007), ten leading ailments that cause deaths among State prisoners reported between 2001 and 2004 were digestive diseases, influenza/pneumonia, septicemia, cerebrovascular diseases, respiratory diseases, suicide, AIDS, liver diseases, cancer, and heart diseases. ACMHPR (2004) also reports that HIV/AIDS is the most leading disease in the South African prisons and the spread is worsened by sodomy among prisoners which is very difficult to check because the affected inmates are either unwilling or scared to report inflictors. Similarly, UNODC (2006: cited in Amnesty International, 2012) maintains that there is higher prevalence rate of HIV and other blood borne diseases among prisoners than the general population. A study by Adjei et al. (2008: cited in Amnesty International, 2012) reveals that a total of 1,336 Ghanaian inmates screened in 2004/5, HIV sero-prevalence was 5.9% as against the national prevalence rate of 1.5 (GNA, 2013), syphilis was 16.5, and hepatitis B was 25.5%.

According to Australian Medical Association (2012), incarceration and poor health are strongly linked. In line with the above assertion, AIHW (2011), US Department of State/Bureau of Democracy, Human Rights and Labor (2011) and Amnesty International (2012) had also argued that the harsh conditions prisoners endure daily including overcrowding, malnutrition, unhygienic conditions, and lack of medical care remain the most common causes of diseases and death in Ghana prisons and around the world. Additionally, a variety of studies have shown that a large number of inmates indulge in risky health behaviours, including drug abuse, alcohol use and smoking (AIHW, 2011; ICPS, 2012; Medical Association, 2012). There is also an argument that a significant number of diseases and deaths in prisons result from violence, abuse and other ill-treatments, as well as pre-incarceration poor health conditions present at the time of admission as prisoners tend to come from disadvantaged backgrounds characterized by high levels of unemployment, low educational attainment, drug and alcohol addiction, insecure housing, lack of regular medical care, malnutrition, etc. (Australian Medical Association, 2012). For instance, the U.S. Department of Justice (2007) claims that two-thirds of a total of 12,129 State prisoner deaths reported in US between 2001 and 2004 were the result of medical problems which were present at the time of admission whilst other deaths cases resulted from prison conditions. Thus, 89% were attributed to medical conditions, 6% were the result of suicide and 2% were homicide, and alcohol/drug intoxication and accidental injury accounted for 1% each, whilst specific cause for 1% of these deaths could not be determined.

Many prisons are reported to be lacking infirmaries and or medical personnel leading to lack of quality medical care and access to infirmary staff. For instance, UK Home Office of Immigration and Nationality Directorate of Cameroon (2011) reports that prisoners routinely die in Cameroon prisons due to harsh prison conditions and inadequate medical treatment– there is serious

deficiency in health, and health and medical care are virtually absent. During a study visit to the South African prisons, ACHPR (2004) finds that although many of the prisons have infirmaries, there were inadequate health facilities, laboratory equipment, drugs and staff, and delays in drugs procurement and lack of prompt to access health care. In a similar study undertaken in ten prisons in Ghana, as was previously found by US Department of State/Bureau of Democracy, Human Rights and Labor (2011), Amnesty International (2012) confirms that infirmaries could only provide minor medical services and basic drugs, and have few nurses. According to the organization, inmates are denied of regular access to medical care since their health complains are seen excuses to avoiding routine. It claims that as of the time of the visit, “none of the prisons, not even Nsawam Medium Security Prisons, the largest of the prisons visited, had a part-time or full-time doctor on staff or even a prison service staff doctor making occasional visits”. The few doctors who visited the prisons were under the auspices of NGOs.

2.2.5 Feeding

The issues of food shortages, inadequacy and poor quality of food are major challenges and common feeding conditions in prisons across the world. In the case of the South African prisons, the feeding conditions seem to be better. That is, ACHPR (2004) observes that the kitchens in the South African prisons were generally tidy, all the prisons feed inmates three times daily with often sufficient quantity, majority of the inmates prepare their own food, whilst inmates with special dietary needs such as children, nursing and expectant mothers and the sick usually HIV/AIDS patients are provided with special diets. However, the feeding situation in other countries in Africa including Ghana is different. In Cameroon, for instance, UK Home Office of Immigration and Nationality Directorate of Cameroon (2011) reports that there is serious

deficiency in food and those families of prisoners are expected to provide food for their relatives in prison. Also, due to inadequacy and poor quality of food, many prisoners in Ghana rely on families and or outside organizations for additional food. During a visit to Ghana prisons, Amnesty International (2012) notes that prisoners are fed three times daily with usually porridge at breakfast, and rice, “banku” or “gari” for either lunch or supper. However, both prison staff and inmates find meals to be small in quantity and bad in quality, and pregnant and breastfeeding women are not given special food as they are given food meant for the general population receives. The feeding and healthcare of babies and children of female prisoners are not taken care of by the GPS (Amnesty International, 2012). According to reliable sources, the situation is as a result of low budgetary allocation for prisoners’ daily food stipend of 60 Ghana pesewa (US\$0.35 as of September, 2011) which is deemed too low to offer a prisoner with three nutritious meals adequate for health and strength. Therefore, hunger and malnutrition are associated with the prisons (Amnesty International, 2012; US Department of State/Bureau of Democracy, Human Rights and Labor, 2011).

2.2.6 Prison Violence and Gangsterism

Violence is a common condition and another major challenge in many penal facilities and in the field of human rights protection. Violence among prisoners is exhibited in various forms including self-injury, inmate-on-inmate attack, homicides, riot, hostage, etc. For instance, ICPS (2012) reports that fifteen prisoners at Corradino Prison in Malta swallowed blades in a protest against the prison management for excluding them from taking part in a concert held in the prison, four inmates lost their lives and sixteen others were injured in a fight at a prison in northern Mexico as part of a struggle for control of the prison, one prisoner died and two were

wounded in La Reformation prison in Costa Rica during a confrontation between prisoners from different gangs, whilst in Nossa Senhora da Gloria, Brazil, 485 prisoners rioted and took a guard hostage in protest at the overcrowding in a prison built to hold 180 but which was holding 500 prisoners. Additionally, almost 700 inmates at Lebanon's largest prison held ten policemen hostage during a riot and also set fire to bedding and rubbish bins, whilst 1,115 incidents of inmate-on-inmate attacks were recorded in 2011, and 1,014 in 2010 in Irish prisons. Also, the Texas Department of Criminal Justice (2012 in ICPS, 2012) in the US reports that ten homicides were recorded in 2012 and three in 2011 in prisons.

Prisons in Africa are not devoid of violence and gangsterism. ACHPR (2004) claims that almost all the prisons visited in South Africa have prison gangs formed out of prison to continue to indulge in crimes in prisons. They identify themselves as the 26s, the 27s, the 28s, the Air Force and the Big Fives. The duty of 26s is to rob other inmates, the 27s stab other inmates, and the 28s have force sex. The Air Force helps other prisoners to escape and the Big Fives spies on other inmates on behalf of the prison authorities. The gangs have power to influence allocation of jobs, recreation, and illicit trade in marijuana, guns, etc. in prison and are recognised by and hold talks with prison authorities in times of unrest or violence. Inmates are usually killed by other inmates, and prison homicides are so frequent.

Several studies have shown that prison violence and gangsterism are purposeful to the perpetrators, have causes and effects. In the South African prisons, ACHPR (2004) asserts that almost each prisoner must belong to a gang in order to enjoy protection from victimization, favours, control and power and sex. Others have observed that prison violence and gangsterism

are meant to create atmosphere of fear among prison staff in order to protest against abuse, fight for inmates' rights, etc. (ICPS, 2012). According to ACHPR (2004), prison violence is attributed to combination of factors including severe overcrowding, inadequate staff, illicit smuggling of weapons into prisons by prison authorities, negligence by official, abuse, and by abetting gangsterism. Prison violence and gangsterism bring corruption, fear, and disciplinary and administrative deficits in (ACHPR, 2004). Some prisons try to manage the situation by solitary confinements, lock ups, transferring gang leaders in a bid to cripple their influence and activities. However, transfer has been known to facilitate gang network and communication between the prisons and before a gang leader arrives in a new prison, his followers are aware of his arrival (ACHPR, 2004).

2.3 Addressing Prison Challenges

Many countries and organizations have been searching various measures to address challenges facing prisons. With respect to reduction of prison overcrowding, many suggest non-custodial measures as alternative sentences to incarceration such as diversion, probation, house arrest, community service, parole, as well as expansion of prison facilities and buildings (Baker et al., 2002; ACHPR, 2004; U.S. Department of Justice, 2000).

Amnesty International (2012) and ACHPR (2004) argue that challenges facing prisons can be generally addressed if government increases the budget allocation to prisons, ensures that prisons are regularly inspected by independent human right institutions, detainees get access to lawyers prisons comply with minimum standards for the treatment of prisoners and the prison staff are motivated and regularly trained in best prison practices.

Involvement of civil society organizations, NGOs and faith-based groups in regular visits to the prisons, promoting the welfare of prisoners by providing food support, legal aids and health services, monitoring treatment and human rights issues of prisons, can contribute immensely to minimizing challenges in the prisons (Amnesty International, 2012; ACHPR, 2004).

2.4 CSO/NGOs and Prison Welfare

Reliable literature has shown that Civil Society Organizations (CSOs) and Non-Governmental Organizations (NGOs) have been very instrumental in contributing to welfare delivery to prisoners in Ghana. In a study visit to prisons, Amnesty International (2012) reports that due to absence of even a single qualified medical doctor assigned to the prisons, NGOs send doctors to visit the various prisons, and campaign against HIV-related stigma in different prisons are undertaken by NGOs. The organization further notes that prisoners do not receive adequate amount of food, soap, drugs and clothing and have to fall on churches and NGOs whilst nursing mothers also depend largely on churches and NGOs for baby food and clothing because their babies are not provided for as they are not regarded as inmates.

According to the Annual Report of Prison Ministry of Ghana (2012), as part of its support to improving welfare and reformation of prisoners, the ministry, in 2012, undertook evangelism and functional literacy programmes, and donated to the Nsawam Medium Security Prisons a large quantity of assorted goods including second hand clothing, soaps, drugs, cartons of minerals, and food items specially for the Christmas celebration by inmates. The Prison Ministry of Ghana (2011b), further reports of offering varied forms of welfare support to prisons across Ghana in 2011 including financing surgical operations for over 20 prisoners of hernia, distribution of

Christian books, second-hand clothing, detergents and drugs to inmates, and organizing get-to-gathers for inmates in Winneba Prisons, donating TV set to Koforidua Prison, and assorted goods to many other prisons in Ghana. During that same year, extensive visits and coordination of activities were offered in majority of prisons across Ghana as means to keep prison authorities on their toes to improve delivery of welfare standards in prisons (Prison Ministry of Ghana, 2011a).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This Chapter presents the research methodology to be employed for the study. Chapter three therefore outlines and provides detailed description and rational of the key components of the manner in which the study was conducted which include research design, population, study area, sample size and sampling technique, research instruments, validity and reliability, procedure of data collection and analysis, limitation to the study, and scope of work.

3.1 Research Design

The study employed triangulation mixed research design involving the use of both quantitative and qualitative sources of data and methods of data collection and analysis. This was considered appropriate because the research dealt with variables that were measured with numbers and analyzed with statistical procedures as well as variables that were organized into abstract units of textual information and analyzed inductively. According to Creswell et al. (2003, p. 212) a mixed methods study involves the collection or analysis of both quantitative and or qualitative data in a single study in which the data are collected concurrently or sequentially, are given a priority, and involve the integration of the data at one or more stages in the process of research. The research will therefore make use of use of qualitative and quantitative viewpoints, numeric and non-numeric primary and secondary data and instruments of data collection, analysis, and inference techniques which to Johnson et al. (2007) is for the purpose of breadth and depth understanding and corroboration of a study.

3.2 Study Population

Babbie (2007) describes population of survey research as the group or collection of people that researcher is interested in gathering data and generalizing about and which provides the basis of analysis. For the purpose of this study, prisoners, food service personnel and administrators of Nsawam Medium Security Prisons were the target respondents.

3.3 Area of study

Nsawam Medium Security Prisons formed the study area. It for a long time used to be the largest among the 45 prison establishments in Ghana, and had the highest population of both staff and inmates in comparison with populations of other prisons across the country before the commissioning of the Ankaful Maximum Security Prisons in the year 2011. Also, between 2007 and 2010, Nsawam Medium Security Prisons was reported of a highest number of death cases of about 367 prisoners which resulted from HIV/AIDS, TB, anemia, malnutrition, hypertension, typhoid and other poor welfare related issues (www.ghanaprison.gov.gh / www.prisonministryghana.org/). Hence the choice of Nsawam Medium Security Prisons as case for this proposed work.

The study area was one of the 45 prison establishments in Ghana. It is located in Nsawam, a town in the Eastern Region of Ghana located approximately 40 km northwest of Accra, the capital of Ghana. Nsawam Medium Security Prison was established in 1960 out of government decision to relieve overcrowding in the existing Central Prisons. The prison therefore received its first inmates on 10th October, 1960 with CSP J.K. Arhin-Acquah as first Officer-In-Charge. But the prison was finally commissioned in 1961 with capacity of 851 prisoners and an average

of 20 prisoners per cell. Administratively, Nsawam Medium Security Prisons is governed by the Akwapim South Municipal Assembly. However, the prisons is an institution under the Ghana Prisons Service (GPS) which is responsible for the safe custody of prisoners in Ghana, as well as their welfare, reformation and rehabilitation, and in the broader sense, it is under the jurisdiction of the Ministry of the Interior (www.prisonministryghana.org).

Based on the level of security and nature of reformation activities undertaken at the various establishments across Ghana, Nsawam Medium Security Prisons is classified a Central Prisons where all categories of prisoners are kept. It has trade training facilities to equip prisoners with mainly self-employable skills for their effective reintegration into society after incarceration. Therefore, Nsawam Medium Security Prisons take custody of long-sentenced prisoners. The main challenges that confront the Nsawam prisons among others include persistent financial constraints resulting from insufficient budgetary allocation for reformation programmes, prison overcrowding and poor sanitation, inadequate training facilities, inadequate beddings and outdated prison infrastructure and poor accommodation structures. (www.prisonministryghana.org/).

