

HIV / AIDS in Malawi Prisons

A study of HIV transmission and the care of prisoners with
HIV / AIDS in Zomba, Blantyre and Lilongwe Prisons



Research conducted for Penal Reform International
by Dorothy Jolofani and Joseph DeGabriele

P e n a l R e f o r m I n t e r n a t i o n a l

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HIV / AIDS in Malawi Prisons

Introduction

HIV transmission and the care of prisoners with HIV / AIDS in African Prisons is of serious concern. However as the Dakar Conference pointed out, "our level of understanding is superficial". The report goes on to say that "the underlying causes of this deficiency are the absence of tools needed for an accurate assessment of the epidemic, the impenetrable nature of the prison environment, legal constraints, and the insulation of those actors who could make a difference".

1. Purpose of this report

The purpose of this report is to overcome some of the obstacles noted above and inform on:

1. The methodology used, so as to assist other interested researchers;
2. The situation of HIV transmission and the care of those prisoners with HIV/AIDS in Malawi prisons.

2. Research methodology

In researching HIV / AIDS in prisons we had to listen to many other problems.

As a guideline for our research we used the OIP Publication: *HIV / AIDS in African Prisons: International Conference*, February 16-18, 1998, Dakar, Senegal, focusing on two main general themes:

1. Transmission of HIV in prisons
2. Care of Prisoners with HIV / AIDS.

In line with the Dakar Conference, we used a multi-disciplinary approach:

1. Ethical, Socio-cultural, and Religious aspects
2. Medical and Psycho-social Aspects
3. Prevention and Peer Education
4. Legal Aspects

Some of the recommendations made at Dakar were tested as to their applicability in Malawi.

Thematic interviews were conducted with a cross-section of prisoners from all the Blocks, as well as senior and junior prison staff members.

The prison authorities extended to the authors freedom to do research, granting access to all areas within the prisons, as well as privacy with the prisoners.

Some people felt intimidated in being open, if a member of another social group was present at the interview. As far as possible, the prisoners were interviewed without the supervision of any prison staff, and the junior prison staff were interviewed away from senior staff. Among some of the junior prison staff there was a lot of fear of being suspected by their bosses of telling the research team what was really going on. Throughout the research it was found that the senior staff repeated the official line, but from the junior staff and from the prisoners themselves a very different picture was obtained.

It was soon learnt that while HIV / AIDS is of concern to the prisoners, we also had to listen to other concerns, involving juvenile offenders and human rights abuses. Some prisoners informed us that after they had been seen talking to us, POs asked them what we had been talking about.

Because of the nature of the research topic as well as the prison environment, it was necessary for us to be sensitive to certain "no go areas" where people felt uncomfortable. This included talking about homosexuality, AIDS, and other issues that some staff refused to acknowledge.

3. Field of research

The research focused on the three largest prisons in the country, namely Zomba Central Prison, Chichiri Prison (Blantyre) and Maula Prison (Lilongwe).

The population at **Zomba Central Prison** (ZCP) as of January 1999 was 1910, including remandees, females, and juveniles; it also has a high turnover: 10,666 prisoners entered its gates in 1997. As a field of research ZCP was the most fruitful. Due to the high turnover, and because it accommodates all the prisoners sentenced to long terms (more than 5 years), we came across prisoners from all parts of Malawi, from all social classes, as well as those who had been to other prisons in Malawi. There are five blocks: A and B blocks, first offenders, and the female and juvenile blocks. The Juvenile wing is also located within the grounds of ZCP and houses about 150. As ZCP houses the only clinic with a Medical Officer (MO), other prisons refer seriously sick convicted prisoners to Zomba Central Prison. One male Medical Assistant and a PO who acts as a bedside attendant also staff the clinic.

Chichiri Prison in Blantyre has a total population of 1,400 inmates (roughly equal proportions of convicted prisoners and remandees). There are five wings: Hard Labour, Top yard, Remand, Females and Juveniles. There is a small clinic with one male Medical Assistant.

Maula Prison in Lilongwe houses about 1,100 inmates. There are 4 blocks, two for adult males, one for females (6 female prisoners), and another for juveniles and young men (166 in total). The prison is surrounded by a wire mesh fence and has a more open feel to it than Zomba or Chichiri, and the level of sanitation is much better than that of Zomba. There is a small clinic with one male and one female Medical Assistant.

Transmission of HIV in Prison

Although many prisoners come into custody already infected with HIV, there is evidence that HIV transmission in prison is a problem, especially at ZCP.

Only a very few prisoners said that their main concern was that HIV was transmitted through shared razor blades and toothbrushes. Most prisoners and POs acknowledged that homosexual activity was common and that this was the main method of transmitting HIV within prison.

Furthermore although some prisoners felt uncomfortable in discussing issues pertaining to homosexual activity, most were very open about it. We are also sure that there was no misunderstanding involved: homosexual activity involves anal sex.

In order to reduce the transmission of HIV it is necessary to understand some of the patterns of homosexual activity in prisons, who is involved and why.

1. Homosexual activity

In the prisoners' perception homosexual activity is related to two factors: overcrowding and the need to be cared for.

Homosexual activity or "unnatural offences" as it is described in the Malawi Penal Code (section 153) is illegal and carries a prison sentence of fourteen years. It is for this reason that some senior POs claim that it does not exist, because to do so would imply that they are not controlling their prisoners.

However, many prisoners and junior prison staff at ZCP reported that homosexual activity was very common, and some prisoners, including juveniles, admitted to being "victims" of homosexual acts. The Medical Assistants (MAs) at Maula and Chichiri are of the opinion that while they are sure homosexual activity occurs in their prisons, it is a less serious problem than in Zomba.

Although it is not possible to establish evidence or patterns of HIV transmission through homosexual activity, the prison clinics reported cases of prisoners with STD's and peri-anal abscesses, which could only have been contracted within the prison through anal intercourse. The MAs thought that as most prisoners were too embarrassed to report to the clinic, the incidence of peri-anal abscesses could be considerably more widespread. However several prisoners in ZCP admitted that the possibility of HIV transmission through homosexuality was of concern to them.

It is difficult to establish how prevalent homosexual activity is, but we have no doubt that it is a common occurrence. When asked to give an estimate of the percentage of prisoners who had at least one homosexual encounter while in detention, the

estimates for ZCP varied from 10% to as high as 60%. Out of these, about one third are thought to have habitual sex with other prisoners. While these figures are mere estimates they do indicate that many prisoners think that the occurrence is high. Considering that most homosexual acts involve "boys", that is juveniles or young adults in the main prison, then the proportion amongst this group places them in the high-risk category.

