

**Training Manual for Specialised Course for Prison Officers
(Asst. Jailer to Superintendent of Prisons)
on
Engaging with Vulnerable/ Special Needs of Prisoners
(One Week)
2022**



**Bureau of Police Research and Development
Ministry of Home Affairs
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Message

Capacity Building of the prison staff is one of the key components of Prison Reforms. This equips the Prison Officers and Staff with the essential knowledge, skills and attitude to diligently discharge their duties in varied and complex areas related to Prisons and Correctional Administration. The MHA has mandated the BPR&D to prepare Training Manuals which can be circulated to all States and UTs for training purposes.

Services of 11 Individual Consultants with subject matter expertise were hired in 2021 to prepare the 50 Prison Training Manuals for various categories of Staff in Prisons. Numerous rounds of stakeholder consultations were held to finalize the drafts. The Manuals have adopted the contemporary principles of training and learning for indoor and outdoor classes, field visits and practical sessions and these have been prepared in compliance with the national and international best practices, the laws of the land, and the technological advancements in Prisons & Correctional Administration. The drafts were also uploaded on the BPR&D website for inviting suggestions/feedback from the stakeholders and citizens.

I extend my special appreciation to the 11 Individual Consultants, the Special Consultant (Master Trainer, DoPT) and the members of the Monitoring Committee who were instrumental in the preparation of these 50 Prison Training Manuals.

I am sanguine that these Manuals will bring about standardization of the training procedures and contents to a large extent and also facilitate capacity building of the Officers and Staff of the Prisons and Correctional Administration in the country.

(Balaji Srivastava)

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TABLE OF CONTENTS

PART-A

CONTENTS	PAGE
1. INTRODUCTION	
Emergence of Course	09
Introduction to Course	09
2. COURSE GUIDE	11
3. TRAINER GUIDE	23

PART – B

COURSE GRID	38
LEARNING EVENT	40

DAY-1

LEARNING UNIT (LU)

- LU-1 Identification of vulnerable persons in prisons
- LU-2 Vulnerabilities related to Gender and Sexuality

DAY-2

- LU-3 Vulnerabilities related to old age
- LU-4 Vulnerabilities faced by young offenders
- LU-5 Vulnerabilities related to mental health
- LU-6 Vulnerabilities faced by prisoners with physical disabilities
- LU-7 Vulnerabilities faced by prisoners suffering from terminal illness

DAY-3

- LU-8 Vulnerabilities of prisoners with other diseases
- LU-9 Vulnerabilities of prisoners with alcohol or drug abuse related issues
- LU-10 Vulnerabilities related to Nationality

DAY-4

- LU-11 Vulnerabilities of prisoners on death row
- LU-12 Vulnerabilities of prisoners sentenced to life
- LU-13 Vulnerabilities related to socio-economic factors, religion, education, etc.

DAY-5

- LU-14 Field visit to prison

PART – C

1. RESOURCE MATERIAL	65
2. REFERENCE MATERIAL	90
3. APPENDICES	92

Emergence of the Course

The BPR&D has prepared 50 Prison Training Manuals for various ranks of Staff and Officers in Prison Administration under the categories viz., 05 Basic Courses, 08 In-Service Courses, 30 Specialized Courses, 02 Vertical Interaction Courses and 05 Handbooks for improving the quality and standardizing training of all Prison Officers and Staff across the country and to augment professional competency and capacity building of Prison Officers and Staff.

These Prison Training Manuals are objective oriented, learner centric and are outcome of several brainstorming sessions, consultative meetings (Online and Offline) and workshops for conceptualizing the drafts. Comments of the Monitoring Committee, Reports of Training Needs Analysis (TNA) for Prisons & Correctional Administration, National Training Policy (2012) have also been taken into account. In addition, various national and international practices, MHA Advisories, Landmark Judgements of the Apex Court and the High Courts, Statutory Acts/Rules have also been referred to in course of preparation of these training manuals. The design perspective of the Department of Personnel & Training, Government of India, has been adopted.

Introduction

This training manual for the course on ‘Engaging with Vulnerable Prisoners and their Special Needs’ is designed for Prison Officers. The objective of the course is to impart knowledge on the special needs of vulnerable groups of prisoners.

There are certain groups among this larger prison population that are more vulnerable and require additional attention and protection. Some of these are historically vulnerable groups while the others have been recognised as vulnerable populations with the passage of time. These are subject to disadvantages due to factors relating to their gender, religion, caste, region, socio-economic background etc. These groups usually need special treatment, which if not provided, which leads to unequal treatment and violation of their rights.

There are two primary aims of this manual: a) to train the participants in identification of vulnerable groups of prisoners and their specific issues and b) to work towards reducing the existing vulnerabilities by adopting and implementing positive policy level measures.

There are a total of fourteen Learning Units. The course will focus on improving the implementation of the national and international standards by equipping the participants with adequate knowledge on the subject and ensuring practical realization of the rights of prisoners.

(For Trainers and Participants)

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(One Week)
2022**

COURSE GUIDE



**Bureau of Police Research and Development
Ministry of Home Affairs
NH-48, Mahipalpur
New Delhi- 110037**

INTRODUCTION

Prison work is complex, and requires that prison officers be trained on every aspect of imprisonment, in particular the aspects linked to the welfare of prisoners. In this context, this prison training manual is prepared with a focus on vulnerable groups of prisoners.

AIM

To impart knowledge on the special needs of vulnerable groups of prisoners.

DESIGNED FOR

Assistant Jailor to Superintendent of Prisons

FACILITATORS

In-House and Guest Faculty. The Guest Faculty can include serving / retired Senior Prison Officers, academicians and experts who have practical experience of working on issues related to Women, Transgenders, Healthcare, Age, Sentencing, Nationality and other vulnerabilities.

STYLE OF THE COURSE

This course is designed to facilitate learning by adoption of different learning methods, including presentation-based learning as well as experiential learning. It encompasses a series of learning events focused on every particular aspect linked to vulnerable prisoners.

OBJECTIVES

At the end of the training, the participants will be able to-

Unit – 1

Training Objective

Distinguish prisoners based on their vulnerabilities

Enabling Objectives

- 1.1 Explain the meaning of vulnerability and intersectionality
- 1.2 Distinguish prisoners based on their vulnerabilities

Unit -2

Training Objective

Explain their role in addressing the vulnerabilities associated with gender and sexuality

Enabling Objectives

- 2.1 Explain the disadvantages faced by persons belonging to a specific gender
- 2.2 Explain the special needs of prisoners belonging to specific gender identities or sexual orientation
- 2.3 Explain the role of Prison Officers in bringing positive changes to address the vulnerabilities of women and LGBTI+ prisoners

Unit – 3

Training Objective

Explain the ways to address the vulnerabilities associated with old age in prisons

Enabling Objectives

- 3.1 Identify the disadvantages faced by prisoners of old age
- 3.2 Explain the special needs of old age prisoners
- 3.3 Explain the role of Prison Officers and staff in addressing the vulnerabilities faced by old age prisoners.

Unit – 4

Training Objective

Explain their role in addressing the vulnerabilities faced by young offenders and alleged juveniles

Enabling Objectives

- 4.1 Identify the special needs of young offenders
- 4.2 Explain the role of prison officers and staff in addressing special needs of young offenders
- 4.3 Explain the procedure for addressing instances of detention of alleged juveniles in prisons

Unit – 5

Training Objective

Explain their role in addressing the vulnerabilities faced by prisoners suffering from mental illness

Enabling Objectives

- 5.1 Identify the vulnerabilities faced by prisoners suffering from mental illness
- 5.2 Explain the special needs of prisoners suffering from mental illness
- 5.3 Explain their role in providing timely and adequate healthcare to prisoners suffering from mental illnesses

Unit – 6

Training Objective

Explain their role in addressing the vulnerabilities faced by prisoners with physical disabilities

Enabling Objectives

- 6.1 Explain the vulnerabilities faced by prisoners with physical disabilities
- 6.2 Explain the special needs of prisoners with physical disabilities
- 6.3 Explain the role of prison officers and staff in mitigating the vulnerabilities faced by prisoners with physical disabilities

Unit – 7

Training Objective

Explain their role in addressing the vulnerabilities faced by prisoners suffering from terminal illness

Enabling Objectives

- 7.1 List the vulnerabilities faced by prisoners suffering from terminal illness
- 7.2 Explain the special healthcare and other needs of prisoners suffering from terminal illness
- 7.3 Explain the role of prison officers/staff in mitigating the vulnerabilities/disadvantages faced by prisoners suffering from terminal illness

Unit – 8

Training Objective

Explain their role in addressing the vulnerabilities faced by prisoners suffering from illnesses

Enabling Objectives

- 8.1 List the disadvantages faced by prisoners suffering from diseases
- 8.2 Explain the special needs of prisoners suffering from diseases
- 8.3 Explain the role of prison officers/staff in mitigating the vulnerabilities/disadvantages faced by prisoners suffering from other illnesses

Unit – 9

Training Objective

Explain their role in addressing the vulnerabilities faced by prisoners suffering from alcohol and drug use problems

Enabling Objectives

- 9.1 List the disadvantages faced by prisoners suffering from alcohol and drug use problems
- 9.2 Explain the special needs of prisoners suffering from alcohol and drug use problems
- 9.3 Explain the role of prison officers/staff in mitigating the vulnerabilities/ disadvantages faced by prisoners suffering from alcohol and drug use problems

Unit – 10

Training Objective

Explain their role in addressing the vulnerabilities faced by prisoners of foreign nationality

Enabling Objectives

- 10.1 List the vulnerabilities faced by prisoners of foreign nationality
- 10.2 Explain the special needs of foreign national prisoners, stateless persons and refugees and asylum seekers
- 10.3 Explain the role of prison officers/staff in mitigating the vulnerabilities/ disadvantages faced by prisoners of foreign nationality.

Unit – 11

Training Objective

Explain ways to address the vulnerabilities faced by prisoners sentenced to death

Enabling Objectives

- 11.1 Explain the term prisoners on ‘death row’
- 11.2 Identify the vulnerabilities faced by prisoners under the sentence of death
- 11.3 Explain the special needs of prisoners under the sentence of death
- 11.4 Explain the role of prison officers/staff in ensuring the rights of prisoners under the sentence of death

Unit – 12

Training Objective

Explain ways to address the vulnerabilities faced by prisoners sentenced to life

Enabling Objectives

- 12.1 Explain the term ‘prisoners on life sentence’
- 12.2 List the vulnerabilities faced by prisoners on life sentence
- 12.3 Explain the special needs of prisoners on life sentence
- 12.4 Explain the role of prison officers/staff in ensuring the rights of prisoners on life sentence

Unit – 13

Training Objective

Explain their role in addressing the vulnerabilities faced by prisoners who face socio-economic and educational disparity

Enabling Objectives

- 13.1 Explain socio-economic and educational disparities
- 13.2 List the socio-economic and educational disparities, and other vulnerabilities among the prison population
- 13.3 Explain the special needs of vulnerable prisoners
- 13.4 Explain the role of prison officers/staff in addressing special needs of vulnerable prisoners identified in the session

Unit – 14

Training Objective

Describe ways to address the needs of vulnerable prisoners

Enabling Objectives

- 14.1 List the requirements for conducting a field visit
- 14.2 Conduct field visit to nearby central, district,
- 14.3 Describe the good practices observed during field visit

ASSESSMENT

The priority during the Course is to assist participants to develop their skills. Assessment is, therefore, concerned with informal feedback and advice to individual participants.