3.4 Sampling Design: Sampling Procedure and Sample Size

Sampling design a researcher adopts for a survey must be scientific to help ensure equal chance of inclusion and exclusion, and representativeness of units in order to achieve credible findings for generalization. Kumekpor (2002) notes that the procedure or scheme adopted for selecting units of observation is described “sampling design”, whereas the process of selecting units of analysis is termed “sampling”, and the actual number of units considered out of the total population to provide data and basis for analysis is known “sample size”.

3.4.1 Sampling Procedure

For the purposed of this study, three distinct but contextually related categories of respondents participated in the study. These consisted of prisoners, Prison Officers and key prison administrators who were chosen from the same study area but by varying sampling procedures. Thus, although sampling techniques are many, the study made use of two basic sampling techniques, convenience and purposive. Convenience sampling involves selection of participants who are readily available or researcher comes across and are willing to participate in a study. This technique is also called “accidental sampling” (Henry, 1990). On the other hand, purposive sampling, also called judgmental sampling, is a form of sampling technique in which respondents are based on the researcher’s judgment about which respondents will be most appropriate, representative as far as their level of knowledge on the issue under study is concerned (Babbie, 2007); Mac Nealy, 1990).

Sampling Welfare Service Personnel and Administrators: The prison officers and key prison administrators were selected purposively because it is found the appropriate sampling method for respondents who are the only knowledgeable about, and can provide in-depth knowledge of the problem under study (Babbie, 2007; Kumekpor, 2002).

Sampling Prisoners: The prisoners on the other hand were chosen by means of convenience sampling procedure. According to Babbie (2007), convenience sampling technique is very risky sampling approach for social research since it does not permit any control over the representativeness of a sample. However, it is appropriate only if the researcher aims at studying the characteristics of people passing the sampling point at specified times or if less-risky

sampling methods are not feasible. By the nature of prisons environment and conditions, prisoners can be accessed only if they are passing by within the prison open yard, and can be persuaded to participate in a research study only at their own will and also based on the ability of the researcher to reach and communicate effectively with the respondent. Therefore, as far as the inmates of Nsawam Medium Security Prisons were highly homogenous with regard to the variables to be investigated, sampling inmates by means of convenience generated units and data appropriate for analysis and generalization in this work.

3.4.2 Sample Size

Quantitative study emphasizes large and representative samples in order to provide a broad, generaliseable description that is representative of most situations, whereas qualitative research focuses on smaller groups in order to examine a particular context in great detail (Borrego et al., 2009). Besides, according to Kumeckpor (2002), composition of the population of most social phenomena vary with to sex, age, status, occupation, location, marital status, type of information possessed, etc. As a result of variations, the sample should be representative of the population, that is, capable of producing responses that can be generalized for the entire population. Therefore, to ensure a good blend of large and representative sample for credible generalization and at the same time a smaller group of respondents for detail examination of certain variables, the study used a total sample size of 69 respondents which comprised 40 prisoners and 20 prison officers for survey and nine (9) key administrators for in-depth interviews as appropriate representative to yield the needed data for the study.

3.5 Methods of Data Collection

The term triangulation in research was coined by Denzin (1978: cited in Borrego et al., 2009) to mean bringing together complementary methods and or sources of data to offset weaknesses in each. This implies that data are collected and survey tools are applied concurrently in one study, and interpretation involves comparing the findings of each to best understand the research question (Creswell and Plano Clark, 2007). Creswell and Plano Clark (2007) and Creswell (1994) maintain that application of different methods and or sources of data collection and analysis complement each other so that overlapping and different facets of the issues under study emerge, and accuracy and validity of findings can be enhanced. The study therefore made use of both primary and secondary sources of data, and combined questionnaire, guided interviews, observation and record analysis in the collection of data. This triangulation mixed method helped to assess the internal validity of responses of the three categories of participants employed for the study in order to achieve credible work.

3.5.1 Sources of Data

As indicated in the above, two basic sources of data were gathered and used for analysis of issues studied. These data were classified into primary and secondary data.

a) *Primary Data:*

Primary data for the study consisted of direct and raw information from the various respondents. Such data entailed, among other things, prisoners' assessments of quantity and quality of their food, feeding conditions and other welfare deliveries and how those conditions affect them. Primary data also included the responses of welfare service personnel and key prison

administrators in respect of the extent to which welfare standards for prisoners were being implemented, and the effort made by Ghana Prison Service to improve on welfare delivery for inmates of Nsawam Medium Security Prisons and the challenges involved. The researcher's personal observations of the feeding, health, water, sanitation and accommodation (if possible) facilities of the prison formed part of the primary data of the study. These facets of data were collected by means of questionnaire, guided interviews and observation where appropriate, and helped provide first-hand information for the study.

b) Secondary Data

Secondary data intended for the study comprised information from relevant literature as well as organized data on the issues to be investigated. These were retrieved from Prison welfare standards and regulations, books, articles, journals, prison records, similar research reports on the study, websites and legal documents. The secondary data were therefore gathered by means of content analysis, and helped to validate the primary data and also contribute to large data base for detail description and credible generalization of variables to be studied.

3.5.2 Instruments for Data Collection

Creswell (2002: cited in Borrego et al., 2009) asserts that the selection of research technique must be driven by the research questions. By considering the nature of research design as well as objectives or research question to be investigated, data for this work were obtained by means of two main data collection tools. These included questionnaire, and structured oral interviews. The two main instruments were used in the study for the purpose of triangulation and confirming information collected from various respondents (Creswell, 1994).

a. Questionnaire

The questionnaire was preferred for its suitability to this study. It is suitable as a method of data collection because it allows the researcher to reach a larger sample within limited time. It also ensures confidentiality and thus gathers more candid and objective replies (Kumekpor, 2002). The questionnaires were prepared both for prisoners and prison officers. They were administered by the researcher because the population of prisoners was largely illiterate, and collected immediately because when left to them, it would be difficult to trace respondents for collection. However, the prison officers self-administered their questionnaire because they were literates enough. The questionnaire items were largely open-ended questions to give respondents chance for expression, and were organized under sections based on the research objectives.

b. structured oral interviews,

Face-to-face structured oral interviews were also used to obtain primary data from the key administrators because their number was small. Borg et al. (1993) observe that questionnaires are often used to collect basic descriptive information from a large sample while interviews are used to follow up questionnaires, and solicit in-depth responses from a smaller sample. The sample size of the administrators was small but they were better placed to give detailed information on the study (Babbie, 2007; Kumekpor, 2002). Interviews were conducted on one-on-one basis, and responses from interviews were recorded by means of note taking only since audio recording devices were not allowed into the area of the study so the researcher paid keen attention to write detailed notes of interview responses.

c. Observation

The sensitive nature of the study demanded that the researcher should make use of observation to gather information that were necessary to the credibility of the study but could not be obtained by the other instruments selected. According to Kumekpor (2002, p. 65),

Observation brings the investigator into contact, in one way or the other, with the phenomenon being studied. In this way, it becomes an effective means of recording what is observed more precisely and with a greater reliability, because judicious observation directs the attention of the researcher to what to select, what to admit and to what questions are relevant to ask in specific research situation relating to the particular research problem being investigated.

The researcher therefore personally observed among other things the feeding, health, water and sanitation facilities as well as processes of food preparation, utensils and bowls, and food storage facilities of Nsawam Medium Security Prisons.

d. content analysis

The document or content analysis method was employed to gather secondary data. Hence, it focused on the observation of documents that were relevant including prisoners' feeding menu, food procurement documents, and prison standards with a view to obtaining information on the welfare conditions in Nsawam Medium Security Prison and how the conditions affect the lives of inmates.

3.5.3 Validity and Reliability of Research instruments

It is necessary to find out the validity and reliability of data collection tools in order to contribute to the achievement of reliable research findings (Babbie, 2007). Besides, Grinnel (1993)

describes reliability as the degree of accuracy in the measurements that a research data collection tool provides. It ensures that the instrument produces similar data when used by other researchers. As adopted in this proposed study, the questionnaire and structured interview guides were presented to at least two research professionals, including the researcher's supervisor for scrutiny and advice to help improve the contents and impressions of the instruments based on their advice and comments. This is because according to Amin (2005), content and construct validity is determined by expert judgment. The questionnaire and interview items were also constructed in relation to each research objectives to ensure systematic responses.

3.5.4 Means of Accessing Participants

The study was field focused. In the view of Creswell (2007), qualitative study focuses mainly on the field, and data are gathered at the site where respondents experienced the problem under study. In the light of this, the researcher collected data in Nsawam Medium Security Prisons because these were where participants sampled for the study experienced the problems investigated. Creswell (2007) further asserts that data gathering involves several steps. As it was adopted in this study, the researcher obtained a letter of introduction from the CSPA, and a letter of permission from the Director-General of Prisons (DGP) to carry out the research in Nsawam Medium Security Prisons, the area of the study.

Upon reaching there, the researcher was introduced to the Officer-In-Charge of the prisons who also doubles as the Eastern Regional Prisons Commander who was then pleaded with to ask some wardens to lead me to the participants. Since by law, no outsider of prison staff has the right to enter prison dormitory, only prisoners that were found in the prison yard were

accidentally contacted to take part in the study. The key administrators were contacted and interviewed on one-on-one basis in their offices whereas prison officers in their duty posts were met to administer questionnaire. Relevant documents were obtained from the central administration and other places deemed necessary.

3.5.5 Data Collection Duration

Collection of field data took five (5) working days as a result of the sample size, the nature of the study area, the nature of tools used, the schedules of respondents, and means of sampling and accessing respondents.

3.5.6 Quality Control/Data Preparation

Data collected from the field were captured, verified, cleaned and validated to ensure the integrity of the data set. Thus, interviews were recorded by means of detailed note taking to prevent loss of vital interview data. Qualitative data from recordings of interviews, jotted notes and more detailed “field- notes” of researcher’s observations and the researcher's reflective notes that were made during the data collection for this study were transcribed verbatim.

3.6 Data Analysis

Data that were collected for the study were analyzed in two ways using both qualitative and quantitative approaches. These were appropriate because the means of data collection produced both qualitative and quantitative data. However, presentation, interpretation and discussions of qualitative and quantitative data were done side-by-side under various objectives to ensure meaningful organization. Research findings were linked to theoretical and empirical literatures

that were reviewed for the study to find out relationships for empirical conclusions. Major issues and variables that were analyzed include: the extent to which welfare standards for prisoners have been implemented and achieved in relation to health, feeding and accommodation for inmates; the effort being made by the Ghana Prison Service to improve on welfare delivery for inmates of Nsawam Medium Security Prisons; and the challenges involved in the implementation of welfare standards.

3.6.1 Qualitative Data Analysis

The researcher used qualitative approach to analyze all data that were generated by interviews and observations since these techniques of data collection are typically qualitative tools (Kumekpor, 2002). The information from the key administrators and the researcher's personal observation were categorized into relevant themes to identify common themes, patterns and inter-relationships. Qualitative data for this study included verbatim notes or transcribed recordings of interviews, researcher's reflective or jotted notes and more detailed field- notes of researcher observations that were made during the data collection phase. These textual data were analyzed inductively using content analysis to generate categories and explanations; the researcher used detail readings of raw textual data to derive concepts, themes, or a model through interpretations made from the raw data.

3.6.2 Quantitative Data Analysis

Data from questionnaires were compiled, sorted, edited, classified and coded into a coding sheet and analyzed. Findings were discussed and interpreted with the support of statistical tools such

as charts, tables, and graphs to give pictorial representation of data using a computerized data analysis package known as Statistical Package for Social Science (SPSS).

Thus, quantitative data collected from questionnaires were analyzed by the use of descriptive statistics involving calculations of frequencies and percentages. The descriptive analyses were appropriate for this study because it easily communicates the research findings to many readers by showing the number of subjects in a given category.

3.7 Ethical Consideration

Babbie (2007) acknowledges that all forms of social research bring researchers into direct and often intimate contact with their subjects. This raises ethical concerns. To ensure needed ethics in this work, the researcher sought permission from the GPS and the authorities before the study was carried out. The researcher also assured respondents that the study was strictly academic and that utmost confidentiality would be observed. Besides, no participant was forced to provide information unwillingly, hence only those who expressed interest to take part in the study were included. The data collected and used in this study were anonymously coded and so that they could not be traced back to individual respondents.

3.8 Limitations to the Study

The study was not carried out smoothly without certain human-posed hindrances which would undoubtedly affect the credibility of the research. These limitations resulted from the researcher, respondents, official data managers and other circumstances which were experienced in various ways including the following:

Firstly, permission to undertake research in the Nsawam Medium Security Prisons was not easily obtained from the GPS as far as it is a security institution which requires a lot of scrutiny for entry to non-staff or public. However, the researcher tried her best to get the necessary permission to undertake this research.

Secondly, gaining access to the targeted respondents for the study especially inmates was not smooth. The researcher was not permitted to enter the dormitories of the inmates and for that matter could only meet them when they were in the prison yard. This delayed field data collection. But the researcher spent the needed time to meet the specified number of respondents needed for the study to ensure credible work.

Thirdly, the sensitive nature of the work and the general perception of people on how inmates are generally handled and particularly treated in the nation's prisons, influenced respondents in giving objective information. In other words, participants, especially prison officers and administrators, perceived the study as means to investigating human rights issues associated with prisons to implicate them. In the view of this, the researcher was very keen in cross checking the validity of responses by ensuring that all the respondents answer certain key questions.

Finally, there exist limited research-based data and relevant literature on the issues under study especially in the context of Ghana. Management of Nsawam Medium Security Prisons was reluctant to release critical official records for the study due to fear of possible legal implication. However, the researcher did well to overcome these challenges by explaining the essence of the study to records officials and all the respondents.