Some prisoners reported that the features sought in a "wife" are "a young beardless face" and "a nice bottom". If these are the characteristics which are sought by prisoners, then POs should be aware of those who may be vulnerable to rape and other forms of sexual exploitation. This group includes *achichepere*, that is not only juveniles, but also young adults of even 25 years of age.

It was reported to us that most homosexual activity takes place in cells that are overcrowded, and prisoners attempt some degree of privacy by hanging a blanket as a curtain. Prisoners in the Condemned Cells (CC) reported that there was no homosexual activity in their block because "we are only one or two in each cell". Of course this assertion is difficult to prove, but what is important is that in the prisoners perception, homosexual activity is directly related to overcrowding. It must be pointed out that in CC, most of the prisoners have been there a long time, and have also reached a certain level of material equability. In B block and First offenders, where it is reported that homosexual activity is most prevalent, some very small cells hold up to between 25-28 men, whereas some larger cells hold 42-43 men. In these cells there is less than 30 cm space between blankets, and the men sleep with toes touching.

Prisoners and warders distinguished two types of homosexual activity.

Some prisoners are said to be "that way inclined" and were homosexuals even outside the prison. This group is said to be in the minority, with estimates ranging from 10% to 20% of all those involved in homosexual activity.

The other, larger group is described as those who are "very needy". They are usually recently detained, either juveniles or young adults, who have no blanket, soap, plates, or food. They have no relatives from the outside to help them and care for them, they are in physical need and confused by their recent detention and they turn to somebody to care for them. The ones they usually turn to are those who have outside supplies. The relationship between them was described as similar to that between a poor prostitute and a rich client. As long term prisoners from all over the country are sent to Zomba, they have no access to regular help from relatives who would find the cost of travelling to the prison prohibitive. In contrast, because both Chichiri and Maula hold mainly prisoners from areas nearby, some prisoners get more regular help. In our visits we observed that, although Maula and Chichiri have

smaller prison populations than Zomba, there were larger numbers of visitors bearing food and other presents.

Although several prisoners and warders made the above distinctions, like most distinctions there is a blurring around the edges. There is another group who "because of the lack of women become confused", but they are not really homosexuals. It seems that it is this group which form the main clients of the *achichepere* (that is both juveniles and those who look young).

Other prisoners reported that due to the shortage of blankets, two or even three prisoners would share a blanket, and in this situation sex would sometimes occur.

We enquired about the occurrence of homosexual rape. Juveniles in ZCP reported that they had heard of fellow juveniles having been raped, while among adults some reported that they heard of it on occasion, "maybe once or twice a year". Other adults said that it was fairly common. If reported to the *nyapalas* (prison cell leaders) the rapist was punished by being put on slops detail for a month, but some prisoners said that some *nyapalas* took bribes to keep quiet.

In the main blocks there is little to stop an adult from approaching a young man, but it was reported that cooks have a high opportunity of recruiting "wives" because they are in the position of offering more and better food to those who comply.

Some men have a "wife" with whom they have a constant relationship, while others have several long-term "wives". Other prisoners do "short time" that is having quick sex with another man or a juvenile. We established that there are prostitution rings and "brothel runners" within the prisons where boys are rented out for "short time" sex.

Case study 1: Adult prisoners put in orders for boys

"An adult prisoner approaches a prison officer, gives him some money and asks him to get him a boy. You know some prisoners are rich compared to the guards. The guard then smuggles a juvenile into the adult blocks when they are out of the juvenile wing. Once they are there they can be hidden for months, and the man who paid for them rents them out to other prisoners 'for short time', using other prisoners to get him customers".

2. Juveniles

The segregation of juveniles from adults is inadequate and some juveniles are abducted for sex. In many cases prison officers are involved.

Although juveniles are supposed to be kept apart from the adult prisoners, there are certain occasions when they come into contact.

The kitchen. The juveniles collect their food from the main kitchen. Although the adult prisoners are supposed to be locked in their blocks when the juveniles collect

their food, this is not well supervised. As with other young adults, the cooks give extra food to the juveniles in exchange for sexual favours. Some juveniles are reported to be abducted, with the connivance of the warders and the *nyapalas* (overseers), and can go missing for a day or two. Because juveniles wear prison uniforms, their presence amongst the adults is hard to detect. They are often discovered in the adult blocks only during cell searches.

The library. (ZCP) The library may be another occasion for juveniles to come into contact with adults.

Work details. Some boys do work outside, as gardeners, or as cleaners, and they make their way to the adults.

The clinic. (ZCP) It appears that it is through the clinic that most juveniles are smuggled into the adult blocks; there are at least three ways of doing this. As the clinic staff is very busy, the juveniles are brought to the clinic from the juvenile wing. Sometimes a single warder can be responsible for escorting 20 or even 30 juveniles. With this poor supervision, juveniles can escape or are abducted. The juveniles said that if the MO paid regular visits to them they would be protected from being abducted at the clinic.

When a juvenile is very sick, he is admitted as a patient into the prison clinic. He is then looked after very well on the understanding that something is expected from him. On discharge they are "diverted" to the adults.

Another way involves "an order". The *nyapalas* go to the warders and say, "we want so many boys". These boys then pretend to be sick, and on being escorted to the clinic make their way to the adults. In prison slang this is described as *kuika mulaini*, meaning that the corruption of a warder is involved.

The Medical Assistants at Maula and Chichiri reported that they make daily rounds of the juvenile wings and personally escort any juveniles needing treatment.

The Main Gate. Prisoners would bribe the officers at the main gate with K15-30 (US\$0.30 - 0.60) to let a juvenile through. POs also reported that they suspected that most of the illegal entries of juveniles occurred on a Sunday when the regular gate staff was resting.

Case study 2: They have sex because they have nothing else

There are 22 of us in our cell, and two of my cell mates have juveniles as "wives". They got them by bribing the POs at the main gate. These juveniles agreed to have sex with these men because they had no clothes and no blanket, and they were hungry. One day these boys started to cry and refused to have sex. The men took away their blankets and after spending a night in the cold they agreed to allow the men to have sex with them again. We try to tell these boys that they will die of AIDS, but what can these boys do?

They have nothing. Sometimes it is evening before they have something to eat, and on some days they have nothing at all. These men are the only ones who can look after them as they get food and money from outside.

These boys have been in our cells for over six months, but the POs never seem to find them.

There are a lot of juveniles in our wing because some men can have up to three "wives". Some prisoners even sell their "wives" to other prisoners when they are discharged. Some juveniles have grown up in our block.

