# IMPACT OF PRISON REFORMS ON INMATES' RIGHT TO HEALTH: A CASE STUDY OF KAMITI MAXIMUM SECURITY PRISON

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**A research project submitted in partial fulfilment of the requirements for the award of the Degree of Master of Arts in Human Rights of the University of Nairobi**

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## DECLARATION

This research project is my original work and has not been submitted for the award of a degree in any other University.

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This project report has been submitted for the examination with our approval as university supervisors.

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## DEDICATION

This project paper is dedicated to my parents; Mr. Oyombra and Mama Paulina Oyombra who out of their love for education had their oxen plough grounded after they sold all the bulls to pay for my school fees in High School.

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## LIST OF ABBREVIATIONS AND ACRONYMS

| | | |
|---|---|---|
| A.C.U | - | Aids Control Unit |
| ACHPR | - | African Charter on Human and Peoples Rights |
| AIDS | - | Acquired Immune Deficiency Syndrome |
| ARV | - | Antiretroviral |
| G.O.K | - | Government of Kenya |
| GJLOS | - | Governance, Justice, Law and Order Sector |
| HBV | - | Hepatitis B Virus |
| HIV | - | Human Immunodeficiency Virus |
| ICCPR | - | International Convention on Civil and Political Rights |
| ICESCR | - | International Convention on Economic, Social and Cultural Rights |
| IED | - | Institute for Education in Democracy |
| KHRC | - | Kenya Human Rights Commission |
| KNCHR | - | Kenya National Commission on Human Rights |
| KPS | - | Kenya Prison Service |
| MDG's | - | Millennium Development Goals |
| NARC | - | National Rainbow Coalition |
| NGO'S | - | Non Governmental Organizations |
| PRI | - | Penal Reform Institution |
| SMR | - | Standard Minimum Rules for the Treatment of Prisoners |

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## ABSTRACT

This study investigated the impact of prison reforms on inmates' right to health. The study was based at Kamiti Maximum Security Prison. The main objectives of the research were; to assess the adequacy of health infrastructure at Kamiti Maximum Security Prison, establish how prison authorities comply with various instruments on inmates rights to health, examine the role of non state actors in the promotion of inmates' right to health and establish policy options for efficient promotion and protection of inmates' right to health. The implementation of prison reforms is basically a response to extreme violations of human rights of those serving custodial sentences. As observed by Coyle, (2012), reports indicate several abuses on inmates including; flagrant denial of sick inmates access health services, violent and sometimes fatal assaults on inmates, poor hygiene and sanitary conditions in prisons; serving of poor quality food and general overcrowding of inmates in accommodation wards. This literature establishes the grounding upon which health services should be delivered to inmates. Data of the study was collected from primary and secondary sources using observation, questionnaires and interview schedules. A total of 183 respondents, who included inmates, correctional practitioners and experts were sampled for interviews. The information collected was analyzed using qualitative and quantitative techniques. The study found out that Kenya Prison Service has engaged in partnerships which has greatly improved inmates' right to health through funding and health infrastructural development. The study concluded that prison reforms have had positive impacts on inmates' right to health.

# CHAPTER ONE

# INTRODUCTION

## 1.0 Background of the Study

The current Kenya Prison Service has evolved from as system, which began with the establishment of a single institution in 1897 when East Africa Order in council was passed allowing the exercise of civil and criminal jurisdiction in conformity with the Civil Procedure Code Laws of India (KPS, 2005). The aim was to coerce natives to submission for ease of governance and exploitation. Prior to the establishment of colonial prisons, African societies had their own ways of dealing with those who deviated from societal norms and values with the main aim being restitution as opposed to punishment.

The Kenya prison was created vide Circular No. 1 one of 18th March, 1911 making prison autonomous. The control of prisons was vested in the Prisons Board, which was answerable to the Inspector General of Police until 1914 when the first Commissioner of Prison was appointed. The prisons philosophy was mainly that of punishment through hard labour, corporal punishment and other forms of cruel treatment of offenders. For a very long time, the prisons systems across the world continued to violate inmates' rights including right to general health, personal dignity, right not to be subjected to cruelty, torture and other forms of inhuman and degrading punishment (Coyle, 2012). This brought about poor health and sometimes death of inmates.