3.9 Delimitation and Scope of Work

For the purpose of this study the state of welfare provisions conditions for prisoners was the focus. Prisoners, prison officers and prison administrators of Nsawam Medium Security Prisons were the respondents. The cause of imprisonment and lifestyle of inmates, how inmates were kept in custody, reformed and reintegrated as well as any issue that did not have direct bearing on the objectives of the study were not investigated. This was to ensure that the study did not loss its focus or central objectives.

CHAPTER FOUR

DATA PRESENTATION, ANALYSES AND DISCUSSION

4.0 Introduction

Chapter four presents analysis and discussions of data collected for the study. Both qualitative and quantitative data generated and gathered are analyzed simultaneously in four (4) sections based on the research objectives. Section 4.1 evaluates the extent to which welfare standards for prisoners have been implemented in relation to health, feeding and accommodation for inmates of Nsawam Medium Security Prisons. Section 4.2 examines the efforts being made by the Ghana Prison Service to improve on welfare delivery for inmates of Nsawam Medium Security Prisons. Section 4.3 investigates challenges facing the delivery of welfare to prisoners in Nsawam Medium Security Prisons. Section 4.4 assesses the contributions being made by Civil Society Organizations in the delivery of welfare provision to prisoners in Nsawam Medium Security Prisons.

4.1 Implementation of Welfare Standards for Prisoners

4.1.1 Health Provisions for Inmates of Nsawam Medium Security Prison

(a) Health Services Provided to Prisoners

One of the major interests of the study was to ascertain the health services provided by Nsawam Medium Security Prisons when prisoners complain of sickness.

Table 1 shows the responses of 40 (100) prisoners who claimed they have all ever complained of various sicknesses during their stay in Nsawam Medium Security Prisons. Each prisoner gave at least two responses. According to the table, overwhelming majority of the prisoners, 36

(90.0%), said they were offered first aid or basic treatment by the infirmary, a large proportion of them, 33 (82.5%), indicated that they were referred mainly to Nsawam Polyclinic, whilst more than half, 28 (70.0%), claimed that they were given prescriptions to buy their drugs when they complained of sickness.

Twenty (20) prison officers sampled for the study concurred with the prisoners as illustrated in Table 1. A greatest majority of prison officers represented 18 (90.0%) indicated that prisoners were treated at infirmary when complained of sickness, and 17 (85.0%) maintained that they were referred to government hospital, either Nsawam Polyclinic, Ghana Police Hospital or Korle – Bu Teaching Hospital.

Table 1: Health Responses of Nsawam Medium Security Prisons to Prisoners

Responses of Nsawam Medium Security Prisons to Prisoners	Responses of Prisoners		Responses of Officers	
	Frequency	Percentage	Frequency	Percentage
Treatment/First aid by infirmary	36	90.0	18	90.0
Referral to government hospital	33	82.5	17	85.0
Prescription to buy your own drugs	28	70.0	-	-

Source: Field Survey, June 2013.

In a one-on-one interview with nine (9) key prison administrators on this variable, all of them claimed, as both prisoners and prison officers indicated, prisoners are either first taken to the prison infirmary when the sickness requires basic treatment, or referred to a government hospital when the infirmary could not offer the healthcare required. One of the key prison administrators emphasized:

“The first thing that the prison usually does when prisoners complain of sickness is to send them to the prison’s infirmary for treatment and the prisoners are therefore treated if the health conditions require basic healthcare or basic drugs. But if it is found that the prisoners need special care above what we can do here, we take them to a nearby government hospital usually Nsawam Polyclinic. In the case of the remind prisoners, they are largely referred to the Ghana Police Hospital since before their imprisonment, their healthcare was in the hands of the police. Also, serious health cases that require surgery are mainly referred to the Korle – Bu Teaching Hospital”. [Interview with prison administrator, June 2013]

Another key prison administrator expressed it in a way that indicates that the prisons infirmaries are not in the capacity to offer intensive healthcare:

“We use our infirmary to offer health care when prisoners complain of ailments but that is when basic health service is rather needed. But because the infirmary is not adequately resourced, serious health cases are referred to Nsawam Polyclinic or Ghana Police Hospital if the prisoner is a remind prisoner. At times when a prisoner needs surgery, he or she is sent to Korle – Bu Teaching Hospital”. [Interview with prison administrator, June 2013]

Findings from the study reveal that the prisons’ infirmaries lack the ability to meet the health needs of prisoners which explains high levels of referrals to Nsawam Polyclinic and prescriptions to compel inmates to buy their own drugs. It is a common sense that inmates neither work in prisons to earn money nor are given allowances. In this case how can they afford prescriptions or bear the cost of medical care. Hence the inability of the prisoner to buy the prescribed drugs amount to denial of healthcare as required by ICESCR (1966), Prisons Service Act (1972) and the United Nations Standard Minimum Rules for the Treatment of Prisoners (1957). This situation therefore calls for urgent redress.

(b) The State of Prison Infirmary

The study participants were also asked to express their assessment of the state of the prison infirmary. Table 2 shows the views of prisoners on the state of infirmaries at the Nsawam Medium Security Prisons. From the table, majority of the inmates constituted 37 (93.0%) think that the infirmary lacks essential drugs, 34 (85.0%) were of the view that the infirmary does not have adequate qualified health personnel, 32 (80.0%) think that the infirmary lacks needed health equipment, whilst 28 (70.0%) expressed the opinion that the infirmary lacks the capacity to handle many health conditions associated with prisoners.

Similar views were expressed by prison officers on the state of the infirmary. As also illustrated in Table 2, a greater proportion of prison officers represented 16 (80.0%) think that the infirmary lacks essential drugs, 15 (75.0%) were of the view that the infirmary do not have adequate qualified health personnel, 14 (70.0%) think that the infirmary lacks needed health equipment, whilst 11 (55.0%) expressed the opinion that the infirmary lacks the capacity to handle many health conditions associated with prisoners.

Table 2: Views of Prisoners and Prison Officers on the State of Prison Infirmary

The State of Prison Infirmary	Views of Prisoners		Views of Prison Officers	
	Frequency	Percentage	Frequency	Percentage
Infirmary lacks essential drugs	37	93.0	16	80.0
Infirmary do not have adequate qualified health personnel	34	85.0	15	75.0
Infirmary lacks needed health equipment	32	80.0	14	70.0
Infirmary lacks capacity to handle health conditions associated with prisoners	28	70.0	11	55.0

Source: Field Survey, June 2013.

In a one-on-one interview, nine (9) key prison administrators expressed unanimous views with prisoners and prison officers on the state of infirmary. They expressed that every infirmary was not adequately resourced with essential drugs and qualified health personnel (doctors and nurses). One of the administrators commented:

“Drugs we always have in the infirmary are basic such as paracetamol and other pain killers, antibiotics, cough syrups, ointments, plaster, etc. These could only offer first aid but could not take care of the wide range of diseases associated with prisoners we have here”.[Interview with prison administrator, June 2013]

The responses of study participants on the state of infirmary indicate that the Nsawam Medium Security Prison’s capacity to offer medical care to prisoners is very limited as equally observed by Amnesty International (2012). This is a possible reason why all the participants indicated that a larger number of inmates that complain sick are referred to the nearby government hospital.

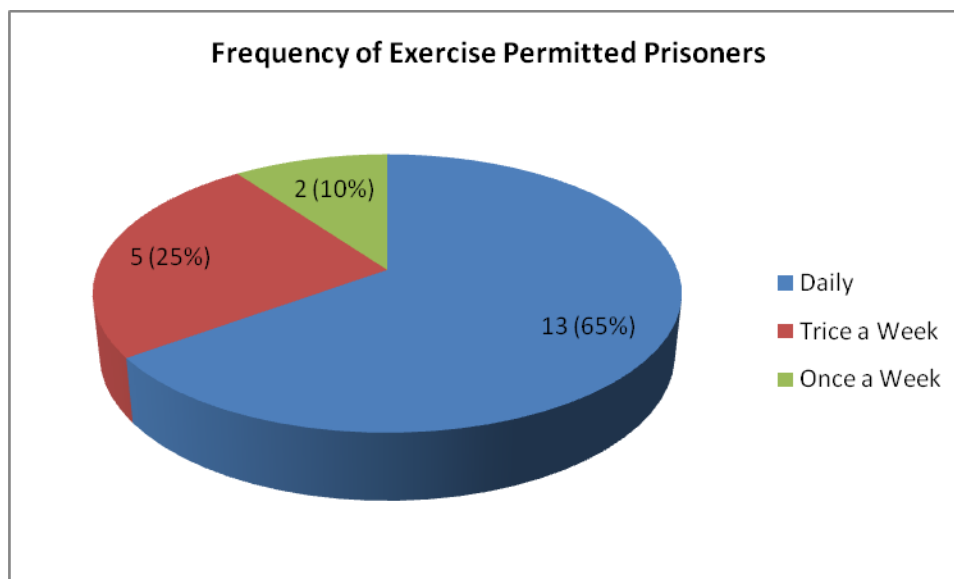
There is therefore the need to address this problem because it is the right of inmates to receive the needed and adequate healthcare (ICESCR, 1966; Act 1972).

(c) Exercise Outside Prison Cells

Permitting prisoners daily exercise outside their cell is defined an integral part of health delivery (Prisons Service Act 1972; Prison Service Degree [N.R.C.D. 46]). The study found out the extent to which this provision is met. A total number of 40 (100%) prisoners that participated in the study said they are allowed a daily exercised of not less than one hour.

The prison officers were not in consensus in their responses. However, as shown in Figure 1, a greater proportion of prison officers constituted 13 (65.0%) concurred with the prisoners that inmates are permitted to exercise outside their cells daily during the hours of daylight for a period not less than one hour, 5 (25.0%) said exercise is allowed trice in a week, whilst a very small proportion, 2 (10.0%), claimed that prisoners exercised once in a week.

Figure 1: Officers' Responses on Frequency of Exercise Prisoners Permitted outside Cells



Source: Field Survey, June 2013.

Like the prison officers, the key administrators interviewed also gave diverse responses on this variable. Six of them concurred with majority of prisoners and prison officers that inmates are allowed to exercise outside their cells daily during the hours of daylight for a period not less than one hour. One key administrator emphasized:

“Oh, as for exercise, it has no financial cost so we are able to meet that welfare provision. It is meant to keep inmates physically fit as confinement can easily make them sluggish and inactive. So every day, not less than one hour, inmates are allowed to have physical exercise outside their cells. However, they are supervised to avoid hurt and possible escape”.

[Interview with prison administrator, June 2013]

Physical exercise by inmates is a major component of health provisions provided for prisoners by the Prisons Service Act (1972) to ensure that prisoners get the opportunity to be kept physically fit in order to live normally after incarceration. However, as the “input-output” model of system

theory assumes, “the quality of inputs invariably affects the quality of output” (Koontz and Weihrich, 1988), therefore, the quality of the exercise provided is very important because if it always takes the form of hard labour, it could also weaken inmates and might not be able to work after incarceration. Exercise must therefore seek to reform rather than to deform inmates.

4.1.2 Feeding Provisions for Inmates of Nsawam Medium Security Prisons

i. Major Dietary Items

As part of the issues bordering on feeding provisions, the study investigated the major dietary items that prisoners are given for breakfast, lunch and supper.

All the prisoners indicated that they are fed three times a day. According to Table 3, a total of 40 (100%) prisoners sampled for the study said they are given porridge (locally known as koko) prepared from millet, maize for breakfast; the same number of prisoners, 40 (100%) indicated that they are given banku (made of corn dough) and soup without fish for lunch, whilst all of them, 40 (100%), again claimed that supper wasgari, which were all served at once.

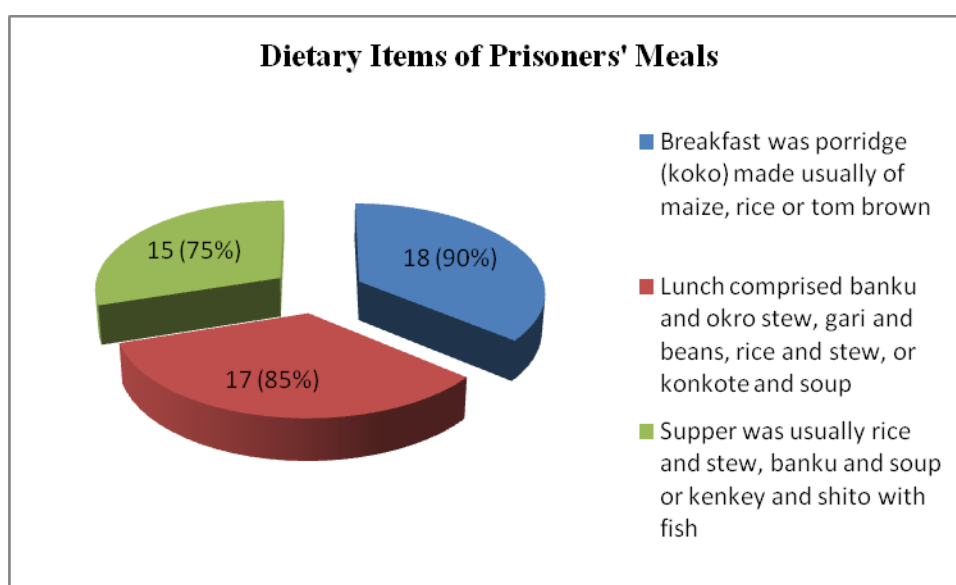
Table 3: Dietary Items of Prisoners’ Meals Indicated by Prisoners

Dietary Items of Prisoners’ Meals Indicated by Prisoners		
Dietary Items of Prisoners’ Meals	Frequency	Percentage
Breakfast–porridge (koko) prepared from millet, maize or sorghum	40	100.0
Lunch–banku and soup without fish	40	100.0
Supper -gari.	40	100.0

Source: Field Survey, June 2013.