The juveniles themselves admitted that there was homosexual activity, between themselves, which was consensual, and with the adults, which was to obtain things they needed. Furthermore, they reported that boys procured through the clinic usually consented to staying with the adults, whereas boys procured elsewhere were usually coerced by adult prisoners or prison officers.

The Medical Assistants at Maula and Chichiri reported that nearly all those who reported peri-anal abscesses were juveniles.

The official position of the Prison Authorities is that juveniles should report any advances made on them. However, the juveniles say that apart from the POs being involved in transferring them to adults, they are also harsh with them and take out their anger and frustration on them.

A serious obstacle in separating juveniles from adults is the fact that as few people are registered at birth it is sometimes difficult to prove somebody's age. Somebody may claim to be under 18 when in fact they are much older.

Although the segregation of juveniles from adults and their supervision by POs can be an important factor in protecting them from sexual exploitation, at present some POs are acting as channels for their abuse. The root causes of juveniles prostituting themselves to adult prisoners are their physical needs for food and shelter, and the need for protection.

3. The female block

Some female warders have sex with the male prisoners.

Female prisoners said that the only males they came into contact with were the juveniles, and there was no chance to have sex with them. Female prisoners as well as the female POs said that there was no sexual activity within the female block.

However both female prisoners and POs in ZCP confirmed that some female POs are involved in prostitution with the adult male prisoners. They said that one female PO had a prisoner as a boy friend, and both recently died of AIDS. They said that there were different ways that a male prisoner could have sexual relations with a female PO:

- Arrangements were made at the library of where and when to meet, with the connivance of other staff members.
- Sometimes arrangements would be made with Ward 11 at Zomba Central Hospital where messages would be passed on.

The prisoner would then be assigned on outside work detail in the garden or in the headquarters where he would meet up with the female PO. "Usually they do it in a maize garden so they can hide while they do the act".

4. Condoms

Some prisoners have expressed the need for condoms.

As was expected, the issue of condoms was very controversial. Most prison staff refused to comment, saying that the official position was that condoms would encourage homosexuality which was illegal. Although some MAs do not agree that condoms should be distributed to prisoners, they said that "they are human beings and should be allowed to make their own choice, whatever we think".

We discussed with some prisoners and some warders some of the objections to condoms outlined by some prison service staff in the Dakar Conference document (section I.2.1, Observations, page 15) and make the following notes:

- "Condoms encourage prisoners to have sexual relations". *They said that there is already a lot of sex, and this is caused mainly by overcrowding and neediness amongst prisoners and the corruption of the prison staff. The national policy is to distribute condoms, the intention is not to encourage prostitution, which is a reality and does not need encouragement, but to prevent the spread of HIV.*
- "The use of condoms is against the moral codes, customs and religion". *Condoms are tolerated outside prison, why not in prison?*
- "The law forbids homosexual activity". *Prostitution is also against the law, but prostitutes and their clients are encouraged by the government to use condoms. Furthermore the prison system, as well as the poor conditions, actively encourage homosexuality.*
- "Homosexuality is rare in Africa". *But not in prison.*
- "It is not easy to dispose of used condoms". *Many prisoners use slops into which condoms can be disposed.*

Most prisoners said they were not sure about the use of condoms. Many said that the fear of contracting HIV was real enough, but that probably a lot of prisoners would want "the real thing", that is they would refuse to wear a condom.

Some prisoners said that they think that they should be given a choice, and those who

want them should have access to them. Some prisoners said that they are aware that their cell mates use condoms because they see them in the slops or in the drains.

Incidentally, in the prison clinics there are posters graphically describing the use of a condom, and we were informed that "some condoms are available, but nobody asks for them".

The **juveniles** said that they would like to have access to condoms as they could have the opportunity to use them. However they said that it is not a good idea if they have to ask a PO for them as they could be embarrassed or even blackmailed. Their suggestion was to put them in the showers, and those who need them can take them.

It is probably impossible, at this point, to determine the consequence of introducing condoms into the prisons.

5. Prison staff

Prisoners are exploited by the prison system.

The morale amongst the junior prison staff, especially the warders is very low. Their basic salary is about K1200 per month (US\$30) which is barely adequate for very basic needs. The housing that is provided for them is in very poor condition, with very bad sanitary facilities. During our visits to the prison, we were often approached by warders begging loans or money from us.

In such a situation it is not surprising that corruption is rife. Warders are also often doing deals with prisoners, buying blankets and plates from them. It was reported that in December 1998, "donors from Balaka" came to ZCP with 3,000 plates, but only about 500 prisoners received a plate, the rest were taken by the prison staff. One prisoner, said that the usual bribe to get a juvenile in was K20. A warder said that this was true, and that it disturbed him a lot, but it was such an established procedure that he was powerless to do anything about it.

If a prisoner is desperate for money, he may give something to a PO and ask him to sell it for him.

Case study 3: Selling to the prison officers

One NGO delivered a consignment of plastic plates to one of the prisons. These were greatly appreciated, but in order to meet other pressing needs, such as soap or food many prisoners sold them to prison officers, who then resold them for a higher price. Some prisoners even used the plastic plates as fuel to cook their food with.

Unless all the basic needs are met, then prisoners are in a vulnerable position, and likely to compromise one need to meet another. The very basic needs are for adequate food which includes a varied diet, shelter (clothes and blankets), and hygiene (soap). We found that when even one of these needs was neglected, prisoners' attempts to

redress the balance would result in making them even more vulnerable.

Some prisoners alleged that senior officers were skimming off supplies from Rations. Others alleged that prison transport was being abused for personal use, to the neglect of the prisoners welfare.

Many prisoners reported that their relationship with the warders is very bad. They are accused of stealing their property during cell searches. They are also accused of brutality. Prisoners reported that they are often beaten for no reason, especially if other prisoners have escaped. Other prisoners, and the juveniles in particular said that they were frequently subjected to threats and harsh punishments, such as being forced to store water in slops buckets. The juveniles alleged that the POs took it out on them because of their own personal frustrations. "If a juvenile has money of food, he is a threat to the PO".

Nearly all the prisoners we interviewed reported that they were being exploited by the prison system, either through neglect of giving the prisoners what is their due, or else by involvement in the transfer of juveniles to the adult wings.

6. Preventing the spread of HIV

The spread of HIV should be tackled by looking at the root causes.