TIME TABLE

DAY/TIME	CONTENT	OBJECTIVES
DAY-1 0915-1030	Registration Inauguration of the Course Ice Breaking Session & Ground Rules Course Objectives and Expectations of participants	
1045-1200	Identification of vulnerable persons in prison	1.1 1.2
1215 -1330	Vulnerabilities related to gender and sexuality: Women Prisoners	2.1
1430 - 1530	Vulnerabilities related to gender and sexuality: LGBTI+ prisoners	2.2
1530 – 1545	Tea Break	
1545 - 1645	Role of Prison Officers in addressing vulnerabilities related to gender and sexuality: Women and LGBTI+ prisoners	2.3

DAY/TIME	CONTENT	OBJECTIVES
DAY-2		
0915 –1030	Vulnerabilities faced by prisoners of old age	3.1 3.2 3.3
1045 - 1200	Vulnerabilities of young offenders	4.1 4.2 4.3
1215 - 1330	Vulnerabilities related to mental health	5.1 5.2 5.3
1430 -1530	Vulnerabilities faced by prisoners with physical disabilities	6.1 6.2 6.3
1530 – 1545	Tea Break	
1545 - 1645	Vulnerabilities faced by prisoners suffering from terminal illness	7.1 7.2 7.3
DAY-3		
0915 –1030	Vulnerabilities faced by prisoners with other diseases	8.1 8.2 8.3
1045 - 1200	Vulnerabilities of prisoners with alcohol or drug abuse related issues	9.1 9.2 9.3
1215 - 1330	Vulnerabilities related to nationality: Foreign national prisoners	10.1 10.2
1430 -1530	Vulnerabilities related to nationality: stateless persons, refugees and asylum seekers	10.3
1530 – 1545	Tea Break	
1545 - 1645	Role of prison officers in addressing the special needs of foreign national prisoners, stateless persons, refugees and asylum seekers	10.4

DAY/TIME	CONTENT	OBJECTIVES
DAY-4		
0915 –1030	Vulnerabilities of prisoners on death row	11.1 11.2 11.3 11.4
1045 - 1200	Vulnerabilities of prisoners sentenced to life	12.1 12.2 12.3 12.4
1215 - 1330	Vulnerabilities related to socio economic and educational disparities	13.1 13.2 13.3
1430 -1530	Role of prison officers and staff in addressing the special needs of such prisoners	13.4
1530 – 1545	Tea Break	
1545 – 1645	Preparation for field visit	14.1
DAY – 5		
0915 – 1030	Field Visit to Prison	14.2
1045– 1330	Field Visit to Prison (cont..)	
1430 – 1530	Debriefing on field visit	14.3
1545 – 1615	Feedback Session	
1615-1645	Valediction	

Note:

Session I	0915 - 1030
Session II	1045 – 1200
Session III	1215 – 1330
Session IV	1430 – 1530
Session V	1545 – 1645
Yoga	0630 – 0730
Library	1700 – 1730
Sports	1730 - 1830
Tea Break	1030 - 1045 1200 – 1215 (Break) 1530 – 1545
Breakfast	0800 - 0845
Lunch	1330 - 1430
Dinner	1930 – 2100

Indoor	6 hr 15 mins (including Sessions and Library)
Outdoor	2 hr 30 mins (including Yoga and Sports)
Breakfast	45 mins
Tea Break/ Break	30 mins
Lunch	1 hr
Dinner	1 hr 30 mins

(For Trainers Only)



TRAINER GUIDE

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on

**Engaging with Vulnerable/ Special Needs of Prisoners
(One Week)**

2022

INTRODUCTION

The ‘Trainer Guide’ is a comprehensive overview of the content and process of the Course. It is designed in a structured format that presents the assembled information and the planned activities with learning outcomes. Trainer Guide serves as a “Map” for sequential implementation of various content segments.

The Trainer Guide also:-

- Helps continuous recall;
- Provides scope for storing illustrations, faculty questions, anticipated participants questions and appropriate responses;
- Contains details of points for briefing & debriefing of case studies, exercises, Films, etc.
- Serves as a reminder to administer exercises; and
- Guides on the use of media

Pre-Course Preparation

1. Get an idea on the number and list of participants from the course coordinator
2. Resource Kit, Name plates, Name badges of participants,
3. Photocopies of Handouts and exercises for participants should be kept separately and distributed before the session.
4. Brief introduction about Resource Persons / Guest Speakers
5. Permissions for field visit to prison

For Trainer

- a. Trainer Guide
- b. Glossary of Terms
- c. References

For Participants

- Course Guide
- Handouts, Performance Aids
- Project

DAY-WISE TIME TABLE

DAY – 1		
Time	Content	Remarks
0915 – 0930	Registration	Registration form-1 and Distribute Course Guide to participants. Participants should be given ten minutes to peruse, and make any queries if necessary.
0930 – 1000	Inauguration	
1000-1030	Session –I: Ice-Breaking Session and Course Objectives Detailed Introduction: Name, Designation, Years of Service, Place of Posting	Ice-Breaking Activity: Bingo (Appendix 2) Instructions: Each participant should be given a print out of the table given in the appendix 2. They are required to speak to each participant and mention one name against each question. The person who completes this first, should be given a round of applause by the other participants. Every person to submit the sheet upon completion. The questions given are only for reference, they should be modified as per requirements.
1030-1045	Tea Break	
1045-1200	Session-II: Identification of vulnerable persons in prison	Trainer can a) ask participants to explain the terms vulnerability and intersectionality in their own language. b) give the participants a set of hypothetical prisoners' identities

		which they have to distinguish and identify different vulnerable groups
1200 - 1215	Stretch Break	
1215 – 1330	Session-III: Vulnerabilities related to gender and sexuality: Women Prisoners	Distribute HO-1 to all the participants. Participants may be selected to read the various parts of the handout. This will ensure that all participants read through the document.
1330 - 1430	Lunch	
1430 –1530	Session- IV: Vulnerabilities related to gender and sexuality: LGBTQI+ prisoners	Distribute HO-2 to all the participants. Participants may be selected to read the various parts of the handout. This will ensure that all participants read through the document.
1530–1545	Tea Break	
1545 - 1645	Session V: Role of Prison Officers in addressing vulnerabilities related to gender and sexuality: Women and LGBTI+ prisoners	

DAY – 2

Time	Content	Remarks
0900 – 0915	Recap	
0915 – 1030	Session- I: Vulnerabilities faced by prisoners of old age	Distribute HO-3 to all the participants. Participants may be selected to read the various parts of the handout. This will ensure that all participants read through the document.
1030– 1045	Tea Break	
1045 – 1200	Session- II: Vulnerabilities of young offenders	Distribute HO-4 to all the participants. Participants may be selected to read the various parts of the handout. This will ensure that all participants read through the document.
1200 – 1215	Break – Stretch Exercise	
1215 -1330	Session- III: Vulnerabilities related to mental health	Distribute HO-5 to all the participants. Participants may be selected to read the various parts of the

		handout. This will ensure that all participants read through the document.
1330 –1430	Lunch	
1430 – 1530	Session- IV: Vulnerabilities faced by prisoners with physical disabilities	Participants to engage in discussions over HO-5 that was distributed in the previous session.
1530 - 1545	Tea Break	
1545-1645	Vulnerabilities faced by prisoners suffering from terminal illness	Distribute HO-6 to all the participants. Participants may be selected to read the various parts of the handout. This will ensure that all participants read through the document.

DAY – 3

Time	Content	Remarks
0900 – 0915	Recap	
0915 – 1030	Session- I: Vulnerabilities faced by prisoners with other diseases	Distribute HO-7 to all the participants. Participants may be selected to read the various parts of the handout. This will ensure that all participants read through the document.
1030– 1045	Tea Break	
1045 – 1200	Session- II: Vulnerabilities of prisoners with alcohol or drug abuse related issues	Distribute HO-8 to all the participants. Participants may be selected to read the various parts of the handout. This will ensure that all participants read through the document.
1200 – 1215	Break – Stretch Exercise	
1215 -1330	Session- III: Vulnerabilities related to nationality: Foreign national prisoners	Distribute HO-9 to all the participants. Participants may be selected to read the various parts of the

		handout. This will ensure that all participants read through the document.
1330 –1430	Lunch	
1430 – 1530	Session- IV: Vulnerabilities related to nationality: statelessness persons, refugees and asylum seekers	
1545-1645	Session V: Role of prison officers in addressing the special needs of foreign national prisoners, stateless persons, refugees and asylum seekers	

DAY – 4

Time	Content	Remarks
0900 – 0915	Recap	
0915 – 1030	Session- I: Vulnerabilities of prisoners on death row	Distribute HO-10 to all the participants. Participants may be selected to read the various parts of the handout. This will ensure that all participants read through the document.
1030– 1045	Tea Break	
1045 – 1200	Session- II: Vulnerabilities of prisoners sentenced to life	Distribute HO-11 to all the participants. Participants may be selected to read the various parts of the handout. This will ensure that all participants read through the document.
1200 – 1215	Break – Stretch Exercise	
1215 -1330	Session- III: Vulnerabilities related to socio economic and educational disparities	
1330 –1430	Lunch	
1430 – 1530	Session- IV: Role of prison officers and staff	

	in addressing the special needs of such prisoners	
1530 - 1545	Tea Break	
1545-1645	Preparation for field visit	

DAY – 5

Time	Content	Remarks
0900 – 0915	Recap	
0915 – 1030	Session- I: Field Visit to Prison	
1030– 1045	Tea Break	
1045 – 1200	Session- II: Field visit to Prison (continued)	
1200 – 1215	Break – Stretch Exercise	
1215 -1330	Session- III: Field visit to prison (continued)	
1330 –1430	Lunch	
1430 – 1530	Session- IV: Debriefing on field visit	
1530 - 1545	Tea Break	
1545-1615	Feedback session	
1615-1645	Valediction	

DAY-WISE TASKS

5-DAY COURSE

Day – 1

- Registration
- Inauguration
- Detailed Introduction
- Expectations of the course
- Course Overview
- Ground Rules
- Course Guide
- Distribution of the training kit (Training material, Name badges, Course Guide, Note pads, etc.)
- Training

Day – 2

- Recap of Day-1
- Training

Post Lunch

- Training

Day – 3

- Recap of Day-2
- Training

Post Lunch

- Training

Day – 4

- Recap of Day-3
- Training

Post Lunch

- Mock Drill

Day – 5

- Recap of Day-4
- Group exercise

Post Lunch

- Group exercise continued
- Feedback session

The course coordinator should compile the feedback of the participants and submit to the Head of Training Institute.