Figure 2 on the other hand illustrates the responses of prison officers. From the figure, a largest proportion of prison officers, 18 (90.0%), claimed that breakfast usually consists of porridge (koko) made usually of maize, rice or tom brown; 17 (85.0%) maintained that lunch comprises banku and okro stew, gari and beans, rice and stew, or konkote and soup, whilst 15 (75.0%) said supper is usually rice and stew, banku and soup or kenkey and shito with fish.

Figure 2: Dietary Items of Prisoners' Meals Indicated by Prison Officers



Source: Field Survey, June 2013.

All the nine (9) key prison administrators interviewed one-on-one also spoke in line with the prison officers. They also reported that inmates are fed three times daily with porridge at breakfast, and rice, banku or gari for either lunch or supper. On this a key prison administrator stressed:

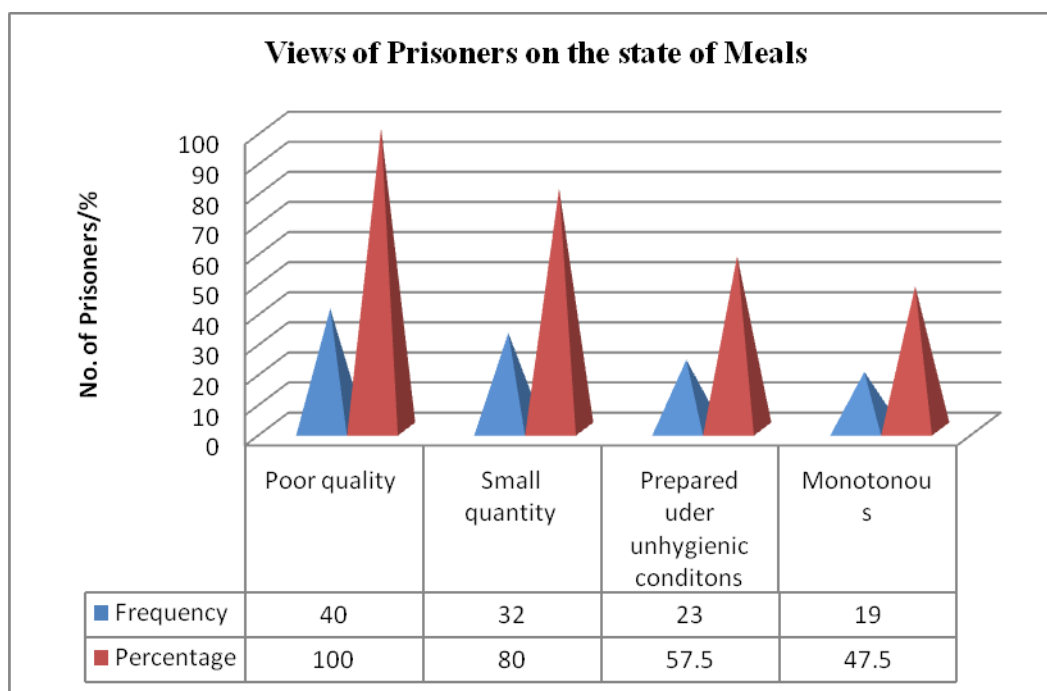
“We give them Ghanaian local dishes. It is normal for every Ghanaian to take porridge (koko) usually prepared from maize, millet or sorghum for breakfast and that is what we give them. In the afternoon, they are given gari and beans, banku and okro stew, or rice and stew,

and usually rice and stew, banku and soup or kenkey and shito with fish for super. That is what I believe people in confined institutions such as boarding schools are given, and it is normal. Can we pound “fufu” here?”[Interview with prison administrator, June 2013]

ii. The State of Feeding Provisions

The state of feeding provisions of the Nsawam Medium Security Prisons was another issue of interest of the study. Figure 3 illustrates the views of prisoners on the state of food provisions. From the figure, all the 40 (100%) prisoners claimed that meals are of poor quality implying that they were not nutritious, not well-cooked and unattractive, 32 (80.0%) maintained that meals are of small quantity, 23 (57.5%) said meals are prepared under unhygienic conditions, whilst 19 (47.5%) found meals monotonous.

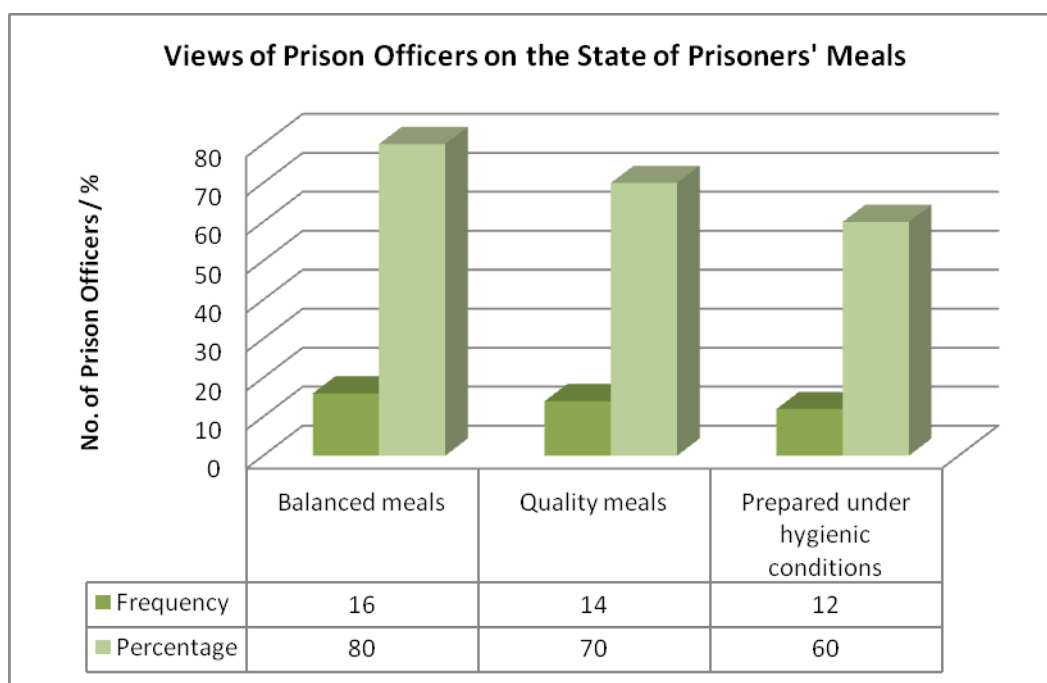
Figure 3: Views of Prisoners on the State of Meals offered



Source: Field Survey, June 2013.

The prison officers on the other hand presented views that deviated from those of the prisoners on the state of food provisions. As illustrated in Figure 4, largest proportion of prison officers, 16 (80.0%), found the prisoners' meals as balanced implying that they contained essential food nutrients, 14 (70.0%) were of the view that prisoners' meals were of good quality implying they are nutritious, whilst 12 (60.0%) think that prisoners' meals were prepared under supervision and hygienic conditions.

Figure 4: Views of Prison Officers on the State of Prisoners' Meals



Source: Field Survey, June 2013.

To seven (7) administrators, the state of prisoners' food is not the best. They stated in the same vein with inmates and few prison officers that meals are small in quantity and bad in quality. One of them reported in these words:

“As for the food, it is not the best. How can we provide the best or even good breakfast, lunch and super with 1.80 Ghana Cedis per day for a prisoner? We are even doing our best to keep them alive with the ration grants we receive from government. Even though the feeding rate used to be 60 Ghana pesewa, now things have become very expensive and so the current rate of 1.8 cedis is still not enough to offer a wholesome and nourishing food in quantities sufficient to maintain inmates in good health as our Standing Orders demand. Another issue is that it takes too long for government to pay our food contractors and so in order for them to remain in business they over charge the food items they supply to the prisons”.[Interview with prison administrator, June 2013]

Responses from prisoners on one side and prison officers and administrators on the other hand on feeding provisions are conflicting. That is, prisoners seem to show that dietary items are not varied especially lunch and super. However, if the responses of prison officers and administrators are true as Amnesty International (2012) also received, then the adequacy and quality of food would be “bad” as almost every prisoner reported. The amount of money government offers to feed the prisoners would definitely determine the quality of food that could be prepared as assumes by the “input-output” model of system theory that “the quality of inputs invariably affects the quality of output” (Koontz and Weihrich, 1988). Hence, it should be noted that problem about feeding need not to be hidden so that they can be redressed as far as prisoners have the right to a wholesome and nourishing food in quantities sufficient to maintain them in good health (Prisons Service Act, 1972; ICESCR, 1966; United Nations Standard Minimum Rules for the Treatment of Prisoners, 1957).

4.1.3 Accommodation Provisions for inmates of Nsawam Medium Security Prisons

a. The State of Accommodation Facilities

Table 4 shows the distribution of prisoners and prison officers on the basis of their views on the state of accommodation facilities. According to the table, 34 (85.0%) prisoners reported that prison accommodation facilities are characterized by inadequate ventilation, 28 (70.0%) said the facilities have dilapidated roofs, ceilings, mats, and floor, 24 (60.0%) indicated that facilities have inadequate toilets, 21 (53.0%) were of the view that accommodation facilities are characterized by unhygienic conditions whilst a small number of them, 11 (28.0%) claimed that accommodation facilities have either high illumination or total darkness.

Prison officers concurred with prisoners on their views. From the table, 17 (85.0%) prison officers pointed out that prison accommodation facilities did not have adequate ventilation, 13 (65.0%) reported the facilities have dilapidated roof, ceilings, mats, and floor, 14 (70.0%) claimed that facilities are characterized by inadequate toilet facilities, whilst 12 (60.0%) indicated that facilities are characterized by unhygienic conditions.

Table 4: Views of Prisoners and Prison Officers on the State of Accommodation Facilities

The State of Accommodation Facilities for Prisoners	Views of Prisoner		Views of Prison Officers	
	Absolute	Percentage	Absolute	Percentage
Inadequate ventilation	34	85	17	85
Dilapidated and leaking roof, ceilings, mats, and floor	28	70	13	65
Inadequate toilet facilities	24	60	14	70
Unhygienic conditions	21	53	12	60
High illumination or total darkness	11	28	-	-

Source: Field Data, June 2013.

Findings of the study show that the state of accommodation facilities in Nsawam Medium Security Prisons is punitive because they do not portray a comfortable environment that people in confinements are supposed to have. In the state of overcrowding together with inadequate ventilation and toilet facilities, leaking roofs, how do inmates maintain good health? These accommodation conditions that characterize many prisons in Africa as observed by ACHPR (2004), UNODC (2009), ICPS (2012) and Amnesty International (2012) need to be addressed as they violate fundamental human rights of prisoners (Prisons Service Act 1972; United Nations Standard Minimum Rules for the Treatment of Prisoners, (1957).

b. Sleeping Arrangements

The study ascertained sleeping arrangements for prisoners as shown in Table 5. On this variable, 38 (95.0%) prisoners and 17 (85.0%) prison officers indicated that inmates sleep in congested cells, 33 (83.0) prisoners and 14 (70.0%) prison officers concurred that inmates sleep on the floor, 27 (68.0%) prisoners and 13 (65.0%) prison officers maintained that inmates sleep in pairs

on student beds, and 19 (48.0%) and 8 (40.0%) reported that inmates sleep in shifts implying that while others were sleeping some had to be awake to wait for their turns.

Table 5: Sleeping Arrangements for Inmates as Indicated by Prisoners and Prison Officers

Sleeping Arrangements for Prisoners	Prisoners' Experiences		Officers' Experiences	
	Absolute	Percentage	Absolute	Percentage
Inmates slept in congested cells	38	95	17	85
Inmates slept on the floor	33	83	14	70
Inmates slept in pairs on student beds	27	68	13	65
Inmates slept on shifts	19	48	8	40

Source: Field Survey, June 2013.

Interviews with administrators also confirmed the sleeping arrangements indicated by both inmates and officers. According to the nine (9) administrators, prisoners are categorized and inmates that belong to the same category sleep together. They further maintained that inmates are provided beddings comprising iron bed, mattresses and blankets. Three of them added that in some cells, some inmates sleep on mattresses on the floor and others share beds.

Findings on sleeping arrangements indicate that there are either inadequate beds or inadequate space to put beds or both, and sleeping on the floor, sharing student type of beds and sleeping on shift basis in a deplorable cell conditions are not the best solution as they fail to uphold the dignity of inmates as provided by Basic Principles for the Treatment of Prisoners (1990), Body of Principles for the Protection of All Persons under any Form of Detention or Imprisonment (1988) and the Universal Declaration of Human Rights (1948). It has been found that such sleeping arrangements could contribute to various forms of violence among prisoners such as

self-injury, inmate-on-inmate attack, homicides, etc (ICPS, 2012; ACHPR, 2004) and must be intervened.

c. Issues of Solitary Confinement

On the issues of solitary confinement, both prisoners and prison officers confirmed the use of solitary confinement for various reasons. That is, 13 (32.5%) prisoners claimed that they had ever been solitarily confined but a larger proportion of them, 27 (67.5%), reported they had not been solitarily confined before. Also, all the 20 (100%) prison officers sampled for the study admitted the use of solitary confinement in Nsawam Medium Security Prisons.

From Table 6, 37 (93.0%) prisoners and 18 (90.0%) prison officers said inmates are solitarily confined for misbehavior towards authorities, 35 (88.0) prisoners and 18 (90.0%) prison officers concurred that inmates were solitarily confined for fighting among themselves, 33 (83.0%) prisoners and 15 (75.0%) prison officers maintained that inmates were solitarily confined when found insane or violent, 29 (73.0%) and 14 (70.0%) prison officers reported that inmates were solitarily confined when detected suffering from contagious disease such as chicken pox, whilst 27 (68.0%) prisoners and 13 (65.0%) prison officers indicated that inmates were solitarily confined for breaking prison regulations such as possession mobile phone, smoking, and absence in number check (row call).