In its Report to Parliament, the Malawi Inspectorate of Prisons recommends that the spread of HIV through homosexual activity be reduced by urging "prison and police authorities concerned to put into place strict measures, and provide civic education" [Part III. B (v)]. While the supervision of prisoners is important in order to prevent homosexual activities, the root causes of homosexual activity should be borne in mind. Prison staff cannot supervise each prisoner round the clock, and civic education will not be effective in the face of dire need. It is in tackling these root causes - of overcrowding and neediness - that the spread of HIV through homosexual activity in prison can be reduced. Solving these problems will also have an effect on the general well being of all the prisoners, as well as those infected with HIV, and those sick with AIDS.

As part of a wider strategy in preventing the spread of HIV in prisons, we would make the following recommendations:

1. The availability of **condoms** in prison would help in reducing the spread of HIV, but in our opinion it would form a small part of an overall strategy.
2. There needs to be a more effective **separation of juveniles** from adult prisoners. The long term objective should be to have a juvenile block separate from the central prison. In the short to medium term, goals should include separate kitchen, recreational and medical facilities, including separate Out Patient clinics.

3. **Overcrowding** and the **neediness** of prisoners, especially those recently detained creates an atmosphere of sexual oppression and of prostitution. Prisoners in blocks which are not severely overcrowded claim that homosexuality is much less of a problem. Giving to prisoners basic needs such as blankets, plates, soap and adequate food removes one of the main reasons some have to offer themselves for sex. In addition improved hygiene, sanitation and diet are essential prerequisites to maintain some degree of health in a person with HIV / AIDS (see next section).
4. Most of the prisoners sit around their blocks, or in the main yard, idling away their time. There needs to be more **organised activities**, such as sports, culture and intellectual pursuits such as literacy classes. There is a lot of potential for physical work, especially in the upkeep of the prison area, etc.
5. **Prison Staff** need to be involved in any reforms. Unless their welfare is included, they will begrudge any efforts directed towards the betterment of the prisoners. Low wages and poor supervision gives rise to corruption. Under-staffing results in the poor supervision of those prisoners who are vulnerable. Improvements in the conditions of service should be linked to improved discipline.
6. **Donations** made to the prisons need to be monitored more carefully. Medical Assistants, while grateful for donations, said that they do not always get what they ask for. Prisoners complained that some of the items given to them were not suitable for their way of life. One example they mentioned was the plates some of them received, they are too small for holding *nsima* (maize porridge). Donors should also make more effort towards transparency by involving the prisoners in the distribution and accounting of goods. Our recommendation is that donors should officially include the prison staff and their families, otherwise the prison staff will just take what they want. Finally, prisoners were disappointed that donors hardly ever made any efforts towards follow-up, to see how things were progressing. This is a big weakness and one of the main reasons for lack of real progress.

Care of prisoners with HIV / AIDS

"To be with AIDS in prison is to be in hell".

(a quote from a prisoner in Zomba)

Of the 167 deaths in Malawi prisons during 1997, 40% were attributed to AIDS, 25% to pulmonary TB, and 20% to dysentery and bloody diarrhoea.

The following tables give the number of cases treated for the top five diseases in ZCP.

Table 1: Top 5 diseases in ZCP, 1st January - 31 December 1997

Category	Number of cases treated	AIDS and HIV positive cases
malaria	2,637	659
pulmonary TB	125	69
scabies	3,065	766
other diarrhoeal diseases	1,932	483
bloody diarrhoea	644	161
Total	8,403	2,138

During this 12 month period 25% of all cases treated were AIDS and HIV positive.

Table 2: Top 5 diseases in ZCP, 1st January - 30th June 1998

Category	Number of cases treated	AIDS and HIV positive cases
malaria	1,074	340
pulmonary TB	130	92
scabies	609	421
other diarrhoeal diseases	600	330
bloody diarrhoea	177	97
Total	2,590	1,280

During this six month period 49% of all cases treated were AIDS and HIV positive. Care must be taken in interpreting the statistics relating to AIDS Related Complex (ARC) deaths. What these figures do not reveal is the accelerated death of prisoners due to the poor prison conditions.

Nevertheless, it is clear that AIDS and ARC are a serious problem in the ZCP hospital. They are less of a problem in other prisons because chronically sick prisoners, including those with ARC are referred elsewhere.

Prisoners generally divide health care in two categories: "environmental", which includes hygiene and sanitation, and "medical" which includes not only drugs but "a special diet". Nearly all the prisoners reported that the main reason TB spread so

easily within the prison is because of the poor conditions in which they exist.

Prisoners with AIDS need wide ranging support if they are to live their years in prison with some dignity and have hope of being released alive.

Case study 4: We die quickly here

"We prisoners are very concerned about HIV and AIDS, don't think that we are not. We observe that some people even though they have been healthy outside, within a couple of weeks they start fall sick. This is due to stress, but mostly because of the poor food. Even when they are on medication, they don't respond as well as they should, we know that they are HIV and we then know that end is very near for them. But if they had better conditions they would live longer, we die quickly here."

1. AIDS Related Complex

In the prisoners' perception, many died within a few weeks of their detention, or developed AIDS Related Complex quickly, because of these poor conditions.

These are the common diseases which come under the category of ARC treated in ZCP:

- | | |
|------------------|--------------------|
| • TB | • weight loss |
| • kaposi sarcoma | • hair loss |
| • cancer | • anaemia |
| • diarrhoea | • STDs |
| • shingles | • oral candidiasis |

We have included some brief notes regarding selected ARCs:

A. TB

Many prisoners, especially remandees and first offenders are subject to TB. This is because of the poor diet and poor shelter afforded to them.

Fortunately the prisons have been included in the National TB programme, so both screening and therapeutic drugs are readily available to prisoners.

Prisoners complain that taking medication is difficult because "the drugs hurt our stomachs as we get so little to eat". The experts of the TB programme are reported by the MO to say that TB drugs do not upset the stomach. At Muala, however, the MAs have arranged that prisoners on TB treatment should get half rations twice a day to ease the pain. It may be as the TB programme experts say, but the perception of the prisoners is that TB drugs should not be taken on an empty stomach, and many prisoners in Zomba reported to us that they are not complying with the drug regimen.

B. STDs

Banja la Mtsogolo (BLM) is a local NGO who is involved in health care, focusing on family planning and reproductive health. They conduct weekly clinics at Zomba, Lilongwe and Blantyre Prisons, treating those prisoners with STDs. However they are also reported to help the MAs in anyway they can. Their services are much appreciated as they provide much needed medical care and attention.

C. Diarrhoeal diseases

These are amongst the top five diseases. The causes are unhygienic and unsanitary conditions in which prisoners live. Apart from overcrowding and a shortage of water points to draw safe drinking water, several prisons regularly have their water supply cut off by the Water Board because the Prison has failed to pay the bill.