In Americas Island Prison in Manhattan, for instance, a study conducted by (Alien, 2007), reveals a terrible situation where health condition of inmates and hygienic standards in the accommodation wards are quite deplorable. There, inmates live in squalor, congested, and unhygienic conditions; are sometimes beaten unconscious while caged in blood splattered accommodation cells. This situation is replicated in several other prison facilities across the world. The cruelty and health abuses, which are endemic in their occurrences, take various forms. In most African prisons for instance, cruelty and violence on inmates are the norms rather than exceptions. A study by African Watch (AW) and the Prison Project of Human Right Watch (PPHRW, 1994), established that south African prisons are notorious in abusing health rights of prisoners and are often places of extreme violence and fatal assaults. These assaults include sexual (sodomy, rape and mutilation of reproductive organs), physical beatings and other forms of cruelty.

It is argued that these abuses and infringements are inflicted on inmates without due regards to their human nature (UN, 2005). In its reports, Penal Reforms International (PRI, 2001), indicates that over 15,600 inmates die each year in Chinese, Russian and most of the African prisons due to health rights abuses by prison authorities. The consequence of these violations negates the purpose for which incarceration is intended.

In Kenya, the prison philosophy was for a very long time tilted in favour of punishment as opposed to rehabilitation, social reintegration and containment of offenders in a manner that guarantees human rights. In their study on prison condition in Kenya, in 2001 the Kenya Human Rights Commission and the UN Special Rapporteur on torture found out that prison facilities were extremely congested,

majority of inmates wore tattered clothes, inmates appeared sick and malnourished and accommodation wards were in deplorable state and existence of poor quality of medical services.

In response to the appalling prison conditions, many jurisdictions have initiated various programmes to reform their prison systems. In Kenya, tangible prison reforms can be credited with the Commissioner of Prisons Abraham Kamakil, who in 2000, initiated an *Open Door Policy*, which marked a significant paradigm shift from the philosophy of non-transparency underlying prison management. This was after his visits to Japan, South Africa and Namibia (KNCHR, 2005). He concluded that, prisons being social institutions require the support of the wider society and other stakeholders.

The main target areas of reforms include; containment, rehabilitations and reformation of offenders. These reforms clearly outline a host of best practices that should be adapted towards the attainment of better prison condition (Soering, 2004). They include delivery of essential utilities such as toiletry, sufficient accommodation, hygienic and safe environment and strict observances, promotion and protection of inmates' rights. For the reforms to have an impact on inmates' right to health, authorities must make adequate provisions to transform prison away from being centres where offenders are additionally punished since punishment is not part of the sentence. The environment should otherwise be that for pure rehabilitation, safe containment and social reintegration of inmates back to the society.

Prison reforms, if implemented fully are likely to have serious impact on different aspects in the life of the general public. The health conditions of inmates have a positive correlation with that of the general public as each determines the condition of

the other (Bloom, 2008). Some scholars have pointed out that sufficient provision of health services to inmates provide ideal condition for the implementation of effective rehabilitation programmes and help in reducing reoffending (recidivism) among offenders (Coyle, 2012). Any reforms, particularly in the security sector organs, attract huge outlay of resources; including adequate and prompt funding. Programmes to actualize inmates rights to health such as the provision of clinics and drugs are usually very expensive affairs.

The need to involve non-state actors in the delivery of appropriate health services in prison has been advanced by scholars such as (Soering, 2004 & Nigel, 1997) who maintain that other stakeholders must be given opportunity to provide capacities in needy areas such as health and modernization of infrastructure. This argument is based on premise that governments alone are not sufficiently able to meet the needs of its prison reform agenda (Coyle, 2004). In its strategic plan, the (Kenyan Prison Service, 2012) recognizes this element in prison reforms and has since been implementing open door policy to allow for the participation of other stakeholders in the operations of prison affairs (G.O.K., 2011).

Inadequate resource allocation may hamper full realization of the goals of penal reforms in any country. In this regard, prison health reform agenda is likely to be futile if resource allocation challenges are not addressed (PRI, 2001). In his paper on prison reforms (Bastick, 2010), maintains that overall prison reforms, especially those dealing with health of inmates, will only bear sufficient impact if funding and deficient provision of physical infrastructure are mitigated. The same argument is supported by (Coyle, 2012), who argues that deficient resource allocations means

overcrowding in prison cells, which has been blamed for all manners of ills afflicting efficient promotion of various rights that inmates are supposed to enjoy.

The implementation of prison reforms in Kenya has been on going without any written policy framework. The responsibility of its success and extent to which it will impact on various aspects of inmates' life is left at the discretion of prison authorities. What this means is that the success of programmes implementation is wholly dependent on the charisma of facility managers. This is an area that may affect uniform delivery of health services as contemplated in various provisions in international conventions.