Table 6: Reasons for Solitary Confinement as Indicated by Prisoners and Prison Officers

Reasons for Solitary Confinement of Prisoners	Prisoners' Experiences		Officers' Experiences	
	Absolute	Percentage	Absolute	Percentage
Misbehavior towards authorities	37	93	18	90
Fighting among inmates	35	83	18	90
Inmate found insane or violent	33	83	15	75
Inmate with contagious disease	29	73	14	70
Inmate breaking prison regulations	27	68	13	65

Source: Field Survey, June 2013.

All the nine key prison administrators interviewed also confirmed that solitary confinement is applied in the prison management. Seven of them added that solitary confinement is applied as a necessary correction tool and or measure to manage a situation such as an inmate suffering from contagious disease. One of the administrators asserted:

“Solitary confinement is used. We can’t manage these inmates with wide range of behaviours without solitary confinement. However, solitary confinement is not frequently used. It is applied as both correctional measure and means to manage health problems such as a prisoner suffering from a communicable disease. You can’t allow him to mingle with others; there is the need to help him understand the situation. However, solitary confinement is not frequently used”. [Interview with prison administrator, June 2013]

Another administrator commented:

“We use solitary confinement as a way to control inmates or ensure good conduct. They are not pupils that can be canned when they misconduct themselves. So it is applied when inmates misbehave towards authorities, fight, or break prison regulations. It is also used to

manage inmates who are found insane or violent, or suffering contagious disease".[Interview with prison administrator, June 2013]

Analyses of this variable show that solitary confinement is not frequently used as a small proportion of inmates, 13 (32.5%), claimed that they had ever been solitarily confined. Secondly, the practice of solitary confinement seems to be useful as it is applied as both a correction tool and measure to manage a situation. However, in any case, if the prisoner is subjected to torture or other cruel, inhuman or degrading treatment or punishment, it would violate the right of the prisoner (1992 Constitution of the Republic of Ghana). Also, there is the need for medical officer to certify in writing that the size, lighting, heating, ventilation, fittings and furniture of the cell to be used for the confinement of a prisoner are adequate for health and that it allows the prisoner to communicate at any time with a prison officer as legally required (Prisons Service Act, 1972)

4.2 Effort being made by the Ghana Prison Service to Improve on Welfare Delivery for Inmates of Nsawam Medium Security Prisons

Another variable of interest in the study was an investigation of effort being made by the Ghana Prison Service to improve on welfare delivery for inmates of Nsawam Medium Security Prisons with regard to health, feeding and accommodation. On this variable, only prison officers and administrators were allowed to share their experiences since inmates might not be in a position to know the effort of Ghana Prison Service (GPS) on the issues under consideration.

4.2.1 Effort by GPS to Improve Health Services

In order to improve health delivery for inmates, 19 (95.0%) prison officers reported that plans were far advanced to register inmates with National Health Insurance Scheme (NHIS), 17 (85.0%) said Ghana Prison Service (GPS) was unceasingly soliciting for funds from donors to build ultra-modern hospital for prisoners, whilst 14 (70.0%) stated that a medical team was from time to time sought to screen the inmates for various diseases.

With regard to administrators, eight (8) expressed the same view with officers that the GPS was trying to device some means to register inmates with National Health Insurance Scheme (NHIS) as major breakthrough to improve healthcare delivery to inmates as one put it:

“A major intervention identified now is to register inmates with National Health Insurance Scheme so that we can use any nearby government clinic to provide medical care to the prisoners. This will help solve most of our health challenges. So the GPS is in serious deliberations with the government to make this plan a success”. [Interview with prison key administrator, June 2013]

The efforts being made by the GPS to improve health delivery to inmates are laudable and must be supported by the CSOs/NGOs as these could be pre-eminent interventions to address many health problems that characterize Nsawam Medium Security Prisons. However, if inmates become beneficiaries of NHIS without resourcing the nearby hospitals, adequate healthcare cannot still be assured. Hence, there is the need to consider the provision of adequate health personnel as well.

4.2.2 Effort by GPS to Improve Feeding

In the case of feeding, a total of 20 (100%) prison officers participated in the study said Ghana Prison Service had appealed to the government to increase the ration grant since the 1.80 Ghana Cedis per day was not enough to feed prisoners, and 15 (75.0%) cited that Ghana Prison Service was expanding prison farms or agricultural stations in order to produce enough food to feed inmates

In the case of administrators, seven (7) confirmed the expansion of prison farms as major effort to supplement feeding grants in order to reduce food shortage, inadequacy and poor quality as complained by inmates.

The effort being made by the GPS to improve feeding are equally laudable as these would also help address some of the feeding problems as also recommended by the Ouagadougou Declaration and Plan of Action on Accelerating Prisons and Penal Reforms in Africa (2002). However, to ensure self-sufficiency in prison feeding by involving prison staff and inmates in agricultural production and prison industries require initial resources to implement. This also becomes a problem that must be considered.

4.2.3 Effort by GPS to Improve Accommodation

As part of the effort to improve accommodation provisions in Nsawam Medium Security Prisons, all the 20 (100%) prison officers stated that about 200 prisoners were transferred to Ankafu Maximum Prison in March 2012 in order to ease congestion in the, 17 (85.0%) said Ghana Prison Service was unceasingly soliciting for funds from donors to build more accommodation facilities, whilst 13 (65.0%) indicated that land had been acquired to build more prison settlement camps.

All the nine (9) administrators stated that the building of Ankaful Prison is the major effort to improve delivery of accommodation provisions for inmates.

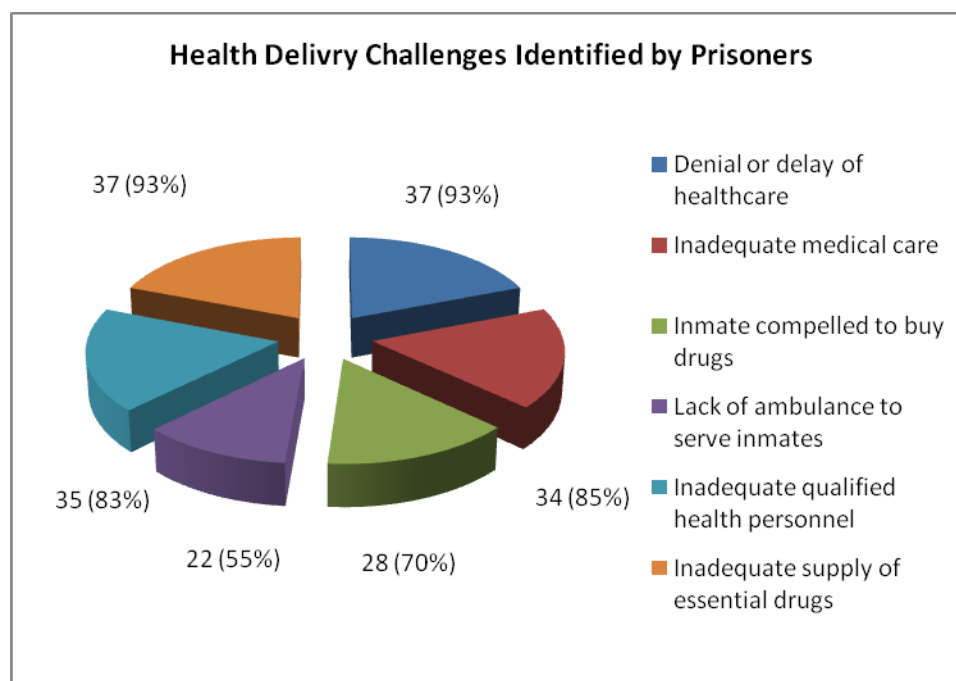
4.3 Challenges Facing Delivery of Welfare to Prisoners in Nsawam Medium Security Prisons

Study participants were also asked to identify challenges facing delivery of welfare to prisoners in Nsawam Medium Security Prisons with regard to health, feeding and accommodation provisions. Responses gathered show various concerns and challenges of the prisons.

4.3.1 Challenges Facing Delivery of Health Provisions

(i) Health Delivery Challenges Identified by Prisoners

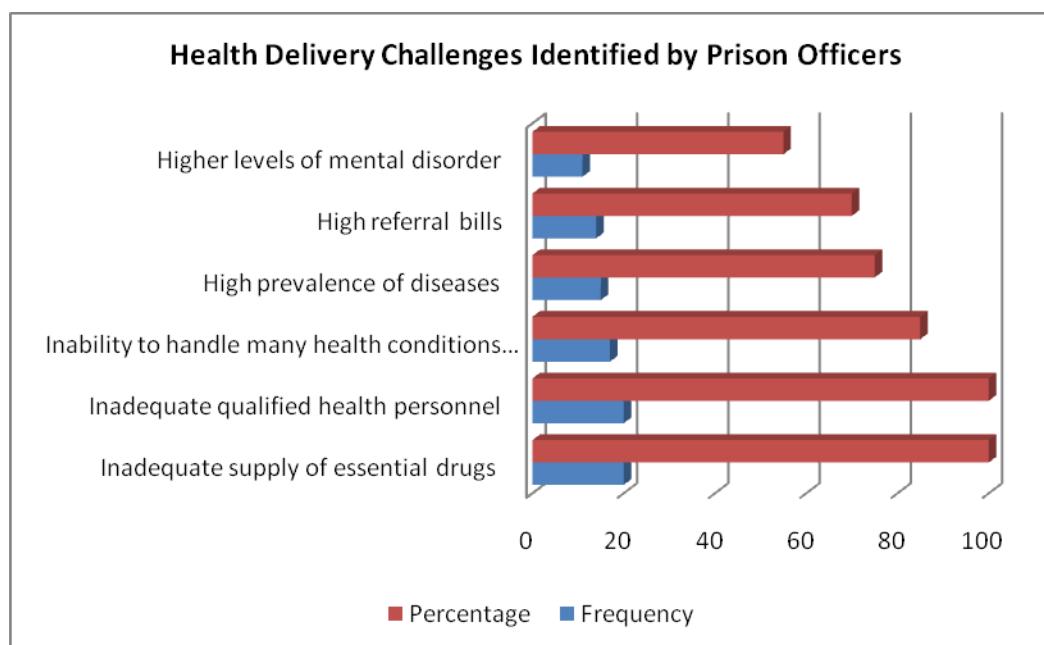
Figure 5 shows the distribution of prisoners on the basis of health delivery challenges identified. From the figure, majority of the inmates constituted 37 (93.0%) claimed that they are denied or delayed of healthcare because prison officers think that they complain of sickness just to avoid labour, another 37 (93.0%) said there is inadequate supply of essential drugs, 35 (83.0%) maintained that infirmary does not have adequate qualified health personnel, 34 (85.0%) complained of inadequate scope of medical services, 28 (70.0%) complained that they are mostly given prescriptions to buy their own drugs, whilst 22 (55.0%) cited lack of ambulance to serve inmates in times of health emergencies.

Figure 5: Health Delivery Challenges Identified by Prisoners

Source: Field Survey, June 2013.

(ii) Health Delivery Challenges Identified by Prison Officers

Figure 6 shows the distribution of prison officers on the basis of health delivery challenges they identified. As shown in the figure, all the 20 (100%) prison officers complained of inadequate supply of essential drugs and inadequate qualified health personnel as major challenges of healthcare delivery, 17 (85.0%) cited inability of the prisons to handle many health conditions associated with prisoners, 15 (75.0%) mentioned high prevalence of diseases among prisoners, 14 (70.0%) complained of difficulty to pay high referral bills of prisoners, whilst 11 (55.0%) expressed worry about higher levels of mental disorders among prisoners.

Figure 6: Health Delivery Challenges Identified by Prison Officers

Source: Field Survey, June 2013.

(iii) Healthcare Delivery Challenges Identified by Prison Administrators

Healthcare delivery challenges identified by the key prison administrators were not different from those identified by both inmates and officers. Seven (7) administrators expressed frustration over inadequate supply of essential drugs and inadequate qualified health personnel. One said:

“Health issue is one of the major problems we face day in day out. Prisoners are associated with wide range of health conditions including TB, cerebro-vascular diseases, respiratory diseases, AIDS, liver diseases, cancer, and heart diseases and skin diseases. Some of the conditions were present at the time of admission. You see, these people, especially those who were charged of robbery cases, they get hurt through the hands of the public. A large number of them were also in risky health behaviours such as drug abuse, alcohol use and smoking before they were admitted here. So our health challenges are many meanwhile, the

infirmery lacks adequate supply of essential drugs and adequate qualified health doctors and nurses". [Interview with prison administrator, June 2013]

Six (6) of them added in concurrence with prison officers that the prisons is confronted with problem of dealing with high referral bills and higher levels of mental disorders among inmates. On these challenges, one administrator commented:

"The infirmery is incapable to handle the many health problems of inmates and that many prisoners cannot get medicines and treatment that they need from the infirmery. We are therefore compelled to refer inmates to the nearby government hospital especially Nsawam Polyclinic and serious conditions that require surgeries are referred to Korle-Bu Teaching Hospital. These imply huge bills are recorded every month since inmates are not registered with the NHIS". [Interview with prison administrator, June 2013]

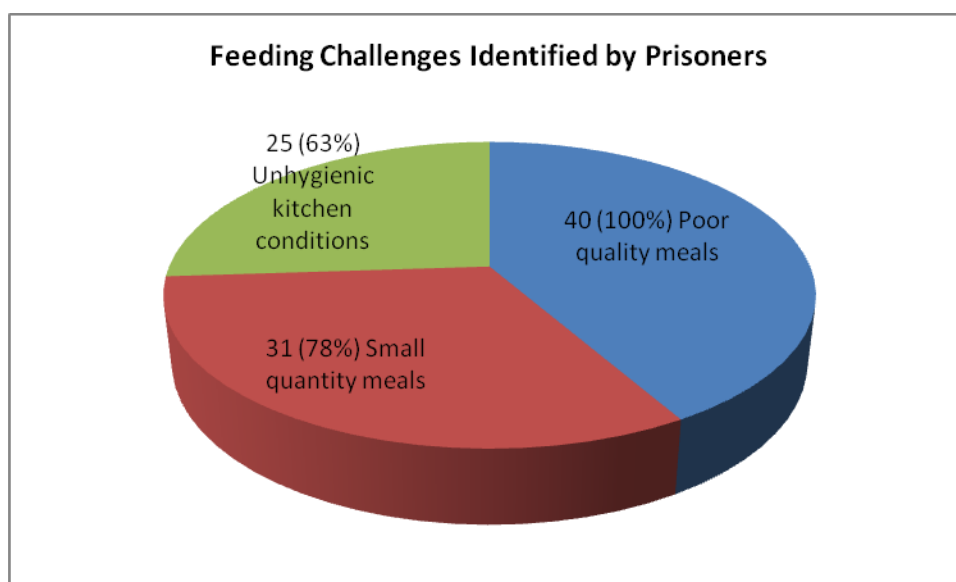
Analyses of health challenges facing Nsawam Medium Security Prisons prisoners are associated with varied forms and high prevalence of diseases than the general Ghanaian population which is similar to the findings of AIHW (2011), ICPS (2012) and Australian Medical Association (2012). The referral rate is very high, and every inmate selected for the study had ever complained of sickness at least twice in a year. This high prevalence of diseases could also be linked to the deplorable accommodation conditions together with inadequate nutritious food, hard labour, and ill – treatments as was also observed in many other prisons around the world by Australian Medical Association (2012), AIHW (2011), US Department of State/Bureau of Democracy, Human Rights and Labor (2011) and Amnesty International (2012). Hence, to deal with these problems, there is the need to observe good prison practices as provided in various Legal and Policy Frameworks for the Treatment of Prisoners (Kampala Declaration on Prisons Conditions in Africa, 1996; ICESCR, 1966; Prisons Service Act 1972; United Nations Standard

Minimum Rules for the Treatment of Prisoners, 1957). This is because the quality of welfare provisions offered the inmates would determine their well-being as assumes by the “input-output” model of system theory (Koontz and Weihrich, 1988).