D. Shingles

At Maula we observed three juveniles with shingles. The MAs reported that they did not even have soothing lotions or analgesics to relieve their pain.

2. The Malawi Prison Inspectorate's Report to Parliament

The Malawi Inspectorate of Prisons in its *Report to Parliament (Activities Undertaken from October 1996 to September 1997)* had the following to say (excerpts from the Executive Summary):

Food: "The standard diet of *nsima* and beans is served once a day. This diet is unable to protect prisoners against serious diseases. Sometimes prisoners go without food for several days."

Medical Care: "Many prisoners are in poor health. There is a shortage of drugs and a transport problem."

Overcrowding: "This is a serious problem. The sanitary conditions are inadequate. At Zomba the health facility was overcrowded with patients."

Hygiene/Sanitation: "Unhygienic conditions exist in most prisons. Toilet facilities are inadequate and there is a shortage of water facilities."

Nearly 18 months after the publication of the report there is scant evidence that any sustainable action has been taken.

3. Diet

The improvement in diet was consistently mentioned by all parties as the main priority for the care of sick prisoners.
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It was reported by long term prisoners that, prior to 1995, sick inmates, those in condemned cells and the juvenile wing had a special diet, which included rice, meat, fish and vegetables. Even with other inmates the diet was varied. They were also provided with 3 meals a day.

These days the diet is almost exclusively beans. The number of meals has also been reduced to one meal in the afternoon. Vegetables are served on rare occasions, and on Christmas day they had meat. It was reported that last year to celebrate Id the Moslem community donated a goat to the prisoners who complained that they got the bones. This year the Moslem community decided to give the meat directly to the prisoners.

The reasons for the deterioration in the diet are explained in part by the government's lack of funds. As one prisoner succinctly put it, "if the government has no money, then why do all the ministers still have jobs?". He is questioning the government's priorities. Another reason given by the authorities is "the interference of the International Red Cross, who after the election of 1994 told prisoners not to work on the prison farms". As these farms are reported to have produced up to 30% of the food requirements, the loss of production was a big blow. It is also reported that prisoners themselves have asked that the farms recommence, and some have volunteered their labour.

Prison staff also reported that the ZCP lorry which was about to collect maize from Mulanje was diverted to Balaka for the personal business of senior staff. This delay resulted in food shortages for several days in ZCP and its satellite prisons.

The juveniles reported to us that when they complained of their poor diet to Social Welfare they were threatened with even harsher conditions.

Within the prison blocks, prisoners make an effort to grow some vegetables in order to supplement their diet. This is especially true of the female blocks. Unfortunately, prisoners in CC have no access to a garden and have to buy all their food supplements.

It is apparent that the friends and relatives of prisoners are concerned about the poor prison diet. People wait for hours in order to deliver food to prisoners. We were informed by some relatives that they had to give a portion of the food they brought to the POs.

Case study 5: We even have to feed the prison officers.

"We know that the food in prison is very bad and that sometimes they don't eat for two days. Yesterday I came to bring some nice food for my brother, but I was made to wait for 3 hours. Then some other visitors told me that unless I gave some food to the officer at the gate I would not be let through. I was very angry because although I don't mind feeding my brother, I am too poor to feed others as well".

An improved diet would be of all round significance and not only to sick prisoners as it would lead to the reduction of young adults, especially of those newly detained, exchanging sexual favours for food, and would reduce the prevalence of opportunistic diseases amongst the malnourished inmates.

4. Hygiene and sanitation

Although most prisoners do their best in the area of personal hygiene they face many problems. Facilities for bathing are inadequate, and many prisoners do not have soap. Because of the shortage of uniforms and blankets, it is difficult to keep them clean.

There is also an inadequate number of water points considering the size of the prison population. In Maula and Chichiri, each wing has one water point, but in ZCP all the prisoners in the main wing have to make use of only one water point.

The prisoners try to keep their cells clean and tidy, and it is remarkable what they do achieve considering the overcrowding which exists.

Toilet facilities are clearly inadequate. During lock up, especially at night, the slop buckets are inadequate for the number of men in the cells, and as the warders don't respond to their calls, sometimes the slops are emptied under the cell door. This amounts to 'inhumane treatment' under international standards; it is also a serious health hazard. In Chichiri the prisoners have access to flushing toilets during the night, but the daytime toilets are not in proper working order.

Another serious health hazard is the system of open drains in ZCP which interconnect the different blocks. We saw, at different times, prisoners urinate, defecate and vomit into these open drains. Sometimes these drains get blocked and they have to be unblocked by prisoners on cleaning detail.

There is a wide variation in the level of sanitation of the different blocks within ZCP. While CC and A blocks are well kept, B block and First offenders are filthy. Prisoners say that the reason for this state of affairs is due to the much higher rate of overcrowding in B block and First offenders.

Prisoners and prison authorities should encourage prisoners to keep their blocks in a sanitary condition, and also provide these cleaners with rubber boots and gloves.

We were disconcerted to observe that due to the shortage of water storage containers, juveniles resorted to washing out their slops buckets so as to store drinking water. This situation was independently confirmed by a prison staff member.

5. Shelter, Clothing and Blankets

Overcrowding and lack of adequate clothing and blankets are responsible for both the spread of HIV and the rapid onset of opportunistic diseases.

Some cells are so overcrowded that at night men arrange themselves head to toe in rows with only a few centimetres space between them. In such an overcrowded situation, it is not surprising that infectious diseases are rapidly spread. Prisoners reported that they are especially concerned when an inmate starts coughing, because by experience they have learnt how quickly TB spreads, especially given their

weakness due to poor diet.

Relatively few prisoners have good blankets; most have only a tattered old blanket. In one cell in First Offenders (Zomba) none of the 21 inmates had a blanket and two of them had only a sack on which to sleep; the others slept on the bare cement floor. The lack of blankets and uniforms are acutely felt in the cold weather (May-August) and contribute to making the prisoners vulnerable to diseases. Shortage of blankets also leads to the spread of scabies. There are neither beds nor mattresses within the prison, even in the hospital or clinics.

Some of the cells are infested with insects, as they have not been sprayed for a long time.

6. Medical Care

The medical care of the prisoners is of low priority to the prison authorities

Medical care of the inmates appears to be of low priority to the authorities. Add to this the low priority of the prisons in general on the government's list and the situation is clearly desperate.

One example is the use of the ambulance, which is mainly for the personal use of the authorities. One prison officer said, "they might as well remove the cross and the siren, because it hardly does any ambulance duties". Some critically ill prisoners can be left waiting for days because the ambulance is not available to take them to Zomba Central Hospital. Asked why they cannot be taken the relatively short distance across the road by stretcher rather than suffer, we were told that this is "against regulations".