The history of Kamiti Maximum Security Prison dates back to pre- independence Kenya in 1955 when the British colonialist set up the facility for containing offenders during the state of emergency. The centre has grown over the years to be one of the largest prison facilities in the country. Kamiti Maximum Security Prison comprises two categories of prisoners; convicted offenders (long term high risk offenders, those sentenced to hang, and those serving life imprisonment) and unconvicted offenders (capital remands). This correctional institution was built to house up to 1200 inmates. Currently however, the number of prisoners oscillates between 1,800 and 2,500 inmates, which indicate the level of congestion among inmates at the facility.

### 1.1 Statement of the Problem

At Kamiti Maximum Security Prison, the available medical facilities are used to provide services to inmates, staff, and people from the neighbourhood. This reveals that medical facilities in the prison may be better compared to those of neighbourhood. In this circumstances, and given that budget allocation towards health

is always inadequate, the available medical resources do not adequately serve inmates' needs. It is for this reason that the study seeks to establish the level of infrastructural provision that would ensure inmates enjoy their right to health.

The Kenya Prison Service has been implementing bold steps towards the realization of inmates' right to health. Substantive efforts have been made to contain infectious diseases in prison facilities across the country through interventions by the prison health directorate (KPS, 2012). Against this background, a study by the (KNCHR, 2011) reveals that some prison facilities still experience cases of diseases outbreaks such as dysentery, typhoid, vermin attacks and inadequate attendance to medical services by qualified physicians. It is difficult to discern what exactly leads to these phenomena. Most of the penal reforms initiatives in Kenya are done without any written policy specifications for referencing. The programmes' design is left at the whims of prison's administration. This could affect the standard under which health services are delivered in the prisons.

### 1.2. Goal of the Study

Health provisions in penal institutions form part of the essential entitlements of prisoners and the foundation of prison reforms in any jurisdiction. The goal of this study was to investigate the impact of prison reforms on inmates' right to health.

#### 1.2.1 Specific Objectives of the Study

This study was guided by the following specific objectives:-

i. To determine whether the provision of health infrastructure is sufficient in the attainment of the health needs of inmates.

ii. To examine the management of inmates' health cases and establish how prison authorities comply with various instruments on inmates rights to health.

iii. To assess the role played by non state actors (partnerships) in the promotion of inmates' rights to health.

iv. To suggest policy options for full realization of principles on inmates right to health in Kenya's penal institutions.

### 1.3 Research Questions

i. Are the provisions of health infrastructure at Kamiti Maximum Security Prison sufficient in the attainment of health needs of inmates?

ii. Do prison authorities comply with the provisions human rights instruments in relation to inmates' rights to health?

iii. What is the role of non state actors in the attainment of health rights among prisoners in Kenya?

iv. Which policy options should be adapted to inform penal health reforms in Kenya?

### 1.4 Justification of the Study

Justification of this study is looked at in two broad categories; policy and academic significances. At the policy front, this study attempted to identify policy shortfalls in the overall prison reforms in Kenya. As stated by (Bloom, 2008), prison reforms require a structured approach that will move the prison service in one direction and lay significant infrastructure for sustained benefits of the offenders and the country as a whole. It is difficult to hold any prison officers to account on the extent to which reforms have been implemented in their institutions without a clearly written

approach. Further, the delivery of health services within prisons should be brought to conform to international instruments such as UDHR of 1948 and the SMR 1955, and local legal provisions such as the (Constitution of Kenya, 2010 and Cap 90 laws of Kenya). The study intended to inform how this could be implemented so as to support the realization of the inmates' right to health.

This study also aimed at filling an academic void by most writers on prison operations. There is a wealth of knowledge on various aspects of prison administrations. For instance (Bloom, 2008) has researched tremendously on the impact of evidence-based practices on prisoners' rehabilitation programmes (Coyle, 2012) also writes on the aspect of containment and social reintegration of offenders. In Kenya, there is no serious research, which has been done on how prison reforms impact on inmates' right to health.

### 1.5 Scope and Delimitations of the Study

The study was conducted at Kamiti Maximum Security Prison and analyzed the impact of reforms on inmates' right to health. The study investigated variables such as congestion, evidence of torture, level of hygiene, health service provisions and health management structures. The study also focused on the contribution of stakeholders towards the attainment of health services. The study made reference to principles and provisions of the main international covenants, which guide the delivery of essential health services in prisons including the Standard Minimum Rule for the Treatment of Prisoners (SMR, 1955).