End of Course

PART – B

COURSE GRID LEARNING UNITS (LUs)

COURSE GRID

COURSE GRID

01	Identification of Vulnerable Persons in Prisons	02	Vulnerabilities related to Gender and sexuality	03	Vulnerabilities related to Old Age
04	Vulnerabilities faced by young offenders	05	Vulnerabilities related to Mental Health	06	Vulnerabilities faced by prisoners with physical disabilities
07	Vulnerabilities faced by prisoners suffering from terminal illness	08	Vulnerabilities of prisoners with other diseases	09	Vulnerabilities of prisoners with alcohol or drug abuse related issues
10	Vulnerabilities related to Nationality	11	Vulnerabilities of prisoners on Death Row	12	Vulnerabilities of prisoners sentenced to life
13	Vulnerabilities related to socio-economic factors, religion, education etc.	14	Field Visit to Prison		

LEARNING UNITS(LU)

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LEARNING EVENT

Unit	1							
Learning Unit	Identification of vulnerable persons in prisons							
Training Objective	At the end of the training, participants will be able to distinguish prisoners based on their vulnerabilities							
Enabling Objectives At the end of the training, participants will be able to-	Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment	
1	Explain the meaning of vulnerability and intersectionality	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-House/ Guest Faculty	Poster	Q/A	
2	Distinguish prisoners based on their vulnerabilities			45	In-House/ Guest Faculty		Q/A	

LEARNING EVENT

Unit	2							
Learning Unit	Vulnerabilities related to Gender and Sexuality							
Training Objective	At the end of the training, participants will be able to explain their role in addressing the vulnerabilities associated with gender and sexuality							
Enabling Objectives At the end of the training, participants will be able to-		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1	Explain the disadvantages faced by persons belonging to specific gender	-Vulnerabilities of women prisoners -United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders - UNODC Handbook on women prisoners and other similar handbooks - Vulnerabilities	Lecture-cum-Discussion	White Board, Marker or Projection System	75	In-House/ Guest Faculty with expertise on gender issues and women rights		Q/A

		of women in the outside world and in prison -Special needs of women prisoners -Guidelines and advisories issued by the central or state governments or other institutions						
2	Explain the special needs of prisoners belonging to specific gender identities or sexual orientation	-Vulnerabilities of Lesbian, Gay, Bisexual, Transgender, Intersex and other (LGBTI+) prisoners -Yogyakarta Principles -Existing legal provisions related to LGBTI+ persons -Judicial pronouncements -Guidelines and advisories issued by the central or state			60	In-House/ Guest Faculty from the transgender community or other LGBTQI+ groups with expertise on LGBTQI+ rights		Q/A

		governments or other institutions						
3	Explain the role of Prison Officers in bringing positive changes to address the vulnerabilities of women and LGBTI+ prisoners	- United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders -Yogyakarta Principles -Nelson Mandela Rules 2015 -Model Prison Act based on Nelson Mandela Rules 2022			60	An expert guest faculty from the transgender community	Posters	Q/A

LEARNING EVENT

Unit	3							
Learning Unit	Vulnerabilities related to old age							
Training Objective	At the end of the training, participants will be able to explain the ways to address the vulnerabilities associated with old age in prisons							
Enabling Objectives At the end of the training, participants will be able to-		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1	Identify the disadvantages faced by prisoners of old age.	-The United Nations Handbook of prisoners with special needs. -United Nations Principles for Older people 1991 -Issues faced by prisoners with old age -Provisions in law that enable special treatment and care for old prisoners	Lecture-cum-Discussion	White Board, Marker, Projection System	45	In-House/ Guest Faculty		Q/A
2	Explain the	-The United			30	In-House/		Q/A

	special needs of old age prisoners.	Nations Handbook of prisoners with special needs. -United Nations Principles for Older people 1991				Guest Faculty		
3	Explain the role of Prison Officers and staff in addressing the vulnerabilities faced by old age prisoners.	- Role of prison officers in addressing the special needs			30	In-House/ Guest Faculty		Q/A

LEARNING EVENT

Unit	4							
Learning Unit	Vulnerabilities faced by young offenders							
Training Objective	At the end of the training, participants will be able to explain their role in addressing the vulnerabilities faced by young offenders and alleged juveniles.							
Enabling Objectives At the end of the training, participants will be able to-		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1	Identify the special needs of young offenders	-Model Prison Manual 2016 -Nelson Mandela Rules 2015	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-House/ Guest Faculty preferably a child rights expert.		Q/A
2	Explain the role of prison officers and staff in addressing special needs of young offenders	-Role of prison officers to address special needs of young offenders -Existing laws and provisions in relation to young offenders			30	In-House/ Guest Faculty preferably a child rights expert		Q/A
3	Explain the	-Model Prison			15	In-House/		Q/A

	procedure for addressing instances of detention of alleged juveniles in prisons	Manual 2016 -The Juvenile Justice (Care and Protection of Children) Act, 2015 -State Prison Rules -Relevant case laws				Guest Faculty		
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LEARNING EVENT

Unit	5							
Learning Unit	Vulnerabilities related to mental health							
Training Objective	At the end of training, participants will be able to explain their role in addressing the vulnerabilities faced by prisoners suffering from mental illness.							
Enabling Objectives At the end of the training, participants will be able to-		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1	Identify the vulnerabilities faced by prisoners suffering from mental illness	-Definition of mentally ill prisoners -Means of identifying prisoners with mental illness -Role of medical officers -Model Prison Manual, 2016 -Mental Healthcare Act 2017 -Nelson Mandela Rules 2015 -Code of Criminal Procedure, 1973 -Guidelines and advisories issued	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-House/ Guest Faculty with expertise in psychology/psychiatry and legal provisions related to persons with mental illness		Q/A

		by the Central or State Governments or other institutions including the National Human Rights Commissions						
2	Explain the special needs of prisoners suffering from mental illness	-Model Prison Manual 2016 -Nelson Mandela Rules 2015			30	In-House/ Guest Faculty expert in psychology/ psychiatry		Q/A
3	Explain their role in providing timely and adequate healthcare to prisoners suffering from mental illnesses	- Role of prison officers in addressing the special needs			15	In-House/ Guest Faculty expert in psychology/psychiatry		Q/A

LEARNING EVENT

Unit	6							
Learning Unit	Vulnerabilities faced by prisoners with physical disabilities							
Training Objective	At the end of the training, participants will be able to explain their role in addressing the vulnerabilities faced by prisoners with physical disabilities							
Enabling Objectives At the end of the training, participants will be able to-		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1	Explain the vulnerabilities faced by prisoners with physical disabilities	-Types of disabilities -Means to identify persons with disabilities -United Nations Convention on Rights of Persons with Disabilities 2006 -Nelson Mandela Rules 2015 -Rights of Persons with Disability Act 2016 -Guidelines and advisories issued by the Central or	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-House/ Guest Faculty with expertise on disability rights and also has experience of working in prisons.		Q/A

		State Governments or other institutions						
2	Explain the special needs of prisoners with physical disabilities	-Special needs of prisoners with physical disabilities as laid down in international and national legal frameworks			30	In-House/ Guest Faculty with expertise in disability rights		Q/A
3	Explain the role of prison officers and staff in mitigating the vulnerabilities faced by prisoners with physical disabilities.	-Role of prison officers -Addressing special needs of prisoners with physical disability			15	In-House/ Guest Faculty with expertise in disability rights and also has experience of working in prisons.		Q/A

LEARNING EVENT

Unit	7							
Learning Unit	Vulnerabilities faced by prisoners suffering from terminal illness.							
Training Objective	At the end of the training, participants will be able to explain their role in addressing the vulnerabilities faced by prisoners suffering from terminal illness.							
Enabling Objectives At the end of the training, participants will be able to-		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1	List the vulnerabilities faced by prisoners suffering from terminal illness	- Define prisoners with 'terminal illness' -UNODC Handbook on Prisoners with Special Needs' -Provisions and guidelines related to terminally ill prisoners issued by the Ministry of Home Affairs, Government of India and State Governments	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-House/ Guest Faculty with expertise on handling persons with terminal illness		Q/A

2	Explain the special healthcare and other needs of prisoners suffering from terminal illness.	-Special needs of terminally ill prisoners -Means to address these needs			30	In-House/ Guest Faculty with expertise on terminal illness		Q/A
3	Explain the role of prison officers/staff in mitigating the vulnerabilities/disadvantages faced by prisoners suffering from terminal illness.	-Role of prison officers in addressing the special needs of prisoners with terminal illness			15	In-House/ Guest Faculty with expertise on handling persons with terminal illness		Q/A

LEARNING EVENT

Unit	8							
Learning Unit	Vulnerabilities of prisoners with other diseases							
Training Objective	At the end of the training, participants will be able to explain their role in addressing the vulnerabilities faced by prisoners suffering from illnesses.							
Enabling Objectives At the end of the training, participants will be able to-		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1	List the disadvantages faced by prisoners suffering from diseases	-Explain various ailments prevalent in prisons such as HIV/AIDS, TB, Hepatitis B, Hepatitis C, Skin Diseases etc. -NACO's prisons intervention programme. -UNODC's Policy brief on HIV prevention, treatment and care in prisons and other closed settings -Other relevant guidelines and	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-House/ Guest Faculty		Q/A

		provisions in relation to diseases prevalent in prison						
2	Explain the special needs of prisoners suffering from diseases	-Special needs of such prisoners -How to identify special needs				In-House/ Guest Faculty		Q/A
3	Explain the role of prison officers/staff in mitigating the vulnerabilities/disadvantages faced by prisoners suffering from HIV/AIDS, TB, Hepatitis B, Hepatitis C and other such illnesses.	- Role of prison officers in addressing the special needs				In-House/ Guest Faculty		Q/A

LEARNING EVENT

Unit	9							
Learning Unit	Vulnerabilities of prisoners with alcohol or drug -abuse related issues							
Training Objective	At the end of the training, participants will be able to explain their role in addressing the vulnerabilities faced by prisoners suffering from alcohol and drug use problems							
Enabling Objectives At the end of the training, participants will be able to-		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1	List the disadvantages faced by prisoners suffering from alcohol and drug use problems.	-Explain 'alcohol abuse' and 'drug abuse' -Narcotic Drugs and Psychotropic Substances Act, 1985 - Provisions and guidelines related to alcohol and drug abuse problems issued by the Central or State Government, or any other institution	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-House/ Guest Faculty		Q/A

2	Explain the special needs of prisoners suffering from alcohol and drug use problems.	-Special needs of such prisoners -How to identify special needs				In-House/ Guest Faculty		Q/A
3	Explain the role of prison officers/staff in mitigating the vulnerabilities/disadvantages faced by prisoners suffering from alcohol and drug use problems.	- De-addiction and rehabilitation facilities -Prevention of abuse -Role of prison officers in addressing the special needs				In-House/ Guest Faculty		Q/A