There is an acute shortage of drugs, especially at Chichiri and Maula. The MAs complained that they got inadequate supplies, and they alleged that smaller prisons with a population of 300 got the same supplies as larger ones with a population of over a thousand.

A further example of the low priority accorded to medical issues is that none of the medical team in the three prisons visited received any feed back on the conference held in Dakar, and they have not even seen a copy of the report.

7. The sick prisoner at ZCP

In 1997, the clinic in ZCP attended to 15,414 outpatients, and 3,868 inpatients.

These figures show clearly the strain under which the ZCP clinic is under. The clinic staff try their best but are constrained by a huge work load and shortage of drugs.

There are different categories of "the sick prisoner".

- **Outpatients.** These are prisoners who are considered to be well enough to go to the prison clinic to seek medical help. The process of going to the clinic involves informing the *nyapalas* and the warders. Some prisoners complain that it can take a long time before they are taken to the clinic. The situation of the prisoners in the condemned cells is worse, as they are not allowed to go to the clinic but have to wait for the MA to visit them. It was reported that this can take a month, and the clinic confirmed this.
- **Inpatients.** Prisoners considered too sick to be left in their cells, those with infectious diseases, and those needing constant care are transferred to the clinic as inpatients. The prisoners are locked in at night and there is no night care available. Some prisoners alleged that they are also put in leg irons.
- **Referrals to the Central Hospital.** When a patient is critically ill, or has an infectious disease, the prisoner is referred to ward 11 of Zomba Central Hospital. Prisoners requiring certain medical tests are also referred there. However, even though the prison has a working ambulance, it is rarely used for the purpose for which it is intended. Past and present MAs working in ZCP reported that they were not encouraged to attend to patients Ward 11 in Zomba Central Hospital.
- **Referrals** from other prisons to Zomba Central Prison.
- **Chronically ill prisoners.** These are mostly dying from ARC and TB.

8. The sick prisoner at the other prisons

When the Medical Assistants at Chichiri and Maula are faced with a prisoner in need of hospital treatment or a chronically ill prisoner they have two courses of action, depending on the status of the prisoner.

Remandees. We were constantly reminded that "remandees are the responsibility of the police". At Maula, the police are informed that one of their remandees needs hospitalisation, and as there is a shortage of staff to guard the prisoner, free bail is granted. The MA at Chichiri said that the issue in Blantyre was more complicated, and sometimes the prison vehicle would have to go to the various police stations in Blantyre trying to find those responsible for the remandee.

Convicted Prisoners. Those needing hospital treatment are taken under prison guard, and those who are chronically ill are sent to ZCP, if and when transport is available.

9. Early release of chronically sick prisoners

Procedures for the early release of prisoners need to be revised.

In August 1997, the MO submitted a request to the Chief Commissioner of Prisons for the early release of more than 200 prisoners from ZCP. The request was based on humanitarian grounds: the prisoners were terminally ill, most of them with AIDS, and needed constant care. He also wrote that they should be allowed "to die at home", in line with Malawian concepts of humane action. This letter was submitted by the Chief Commissioner to the Solicitor General, who wrote back some months later asking for the list to be revised. The MO did so promptly, and in February 1998 submitted a revised list of 240 prisoners, this time from all the prisons in Malawi. This list was debated in Parliament, when 21 of the 240 were recommended for early release. Of the 21, only 5 were released as the sentences of 14 had expired and 2 had already died.

Serious questions arise regarding the procedures for early release of sick prisoners:

1. What are the criteria that Parliament bases its selection on? Amongst those recommended for early release were those who had committed acts of violence, yet house servants accused of theft were denied. It was reported that in a separate move, some civil servants were considered for early release.
2. As the majority of these terminally ill prisoners have AIDS, the public discussion of their case violates their right to privacy.
3. Senior prison officers appear to be unfamiliar with the proper procedures.

All the medical staff expressed their concern with the current plight of the terminally ill prisoners.

10. Counselling and HIV testing

Most inmates who have gone for HIV testing have not received any counselling.

Clinic staff reported two reasons for requesting prisoners to submit to HIV testing. Firstly, to help them in their diagnosis and therapy; secondly to recommend to the infected prisoner an improved diet. This second reason is superfluous given the prison conditions and the lack of external help for most prisoners.

Regulations require that those prisoners who voluntarily request an HIV test should have pre-test and post-test counselling sessions with medical staff. Enquiries revealed that only a small percentage of those going for a test received any counselling at all. In view of how busy the medical staff are, this is not surprising as counselling takes time and is often an emotional burden on the counsellor. In

order to fulfil the ethical requirements of providing adequate counselling, it would be wise to call upon the services of well-trained external counsellors.

Counselling is not the exclusive preserve of medical personnel. Our recommendation is that in view of its extreme importance, volunteers from the prisoners, prison staff, and members of the public, such as pastors, should be trained in effective counselling. These volunteers should be screened for suitability, both before and after training, and there should be continuous evaluation during debriefing sessions. In view of the special nature of prison conditions, it is essential that even well trained and experienced counsellors should have orientation courses to alert them to these special circumstances.

Several prisoners alleged that they had their blood tested for HIV without their express permission.

11. The Medical Assistants

The medical assistants have two roles that sometimes conflict.

The commitment of the Medical Assistants working in the prison service was impressive to the observer. The staff conditions under which the MAs work are very poor: three of them earn K1200 per month (US\$30), and the highest paid earns K2000 per month (US\$50). The MA at ZCP rents his own house, as the one provided by the prison is "unfit for humans". Promotion is slow, and the chances for further training are slim.

Some of the MAs include in their list of concerns:

- The poor conditions of the prison clinics and hospital.
- Reservations about the quality of health centre management, and noted the fact that the availability and distribution of drugs is not always made according to specific needs.
- The beating of prisoners after an escape attempt whom they were prevented from treating.
- Lack of medical care and attention in ward 11 of Zomba Central Hospital.
- The treatment of patients in the ZCP clinic who are locked up during the night, sometimes in leg irons, with no one to attend to their needs.

The conflict MAs are faced with as POs occurs when they are sometimes requested by an officer to reveal the medical status of a prisoner; or are told to supply quantities of drugs to senior officers; or are sometimes prevented from treating certain prisoners.

One way of avoiding these difficulties is to promote the MAs to a higher rank than that of sergeant, by virtue of their training and responsibility. The higher rank would also help them fend off unreasonable demands by senior officers as well as give them a higher salary scale.