### 1.6 Theoretical Framework

The promotion and delivery of inmates right to health remains a priority in the overall prison management. How this is conducted remains a vital aspect in the delivery of penal reforms currently on going in nearly all countries of the world. The grounding of health reforms in prisons and how it finally fulfils health requirements of those deprived of their liberties is best understood through natural law theory and the deliberative (legal positivist) theories of rights.

#### 1.6.1 Natural Theory of Rights

The natural law theory of rights was first propounded by Hippias of Ellis around 460BC. It was later adapted by medieval Christian writers particularly St. Thomas Aquinas in the 13$^{th}$ century and other 18$^{th}$ century philosophers such as John Locke and Thomas Paine, (Rehnquist, 2006). The theory holds that human rights are conferred by pure nature without the intermediation of any entitling Act. No one else therefore should claim or deny another person any of these rights. The proponents of this school of thought maintain that all human rights and entitlements are inborn and inalienable in so far as they are possessed by man through virtues as donated by God, (Fraser, 2004).

The meaning of rights is explained by John Locke, a 15$^{th}$ century political theorist; who contended that rights" meant "natural rights" and "natural rights" meant those privileges or claims inherent in people and are derived not from any political or community sanction but from God (Nulsen, 2007). Such rights exist independently or prior to the law and are therefore intrinsic in human beings whether as individual members of a group or in the sense that human beings are born with them

(Woodwisss, 2005). Clearly therefore, all human rights are inalienable property that belong to all individuals because they are human beings.

The principles inherent in Natural Law Theory can be applied in the promotion of health rights of inmates, which they possess due to their human nature. For the states to succeed in actualizing the principles in the natural law theory, a number of international instruments and local mechanisms have been developed to safeguard the interest of inmates on health issues. The Standard Minimum Rules for the Treatment of Offenders (SMR, 1955) in Rule 57, Section 1 on paragraph 22, require that imprisonment, which is already afflictive, should not be used to aggravate the suffering that inmates already experience due to their incarceration; instead prison authorities should take necessary measures in the promotion of inmates' right to health. Article 5 of the UDHR-1948, also provides that 'No one shall be subjected to torture, or to cruel, inhuman or degrading treatment or punishment' (UN, 2005). The constitution of Kenya 2010, Article 19 (3) (a) provides that the rights and fundamental freedoms in the bill of rights belong to each individual and are not granted by the state (G.O.K, 2010). The provisions aim at protecting inmates' right to health while serving their sentences.

At the reform level, Penal Reform International (PRI, 2001), makes it incumbent upon the states to ensure prisoners enjoy to the highest of its attainable level; the right to life, good health, good healthy living and working condition, sufficient supply of medical and nursing provisions and humane containment of inmates. This theory can be criticized in its assumption that the enjoyment of rights is free and does not attract

substantial resource allocation. What happens to those rights when the state capacities are limited is not clearly expounded.

### 1.6.2 Deliberative (Legal Positivism) Theory of Right

The deliberate theory of rights (legal positivism) is one of the most influential human right theories in the world today. It conceptualizes the principles of rights and provides discourses and procedures on how the society can agree and solve matters of human rights that affect it. Its origin is traced to Hammurabi; who in more than 3000 years ago gave a code of written principles of justice on individuals' obligations to others and their relationships with the their government.

The code provides for legal protection of the poor, restraint of the strong so that they do not oppress the weak and that the law should publicly be enacted and known to all (Wohlgemuth, 2006). The code was a landmark in mankind's struggle to build an orderly society where instead of the rich and the mighty making rights, rights should make the mighty. This code has been recognized by almost every human society since the time of Hammurabi to date.

The main proponents of legal positivism include; (Herbermas, 1990), (Rawls, 1996), (Young 1999) among others. These theorists do not generally subscribe to the notion of natural rights. Rights according to them are derived mainly from legal and political processes by way of some legal consensus (Ten, 2006). The Legal Positivist Theory holds that all rights are extrinsic to individuals and groups since they are created and attached to the legal persons by the external forces notably by legalistic acts or judicial decisions (Woodwiss, 2005).

In his work “anarchical fallacies” (Bentham, 1843) declared natural rights “rhetorical nonsense-nonsense upon stilts.” Natural rights were ‘unreal metaphysical phenomena; unreal rights that stemmed from unreal law, the natural law, which in itself was dismissed due to the absence of a divine law giver, (Ten, 2006). Rights according to Bentham are the fruits of the law, no rights contrary to law and no rights anterior to the law.