LEARNING EVENT

Unit	10							
Learning Unit	Vulnerabilities related to Nationality							
Training Objective	At the end of the training, participants will be able to explain their role in addressing the vulnerabilities faced by prisoners of foreign nationality							
Enabling Objectives At the end of the training, participants will be able to-		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1	List the vulnerabilities faced by prisoners of foreign nationality	-Types of prisoners with regard to nationality - foreign nationals, stateless persons, refugees and asylum seekers -Identifying nationality of prisoners -UNODC Handbook on Prisoners with Special Needs -Model Prison	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-House/ Guest Faculty with expertise on foreign national prisoners		Q/A

		Manual 2016 -Provisions and guidelines related to foreign national prisoners issued by the Ministry of Home Affairs, Government of India and State Governments						
2	Explain the special needs of foreign national prisoners, stateless persons and refugees and asylum seekers	-Language barriers - Consular access -Contact with family members and lawyers -Repatriation/ deportation procedures -Mandate of the United Nations High Commissioner of Refugees -UN Convention on Refugees				In-House/ Guest Faculty from the state home department which deals with repatriation of foreign national prisoners or any representative of the Ministry of External Affairs in the		Q/A

		1951 -Procedures for refugee status determination of asylum seekers -UN Convention on Reduction of Statelessness 1961				state		
3	Explain the role of prison officers/staff in mitigating the vulnerabilities/disadvantages faced by prisoners of foreign nationality.	-Role of prison officers in addressing the special needs				In-House/ Guest Faculty		Q/A

LEARNING EVENT

Unit	11							
Learning Unit	Vulnerabilities of prisoners on death row							
Training Objective	At the end of the training, participants will be able to explain ways to address the vulnerabilities faced by prisoners sentenced to death							
Enabling Objectives At the end of the training, participants will be able to-		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1	Explain the term prisoners on 'death row'	-Define prisoners on 'death row' – Prisons Act, 1894/State Acts - UNODC Handbook on Prisoners with Special Needs - Provisions and guidelines related to prisoners on death row issued by the Ministry of Home Affairs, Government of India and State	Lecture-cum-Discussion	White Board, Marker, Projection System	15	In-House/ Guest Faculty		Q/A

		Governments and other institutions						
2	Identify the vulnerabilities faced by prisoners under the sentence of death	- Safeguards guaranteeing protection of the rights of those facing the death penalty						Q/A
3	Explain the special needs of prisoners under the sentence of death	-Special needs as given under national and international documents						Q/A
4	Explain the role of prison officers/staff in ensuring the rights of prisoners under the sentence of death	-Role of prison officers to address the special needs						Q/A

LEARNING EVENT

Unit	12							
Learning Unit	Vulnerabilities of prisoners sentenced to life							
Training Objective	At the end of the training, participants will be able to explain ways to address the vulnerabilities faced by prisoners sentenced to life							
Enabling Objectives At the end of the training, participants will be able to-		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1	Explain the term 'prisoners on life sentence'.	-Define prisoners 'sentenced to life' or 'lifers' -Meaning of 'life imprisonment' as per legal provisions and judicial pronouncements -Provisions for lifers under Model Prison Manual, 2016 and State Prison Manuals - Provisions and	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-House/ Guest Faculty		Q/A

		guidelines related to lifers issued by the Ministry of Home Affairs, Government of India and State Governments or other institutions						
2	List the vulnerabilities faced by prisoners on life sentence.	- UNODC Handbook on Prisoners with Special Needs						Q/A
3	Explain the special needs of prisoners on life sentence	-Special needs of lifers -Judicial pronouncements on premature release procedures and parole/furlough						Q/A
4	Explain the role of prison officers/staff in ensuring the rights of prisoners on life sentence	- Role of prison officers in addressing the special needs						Q/A

LEARNING EVENT

Unit	13							
Learning Unit	Vulnerabilities related to socio-economic factors, religion, education, etc.							
Training Objective	At the end of the training, participants will be able to explain how to address the vulnerabilities faced by prisoners who face socio-economic and educational disparity							
Enabling Objectives At the end of the training, participants will be able to-		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment
1	Explain socio-economic and educational disparities	-Define the terms 'socio economic disparity' and 'education disparity'	Lecture-cum-Discussion	White Board, Marker, Projection System	30	In-House/ Guest Faculty		Q/A
2	List the socio-economic and educational disparities, and other vulnerabilities among the prison population	-National and International legal frameworks that provide guidance for identifying vulnerabilities among prisoners -Guidelines and						Q/A

		advisories by Central and State Government in relation to other vulnerable category of prisoners						
3	Explain the special needs of vulnerable prisoners	-Special needs of each vulnerable category identified in previous session						Q/A
4	Explain the role of prison officers/staff in addressing special needs of vulnerable prisoners identified in the session	-Role of prison officers in addressing the special needs						Q/A

LEARNING EVENT

Unit	14										
Learning Unit	Field Visit to Prison										
Training Objective	At the end of training, participants will be able to describe ways to address the needs of vulnerable prisoners										
Enabling Objectives At the end of the training, participants will be able to –		Content	Method	Media	Time (Mins.)	Trainer	Performance Aid	Assessment			
1	List the requirements for conducting a field visit	- Information regarding field visit - Formats for observation notes - Do's and don't while conducting field visit	Lecture-cum-Discussion	White Board, Marker, Projection	60	In-House / Guest Faculty					
2	Conduct field visit to nearby central, district,	- Visit to prison including wards for vulnerable prisoners									
3	Describe the good practices observed during field visit	- Observation of participants after conducting of visit on each category of vulnerable prisoner							60		

PART – C

RESOURCE MATERIAL

Section 1 – Handouts

- HO -1 Women Prisoners
- HO -2 Prisoners from the LGBTI+ communities
- HO -3 Vulnerabilities related to old age
- HO -4 Vulnerabilities of Young Offenders and alleged Juveniles
- HO -5 Vulnerabilities related to persons with disabilities
- HO -6 Prisoners suffering from terminal illness
- HO -7 Prisoners suffering from other diseases
- HO -8 Prisoners with alcohol and drug abuse problems
- HO -9 Vulnerabilities related to nationality
- HO -10 Vulnerabilities related to prisoners on death row
- HO –11 Vulnerabilities related to prisoners sentenced to life

HANDOUTS

Women Prisoners

The ‘United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders’ or the ‘Bangkok Rules’ were adopted by the UN General Assembly in December 2010. These rules categorically recognize the vulnerability faced by women prisoners worldwide. Adopted by 193 nations, these rules address the gender specific needs of women in criminal justice or prison settings. From the very first encounter with the criminal justice system, women are at a much higher risk of facing ill-treatment, humiliation and violence. Historically women have been subjugated to a male dominated regime which has impacted them at the social, political, economic, cultural and psychological level. These challenges continue to affect the lives of women in custody.

The Bangkok Rules recognise several disadvantages faced by women prisoners¹, these were:

- Fewer women’s prisons, and locations far from home, family and friends
- Problems in the care of dependent children residing outside prison
- Problems in the care of dependent children residing in prison
- Heightened vulnerability of women to mental and physical abuse
- Heightened vulnerability of women to self-harm and suicide
- Particular challenges in catering for physical characteristics and healthcare needs
- Economic and social disadvantage, reduced access to justice
- Increased stigmatization

Prison settings are often ill-equipped to handle women prisoners. Access to basic prison infrastructure including healthcare is often out of bounds for women inmates. It becomes extremely important for prison authorities to recognise the various vulnerabilities faced by women prisoners and adopt measures to improve their life while in detention.

In India, majority of women prisoners are confined in women enclosures within male prisons. These enclosures are usually cramped places, with limited access to prison facilities such as hospital, library, legal aid clinics etc. This leads to disparity in treatment among male and female prisoners. Further, it is necessary that women prisoners are guarded against all forms of exploitation and abuse. Rehabilitation programmes must be developed, which aim to enable women prisoners to be self-reliant and facilitate their reintegration into society upon release.

¹Penal Reforms International, Briefing on the UN rules for the treatment of women prisoners and non-custodial measures for women offenders (‘Bangkok rules’).

Special focus must also be on women prisoners who give birth while incarcerated and those who are accompanied by their children. Apart from ensuring preparation of identification documents, their rights pertaining to nutritional, recreational health and educational needs are required to be protected and promoted. The Hon'ble Supreme Court in *R.D Upadhyay vs State of Andhra Pradesh & Others*,² recognized the rights of women prisoners and children living with their mothers in jails. The Court issued guidelines to ensure holistic development of the children of women prisoners inside prisons and pregnant prisoners, these are given below: -

1. A child shall not be treated as an undertrial/convict while in jail with his/her mother. Such a child is entitled to food, shelter, medical care, clothing, education and recreational facilities as a matter of right.
2. Pregnancy:
 - a. Before sending a woman, who is pregnant to a jail, the concerned authorities must ensure that the jail in question has the basic minimum facilities for child delivery as well as for providing pre- natal and post-natal care for both, the mother and the child.
 - b. When a woman prisoner is found or suspected to be pregnant at the time of her admission or at any time thereafter, the lady Medical Officer shall report the fact to the superintendent. As soon as possible, arrangement shall be made to get such prisoner medically examined at the female wing of the District Government Hospital for ascertaining the state of her health, pregnancy, duration of pregnancy, probable date of delivery and so on. After ascertaining the necessary particulars, a report shall be sent to the Inspector General of Prisons, stating the date of admission, term of sentence, date of release, duration of pregnancy, possible date of delivery and so on.
 - c. Gynecological examination of female prisoners shall be performed in the District Government Hospital. Proper pre-natal and post-natal care shall be provided to the prisoner as per medical advice.
3. Child birth in prison:
 - a. As far as possible and provided she has a suitable option, arrangements for temporary release/parole (or suspended sentence in case of minor and casual offender) should be made to enable an expectant prisoner to have her delivery outside the prison. Only exceptional cases constituting high security risk or cases of equivalent grave descriptions can be denied this facility.
 - b. Births in prison, when they occur, shall be registered in the local birth registration office. But the fact that the child has been born in the

² AIR 2006 SC 1946.

prison shall not be recorded in the certificate of birth that is issued. Only the address of the locality shall be mentioned.

- c. As far as circumstances permit, all facilities for the naming rights of children born in prison shall be extended.

