



PRI in Kazakhstan



Country Population ¹ :	16,250,000
Prison Population ² :	52,464
Prison Population rate:	323 (per 100,000 of national population)
% pre-trial detainees:	12.6
% women prisoners:	7.6
% children prisoners:	0.5

Project Title:	Improving health in women's prisons in Kazakhstan 2011 -2013
Donor:	EU
Key partners:	Credo (NGO)
Duration:	24 months

Background

Throughout the past ten years, women's imprisonment has become one of the leading domestic issues in Kazakhstan. The number of female prisoners now incarcerated is four times higher than in 1990. Additionally, the current rate of incarceration for women increases by 3% every year, with women comprising about 17-18% of the aggregate prison population in Kazakhstan. Without question, women are being imprisoned in Kazakhstan at a rate unprecedented in the country's history.

¹ Estimate based on UN figures from October 2011, quoted by International Centre for Prison Studies (ICPS) (www.prisonstudies.org, consulted 6 December 2011)

² All figures from National Prison Administration of Republic of Kazakhstan, quoted by ICPS as above, as at 1 October 2011

However, Kazakhstan's penal system is far from sufficient to adapt to, and accommodate, this growing trend. For example, there are only four women's prisons in the entire nation, with one of them having been completed just last year. These institutions are scattered about vast distances and are characterised by different levels of security. One of the basic problems arising from the limited number of facilities and differing regimes of security is that women are often incarcerated far from home, being forced to sever ties with their family and lose the most basic system of support a person can have. In Kazakhstan, this translates into a higher rate of discrimination in prison, as well as increased suffering from diseases that may have been treated with familial assistance.

Tangentially, the situation of HIV/AIDS and TB in Kazakhstan's prisons is both widespread and systemic. While there were 12,807 recorded cases of HIV in the general population of Kazakhstan during 2009, there were 2,370 instances of prisoners living with HIV during the same time period. This means that the number of prisoners who tested HIV-positive was 49 times higher in prison than among the wider community. In the case of TB, the same discrepancy can be found between prisons and society, with the rate of transmission being 10-15 times higher for inmates than for the civic population. The contributing factors of this unparalleled rate of disease infection, currently endemic to Kazakhstan's prisons, include: overcrowding, inadequate living conditions, poor food quality, a lack of proper and timely medical services, and the overarching vulnerability of incarcerated, at-risk social groups.

The issues of HIV/AIDS and TB transmission are exacerbated in women's prisons. While disease remains a threat in all prisons, it is particularly aggravated in female-only facilities because female prisoners are often commercial sex workers, drug users, and estranged from all family relations. Over 40% of the female prison population are currently addicted to drugs (the rate of drug use increased from 32% in 2005 to 46.8% in 2010). Moreover, the presence of a family unit is at an all-time low in women's prisons, with 25% of inmates classified as single, 73% as divorced, and 0.7% as widowed. In these circumstances, women cannot rely on the help of family to receive basic necessities such as medicines, clean clothes, food, etc. After release, women are unsuccessful in finding jobs, receiving necessary medical treatment, and mitigating other social issues. As a result, the majority of women re-commit crimes, and 49.8% of them return to prison after their initial release.

The combination of social vulnerability, recidivism, and an institutionalised aversion to proper care and education means that females in prison are the single most at-risk demographic when it comes to infectious disease transmission in Kazakhstan.

Overall Objective

To improve the situation of prevention, diagnostics and rehabilitation for patients with HIV/AIDS and TB in women's prisons

Specific Objectives

1. To enhance the system of prevention of HIV/AIDS and TB among women in prisons and prison staff;
2. To improve the detection, cure and care of HIV/AIDS and TB among women in prisons;
3. To develop the capacities of public authorities working in the sphere of HIV/AIDS and TB in the penal system of Kazakhstan

Activities Included

1. Training on HIV/AIDS and TB detection, transmission and cure for women prisoners and prison staff in pilot regions;

2. Study of HIV/AIDS and TB in women's prisons;
3. Legislative analysis in the sphere of medical services for women prisoners;
4. Discussions on a national level for recommendations to enhance the system of HIV/AIDS and TB prevention among women prisoners.
5. Patients' schools for women prisoners in pilot regions;
6. Expert advice, guidance, and support for the transition of prison medical services from the Ministry of Justice to the Ministry of Health;
7. Coordination of meetings for public authorities in pilot regions;
8. Training for social workers for probation services in pilot regions;
9. National conferences on capacity-building for public authorities.

Expected Results

1. Awareness of female prisoners and prison staff will increase.
2. The reasons for high levels of HIV/AIDS and TB in women's prisons will be defined.
3. The lack of legislation pertinent to health issues in women's facilities will be analysed, and amendments to pre-existing legislation will be adopted.
4. A model system of detection, cure and care of HIV/AIDS and TB will be tested.
5. Recommendations for effective dissemination of medical services will be developed and adopted.
6. A system of communication between public authorities will be established, thus strengthening the overall infrastructure of HIV/AIDS and TB prevention, control, treatment and care.

June 2011