4.3.2 Challenges Facing Delivery of Feeding Provisions

Figure 7 illustrates the distribution of prisoners on the basis of feeding challenges identified. All the 40 (100%) prisoners complained of poor quality meals, about three-quarters of inmates represented 31 (78.0%) mentioned of small quantity meals whilst more than half them numbered 25 (63.0%) cited unhygienic kitchen conditions.

Figure 7: Distribution of Prisoners on the Basis of Feeding Challenges Identified

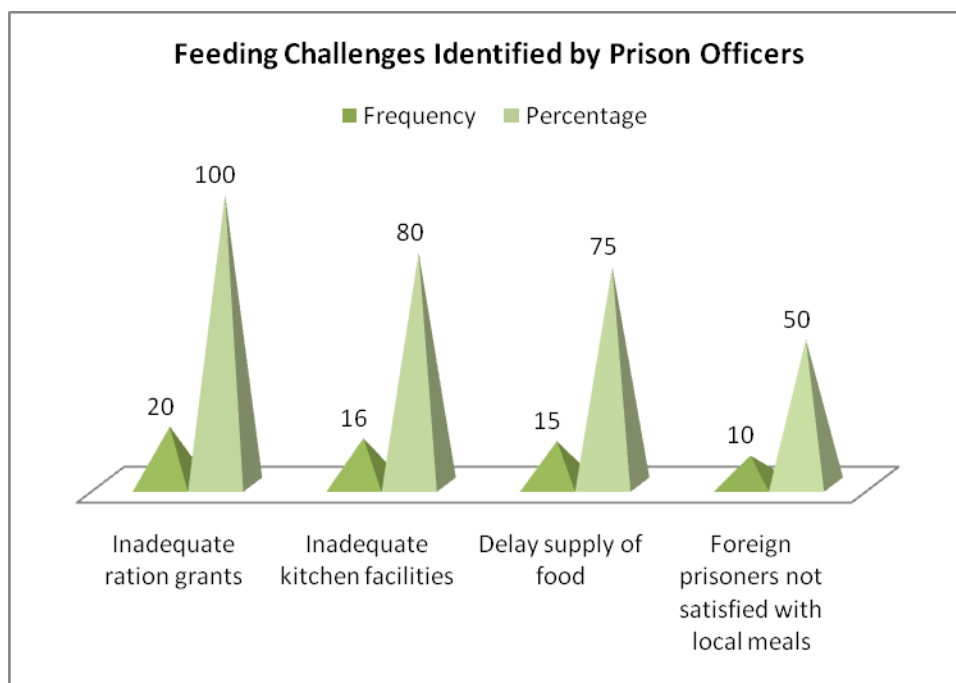


Source: Field Data, June 2013.

Figure 8 represents the distribution of prison officers on the basis of feeding delivery challenges identified. A total of 20 (100%) prison officers selected for the study indicated inadequate ration grants for prisoners, a larger proportion of prison officers, 16 (80.0%), cited inadequate kitchen

facilities, 15 (75.0%) complained of delay of food supply, whilst 10 (50.0%) reported of frequent complaints from foreign prisoners of their dissatisfaction with local meals.

Figure 8: Distribution of Prison Officers on the Basis of Feeding Challenges Identified



Source: Field Data, June 2013.

In the case of the administrators, the frequently mentioned challenge was inadequate funds or ration grants for the feeding of inmates. According to the nine key administrators interviewed, a ration grant of 1.80 Ghana Cedis should be used to feed one inmate three times a day which is too small to provide a reasonable quantity and quality of food for the inmate.

As already noted in section 4.1.2, the ration grant is too small. Despite the inmates are feed together, it would be difficult to prepare even one nutritious meal with 60 Ghana Pesewa on the present Ghanaian market. If the need to increase the feeding grant is ignored, it will amount to

cruel and inhuman treatment because the prisoners have right to a wholesome and nourishing food in quantities that can sufficiently maintain them in good health (Prisons Service Act, 1972; ICESCR, 1966; United Nations Standard Minimum Rules for the Treatment of Prisoners, 1957).

4.3.3 Challenges Facing Delivery of Accommodation Provisions

Table 7 shows the distribution of prisoners and prison officers on the basis of challenges identified in respect of accommodation provisions. Prison officers concurred with prisoners on their complaints. From the table, all the 40 (100%) and 20 (100%) prison officers identified overcrowding of cells as major challenge to accommodation provisions, 33 (83.0%) prisoners and 16 (80.0%) prison officers reported inadequate toilet facilities in cells, 28 (70.0%) prisoners and 14 (70.0%) prison officers cited lack of regular renovation of accommodation facilities, 23 (58.0%) prisoners and 9 (45.0%) prison officers identified inadequate sanitation and unhygienic conditions in accommodation facilities.

Table 7: Challenges Facing Delivery of Accommodation Provisions

Challenges Facing Delivery of Accommodation Provisions	Views of Prisoner		Views of Officers	
	Absolute	Percentage	Absolute	Percentage
Overcrowding in cells	40	100	20	100
Inadequate toilet facilities in cells	33	83.0	16	80
Lack of regular renovation of accommodation facilities	28	70.0	14	70
Inadequate sanitation and unhygienic conditions	23	58.0	9	45

Source: Field Data, June 2013.

3. Prison Administrators' Complaints about Accommodation Provisions

Talking from the same environment, prison administrator had nothing different to say apart from the challenges identified by both inmates and officers. The nine (9) administrators unanimously identified overcrowding in cells as a major problem facing the prisons. One of them complained in passionately which captured all that others said:

“We are experiencing severe overcrowding in the cells and it is a major challenge we face everyday. The population of the prison keeps increasing but there hasn't been any expansion of accommodation facilities. Can you imagine a facility built to accommodate 717 inmates is now housing more than 3,200 prisoners? How can we manage? Couple with this, the prison lacks regular renovation of accommodation facilities, adequate sanitation, and toilet facilities and so on. Some cells do not have toilet facilities and during lock-down, inmates urinate and shit indiscriminately and...” [Interview with prison administrator, June 2013]

The issue of overcrowding has been there for a very long time looking at the difference between the capacity that the Nsawam Medium Security Prisons were originally built to accommodate and the current numbers of prisoners accommodated. Nobody would doubt that this amount to cruel and inhuman treatment as also noted by Amnesty International (2012). However, the phenomenal increase in prison populations with disproportionate expansion of prison accommodation facilities is a worldwide challenge in prison managements (Amnesty International, 2012; ICPS, 2012; ACHPR, 2004) which has been ignored because prisoners do not contribute to the national economy but they are rather seen as burdens. However, irrespective of the fact that they are in penal institution, prisoners are have inherent dignity and the right to life (Universal Declaration of Human Rights, 1948) and as such failure to offer them suitable

accommodation would also constitute a violation of their right adequate accommodation provisions provided by the United Nations Standard Minimum Rules for the Treatment of Prisoners (1957).

4.3.4 Suggestions to Improve Welfare Delivery

The study solicited views of prisoners, prison officers and prison administrators on ways to improve welfare delivery in terms of health, feeding and accommodation.

i. Health

Table 8 shows the distribution of prisoners and prison officers on the basis of suggestions made to improve healthcare delivery in Nsawam Medium Security Prisons. On this variable, 37 (93.0%) prisoners suggested the need to increase and ensure regular supply of essential drugs, 35 (83.0%) suggested provision of adequate qualified health personnel, 27 (68.0%) recommended prompt healthcare to prisoners, and 23 (58.0%) indicated provision of ambulance for emergency services.

All the prison officers, 20 (100%), also suggested increase and regular supply of essential drugs, and provision of adequate qualified health personnel, 19 (95.0%) recommended building of hospital for prisoners, whilst 17 (85.0%) proposed registration of prisoners with NHIS.

Table 8: Suggestions of Prisoners and Prison Officers to Improve Health Delivery

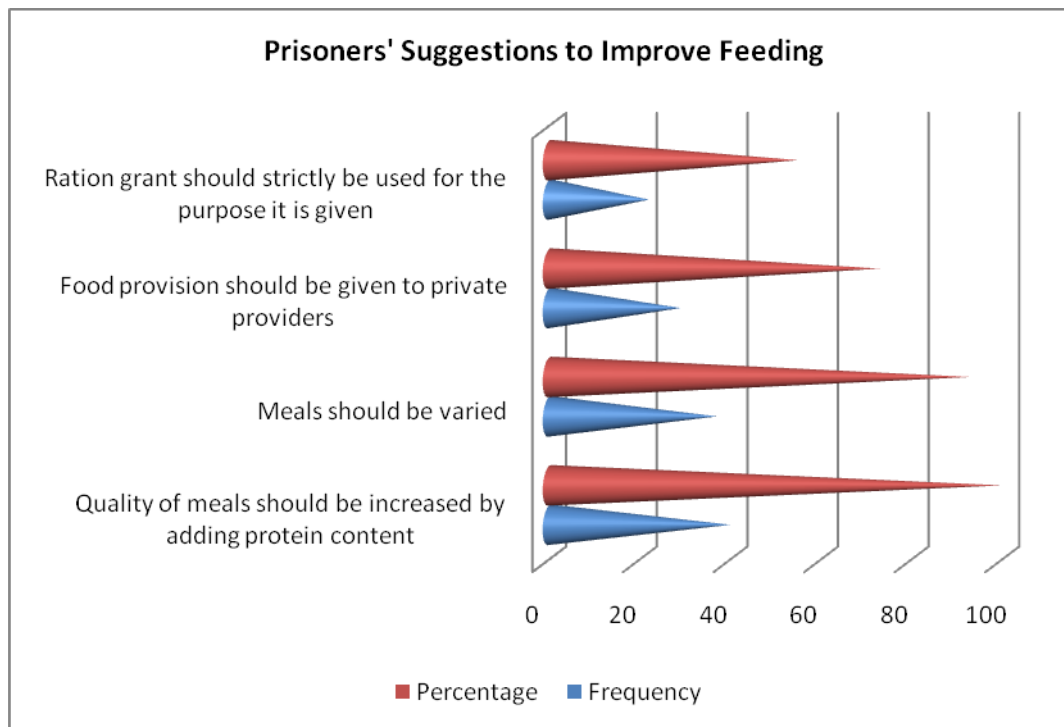
Suggestion to Improve Health Delivery	Prisoners' Suggestions		Officers' Suggestions	
	Absolute	Percentage	Absolute	Percentage
Increase and ensure regular supply of essential drugs	37	93	20	100
Provision of adequate qualified health personnel	35	83	20	100
Prompt healthcare to prisoners	27	68	-	-
Provision of ambulance for inmates	23	58	-	-
Building of hospital for prisoners	-	-	19	95
Registration of prisoners with NHIS			17	85

Source: Field Data, June 2013.

The nine administrators equally suggested that there is the need to increase and ensure regular supply of essential drugs, provide adequate qualified health personnel and register prisoners with NHIS as these would help to address many of the health challenges the prisons face.