Herbermas (1990), as cited by (Sendstad, 2010) argues that rights emerge as part of and at the same time as democratic political processes. To him, rights are a particular type of claims to legitimate authority and that they still occupy a special position among entitlements (Nielsen, 2007). Rawls (1996) as quoted by (Sendstad, 2010) argues that there is need in a pluralistic state for consensus on basic questions on how democratic institutions’ are organized. Consensus, according to Rawls should cover basic rights and liberties on the basis of the equality and freedom of all persons.

Whereas a single theory may not adequately explain the concept of rights, the deliberative theory is found to be more relevant in this study. Despite the fact that inmates are imprisoned, they can make claim to certain rights since such rights have been deliberated and provided for in a number of human rights instruments, locally, regionally and internationally. The right to health is well articulated in the Standard Minimum Rules for Treatment of Prisoners -1955. Rule 15 provides that prisoners shall be required to keep their persons clean, and to this end they shall be provided with water and with such toilet articles are necessary for health and cleanliness, Rule 20 every prisoner, shall be provided by the administration at the usual hours, with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served and rule 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 for the diagnosis and, in proper cases, the treatment of states of mental abnormality. The Constitution of Kenya 2010 article (43) (1) (a) provides that; every person has the right to the highest attainable standard of health which includes the right to health care services, including reproductive health care and; article (51) (1), states that a person who is detained, held in custody, or imprisoned under the law, retains all the rights and fundamental freedoms in the Bills of Rights, except to the extent that any particular right or a fundamental freedom is clearly incompatible with the fact that the person is detained, held in custody or imprisoned'.

### 1.7 Definition of Terms

**Health -** The state of physical, mental and psychological well being

**Human Rights -** The entitlements that we enjoy by virtue of being human beings regardless of our statuses in society such as sex, race, colour, ethnicity, religious creed, political affiliation

**Prison -** A place declared by the minister in charge where a person whether convicted or un-convicted is legally confined

**Prisoner-** A person whether convicted or not under detention in any prison.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.0 Introduction

This chapter reviews academic literature from scholars on various prison reform initiatives and how they impact on inmates' right to health in different jurisdiction across the world. The purpose is to explore experts' perception and debates raised on various thematic aspects of the research topic. The review begins with general review of relevant literature based on major objects of the study particularly on the roles of prison department towards the realization of inmates' right to health and how the interventions of other stakeholders have promoted these rights.

It is imperative to examine scholarly perspectives on what exactly constitute prison reforms. Prison reforms, as according to (Ralph, 2005), are programme shifts in the management of prison affairs so as to provide quality services for the correction of offenders. Other scholars such as (Coyle, 2004), define prison (penal) reforms as structured shifts in the custodial treatment of offenders that uphold the virtues and principles of human rights.

The foregoing definitions are supported by (Bastick, 2010), who adds that prison reforms entail improvement of physical infrastructure and partnering with stakeholders to improve service delivery within the prison system. It is clear therefore that prison reforms entail the implementation of those programmes, which ensure that offenders are securely contained and rehabilitated through strict observance of the principles of human rights. This is what is captured in the Kenya Prison Service

charter with policy statements such as *'prisoners are people too'* and *kurekebisha na haki*- loosely translated to mean rehabilitating with justice.

The need for prison reforms is not only a response to the poor and appalling prison conditions that violate rights of inmates, it is also a demand by a body of principles governing the operations of prisons as provided for in various international conventions and treaties. As argued by (Nigel, 1997) and supported by (Coyle, 2012), these reforms make it incumbent on governments and prison administration to ensure that the rights of prisoners and a host of their entitlements are respected and requisite infrastructures availed for their realization. The instruments, which deal with inmates' rights and other standards, are cited by (Coyle, 2012). He lists the instruments as follows; the UN: Standard Minimum Rules for the Treatment of Prisoners; the Body of Principles for the Protection of all Persons Under any Form of Detention and Imprisonment; the Standing Minimum Rules for the Administration of Juvenile Justice (Beijing Rules-1985); Rules for the Protection of Juvenile Deprived of their Liberty; the Standard Minimum Rules for Non Custodial Measures (Tokyo Rules); the Code of Conduct for Law Enforcement Officials, 1996; UN Rule for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders and International Covenants on Human Rights.

These instruments identify areas of prison reforms to include; legislative reforms such as the need to adopt alternatives to imprisonment, decriminalising certain acts and reducing sentences for selected offences in an effort to mitigate on overcrowding, and observance of fundamental rights of prisoners; training curriculum reforms; improving access to justice; partnering with stakeholders for capacity bulding to enhance efficiency in service delivey; health reforms through startegies to uphold

inmates right to health and combat contegious diseasses such as tuberclosis and other endemic diseases such as HIV/AIDS among prisoners and enhancing health screening measures and health services in prisons, and designing special projects aiming to increase and improve the support to special categories and vulnerable groups.