Another possibility is to grant the MAs civilian status, thus de-linking the prison clinics and hospital from the control of the Ministry of Justice, putting it in the orbit of the Ministry of Health. As civilians (with prison training) the MAs would not be under pressure to comply with unethical medical practice. A possible model could be that used by the police clinics, where medical staff is civilian.

12. Prisoners' care for the sick

Although in many cases the harsh environment forces prisoners to fend for themselves, most prisoners reported that they do have several friends who rely on each other for support when one is sick. These are the types of activities prisoners do for their sick friends:

- washing the patient
- obtaining food from the kitchen
- sharing their own food
- sharing their blanket
- washing clothes
- talking to them
- informing authorities of illness

Prisoners do talk about AIDS and they speculate that a prisoner has AIDS when he does not respond to treatment.

Many prisoners do feel a certain solidarity with each other. When we went into the hospital at ZCP, we were amazed at how many of the patients waiting for treatment would bring to our attention a fellow prisoner who was worse off than them.

Case study 6: We feel pity for him

As I walked into the hospital of ZCP, I heard a commotion from the patients. At first I thought that it was a general clamour for attention. What was happening though was that the patients were drawing my attention to a man who had a syphilitic rash covering his whole body. "He has been waiting for days for somebody to help him and we all feel very sorry for him."

This was not an isolated event, and we think that the solidarity that some prisoners feel for each other is something very positive which can be built upon.

The MO has submitted a proposal to train prison warders as patient attendants. Given the poor relations existing between the prisoners and the POs, as well as the insidious level of corruption amongst the staff, this proposal would not be in the best interests of the sick prisoner. An alternative approach would be to recruit ready-trained external nursing staff.

Monitoring and Evaluation

The monitoring and evaluation of prison conditions is an essential step to the gradual and sustainable improvement in the welfare of prisoners and the general prison staff. Not only is it an essential process in ensuring good use of resources and the maintenance of basic prisoners' rights, it can also serve as a feedback system. An additional benefit is that it is an educational process for all those involved. Periodic monitoring and evaluation can help those concerned with prison conditions to communicate with those in the prison system.

Current monitoring seems to be sporadic, and although there are many gestures of good will, we doubt that these are more than charitable gestures which do not challenge the system. A monitoring and evaluation system, which includes the prisoners and the junior prison staff, and which is both regular and has specific guidelines and targets, needs to be developed.

1. The situation at present

Most public officials entrusted to look after the welfare of the prisoners do not carry out their responsibilities. Visits by NGOs mandated to care for prisoners are sporadic. Even some church ministers appointed to prison chaplaincy fail in their obligation. Many ministers confine their work to the spiritual welfare of the prisoners, in the narrow sense of the word, reluctant to get involved in their broader welfare.

Case study 7: If I get involved I may be prevented from doing my work

One pastor was complaining about the poor conditions in the prison. When asked if he would like to become involved in monitoring prison conditions, he declined. "If I get involved in these things it could jeopardise my work in the prison and I will not be able to preach."

Many church ministers think that their prison ministry is at the pleasure of the prison authorities, and they also feel impotent to effect any change. We have observed that if some of these ministers are brought together and given some initial direction, they could be a powerful force for change.

Ministry of Health

One problem is that the prison medical system is not within the general system of the Ministry of Health. The Prison Service is not directly accountable to the Ministry of Health for the health of the prisoners, and it does not seem to follow Ministry of Health policy and regulations on public health. If this were the case, condoms within the prison would not be an issue for debate, as condoms are a

public health issue. Furthermore, the prisons are not included in the proposed scheme of free drugs for all.

The MA in Chichiri reported that he had received a lot of support from the District Health Officer during a recent cholera outbreak in the city. "But when it comes to supplying us with drugs he tells us we have our own budget, but of course we don't."

Inspectors from the Ministry of Health are reported to pay regular visits to ZCP, but these inspections are mainly on the sanitary conditions within the prisons.

Ministry of Justice

There is a perception that the law regulating the prisons has been suspended.

A list of problems include:

1. Senior prison staff is not aware of the role of the Ministry of Justice.
2. There is an ongoing feud between the Prison Service and the Police, with the result that the prisoners suffer. A lot of this is due to the prison feeling they have been left behind, compared to the police, while they see themselves as having a complementary role.
3. Recommendations take a long time to get through.
4. Minister and Ministry Officials do not visit. (The last two Ministers are reported not to have been through to the blocks during their tenure).
5. There is poor communication between Ministry of Justice and the prisons. The junior staff accuses the senior staff of being "old school", afraid for their position, and unable to confront Ministry of Justice officials.
6. There is a sense that the law regulating the prisons has been suspended. One senior officer said that "if we follow the old Prison Act the NGO's will be on our backs, and there is no new law". The sense is that the old law has been repealed, and that prison officers are therefore not accountable to any law.

Ministry of Women and Children's Affairs

1. Communication and visits by Ministry Officials are non-existent.
2. Social Welfare Officers do not visit the juveniles, as they are perceived to be a problem of the prison.
3. They appear to have little regard for the welfare and "best interests" of the juveniles. One juvenile reported that "they don't seem to know what their role and responsibility to us is".
4. Counselling services are not available.

Magistrates

1. Rules in the Children and Young persons Act are not followed.
2. Police are not rebuked when juveniles appear in court handcuffed.
3. Harsh sentencing practice and little evidence that the presumption of the right to bail is extended particularly to juveniles.
4. Most are not aware of difference between an adult and a juvenile

NGOs

Many NGOs concerned with the rights of prisoners confine their visits to prison officials.

Prison officers complained that one NGO concerned with the prisoners' human rights brought some books, but did not bother to explain them either to the prisoners or to the prison staff. The prison staff felt intimidated by this, because they were supposed to adapt their behaviour to meet human rights standards about which they knew nothing. Compounding this sense of insecurity is our observation that the level of education of many prison staff is very low, certainly lower than that of some prisoners.

Another NGO delivered plates for the use of the prisoners. Although the prisoners appreciated the gesture, they said that the plates were inappropriate, and furthermore most prisoners did not receive one. Prisoners told us that "donations have to be made direct to us, otherwise they will be stolen".

Many prisoners reported to us that most NGO visits were to officials and not to prisoners. Few go in to see the situation for themselves. It was further added that the very worst cases are kept away from them during official tours.

2. A way forward

Despite the above catalogue of failure we believe that prison reform is possible, in order to reduce the spread of HIV and to improve the conditions of those with HIV/AIDS in prison. Recommendations for change are categorised into general recommendations and specific recommendations.

A. General recommendations

Some changes which are necessary in order to improve the situation of HIV/AIDS in prisons would require action which would affect the general situation.