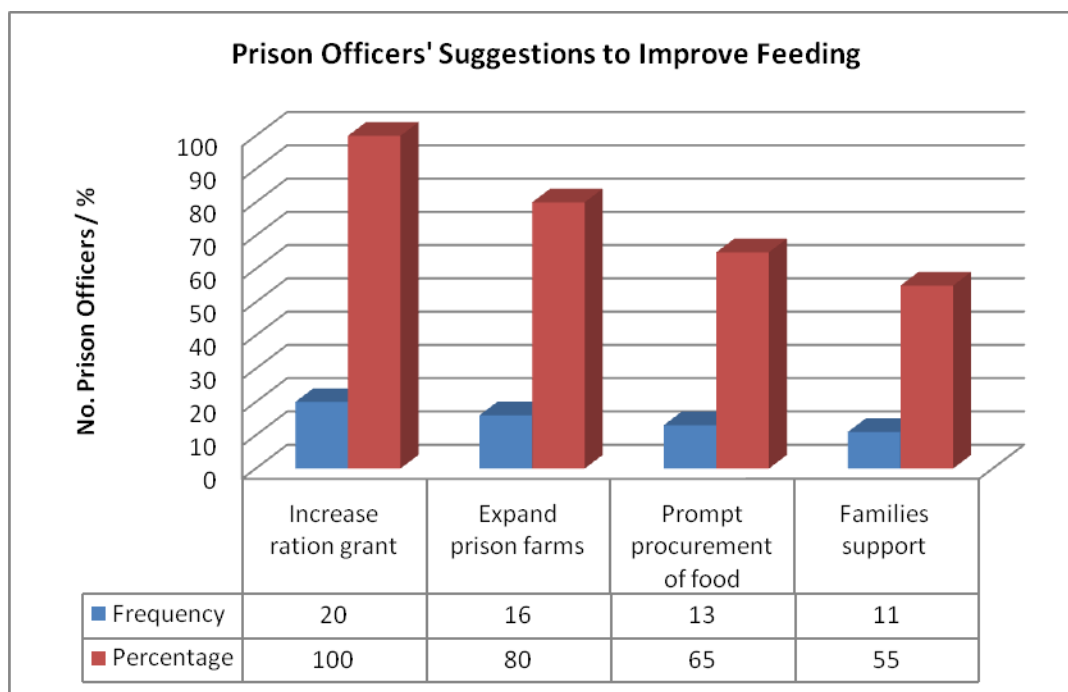
ii. Feeding

Figure 9 illustrates the distribution of prisoners on the basis of suggestions made to improve feeding. A total of 40 (100%) prisoners selected for the study suggested that the quality of meals should be increased by adding protein content, 37 (93.0%) suggested that meals should be varied, 29 (73.0%) recommended that food provision should be given to private providers, and 22 (55.0%) asked that ration grant should strictly be used for the purpose it is given.

Figure 9: Prisoners' Suggestions to Improve Feeding Provisions

Source: Field Data, June 2013.

Figure 10 shows the distribution of prison officers on the basis of suggestions made to improve delivery of feeding provisions to inmates. As illustrated in the figure, all the prison officers, 20 (100%), recommended increase in ration grant, 16 (80.0%) recommended expansion of prison farms, 13 (65.0%) suggested prompt procurement of food, and 11 (55.0%) asked that families support their relatives in prisons with food.

Figure 10: Prison Officers' Suggestions to Improve Feeding Provisions

Source: Field Data, June 2013.

The most mentioned suggestion that all administrators made as sure means to improve feeding was an increment in the feeding grants. However, six (6) added that there is the need to revive and expand prison farms in order to produce food to supplement the ration grants.

iii. Accommodation

Table 9 shows the distribution of prisoners and prison officers on the basis of suggestions made to improve delivery of accommodation provisions. In this regard, all the 40 (100%) prisoners recommended granting of pardons, 26 (65.0%) suggested release of aged and sick prisoners, and a small proportion represented 17 (43.0%) demanded expansion of accommodation facilities.

Also, 18 (90.0%) prison officers concurred with prisoners that more accommodation facilities should be built, 15 (75.0%) suggested establishment of more prison camps, whilst 12 (60.0%) asked for transfer of some inmates to the Ankanful Maximum Prison when completed.

Table 9: Suggestions of Prisoners and Prison Officers to Improve Accommodation Provisions

Suggestions to Improve Delivery of Accommodation Provisions	Prisoners' Suggestions		Officers' Suggestions	
	Absolute	Percentage	Absolute	Percentage
Grant of pardons to prisoners	40	100	-	-
Release of aged and sick prisoners	26	65	-	-
Expand accommodation facilities	17	43	18	90
Establishment of more prisons	-	-	15	75
Transfer of some inmates to Ankanful Prisons	-	-	12	60

Source: Field Data, June 2013.

The nine (9) prison administrators interviewed also noted that transfer of more inmates to the Ankanful Maximum Prison is a reliable measure to reduce overcrowding in the Nsawam Male Prison.

It is worth noting that all the participants were mainly concerned about measures to reduce overcrowding, however, only the prisoners cited measures that relate to release of inmates. Can't Ghana as a nation make use of non-custodial measures such as conditional release, community service, parole and pardons as means of checking overcrowding in our penal institutions as have been advised by many human rights organizations (Amnesty International, 2012; ICPS, 2012; ACMHPR; 2004U.S. Department of Justice, 2000)? Such measures can potentially reduce

overcrowding and financial burdens of the Nsawam Medium Security Prisons which must be considered.

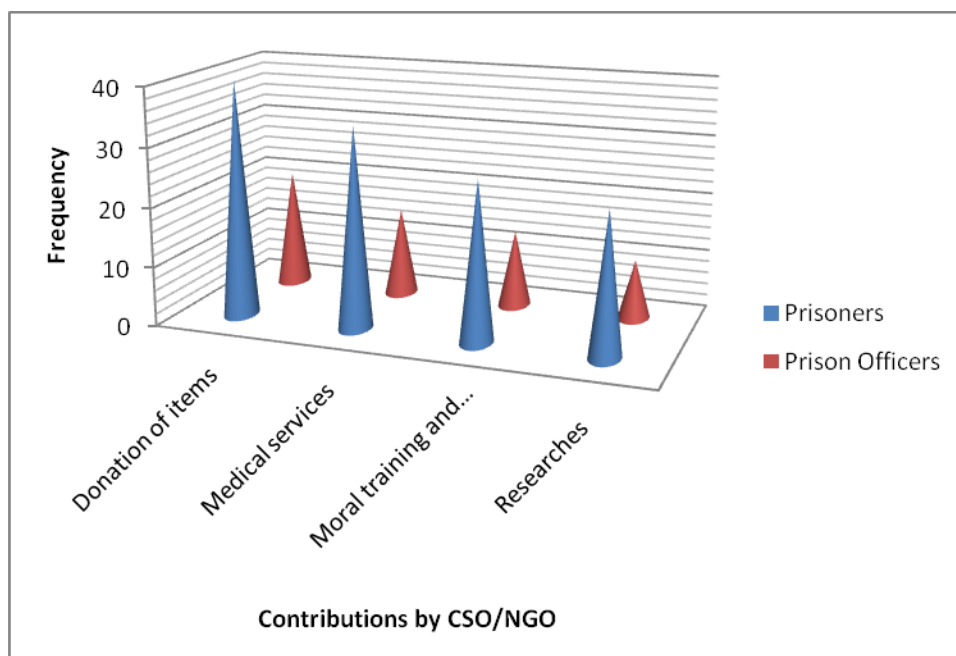
4.4 Contributions by Civil Society Organizations and Non-Governmental Organizations in the Delivery of Welfare Provisions to Prisoners in Nsawam Medium Security Prisons

Investigating the contributions of CSOs in the delivery of welfare provision to prisoners in Nsawam Medium Security Prisons was also a major variable of interest of this work. Study participants identified various forms of support received from donors.

4.4.1 Contributions Offered by CSOs and NGOs

Figure 11 shows the distribution of prisoners and prison officers on the basis of contributions of CSOs/NGOs identified. From the figure, all the 40 (100%) and 20 (100%) prison officers maintained that faith-based organizations (churches) have been donating food items, toiletries, detergents, and second-hand clothing, 34 (85.0%) prisoners and 15 (75.0%) prison officers reported that NGOs have been providing medical services, 27 (68.0%) prisoners and 13 (65.0%) prison officers indicated that faith-based organizations (churches) have been offering moral training and psychological support, and 24 (60.0%) prisoners and 10 (50.0%) prison officers claimed that academics and institutions have been conducting research into problems that border them.

Figure 11: Contributions by CSOs/NGOs in the Delivery of Welfare Provisions



Source: Field Data, June 2013.

Administrators confirmed that the prisons have been receiving various forms of support from CSOs and NGOs. Eight reported of donation of food items, toiletries and detergents, and second-hand clothing as well as moral training and psychological support from faith-based organizations (mainly, churches). Six (6) maintained that the prisons sometimes receives medical services from NGOs. Five (5) also found regular research studies by academics and institutions as major support as they help to reveal and create awareness of various challenges confronting the prisons.

4.4.2 Assessment of Contributions by Study Participants

Study participants were asked to assess the usefulness of the contributions to welfare delivery to inmates in order to ascertain how the donor contributions help the prisons.

According to a largest proportion of prisoners, 31 (78.0%), they could not assess the usefulness of the contributions to them because various donations do not reach them, and 7 (22.0%), said that they were sometimes given soap donated by CSOs/NGOs.

To 18 (90.0%) prison officers, occasional donation of food items, toiletries, detergents, and second-hand clothing helps solve problem of short-term shortage of such items, 15 (75.0%) stated that occasional visits of doctors/medical personnel sent by NGOs helps provide prisoners with some healthcare that the infirmaries could not offer, whilst 13 (65.0%) maintained that moral training and psychological support by faith-based organizations (churches) have been very useful to the reformatory processes of the prisons as some inmates get reform through various religious meetings.

Administrators unanimously shared the same views with prison officers that support from CSOs and NGOs in the form of food items, toiletries, detergents, and second-hand clothing have been helping the prisons to manage problem of short-term shortage of such items which usually confronts them. Seven of them added that occasional visits of medical personnel mainly sent by NGOs enable the inmates to receive some healthcare that the infirmary cannot offer. Five (5) administrators further maintained that moral training and psychological support by churches have been contributing immensely to moral rehabilitation of inmates.

Responses from participants show that the CSOs and NGOs have been very supportive to their healthcare, material needs and moral training as claimed by the Prison Ministry of Ghana, (2012, 2011a & 2011b). However, how best these kinds of support could be handled so that inmates might receive the full benefits of them must be an important issue to the prison management in order to urge donors to do more.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

Chapter five of this work provides the summary of key findings and conclusion of a study on the title “Implementation Challenges of Welfare Provisions for Prisoners in Nsawam Medium Security Prisons”. It also presents recommendations for the considerations of management of Nsawam Medium Security Prison as well as policy makers to improve welfare delivery in the prisons.

5.1 Summary

This research work was an academic exercise undertaken in Nsawam Medium Security Prisons to solicit views of prisoners, prison officers and key prison administrators on the extent to which welfare standards for prisoners have been implemented and achieved in relation to health, feeding and accommodation for inmates, the contribution of civil society organizations (CSO) non-governmental organizations (NGO) in welfare delivery to prisoners, and the challenges that face Ghana Prisons Service at its efforts of implementing welfare standards for inmates.

The study employed mixed approach with regard to data collection and analyses. Primary data for the study was collected from a sample of 40 prisoners, 20 prison officers and 9 key prison administrators from Nsawam Medium Security Prisons. Field data comprising responses of prisoners and prison officers on one hand and that of key prison administrators on the other hand were collected by means of questionnaire and structured oral interviews respectively. The 40

prisoners, 20 prison officers were sampled randomly and their responses were analyzed quantitatively. However, the 9 key prison administrators were, sampled by means of purposive sampling technique and their responses were analyzed by qualitative approach. Both quantitative and qualitative analyses were done simultaneously based on the research objectives. Based on the analyses in chapter four (4), the following were the key findings identified from the study:

- Nsawam Medium Security Prisons is limited in capacity with regard to health services it could offer prisoners. Therefore prisoners are predominately though not exclusively referred the near-by government hospitals when they demand treatments beyond basic prescriptions and first aid drugs.
- The health challenges facing Nsawam Medium Security Prisons most frequently identified by the prisoners, prison officers and key prison administrators were inadequately supply of essential drugs and inadequately qualified health personnel.
- A great majority of prisoners, prison officers and key prison administrators reported that daily physical exercise among inmates outside their cells during the hours of daylight for a period not less than one hour as an integral component of health provisions is observed by Nsawam Medium Security Prisons as defined in the Ghana Prisons Standard Orders.
- The single most challenge facing Nsawam Medium Security Prisons in the delivery of feeding provisions to inmates is inadequate feeding grants paid by the government. Each prisoner is budgeted for an amount of 1.80 Ghana Cedis per day.

- A total of 40 (100%) prisoners involved in the study reported of bad quality state of meals offered which the prison officers and key prison administrators reported attributed to inadequate feeding grants paid by the government.
- The most mentioned challenge facing Nsawam Medium Security Prisons in the delivery of accommodation facilities to inmates is overcrowding of cells. This is worsened by inadequate ventilation, dilapidated roof, ceilings, mattresses, and floor, and inadequate toilet facilities and poor sanitation.
- Almost all the study participants recommended: increase in ration grant and expansion of prison farms as measures to ensure food sufficiency; expansion of accommodation facilities and use of non-custodial penal measures as ways to address accommodation challenges; and increase and regular supply of essential drugs, and provision of adequate qualified health personnel as intervention strategies to health challenges.
- As effort to improve health, feeding and accommodation delivery for inmates, Ghana Prison Service (GPS) has far advanced plans to register inmates with National Health Insurance Scheme (NHIS), raise government budget for the ration grant and expand prison farms, and to complete Ankafu Prison for more transfer of prisoners respectively.
- Civil society organizations (CSOs) non-governmental organizations (NGOs) have been contributing to the efforts of Ghana Prison Service (GPS) in the provision of quality health, feeding, material needs of inmates and their moral rehabilitation.

5.3 Conclusion

The study has attempted to establish and document pertinent concerns bordering the welfare of prisoners in Nsawam Medium Security Prison including the current state of feeding, health and accommodation provisions, challenges facing the prisons, and the efforts of the Ghana Prisons Service (GPS) to improve welfare delivery. The work has been able to establish that inadequately supply of essential drugs and inadequately qualified health personnel, inadequate ration grants for prisoners, and overcrowding of cells couple with inadequate ventilation, deplorable roof, ceilings, mattresses, and floor, and inadequate toilet facilities and unhygienic conditions are the major drawbacks that make the Nsawam Medium Security Prisons fail to meet the international standards for the treatment of prisoners. The work has also revealed that the Ghana Prison Service (GPS) is making various efforts to improve welfare delivery to prisoners and has been supported by civil society organizations (CSOs) and non-governmental organizations (NGOs).