4. Female prisoners and their children:

- a. Female prisoners shall be allowed to keep their children with them in jail till they attain the age of six years.
- b. No female prisoner shall be allowed to keep a child who has completed the age of six years. Upon reaching the age of six years, the child shall be handed over to a suitable surrogate as per the wishes of the female prisoner or shall be sent to a suitable institution run by the Social Welfare Department. As far as possible, the child shall not be transferred to an institution outside the town or city where the prison is located in order to minimize undue hardships on both mother and child due to physical distance.
- c. Such children shall be kept in protective custody until their mother is released or the child attains such age as to earn his/her own livelihood.
- d. Children kept under the protective custody in a home of the Department of Social Welfare shall be allowed to meet the mother at least once a week. The Director, Social Welfare Department, shall ensure that such children are brought to the prison for this purpose on the date fixed by the Superintendent of Prisons.
- e. When a female prisoner dies and leaves behind a child, the Superintendent shall inform the District Magistrate concerned and he shall arrange for the proper care of the child. Should the concerned relative(s) be unwilling to support the child, the District Magistrate shall either place the child in an approved institution/home run by the State Social Welfare Department or hand the child over to a responsible person for care and maintenance.

5. Food, clothing, medical care and shelter:

- a. Children in jail shall be provided with adequate clothing suiting the local climatic requirement for which the State/U.T. Government shall lay down the scales.
- b. State/U.T. Governments shall lay down dietary scales for children keeping in view the calorific requirements of growing children as per medical norms.
- c. A permanent arrangement needs to be evolved in all jails, to provide separate food with ingredients to take care of the nutritional needs of children who reside in them on a regular basis.
- d. Separate utensils of suitable size and material should also be provided to each mother prisoner for using to feed her child.

- e. Clean drinking water must be provided to the children. This water must be periodically checked.
 - f. Children shall be regularly examined by the Lady Medical Officer to monitor their physical growth and shall also receive timely vaccination. Vaccination charts regarding each child shall be kept in the records. Extra clothing, diet and so on may also be provided on the recommendation of the Medical Officer.
 - g. In the event of a woman prisoner falling ill, alternative arrangements for looking after any children falling under her care must be made by the jail staff.
 - h. Sleeping facilities that are provided to the mother and the child should be adequate, clean and hygienic.
 - i. Children of prisoners shall have the right of visitation.
 - j. The Prison Superintendent shall be empowered in special cases and where circumstances warrant admitting children of women prisoners to prison without court orders provided such children are below 6 years of age.
6. Education and recreation for children of female prisoners:
- a. The child of female prisoners living in the jails shall be given proper education and recreational opportunities and while their mothers are at work in jail, the children shall be kept in creches under the charge of a matron/female warder. This facility will also be extended to children of warders and other female prison staff.
 - b. There shall be a creche and a nursery attached to the prison for women where the children of women prisoners will be looked after. Children below three years of age shall be allowed in the creche and those between three and six years shall be looked after in the nursery. The prison authorities shall preferably run the said creche and nursery outside the prison premises.
7. In many states, small children are living in sub-jails that are not at all equipped to keep small children. Women prisoners with children should not be kept in such sub-jails, unless proper facilities can be ensured which would make for a conducive environment there, for proper biological, psychological and social growth.
8. The stay of children in crowded barracks amidst women convicts, undertrials, offenders relating to all types of crimes including violent crimes is certainly harmful for the development of their personality. Therefore, children deserve to be separated from such environments on a priority basis.
9. Diet: The court relied on the dietary scale for institutionalized infants/children prepared by Dr. A.M. Dwarka as Motilal, MD (Pediatrics) and Fellowship in Neonatology (USA) which recommended exclusive breastfeeding on the demand of the baby day and night. If for some reason, the mother cannot feed the baby, undiluted fresh milk can be given to the baby. It is emphasized that

"dilution is not recommended; especially for low socio-economic groups who are also illiterate, ignorant, their children are already malnourished and are prone to gastroenteritis and other infections due to poor living conditions and unhygienic food habits. Also, where the drinking water is not safe/reliable since source of drinking water is a question mark. Over-dilution will provide more water than milk to the child and hence will lead to malnutrition and infections. This in turn will lead to growth retardation and developmental delay both physically and mentally." It is noted that since an average Indian mother produces approximately 600 - 800 ml. milk per day (depending on her own nutritional state), the child should be provided at least 600 ml. of undiluted fresh milk over 24 hours if the breast milk is not available. The report also refers to the "Dietary Guidelines for Indians - A Manual," published in 1998 by the National Institute of Nutrition, Council of Medical Research, Hyderabad, for a balanced diet for infants and children ranging from 6 months to 6 years of age. It recommends the following portions for children from the ages of 6-12 months, 1-3 years and 4-6 years, respectively: Cereals and Millets - 45, 60-120 and 150-210 grams respectively; Pulses - 15, 30 and 45 grams respectively; Milk - 500 ml (unless breastfed, in which case 200 ml); Roots and Tubers - 50, 50 and 100 grams respectively; Green Leafy Vegetables - 25, 50 and 50 grams respectively; Other Vegetables - 25, 50 and 50 grams respectively; Fruits - 100 grams; Sugar - 25, 25 and 30 grams respectively; and Fats/Oils (Visible) - 10, 20 and 25 grams respectively. One portion of pulse may be exchanged with one portion (50 grams) of egg/meat/chicken/fish. It is essential that the above food groups to be provided in the portions mentioned in order to ensure that both macronutrients and micronutrients are available to the child in adequate quantities.

10. Jail Manual and/or other relevant Rules, Regulations, instructions etc. shall be suitably amended within three months so as to comply with the above directions. If in some jails, better facilities are being provided, same shall continue.
11. Schemes and laws relating to welfare and development of such children shall be implemented in letter and spirit. State Legislatures may consider passing of necessary legislations, wherever necessary, having regard to what is noticed in this judgment.
12. The State Legal Services Authorities shall take necessary measures to periodically inspect jails to monitor that the directions regarding children and mother are complied with in letter and spirit.
13. The Courts dealing with cases of women prisoners whose children are in prison with their mothers are directed to give priority to such cases and decide their cases expeditiously.

Prisoners from the LGBTQI+ communities

Conversations around vulnerable groups in prisons related to gender, often end on consideration for women prisoners. However, there is a larger group of prisoners who are probably more vulnerable and require additional attention and protection, but largely remain invisible, especially in the Indian context – these are persons belonging to the lesbian, gay, bi-sexual, transgender, intersex (LGBTQI+) communities.

In India, the issues of gender and sexuality have gained prominence with landmark judgments by the Supreme Court to address the constitutional questions around recognition and decriminalisation of gender and sexual minorities. In *NALSA v Union of India & Ors.*³, the court directed that state and central governments shall conduct sensitisation programs on the issues of gender and sexuality in government institutions, apart from formulating policies to address the LGBTQI+ communities affirmatively. Yet again in *Navtej Singh Johar & Ors. v Union of India & Ors.*, the court paved the way for a revived discourse on the rights of LGBTQI+ populations in the country.

The Transgender Persons (Protection of Rights) Act, 2019 has been promulgated with the objective to provide for protection of rights of transgender people, their welfare and other related matters.

In 2007, the Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity were adopted, which affirmed that sexual orientation and gender identity are integral to every persons dignity and humanity, and such persons must be treated with respect within detention settings as well.

Although prisons can be termed as a strong reflection of the society outside, however, prejudices and stereotypes can be much stronger in prisons than the outside world. These prejudices can be particularly stronger towards the gender minority of LGBTQ+ prisoners, making them a particularly vulnerable group in several aspects. LGBTQ+ inmates are likely to face issues starting from their first admission in the prisons as these spaces are inherently non-inclusive. The lack of knowledge and general understanding of their issues among the prison administration can increase their vulnerability manifolds.

³AIR 2014 SC 1863.

Vulnerabilities related to old age

Age can pose as a factor to increase a prisoner's vulnerability in day-to-day prison life. This part of the module will focus on special needs of older prisoners and young offenders. There is no clear defined age at which a prisoner can be denoted as 'old'. This age typically varies between 50-65 years across countries and remains undefined in India too. Most older prisoners may have a varied healthcare needs that may not be addressed adequately while in detention. These needs can also pose an additional burden on the resources of a prison. Usually age is often taken into consideration by the sentencing courts while arriving at a decision related to the quantum of the sentence of imprisonment. Even then, the number of prisoners who would fall into the 'old' persons category are on the rise.

Older prisoners often suffer the impact of imprisonment, maybe subject to victimisation or abuse in detention, and are adversely impacted by availability of prison resources that often prevent prisons from catering to their special needs. The UN Handbook on Prisoners with Special Needs⁴ identifies three main categories of older prisoners:

- 1) those who were sentenced to long prison terms while young and have grown old in prison;
- 2) habitual offenders, who have been in and out of prison throughout their lives, and
- 3) those who have been convicted of a crime in later life.

Older prisoners are more likely to require assistance in navigating the criminal justice process, including accessing their lawyer, understanding the process, and securing desired result in their case. While allocating accommodation with prison, potential difficulties associated with prison layout, facilities and conditions must be taken into account for older prisoners. Underlying health concerns are also an issue to take note of, that may require periodic health check-ups and constant vigil of prison officers. Older prisoners, especially those having spent considerable years in a prison, might lose touch with their friends and family. This can impact their physical and mental well-being, thus necessitating special care. Rehabilitation and reintegration programmes should be tailored to suit the needs of older prisoners.

Further, older prisoners needs may be diverse and vary considerably from each other. This necessities specific focus of prison officers on each old prisoner, only then they can be equipped to properly cater to the specific needs. It is important the prison authorities do not generalise the needs of older prisoners or stereotype them.

There are no specific standards for older prisoners, however some guidance may be found in the UN Principles for Older People 1991.

⁴ 'Handbook on Prisoners with Special Needs', United Nations
https://www.unodc.org/pdf/criminal_justice/Handbook_on_Prisoners_with_Special_Needs.pdf

Vulnerabilities of Young Offenders and alleged Juveniles

Young offenders as described by the Model Jail Manual, 2016 are those who fall between the age group of 18-21 years. The Manual further states that, *“Young offenders (between 18 to 21 years) shall not be confined in prisons meant for adult offenders. There shall be separate institutions for them where, in view of their young and impressionable age, they shall be given treatment and training suited to their special needs of rehabilitation.”*⁵

The Nelson Mandela Rules 2015 outlines some important facets for the detention of young offenders. Rule 11 (d) states that young prisoners shall be kept separate from adults. Rule 112 further suggests that young untried prisoners shall be kept separate from adults and shall in principle be detained in separate institutions. Rule 23.2 states that young prisoners shall receive physical and recreational training during the period of exercise. Rule 98 states that vocational training in useful trades shall be provided for prisoners able to profit thereby and especially for young prisoners. Rule 104 states that education for illiterate prisoners and of young prisoners shall be compulsory and special attention shall be paid to it by the prison administration.

The Juvenile Justice (Care and Protection of Children) Act 2015, describes a juvenile as child below the age of eighteen years of age and a child who has alleged to have committed an offence when he was below the age of 18 is called a ‘child in conflict with law’. Often it has been noticed that juveniles are confined in adult prisons. It is thus important that prison officers are provided sufficient knowledge on the identification of such alleged juveniles, as well as the procedures to be undertaken in case such a person is confined in their prison.