In Kenya, prison reforms have been implemeted since 2000 following the adoption of ACHPR Resolutions on Prisons in Africa that extended certain rights to prisoners and people being detained (Sarkin, 2008). These rights encompass adequate provision of health services and clean health containment facilities. The argument is borrowed from the (UN, 1990), and the (SMR, 1955. Rule 25); which stipulates that prison administration should provide ailing inmates with adequate treatment by competent doctors and to ensure that there is a sufficient number of health workers for the care and management of health cases amongst inmates.

While analyzing the extent to which prison reforms have been implemented in Kenya (KNCHR, 2005), appreciates that enhancement of prisoners rights to health can only be achieved when prison adapts an open door policy, which will allow the participation of non-state actors in the delivery of capacities to meet inmates' health demands. This is what the (Bastick, 2010), imputes by maintaining that correctional responsibilities should permit sufficient enjoyment of human rights and individual respect and dignity of offenders through partnerships.

### 2.1 Provision of Health Infrastructure in Prisons

Basic infrastructural provisions are always required for an effective implementation of the principles of progressive health delivery system in prisons. The underlying

principles are stipulated in Rule 22 of the UN SMR-1955. The Rule makes a clarion call to every prison system to provide health facilities and medical staff to cater for a range of health needs of inmates, including dental and psychiatric care. It adds that 'sick prisoners who cannot be treated in prison, such as prisoners with mental illness should be transferred to civilian hospital or to a specialized prison hospital' (UN 1955). This provision is captured in various other treaties such as the (Kampala Declaration, 1996) and local statute, particularly the Kenya Prison Act Cap. 90 Laws of Kenya.

In model countries where prison reforms have fully been implemented such as Japan, the Netherlands and in Canada, health infrastructures available in prison quite matches those being provided to the general public, (Bloom, 2008). This position is slowly being witnessed in Africa as pointed by (Makubetse, 2008) who observed that selected African countries such as South Africa, Malawi and Kenya have fledging HIV/AIDS control units and elaborate partnerships with NGOs in the delivery of health services. Whether the efforts have resulted into improved health of inmates remains a matter for deeper academic investigations.

In his research on the ideals medical service provisions in prisons (Friestad, 2009) agrees with provisions of the Kampala Declarations, 1996 and those of the Ouagadougou treaties which strongly supported health reforms as a basis in the protection of inmates' right to health and suggests that medical personnel, ambulances, prison nutritionists, spacious accommodations and adequate funding be extended to inmates in the same measure as those being given to ordinary citizen. The (UNODC, 2007), adds that such provisos should include HIV/AIDS control units to

address the emerging challenges created by the epidemic. When such provisions are met, then it can be argued that prison reforms have impacted positively on prisoners' rights to health. Using the above provisions, the Kenya Prisons Service reports that it has carried out extensive modernization of accommodation wards and constructed additional health clinics in an effort to create safe, secure and humane conditions for inmates (KPS, 2012).

The creation of the Directorate of Prisons Health Services, according to (KPS, 2012), has seen the improvement of healthcare delivery in all prison institutions. It is reported that most prison clinics are currently being managed by competent health officers. Only complicated health cases are referred to government hospitals for further management. Water supply, which earlier posed considerable threats, is currently being contained. A number of boreholes have been sunk in arid prison outposts and water purification plants installed to supplement the existing water supply.

The assumptions made through these publications are however contested by recent studies done by the Kenya National Commission on Human Rights (KNCHR). In its report, '*A True Measure of the Society*; An account of status of human rights in Kenyan prisons, the commission unearthed a number of deficiencies in the provision of health services to inmates. One of the glaring discoveries was sharing beddings in congested accommodation wards in various prisons in the country. The report further indicated that inmates are also subjected to poor diet and poor sanitary conditions which has led to frequent out breaks of waterborne diseases including dysentery,

cholera, typhoid and infestations by vermin such as bedbugs and fleas) in major prisons in the country (KNCHR, 2011).

The report notes that in certain prison facilities inmates are still cramped up in congested wards with inadequate supply of basic health facilities. In Kenya, there are cases of violation of inmates' right to health arising from insufficient provision of medical facilities. Prison reforms as argued by (Friestad, 2009and Coyle, 2012) should entail enough supply of medical doctors, medicine, health clinics for efficient promotion of right to health in prison facilities in a country.