Institutional reform

In view of the corruption within the prison service, NGO's support to the prison staff's welfare should be tied to institutional reform, on a "contractual basis", that is "when you fulfil your obligation, we will fulfil ours".

In view of many junior officers' and inmates' allegations that most of the corruption involved a few high-ranking officers, accountability for goods and services provided is essential. Like justice, fairness has to be seen to be operating. As one inmate put it "we should be involved, because it takes a thief to catch a thief". We suggest that monitoring committees should be set up which would include convicted prisoners representing each block as well as junior prison staff and the medical assistants. To prevent the possibility of bribery, these representatives should be elected. This participatory monitoring would mean that the real stakeholders have a voice in what is happening.

A reformed Prisons Act

In view of the perception of the prison staff that the old Prisons Act has been suspended, a new Prisons Act is a necessity in order to regulate prison activity and to ensure more professional conduct by the prison staff.

Churches and NGOs

There is a lot of interest amongst church members and local NGOs in prison welfare. However a lot of the effort is uncoordinated, and tends to be of a charitable nature, rendering it ineffectual in bringing about lasting change.

We recommend that before considering making donations, that needs assessments are conducted, and that items are distributed with the involvement of the elected monitoring committees that include prisoners and junior prison officers.

One of the most effective roles that can be taken by NGOs is that of participating in a co-ordinated effort of monitoring and evaluating prison conditions.

It needs to be pointed out that prisoners indicated that some NGOs are involved in making promises to them in exchange for information. This leads to inaccurate information as well as to bitter feelings, because some of the promises made were either unrealistic or outside to power of the NGO to fulfil. This type of conduct should be discouraged.

Relatives and friends

During the research we often came into contact with people visiting friends or relatives in prison who expressed a wish to be able to do something to help, but felt that they needed some guidance on how to start. We consider that the time is ripe, in Zomba, Lilongwe and Blantyre at least, to form prison network groups. The difference from current practice is that this would be made up of members who have some interest in the prisoners' welfare, especially those who have friends or relatives in prison. These groups could play a valuable role in monitoring and reporting prison conditions and informing prisoners and their visitors of their rights.

Case study 8: We want to help

"While my young brother was in prison he was raped. He is out now, but the incident has affected him deeply and he is no longer himself. Our family feel very angry at what happened because he was punished by the prison authorities when he tried to defend himself from another attack. We discussed this at church, and although our pastor makes weekly visits, some church members would like to be involved in making sure that prisoners are treated like human beings. There is something wrong with our society when we treat prisoners so badly."

We encountered a lot of strong feeling amongst friends and relatives of people in prison, and what is lacking is direction for these people to get together and act effectively.

B. Specific recommendations

Our recommendations are geared to solving two main issues (1) the transmission of HIV in prisons and (2) the care of prisoners with HIV / AIDS. Most of the recommendations we make would go towards addressing both issues. These recommendations apply to the general prison population and do not require the identification of those prisoners with HIV / AIDS.

Food

Improving the nutrition of the prisoners would reduce the number of prisoners, especially juveniles and first offenders, from exchanging sexual favours for food. In addition, an improved diet would help all prisoners maintain good health, especially those with HIV or AIDS related complex.

Kit

Similarly, the provision of kit such as an adequate prison uniform, blankets and soap, would assist in reducing the incidence of sexual activity in order to obtain these necessities, as well as preserve the general health of prisoners, including those with HIV / AIDS.

The provision of adequate food and essential kit are the main priorities. However, this should be done with the necessary institutional reforms.

Reduction of prison population density

If the cells are less crowded and the prisoners sleep further apart from each other, there will be a lower incidence of consensual and coerced sexual activity, as well as a lower rate of spread of contagious diseases such as TB and diarrhoea.

A lower prison population density is also easier to manage, meaning that juveniles and young adults smuggled into other blocks would be more conspicuous to the prison guards.

Juveniles

The ideal situation would be a complete separation of the juveniles from the adult prisoners.

Visits

Visits by friends and relatives of inmates could have an important effect on the HIV/AIDS situation in prisons. By being provided some of the necessities of life, such as extra food, soap, clothes, etc., prisoners may not feel the need to have sex in order to obtain these necessities.

The link between sexual activity and the need for emotional support (the need to be cared for) was established in our study. With regular visits some prisoners may have the emotional support that they are currently denied. For married prisoners, the possibility of conjugal visits should be investigated. In such cases, the provision of condoms should be outside the realm of the prison authorities.

Independent Medical Doctor

The appointment of a part time Doctor with experience in public primary health to monitor health related issues in the prisons, especially in Zomba, Blantyre and Lilongwe is recommended. This Doctor should be independent of the Prison Authorities. The MAs suggested that this would be a valuable service. An independent Doctor would provide the following advantages:

1. Improved health centre management and planning.
2. More systematic ordering, allocation and distribution of essential drugs.
3. Effective monitoring of drug use.
4. Continuous assessment of health and sanitation conditions, including food, drinking water, and toilet facilities.
5. Identification of training requirements for the prison medical staff.
6. Independent consulting services to prisoners with special conditions.

Conclusion

Although the research focused on two aspects of HIV / AIDS in prisons, namely transmission and care, these two issues are in fact inseparable. The poor conditions and overcrowding that lead to the rapid deterioration of most inmates also provide opportunity for the type of homosexual activity that is responsible for transmitting the virus within the prison walls.

If prison conditions are to be improved it is essential for the prison system to be transparent and accountable. This will involve changes in the system and increasing openness to responsible civil society groups. It will involve senior management listening to junior staff members and constructive criticism.

We commend the Chief Commissioner of Prisons, Mr LIC Mahamudu, for inviting this study. It is the first such study that we know of in sub-Saharan Africa. In opening the doors of his prisons to outsiders over a period of four months, he has lifted the veil on life inside. In so doing he has demonstrated willingness on the part of the prison services to work with others to improve conditions for all.

We hope that this report will assist him and others in Africa in tackling the AIDS situation in prisons. We urge that project experiences and research in this area are widely disseminated so that we can all learn from one another.

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Abbreviations

<i>ARC</i>	AIDS Related Complex
<i>BLM</i>	<i>Banja La Mtsogolo</i>
<i>CC</i>	Condemned Cells
<i>MA</i>	Medical Assistant
<i>MO</i>	Medical Officer
<i>NGO</i>	Non Governmental Organisation
<i>OIP</i>	Observatoire international des prisons
<i>PO</i>	Prison Officer
<i>STD</i>	Sexually Transmitted Disease
<i>ZCP</i>	Zomba Central Prison

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