There are massive local, regional and international legislative instruments available on the treatment of prisoners. Moreover, government, CSOs, NGOs and the general public are all stakeholders that must work together when it comes to implementation and achievement of welfare provisions for prisoners in the country's prisons.

Even though the Ghana Prison Service is making serious effort and plans to improve welfare of prisoners in Nsawam Prisons, much still needs to be done to address the numerous challenges in order to effectively implement welfare standards for inmates of the prisons.

5.4 Recommendations

Various concerns might border Nsawam Medium Security Prisons. However, the study focused on the state of and challenges facing implementation of welfare provisions for prisoners. Therefore, based on the focus and key findings of the study, the following interventions strategies are recommended for the consideration of management of Nsawam Medium Security Prisons and policy makers in policy formulation to help solve many of the challenges and ensure effective implementation of welfare provisions to inmates in terms of feeding, health and accommodation.

Feeding: The quality of health of a person can be influenced very much by the amount of caloric intake as assumes by the “input-output” model of system theory that “the quality of inputs invariably affects the quality of output” (Koontz and Weihrich, 1988). Therefore, if prisoners are fed with wholesome and nourishing food in quantities sufficient as provided for by the Prisons Service Act (1972), it will help to boost the health status of inmates thereby reducing the wide range of health conditions associated with them. The researcher, therefore, recommends that the government must give priority for prisoners’ feeding provisions by allocating enough ration grants to the prisons as it is bounded on her to feed inmates sufficiently as long as they are confined (ICESCR, 1966). The prisons must also revive and or expand prison farms and other trade industries to be economically viable in order to produce some food to support government’s efforts to feed the inmates.

Health: The government of Ghana through the Ministry of Interior and the Ghana Prison Service (GPS) must resource the prisons’ infirmary adequately with qualified health personnel, essential drugs and equipment in order to increase the scope of health services offered by the prisons. That

is, adequate health can be realized, for instance, if the government of Ghana provides free medical training purposely to people who would like to work in a prison environment after their medical training. If this intervention is considered, the prisons would get enough health personnel within shortest possible period. Apart from human resources, the government must also provide the prisons with ambulance to take care of emergencies, and free registration of inmates on the NHIS as far as prisoners equally have inherent right to live (Universal Declaration of Human Rights, 1948). These measures would help reduce many of the health challenges including the problem of referrals.

Accommodation: Adequate rest is very vital for the health of every human including a prisoner. It is therefore provided that inmates' sleeping accommodation must be suitable for their health in terms of temperature within, ventilation, space, lighting, and heating (United Nations Standard Minimum Rules for the Treatment of Prisoners, 1957). Hence, Ghana as a nation, through the GPS, needs to undertake comprehensive renovation of existing prison facilities including Nsawam Medium Security Prisons as many are in deplorable states (Amnesty International, 2012). The government of Ghana should also embark on policy of building at least one structure or accommodation block in all the 46 prison establishments across the country. Non-custodial measures such as community service, parole, probation, and pardons must also be applied by the Ghana criminal justice system through the prison management especially in civil cases and minor crimes as recommended by ACHPR (2004) in its visit to South Africa. These would help reduce overcrowding drastically in Nsawam Medium Security Prisons and other penal institutions in Ghana. The prison management must also ensure adequate sanitation in the facilities to help reduce contagious conditions among prisoners.

The Role of Civil Society Organizations (CSOs) Non-Governmental Organizations (NGOs):

The management of Nsawam Medium Security Prisons can solicit the support of CSOs and NGOs effectively to help address many of the challenges confronting Nsawam Medium Security Prisons and others in Ghana. This can be done if the prison management invites them into the management of the prisons by assigning them various roles to play. The prisons can also organize annual events such as “open days” to highlight their achievements and challenges and appeal passionately to CSOs and NGOs for support. It is believed that many of them would respond by adopting some of the blocks for regular renovation and or building new ones that can be named after them, or provide many other services and needs that can lessen many challenges facing the prisons.

The researcher fervently hopes that if the above interventions recommended receive the necessary consideration in policy planning and strategies of Nsawam Medium Security Prisons and the government, the implementation challenges associated with welfare delivery to inmates and their adverse effects on the prisoners, prison officers, prison administrators and the entire prison community would be mitigated. Also, the recommendations would to a very large extent enhance the efforts of the GPS to adequately implement prison welfare provisions required to meet international standards for the treatment of prisoners.

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APPENDICES

APPENDIX A: QUESTIONNAIRE FOR PRISONERS

CENTRE FOR SOCIALPOLICY STUDIES

UNIVERSITY OF GHANA, LEGON

TOPIC: IMPLEMENTATION CHALLENGES OF WELFARE PROVISIONS FOR PRISONERS IN NSAWAM MEDIUM SECURITY PRISON

INTRODUCTION:

The Ghana Prisons Service is legally required to ensure safe custody and welfare of prisoners not only in Nsawam Medium Security Prisons but also in all the prison establishments in Ghana. However, the Service has constantly been confronted with many challenges at its efforts of implementing welfare standards for prisoners even with the welfare delivery supports of CSOs/NGOs.

This questionnaire is, therefore, an academic exercise meant to solicit views of prisoners on the extent to which welfare standards for them have been implemented and achieved in relation to their health, feeding and accommodation, and the challenges they face with regard to health, feeding and accommodation.

You are assured of strict confidentiality of any information you give. Thank you for your cooperation.

Section I: Extent to which welfare standards for prisoners implemented in relation to health, feeding and accommodation for inmates of Nsawam Medium Security Prisons.

1. a) Have you ever reported being sick in the prison? Yes [] No []
b) If yes, what did the prison do when you reported?
.....
.....

2. How many times in a week are you permitted to take exercise outside you cell?
3. How many times are you fed in a day?
4. What kind(s) of food are usually given for breakfast?;;
5. What kind(s) of food are usually given for lunch?
6.;.....;
7. What kind(s) food are usually given for super?;;
8. How will assess the state of food provision?
.....
9. What type of accommodation system are you assigned?
Cell [] Dormitory [] Other (specify)
10. How will you describe the nature of your cell/dormitories or accommodation facilities?
.....
11. How many of you are accommodated in one cell/dormitory?
12. a) Have you ever been solitary confined in a cell? Yes [] No []
b) If yes, for how long were you confined?
c) Why were you confined?
.....

Section II: Investigation of challenges facing the delivery of welfare to prisoners in Nsawam Medium Security Prisons.

13. What challenges/problems do you face with **health/infirmarary** services in the prison?
.....
.....

14. What challenges/problems do you face with **feeding**?

.....

.....

.....

15. What challenges/problems do you face with **accommodation**?

.....

.....

.....

16. What do you suggest as means to improving health/infirmity services in the prison?

.....

.....

17. What do you suggest as means to improving feeding?

.....

.....

18. What do you suggest as means to improving accommodation?

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.....

Section III: Assessment of contributions being made by CSO/NGO in the delivery of welfare provision to prisoners in Nsawam Medium Security Prisons.

19. What support do you get from CSOs/NGOs?

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APPENDIX B: QUESTIONNAIRE FOR PRISON OFFICERS**CENTRE FOR SOCIALPOLICY STUDIES****UNIVERSITY OF GHANA, LEGON****TOPIC: IMPLEMENTATION CHALLENGES OF WELFARE PROVISIONS FOR
PRISONERS IN NSAWAM MEDIUM SECURITY PRISON*****QUESTIONNAIRE FOR PRISON OFFICERS***

INTRODUCTION:

The Ghana Prisons Service is legally required to ensure safe custody and welfare of prisoners not only in Nsawam Medium Security Prisons but also in all the prison establishments in Ghana. However, the Service has constantly been confronted with many challenges at its efforts of implementing welfare standards for prisoners even with the welfare delivery supports of CSOs/NGOs.

Therefore, this questionnaire is purely an academic exercise meant to solicit your opinions on the extent to which welfare standards for prisoners have been implemented and achieved in relation to health, feeding and accommodation for inmates of Nsawam Medium Security Prisons, the supports of CSOs/NGOs in welfare delivery, and the challenges the Ghana Prisons Service faces at its efforts of implementing welfare standards for prisoners. Hence, your candid responses will help invaluablely in examining the issues under study.

You are assured of strict confidentiality of any information you give. Thank you.

Section I: Evaluation of the extent to which welfare standards for prisoners have been implemented in relation to health, feeding and accommodation for inmates of Nsawam Medium Security Prisons.

1. What does the prison do if a prisoner reports of sickness?

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.....
2. a) Does the prison have infirmaries? Yes [] No []
b) If yes, what is the state of the infirmaries?
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.....
.....
3. How many times in a week are prisoners permitted to take exercise outside his/her cell?
.....
4. How many times are you fed in a day?
5. What kind(s) of food are prisoners usually given for breakfast?
.....;
.....;
6. What kind(s) of food are prisoners usually given for lunch?
.....;
.....;
7. What kind(s) food are usually given for super?
.....;
.....;
8. What is the state of the food given to prisoners?
.....
.....
.....
9. What type of accommodation system are prisoners assigned?
Cell [] Dormitory [] Other (specify)
10. How will you describe the nature of your cell/dormitory or accommodation facility?
.....
.....
.....

11. How many prisoners are accommodated in one cell/dormitory?
12. a) Do prison guards solitarily confined prisoners in a cell? Yes [] No []
b) If yes, for how long is a prisoner confined?
13. What are the reasons for solitary confinement of prisoners?
.....
.....
14. What are the sleeping arrangements for prisoners?
.....
.....
.....

Section II: Examination of the efforts made by the Ghana Prison Service to improve on welfare delivery for inmates of Nsawam Medium Security Prisons.

15. What efforts are being made by the Ghana Prison Service to improve health services?
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.....
16. What efforts are being made by the Ghana Prison Service to improve feeding?
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17. What efforts are being made by the Ghana Prison Service to improve accommodation?
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18. What efforts are being made by the Ghana Prison Service to improve other welfare standards?
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.....
.....

Section III: Investigation of challenges facing the delivery of welfare to prisoners in Nsawam Medium Security Prisons.

19. What challenges does the prison face with **health/infirmity** services?

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.....

20. What challenges/problems does the prison face with **feeding**?

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.....
.....

21. What challenges/problems does the prison face with **accommodation**?

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22. What do you suggest as means to improve health/infirmity services in the prison?

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23. What do you suggest as means to improve feeding?

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24. What do you suggest as means to improve accommodation?.....

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Section IV: Assessment of contributions being made by Civil Society Organizations in the delivery of welfare provision to prisoners in Nsawam Medium Security Prisons.

25. What support does the prison get from CSO/NGO?

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.....

APPENDIX C: INTERVIEW GUIDE FOR PRISON ADMINISTRATORS

CENTRE FOR SOCIALPOLICY STUDIES

UNIVERSITY OF GHANA, LEGON

TOPIC: IMPLEMENTATION CHALLENGES OF WELFARE PROVISIONS FOR PRISONERS IN NSAWAM MEDIUM SECURITY PRISONS.***INTERVIEW GUIDE FOR PRISON ADMINISTRATORS***

INTRODUCTION:

The Ghana Prisons Service is legally required to ensure safe custody and welfare of prisoners not only in Nsawam Medium Security Prisons but also in all the prison establishments in Ghana. However, the Service has constantly been confronted with many challenges at its efforts of implementing welfare standards for prisoners even with the welfare delivery supports of CSOs/NGOs (Amnesty International, 2011).

This interview is, therefore, purely an academic research to solicit your opinions on the extent to which welfare standards for prisoners have been implemented and achieved in relation to health, feeding and accommodation for inmates of Nsawam Medium Security Prisons, the supports of CSOs/NGOs in welfare delivery, and challenges the Ghana Prisons Service faces at its efforts of implementing welfare standards for prisoners. Hence, your objective responses will help invaluablely in assessing the issues under study.

You are assured of strict confidentiality of any information you give. Thank you.

Section I: Evaluation of the extent to which welfare standards for prisoners have been implemented in relation to health, feeding and accommodation for inmates of Nsawam Medium Security Prisons.

20. How is the welfare of prisoners defined in prison standards in terms of health?
21. What does the prison do if a prisoner reports of sickness?
22. What is the state of the infirmaries of the prison?
23. What is the strength of the health staff of the prison?

24. To what extent are health provisions for prisoners have been implemented and achieved?
25. How is the welfare of prisoners defined in prison standards in terms of feeding?
26. What kind(s) of food are prisoners usually given for breakfast, lunch and supper?
27. What is the state of the food given to prisoners in terms of quantity and quality?
28. In your view, to what extent are feeding provisions for prisoners have been implemented and achieved?
29. How is accommodation defined in prison standard orders?
30. What is the state of accommodation facilities in the prisons?
31. How many prisoners are accommodated in one cell/dormitory and how appropriate is it with regard to the health of prisoners?
32. a) Are prisoners solitarily confined?
b) If yes, under what circumstances are prisoners confined?
33. What are the sleeping arrangements for prisoners?
34. To what extent is welfare standards for prisoners have been implemented and achieved in relation to accommodation?

Section II: Examination of the efforts made by the Ghana Prison Service to improve on welfare delivery for inmates of Nsawam Medium Security Prisons.

35. What effort is being made by the Ghana Prison Service to improve health services?
36. What effort is being made by the Ghana Prison Service to improve feeding?
37. What effort is being made by the Ghana Prison Service to improve accommodation?
38. What effort is being made by the Ghana Prison Service to improve other welfare standards?

Section III: Investigation of challenges facing the delivery of welfare to prisoners in Nsawam Medium Security Prisons

39. What challenges does the prison face with **health/infirmarary** services?
40. What challenges/problems does the prison face with **feeding**?
41. What challenges/problems does the prison face with **accommodation**?
42. What do you suggest, in your opinion, as means to improve welfare delivery for prison?

Section IV: Assessment of contributions being made by Civil Society Organizations in the delivery of welfare provisions to prisoners in Nsawam Medium Security Prisons.

43. What forms of support does the prison get from CSOs/NGOs?
44. In your opinion, to what extent have CSOs/NGOs contributed to welfare delivery for prisoners?