These categories of offenders warrant special attention by the prison administration due to their vulnerability related to factors of young age, health, rehabilitation, skill development, reintegration into the society, contact with the outside world, place of confinement inside the prison, among others.

Measures must be taken to ensure a protective environment in prison for young offenders to prevent exploitation and abuse of young offenders from offenders accused or convicted for serious crimes. The prison management must keep rehabilitation and reformation of young offenders in the forefront during their incarceration. Education, skill development, physical and mental health of young offenders must be prioritised. Communication of young offenders with the outside world is must.

⁵ ‘Model Prison Manual 2016’, Prepared by Bureau of Police Research and Development, Ministry of Home Affairs, Government of India

Vulnerabilities related to persons with disabilities

The Model Prison Manual, 2016⁶ recognises medical administration as one of the most crucial concerns of prison management. It should not be denied to a person despite his/her confinement inside a prison. As observed by the Institute of Criminal Policy Research (ICPR) in its report titled ‘Towards a Health Informed Approach to Penal Reform?’, “*a sentence of imprisonment is a sentence of deprivation of liberty, not of damage to health*”⁷. Thus, healthcare and medical infrastructure should form a crucial part of all national and international prison standards. Recognising the State’s responsibility in providing for healthcare facilities for prisoners, the United Nations Standard Minimum Rules for the Treatment of Prisoners 2015 (Nelson Mandela Rules) observes that, “prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status”⁸.

Prisons pose as a hostile environment for persons suffering from any form of mental illness, physical disabilities and any other serious medical illness. Being in a closed space with negligible medical infrastructure and added restrictions on procurement of medicines and sophisticated treatment are some of the factors that pose a great deal of difficulty for persons suffering from medical illnesses. It is highly likely that a prison sentence for such persons may aggravate their medical condition. High levels of control and limitations on movement inside prisons may cause greater harm to persons with mental illness and physical disabilities. Lack of diagnosis and timely treatment can even cause death for such persons. It becomes highly important to have a healthcare system in place inside prisons that takes care of the prisoner’s well-being especially those who need urgent and regular medical attention.

Prisoners suffering with mental illness

While addressing the issue of mental illness, it is very important to get the terminology correct. In the Indian context, we have the **Mental Healthcare Act**,

⁶ ‘Model Prison Manual 2016’, Prepared by Bureau of Police Research and Development, Ministry of Home Affairs, Government of India

⁷ ‘Towards a Health Informed Approach to Penal Reform?’, Institute of Criminal Policy Research (ICPR)
https://www.prisonstudies.org/sites/default/files/resources/downloads/icpr_prison_health_report.pdf

⁸ ‘The United Nations Standard Minimum Rules for Treatment of Prisoners (The Nelson Mandela Rules)’ https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf

2017⁹ that gives detailed definitions on terms associated with mental health. We will be using some of these definitions in this section of the manual as well.

Starting with the term “**mental illness**” which is described in the Act as a:

“substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence;”

And ““prisoner with mental illness means a person with mental illness who is an under-trial or convicted of an offence and detained in a jail or prison;”

For the purpose of usage of this term, the Act further states that:

“3. (1) Mental illness shall be determined in accordance with such nationally or internationally accepted medical standards (including the latest edition of the International Classification of Disease of the World Health Organisation) as may be notified by the Central Government.

(2) No person or authority shall classify a person as a person with mental illness, except for purposes directly relating to the treatment of the mental illness or in other matters as covered under this Act or any other law for the time being in force.

(3) Mental illness of a person shall not be determined on the basis of,— (a) political, economic or social status or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status of the person; (b) non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person’s community”

According to the World Health Organisation¹⁰, various studies have shown that the prevalence of poor mental health among the prison population is much higher than that of the general population outside. Detention can deteriorate a person’s mental well-being and mental health, especially if their needs are not met. Prison mental health services should be based on the health needs of prisoners. This might require more intensive and integrated services than in the wider community.

As per the WHO, factors essential to maintaining mental health are:

“• reliable, tangible assistance from people, settings and services that facilitate self-advancement and self-improvement;

⁹The Mental Healthcare Act, 2017,

<https://egazette.nic.in/WriteReadData/2017/175248.pdf>

¹⁰ ‘Prisons and Health’, World Health Organisation, regional office for Europe

https://www.euro.who.int/_data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

- recognition of the need to be loved, appreciated and cared for, and of the desire for intimate relationships that provide emotional sustenance and empathy;
- activity and distraction to maximize opportunities to be occupied and fill time;
- safety and environmental stability and predictability;
- privacy or autonomy”¹¹

Prisoners with physical disabilities

Detention of persons with physical disabilities is a common sight, however, are detention centres especially prisons really equipped to accommodate the specific needs of persons with disabilities? This pertinent question is the basis for discussion for this section of the manual.

The United Nations Convention on Rights of Persons with Disabilities¹², which entered into force in May 2008, has introduced clear obligations to prison authorities and health care services in relation to the treatment and care of prisoners with disabilities. In particular, Article 25 of the Convention covers the health care rights of persons with disabilities, as follows:

“States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender sensitive, including health-related rehabilitation. In particular, States Parties shall: (a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;”

Article 4(d) of the convention instructs State parties “to refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present convention”.

Giving protection to persons with physical disability against any form of cruel or inhuman treatment, Article 15 of the Convention states that:

“1. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation.

¹¹Ibid.

¹² The United Nations Convention on the Rights of Persons with Disabilities
<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>

2. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.”

The Rights of Persons with Disabilities Act 2016¹³ gives effect to the UN convention under the domestic legal framework. It seeks to guarantee the following principles to persons with disabilities:

- (a) respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- (b) non-discrimination;
- (c) full and effective participation and inclusion in society;
- (d) respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- (e) equality of opportunity;
- (f) accessibility;
- (g) equality between men and women;
- (h) respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities;

The prison management must be designed to ensure that the abovementioned rights of the persons with disabilities are not infringed because of their physical confinement in a prison setting.

¹³The Rights of Persons with Disabilities Act 2016, Act No. 49 of 2016. Available at: https://legislative.gov.in/sites/default/files/A2016-49_1.pdf

Prisoners suffering from terminal illness

Terminal illness refers to a situation where there is no reasonable medical possibility that a patient's condition will not continue to degenerate and result in death¹⁴. **The United Nations in its 'Handbook on Prisoners with Special Needs'**, gives three important key messages in the context of imprisonment of persons suffering from terminal illnesses. These are:

1. The imprisonment of offenders who have been diagnosed with terminal illness exacerbates the suffering inherent in the sentence and due to the predicted death of the prisoner is irrelevant in terms of social reintegration. It also places a large burden on the medical services of prison administrations, which in most countries are severely under-resourced and not able to provide for the complex and costly needs of patients with terminal illness.
2. States need to devise appropriate policies and strategies, or to review the accessibility of those in place, to deal with the needs of prisoners with terminal illness in a manner that respects their human rights, taking into account the needs of security and safety of the community.
3. Such policies and strategies should address the medical care of prisoners with terminal illness in prison, the formulation of clear criteria and procedures for their release on compassionate grounds, and their medical care following release.

Two main reasons are attributed to the growing population of terminally ill prisoners worldwide, these are the general ageing of prison population, especially in economically developed countries and the second reason is the rapid spread of HIV/AIDS and other transmissible diseases like Tuberculosis (TB). This section of the manual along with the next section (6.4) throws light on addressing the special needs of prisoners suffering from terminal illnesses, especially HIV/AIDS and TB.

The following international standards are in place that guide prison managers in appropriately dealing with such prisoners:

United Nations Standard Minimum Rules for the Treatment of Prisoners

22. (1) At every institution there shall be available the services of at least one qualified medical officer who should have some knowledge of psychiatry. The medical services should be organized in close relationship to the general health administration of the community or nation. They shall include a psychiatric service for the diagnosis and, in proper cases, the treatment of states of mental abnormality.

¹⁴ 'Handbook on Prisoners with Special Needs', United Nations
https://www.unodc.org/pdf/criminal_justice/Handbook_on_Prisoners_with_Special_Needs.pdf

(2) Sick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals. Where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners, and there shall be a staff of suitable trained officers.

25. (1) The medical officer shall have the care of the physical and mental health of the prisoners and should daily see all sick prisoners, all who complain of illness, and any prisoner to whom his attention is specially directed.

(2) The medical officer shall report to the Director whenever he considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

United Nations Basic Principles for the Treatment of Prisoners

9. Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.

United Nations Economic and Social Council Resolution 2004/35, Combating the spread of HIV/AIDS in criminal justice pre-trial and correctional facilities

2. Invites Member States to consider, where appropriate and in accordance with national legislation, the use of alternatives to imprisonment, as well as early release for prisoners with advanced AIDS.

Council of Europe Recommendation No. R (93) 6 of the Committee of Ministers to Member States concerning Prison and Criminological Aspects of the Control of Transmissible Diseases Including AIDS and Related Health Problems in Prisons

14. Prisoners with terminal HIV disease should be granted early release, as far as possible, and given proper treatment outside prison.

Council of Europe, Committee of Ministers Recommendation No. R (98) 7 Concerning the Ethical and Organizational Aspects of Health Care in Prisons

51. The decision as to when patients subject to short term fatal prognosis should be transferred to outside hospital units should be taken on medical grounds. While awaiting such transfer, these patients should receive optimum nursing care during the terminal phase of their illness within the prison health care centre. In such cases provision should be made for periodic respite care in an outside hospice. The possibility of a pardon for medical reasons or early release should be examined.

World Medical Association Declaration on Terminal Illness (Adopted by the 35th World Medical Assembly Venice, Italy, October 1983 and revised by the WMA General Assembly, Pilanesberg, South Africa, October 2006)

The duty of physicians is to heal, where possible, to relieve suffering and to protect the best interests of their patients. There shall be no exception to this principle even in the case of incurable disease.

In the care of terminal patients, the primary responsibilities of the physician are to assist the patient in maintaining an optimal quality of life through controlling symptoms and addressing psychosocial needs, and to enable the patient to die with dignity and in comfort. Physicians should inform patients of the availability, benefits and other potential effects of palliative care.

Prisoners suffering from other diseases

HIV/AIDS is a serious health threat for prison populations in many countries, and presents significant challenges for prison and public health authorities and national governments. Worldwide, the levels of HIV infection among prison populations tend to be much higher than in the population outside prisons. This situation is often accompanied by high rates of other infectious diseases such as hepatitis and tuberculosis. The generally accepted principle that prisons and prisoners remain part of the broader community means that the health threat of HIV within prisons, and the health threat outside of prisons, are inextricably linked and therefore demand coordinated action.