### 2.2 Management and Standards: Compliance in Prison Health Services Delivery

A number of authorities have attempted to delineate what constitutes health and the right to health of people in general and those under incarcerations or any other form of detention in particular. The UDHR in Article 25 provides that 'everyone has a right to standard of living and adequate health and wellbeing of himself and of his family. The SMR, in Rules 49-53, notes that detained juveniles shall receive adequate medical care, both preventive and remedial including dental, ophthalmological and mental health care as well as pharmaceutical products and special diets as medically indicated. These should be provided right from the time of admission and during imprisonment and such inmates should be regularly examined by a physician and be detained in humane and clean accommodations (UN, 2005).

The (PRI, 2001), quoting the International Council of Nurses (ICN-1999), adds that health service provision for inmates has three fundamental areas; to promote health, to prevent illnesses, to restore health and to alleviate suffering. The UDHR-1948, Article 25; the Constitution of Kenya, 2010 Article 43(1) (a), in part provide that everyone has a right to standards of living and adequate health and well being of himself and of

his family. This is further captured in (SMR – 1955), Rule 22 which requires that medical services provision should be organized in close relation to the general health administration available in the country.

From the above, inmates' health services provision encompass the allocation of adequate medical infrastructure, prompt management of their medical conditions by qualified health officers, accommodations in healthy, clean environment and provision of quality food. When upholding inmates' rights, the prison administration is obliged to provide those services as may be reasonably commensurate with what the general public is entitled to. In her opinion, (Bloom, 2008) while researching on female offenders mental health issues, observed that the tenets of health rights services to be granted to inmates is defined by the extent to which the government and prison authorities are able to provide within prisons those health services normally provided to the general populace.

Her sentiments are supported by the World Health Organization and the, International Covenant on Economic and Cultural Rights (ICESR) which declare that human beings have fundamental rights to enjoy the highest attainable standards of health, including receiving medical attention when they are sick regardless of their position in the society (Hunt , 2007 and Malcolm, 2008).

Several analyses have been done to ascertain whether the above conditions are being met by the prison administrations in several jurisdictions in the world. While doing his research on human rights and prison management (Coyle, 2012) found out that most prisons are hampered in their capacities to deliver essential health services to

offenders. He observed that in a number of cases funding to prisons service is often inadequate and rank quite low in the competing priorities amongst government development projects. The research concluded that no serious impact on inmates' right to health has ever been achieved in prisons; be they in developed or developing countries.

His argument is recounted by (Nigel, 2007), who identified various prisons in America, Haiti, Russia and African where there have been poor responses to inmates health needs. In other studies conducted in Canada (Nigel, 1997) and in the Netherlands (Karo, 2007), prison reforms through increased public funding, partnerships and use of community service order (to control overcrowding) have contributed significantly towards the delivery of health services to inmates. The impacts are reflected in clean accommodation wards, low level of disease incidence amongst inmates and, fewer cases of health complaints and low incidences of prisoners' deaths.

### 2.3 Partnerships in the Promotion of Inmates' Right to Health

The success of prison reforms and subsequent delivery of essential health programmes require a great deal of provision of resources. These resources, according to (Coyle, 2004), should be made available in a substantial amount that is relevant to the needs of the offenders. The inmates' needs as argued by (Bloom, 2008) are rising and quickly changing and as such, there should be adequate skills, infrastructure and relevant policies to address those demands. This position is explained further by (Karo, 2007), in his analysis on prison reforms. The writer maintains that government must provide enough funding towards prison reforms and ensure policy shifts in the

training of prison officers. In all these suggestions provision of resources is seen as the most enabling factor for prison reforms to have impacts on the delivery of Health services to inmates (Soering, 2004).

In his paper on penal reforms on the security sector reforms (Bastick, 2010) raises a number of questions, which imply huge resources for health service provision to inmates. For instance, he asks about the enabling conditions for effective penal reform and what external support should be availed to achieve the desired health service delivery for inmates. He concludes by suggesting that non-state actors should play a leading role in supplementing government funding towards health reforms in the prison system. His assertions are that, the best sources of funding for penal health reforms are non-state actors since they can ensure that reform efforts will be sustainable through enough funding and material outlay (Bastick, 2010).

This position is true especially in Kenya where great achievements have been made by adapting an open door policy that has allowed NGOs and other actors to complement government funding towards health delivery in prisons. The government has identified inadequate resources, inadequate staffing of various health facilities as the main challenges hampering the attainment of goals in the provision, promotion and protection of health service rights of inmates (KPS, 2013).