Internationally, high rates of HIV infection in prisons reflect two main scenarios¹⁵:

- a) Countries in which there are high rates of HIV infection among injecting drug users, many of whom spend time in prison, and some of whom continue to inject while incarcerated. In these countries, high rates of HIV (and hepatitis C) infection are related primarily to sharing of injecting equipment outside and inside prison.
- b) Countries in which there are high rates of HIV infection in the general population, infection rates driven primarily by unsafe heterosexual sex. In these countries, high rates of HIV infection among prisoners are related to high rates of HIV infection in the wider population as a whole. The continued spread of HIV within the prisons in these countries is related especially to sexual contact (primarily men having sex with men), as well as unsafe medical practices, rather than to injecting drug use.

In India, the National AIDS Control Organisation (NACO) is the nodal agency responsible for approving, implementing and supervising all HIV/AIDS related activities in the country, including research, under the Ministry of Health and Family Welfare (MoHFW), Government of India. The Central TB Division (CTD), under MoHFW, is responsible for the care of all TB patients in the country through the Revised National TB Control Programme (RNTCP). Prisoners have been identified as one of the special groups under NACP (National AIDS Control Programme) and NACO aims to address all high-risk populations living in prisons and other closed settings in the Country. A comprehensive intervention with multiple strategies has been proposed to address people living in prisons and other closed settings. Post-

¹⁵ 'HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response', United Nations Office on Drugs and Crime
https://www.unodc.org/pdf/HIV-AIDS_prisons_Oct06.pdf

release social reintegration is to be addressed through networking and referral linkages.¹⁶

NACO's prisons intervention programme "found that a large number of prison inmates contract HIV because of unsafe sex and the sharing of needles within prisons. Preliminary data from the programme shows that 2.5% of more than 35,000 prisoners tested are HIV positive. The rate of HIV infection among the general adult population is much lower at 0.28%"¹⁷. Findings also showed that large number of prisoners were also falling ill with hepatitis C and TB. "More than 21,000 inmates at nine prisons in Punjab were tested for hepatitis C and 22% were found to have the disease. About 21% of almost 600 prisoners had tuberculosis. In prisons in the North East, 16% of inmates tested were positive for hepatitis C and about 3% had tuberculosis"¹⁸.

There are many factors and co-factors contributing to the prevalence of bloodborne diseases in prisons. Health authorities alone cannot address prevention, early identification and treatment. Attention from other actors, such as in the environmental, criminal justice and prison management areas, is often required. The health sector does, however, have a crucial role to play in the implementation of health-specific measures and in raising the awareness of prison managers about other essential interventions.

In 2013, UNODC in collaboration with the International Labour Organization, the United Nations Development Programme, WHO and the Joint United National Programme on HIV/AIDS (UNAIDS) published a policy brief on a comprehensive response to HIV in prisons¹⁹. This included a comprehensive package of interventions, mainly in connection with the health sector, as under:

- information, education and communication;
- condom programmes;
- prevention of sexual violence;
- drug dependence treatment including opioid substitution therapy;
- needle and syringe programmes;
- prevention of transmission through medical or dental services;

¹⁶ 'HIV and TB Intervention in Prisons & Other Closed Settings', Operational Guidelines, Government of India

<http://naco.gov.in/sites/default/files/HIV-TB%20in%20Prisons%20and%20OCS%20-Operational%20Guidelines.pdf>

¹⁷ <https://scroll.in/pulse/865861/high-levels-of-hiv-hepatitis-c-and-tb-found-among-prison-inmates-in-india>

¹⁸ Ibid.

¹⁹ Policy brief. HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions. Vienna, United Nations Office on Drugs and Crime, 2013

https://www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf

- prevention of transmission through tattooing, piercing and other forms of skin penetration;
- post-exposure prophylaxis;
- HIV testing and counselling;
- HIV treatment, care and support;
- prevention, diagnosis and treatment of TB;
- prevention of mother-to-child transmission of HIV;
- prevention and treatment of sexually transmitted infections;
- vaccination, diagnosis and treatment of viral hepatitis;
- protection of staff from occupational hazards.

Prisoners with alcohol and drug abuse problems

Use of drugs is rampant among the incarcerated populations across much of the world, reflecting the high levels of drug dependence seen in people who are sent to prison. There is also evidence that considerable numbers of people who use drugs in prison acquired the habit in custody.²⁰ Drug users may especially be reported among prisoners who are sentenced for drugs related offences like supply or use of drugs or the ones who are in for crimes committed to support their dependency on drugs. Studies also show that many drug users stop or reduce their use of drugs when they enter prison, while some even continue to use and some may start to use drugs while in prison²¹.

Another substance that has a strong link with crime, particularly violent crime, is, alcohol. The prevalence of alcohol dependency among prisoners is high. Prison settings can be used effectively to detect and treat those who are hard to reach. Delivering interventions for alcohol problems in prisoners has the potential to reduce alcohol problems, reduce re-offending and tackle health inequalities. The prison setting is an opportunity to detect, intervene or direct into treatment prisoners who have alcohol problems which may or may not be directly linked to their offences but who are often hard to reach. Prisoners often come from disadvantaged areas where alcohol mortality can be disproportionately high. Tackling alcohol problems in prison has the potential not only to reduce such problems but also to reduce health inequalities and re-offending.²²

Primary objectives of drugs and alcohol dependency treatment in prisons should be the following:

- Prevention
- Treatment
- Harm Reduction
- After care

As per the WHO: *“It is essential to recognize that drug dependence (whether on opiates, cocaine, tobacco, alcohol or other drugs) is not criminal or hedonistic behaviour but a chronic disease, characterized by a long process of relapses and attempts at stabilization, which consequently requires a continuing care and support*

²⁰ ‘Towards a Health Informed Approach to Penal Reform?’, Institute of Criminal Policy Research (ICPR)
https://www.prisonstudies.org/sites/default/files/resources/downloads/icpr_prison_health_report.pdf

²¹ ‘Prisons and Health’, World Health Organisation, regional office for Europe
https://www.euro.who.int/_data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

²²ibid.

approach. It should be treated in the same way as other chronic illnesses, including diagnosis and a treatment plan. It is vital that any drug treatment and intervention strategies are not developed in isolation but linked to other relevant initiatives and strategies. A prison drug strategy should be part of and in line with the national drug strategy”²³

In India, there is a national legislation in the form of the ‘Narcotic Drugs and Psychotropic Substances Act 1985’. The aim of this Act is to prohibit the manufacturing, production, trade, use, etc. of narcotic drugs and psychotropic substances’, except for medical or scientific purposes. The Act prescribes punishment based on the quantity of drugs seized. It grades punishment into three categories- ‘small quantity, quantity lesser than commercial but greater than small and commercial quantity’.²⁴

In State of Punjab that has a high rate of drug and alcohol dependency among the general population and even the prison population, a Special Group on Drugs (SGoD) was constituted by the Council of Ministers in 2018 to develop an action plan to tackle drug abuse in the State. Punjab ranks amongst the top States in India with respect to substance abuse with ranking third in alcohol consumption and second for the usage of opioids. In its report titled “Comprehensive Action Against Drug Use (CADA)”, the Special Group on Drugs (SGoD) in 2018 suggested a three-pronged strategy focusing on “Enforcement”, “De-Addiction and Rehabilitation” and “Prevention” that would synergise the efforts of all government departments in dealing with the issue of drug menace in the State.

²³ *Ibid.*

²⁴ <https://www.news18.com/news/explainers/explained-what-substance-of-ndps-act-means-for-fight-against-drug-use-in-india-4359041.html>

Vulnerabilities related to nationality

The term ‘foreign national prisoners’ refers to prisoners who do not carry the passport of the country in which they are imprisoned. There are several types: firstly, those who have travelled between countries for committing a criminal offence or engaged in criminal activities; secondly, those who entered the country on valid documents, but have overstayed their visa period and therefore violated the laws of the country; or committed an offence; thirdly, long-term residents in a country, who have not yet been granted citizenship for various reasons; fourthly, illegal immigrants, i.e. those who enter the country primarily for economic or social reasons and are apprehended.

Irrespective of the reason for their detention, all prisoners are required, under the international human rights framework, to be treated with dignity. While all prisoners are vulnerable to a certain degree, there are certain groups, such as Foreign National Prisoners Asylum Seekers and Refugees & Stateless Prisoners, that are particularly vulnerable and require additional care and protection. Some could be at risk of abuse from other prisoners and prison staff, or ‘could suffer from humiliation, physical and psychological abuse and violence, due to their ethnicity, nationality, gender and sexual orientation.’

The UNODC Handbook on Prisoners with Special Needs thus classifies this group as one with special needs. Once imprisoned, these prisoners often face problems that arise due to their being in an unknown land. They are often discriminated against and considered outsiders by other prisoners and prison staff. Language barriers and inadequate understanding of the legal system can further worsen this situation. The absence of or delayed consular access, severance of familial ties due to restrictions on making international phone calls/sending letters, and lack of effective legal representation further underline the susceptibility of such prisoners to discrimination and human right violations.

India has not signed or ratified the refugee and stateless conventions, yet these topics need to be addressed as India houses refugees, asylum seekers and stateless persons from neighbouring countries.

Vulnerabilities related to Prisoners on Death Row

Prisoners on Death Row

In the general global context, the term “prisoners under sentence of death covers all prisoners who have been sentenced to death by a court of law and who are held in prison awaiting execution, pending a decision by the higher courts confirming or commuting the sentence, or pending a decision by legislators to abolish the death penalty. Such prisoners include those who are awaiting the decision of an appeals court, those who are awaiting the result of an application for pardon or commutation and those who are being held in prison due to a moratorium on executions in the country of imprisonment”²⁵.

Group Discussion on practices prevalent in the States/UTs.

²⁵ Handbook on Prisoners with Special Needs’, United Nations
https://www.unodc.org/pdf/criminal_justice/Handbook_on_Prisoners_with_Special_Needs.pdf

Vulnerabilities related to prisoners sentenced to life

Prisoners on life sentence

The term ‘life imprisonment’ has different meanings in different jurisdictions. In some countries, it means that life-sentenced prisoners have no right to be considered for release. In others, life-sentenced prisoners are routinely considered for release after a certain period. There are also other sentences that are not formally identified as life imprisonment, but which have the power to detain a person in prison until death²⁶.

Prisoners serving life sentences will, in most cases, to be the last category of prisoners considered for release, their needs may sometimes be considered by prison administration as less immediate than those of other prisoners. The United Nations observes that prisoners on life have strong immediate needs for the normalisation, openness and responsibility foreseen by the Mandela Rules (especially rules 37-39 on contact with the outside world):

Chapter 8 of the Model Prison Manual, 2016 deals with “Contact With Outside World.”

Mandela Rules specifies the following provisions for the treatment of persons undergoing prolonged sentences:

Rule 91 The treatment of persons sentenced to imprisonment or a similar measure shall have as its purpose, so far as the length of the sentence permits, to establish in them the will to lead law-abiding and self-supporting lives after their release and to fit them to do so. The treatment shall be such as will encourage their self-respect and develop their sense of responsibility.

Rule 92

(1) To these ends, all appropriate means shall be used, including religious care in the countries where this is possible, education, vocational guidance and training, social casework, employment counselling, physical development and strengthening of moral character, in accordance with the individual needs of each prisoner, taking account of his or her social and criminal history, physical and mental capacities and aptitudes, personal temperament, the length of his or her sentence and prospects after release.

(2) For every prisoner with a sentence of suitable length, the prison director shall receive, as soon as possible after his or her admission, full reports on all the matters referred to in paragraph 1 of this rule. Such reports shall always include a report by the physician or other qualified health-care professionals on the physical and mental condition of the prisoner.

(3) The reports and other relevant documents shall be placed in an individual file. This file shall be kept up to date and classified in such a way that it can be consulted by the responsible personnel whenever the need arises.”²⁷

²⁷ ‘The United Nations Standard Minimum Rules for Treatment of Prisoners (The Nelson Mandela Rules)’ https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf

REFERENCE MATERIAL

LIST OF REFERENCE BOOKS/JOURNALS/REPORTS

S. No.	Title	Weblink
1.	UNODC Handbook on Prisoners with Special Needs -	https://www.unodc.org/pdf/criminal_justice/Handbook_on_Prisoners_with_Special_Needs.pdf
2.	Penal Reforms International- 'Human Rights and Vulnerable Prisoners'	https://www.penalreform.org/resource/prison-training-manual-no1-human-rights-vulnerable-prisoners/
3.	Vulnerable Groups of Prisoners: A Handbook -	https://www.researchgate.net/publication/316829166_Vulnerable_Groups_of_Prisoners_A_Handbook
4.	Lost Identity: Transgender Persons Inside Indian Prisons', Commonwealth Human Rights Initiative -	https://www.humanrightsinitiative.org/publication/lost-identity-transgender-persons-in-indian-prisons
5.	Strangers to Justice: Foreign Nationals in Indian Prisons, Commonwealth Human Rights Initiative -	https://www.humanrightsinitiative.org/publication/strangers-to-justice-a-report-on-foreigners-in-indian-prisons
6.	Standard Behind Bars: Ensuring Rights of Women Prisoners – Guide by Commonwealth Human Rights Initiative -	https://www.humanrightsinitiative.org/publication/standards-behind-bars-securing-rights-of-women-prisoners
7.	Reports on Death Penalty in India, Project 39A, National Law University, Delhi	https://www.project39a.com/dpir
8.	Children of Women Prisoners	https://tiss.edu/uploads/files/Children_of_Women_Prisoners_-_The_Invisible_Trial.pdf
9.	The Elderly Inmates in the Indian Prisons – A Psychosocial Perspective	https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2704808
10.	Mental Health and Prisons -	https://www.who.int/mental_health/policy/mh_in_prison.pdf
11.	Frequently Asked Questions By Foreign Nationals In Indian Prisons	https://www.humanrightsinitiative.org/publication/frequently-asked-questions-by-foreign-nationals-in-indian-prisons
12.	The Rights of Persons with Disabilities Act 2016	https://legislative.gov.in/sites/default/files/A2016-49_1.pdf

APPENDICES

1. **REGISTRATION FORM**
2. **PRE-COURSE ASSESSMENT**
3. **POST-COURSE ASSESSMENT**
4. **FEEDBACK FORM**
5. **COURSE COORDINATOR'S REPORT**
6. **FIELD-VISIT FORMAT**
7. **NOTE FOR THE FACILITATOR ON PANEL DISCUSSION**
8. **PRISON STATISTICS, 2021 (IN BRIEF)**

(Name of the Training Institute)
(Name of the Course)
(Dates)

REGISTRATION FORM

PARTICIPANT DETAILS

1. Name :
2. Date of birth :
3. Male/Female
- 4.. Qualifications :
(a) Academic
(b) Professional
5. Designation :

ORGANIZATION DETAILS

6. Department/Organization :
7. Address
8. Telephone No.
9. E-mail id :

RESIDENTIAL DETAILS

10. Address
11. Telephone No.
12. Mobile No.
13. Emergency contact details:

Signature

Name

Date

APPENDIX- 2

PRE-COURSE ASSESSMENT EXERCISE

Answer the following –

S. No.	Name of Unit (As given in the Course Grid) before training)	Pre-Assessment (Knowledge-level)		
		Absolutely Yes	Not Sure	No
	knowledge			
1.	Are you aware of.....			
2.	Do you have an understanding of.....			
.....				

APPENDIX- 3

POST-COURSE ASSESSMENT EXERCISE

Answer the following –

S. No.	Name of Unit	Post-
Assessment	(As given in the Course Grid)	(Knowledge-level
after-training)		
		Absolutely Yes Not Sure No
knowledge		
1.	Are you aware of.....	
2.	Do you have an understanding of.....	
.....		

APPENDIX- 4

**(Name of the Training Institute)
(Title of the Course)
(Dates of the Course)**

FEEDBACK FORM

(To be filled-in by individual participants at the end of the Course)

1. To what extent the Objectives of the Course were met

To a great extent 4	To some extent 3	To a limited extent 2	Not at all 1

2. Did you receive advance intimation from the Institution about the Course. if so, did you respond to the Institution?

Yes

No

3. What do you think about the structure and organization of the Course to meet the objectives?

Very well Structured 4	Well Structured 3	Some-what structured 2	Un-structured 1

4. How useful this training would be to you immediately in your job?

Very Useful 4	Quite Useful 3	Of limited Use 2	Not at all Useful 1

5. How useful this training is likely to be for the future jobs you may handle?

Very Useful 4	Quite Useful 3	Of limited use 2	Not at all Useful 1

6. Practical Orientation of the course.

Highly Practical Oriented 4	Practically Oriented to a Great extent 3	Practically Oriented to a Limited extent 2	Not Practically Oriented 1

7. How far have you been benefited from interaction with the other participants in the Course?

Substantially 4	Considerably 3	Fairly 2	Not at all 1

8. How far was the Course Material supplied relevant and related to the Course Contents?

Extremely Relevant 4	Considerably Relevant 3	Fairly Relevant 2	Not at all relevant 1

9. To what extent are you satisfied with the following:
(The Training Institution may please block the parameters not applicable)

Satisfied fully 4	Satisfied to a large extent 3	Satisfied to a limited extent 2	Not satisfied 1

a) Reception & Transport

b) Residential
Accommodation

c) Food Quality & Service

d) Classroom facilities

e) Library facilities

f) Computer facilities

g) Interaction with the staff
of the Institute

10. Feedback on the Training/Faculty:
(Kindly fill up the Annexure)

11. Which parts of the Course did you find most helpful?

12. Which parts of the Course did you find least helpful?

13. Your overall impression of the course:

Excellent 4	Very Good 3	Good 2	Fair 1

14. Did the Course give you any specific ideas about improvements in your working situation when you get back. Yes/No

15. If yes, kindly spell them out briefly?

16. Any other comments/observations you wish to make about the Course

Date:

Place:

Name:

Designation:

Organisation:

COURSE COORDINATOR'S REPORT
on
(Name of the Training Course)
(Duration)

1. Name of the Training Institution :
2. Whether the Course was conducted :
In the Institute's Campus or elsewhere
3. Title of the Course :
4. Duration of the Course :
5. Number of participants :
(Attach final list of participants)
6. Details of Training Facilitators :
(Name/Designation/Organization)
(In-House/Guest)
7. States/UTs represented :
8. Details of Sessions with working hours :
9. List of Training Material distributed :
10. Details of Methods/Methodology used:
11. Feedback of participants :
(Attach copies of Feedback Forms)
12. Summary of the Feedback :
13. Summary of the Pre/Post Assessments :
14. Any areas of improvement noticed :
15. Overall impression of the Course :
Coordinator

Signature
(Name of the Course Coordinator)
Designation
Date
(Mobile Number/E-mail)

FIELD VISIT REPORT FORMAT

Format of Field Visit Report

Name of the trainee officer :

Batch No. :

Officer in charge of the visit :

Name of the Institute/organization visited :

Time and Date of visit :

Subject for which visit is made :

Signature of the trainee

Signature of the officer in charge of the visit

Structure of the Report

- Introduction about the institute
- Origin and history of the institute
- Primary duties and functions of the institute
- Officer with whom interacted
- Report of the Visit [write summary of learnings from the visit] \
- Any other Comments/ remarks about the visit and the learnings from the visit.

APPENDIX-7

NOTE FOR THE FACILITATOR ON THE PANEL DISCUSSION

Instructions to Course Coordinator

Invite a member from each of the agencies to have a panel discussion

While conducting the panel discussion, faculty should act as a Moderator

The Moderator should introduce the theme and then the panellists.

Each panellist can be given around 15 minutes time to speak and discuss the role of their agencies and areas where coordination is required. After all panellists have spoken, the panel should be open for discussion with question from the participants. The key points of each speaker should be summed up by the moderator and the discussion should be concluded by the moderator well within time. The participants should be instructed to ask specific questions to the panellists.

Group Discussion :

Each Participant should be encouraged to participate. Establish Ground Rules first.

Cull out the important points that emerge from the discussion

Action Plan : Group Work Activity

Prison based Rehabilitation programs

Participants should be divided into groups of 5-6 members of all ranks (warder, to Superintendent) and all should brainstorm and discuss what goals to set for prisoner rehabilitation programs in a particular prison. Action Plan should be time bound and can be short term, medium term and long term. Work Sheets, Flip chart sheets and sketch pen should be distributed to all the groups and facilitator should ensure that all contribute their ideas. Each goal should make clear the responsibility-what you can do at your level (e.g. at Deputy Superintendent level), what can be done by others (e.g. at headquarters). Further review of action is essential. Make clear that there is a start and end date to the action, so the Plan is time bound.

APPENDIX - 8

PRISON STATISTICS INDIA – 2021

Total Number of Prison Inmates as on 31.12.2021			
Male	:	5,31,025	
Female	:	22,918	
Transgender	:	91	
Prison Population	:	5,54,034	

Prisoner Types and Demography							
Convicts		Undertrials		Detenues		Others	
Male	117846	Male	409346	Male	3381	Male	452
Female	4990	Female	17745	Female	88	Female	95
Transgender	16	Transgender	74	Transgender	01	Transgender	00
Total	122852	Total	427165	Total	3470	Total	547

Number of Jails, Capacity, Population and Occupancy Rate in India at the end of 2021

Type of Jail	Number	Authorized Capacity	Population of Inmates	Occupancy Rate (%)
Central Jail	148	193536	239311	123.7
District Jail	424	163606	254214	155.4
Sub Jail	564	45436	46736	102.9
Special Jail	41	7473	6582	88.1
Open Jail	88	5953	2178	36.6
Women Jail	32	6767	3808	56.3
Borstal School	19	1775	745	42.0
Others	03	1063	460	43.3
Total	1319	425609	554034	130.2

Source : NCRB, MHA (2021) <https://ncrb.gov.in/en/prison-statistics-india-2021>