Other than funding and skill provision, the KNCHR identifies prison congestion as a factor that impedes the realization of penal reform agenda in Kenya. The commission concluded that prison establishment must implement programmes towards the reduction of convicted offenders. It recommends the expansion of physical

infrastructure and alternative sentences as a way of reducing prison populations and enhancing the delivery of health services (KNCHR, 2005).

### 2.4 Policy Options for Efficient Promotion of Inmates' Right to Health

Most correctional practitioners maintain that the presence of poor structures for the treatment of offenders is as a result of inadequate legislations and lack of sound capital outlay for the implementation of desired programmes. This argument is however disputed by some scholars such as (Austin and Donahue, 1992), who argue that certain treatment options for female offenders do not require funds at all. They further claim that 'the problem is brought about by lack of creativity and conservative nature amongst prison managers'. This is because some prison administrators exhibit lack of clear information on what is better, or about the criteria or elements that could bring effective programmes and promote successful outcomes in the treatment and management of female offenders. Whereas these prepositions could hold some sense, it should not be lost to correctional experts that prison practices are operated in very dynamic circumstances and certain provisions may face enormous challenges.

Speaking on prison reforms as it relates to the provision of health rights of inmates, the director of the Latin American institute on the prevention of crime and the treatment of offenders noted that the issue of overcrowding in prisons affect all sectors of prison operations including matters of health, hygiene, nutrition, training and security of inmates and until overcrowding is resolved, no impact will be witnessed from effort towards improvement of inmates right to health, (Bastick, 2010). Clearly, the much hyped health reforms and the intension to uphold inmates'

right to health in Kenyan prison does not sufficiently impact on delivery of health services.

Given the vulnerability of prisoners to diseases, the need to uphold their health rights has singly been isolated as part of the overall prison reforms in the country. Prior to the advent of the reforms in 2000 and in the preceding period thereafter, disease outbreaks had been reported within several prison facilities in the country. The situation is even so grim with the realization that there is inadequate health facilities while at the same time, public funding to the sector remains at its lowest level. In their reports, the Kenya National Commission on Human Rights indicate that in certain occasions, inmates have been denied medical attention even where the facilities are available (KNCHR, 2011).

Whereas the prevalence of HIV/AIDS and other communicable diseases within the Kenyan prison is not fully documented, it is believed that condition of prisons in the country are recipes for sexual violence, poor nutrition, lack of exercise and poor health conditions that are likely to increase the speed with which HIV progresses to AIDS and the rate at which tuberculosis could be spread (PRI, 2001). This condition coupled with poor toiletry, insufficient provision of clean water and poor sewerage system could easily exacerbate the poor health situation in prisons thereby making it hard for authorities to promote prisoners' health rights as required.

## 2.5 Conclusion

From the foregoing literature review, we have established that prison reforms are occasioned by incidences of violations of inmates' rights that have been witnessed in prison facilities across the world (Coyle, 2012). These violations arise partly due to; inadequate funding, insufficient infrastructure, societal perceptions and in some cases ineptitudes in prison administration. The literature review also established that inmates' health constitutes access to clean, hygienic and humane accommodation and provision of adequate and nutritious diet (Ralph, 2005). The delivery of these services requires substantial allocation of resources and prison administrators should incorporate the participation of other stakeholders to complement whatever resources that government provides (Coyle, 2004).

There are a number of international, regional and domestic human rights instruments (SMR, ACHPR, and the Constitution of Kenya, 2010) which spell out the minimum standards necessary for the realization of inmates' right to health. The standards include sufficient provision of medical personnel, availability of dispensary and medicines, provision of clean and well-ventilated accommodation dormitories and quality diet (UN, 2005). The Kenyan prison service has been implementing a number of programmes to ensure that inmates enjoy their right to health. Some of these initiatives include; open door policy which has open prison doors to stakeholders, recruitment and training of uniformed medical staff, adopting a comprehensive HIV/AIDS and TB policy, improvement and modernization of physical infrastructure.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.0 Introduction

This chapter defines the sequential steps and the rationale of each of such step that the researcher adopted in studying the problem. The section also defines elements such as the research design, target population, data collection techniques, sampling methods and means of data analysis and presentation, which are significant in the attainment of research goal.

## 3.1 Research Design

The research design was a descriptive study. Descriptive technique is useful in establishing the perception of respondents on a given study problem and in presenting facts the way they are without interpretation. It allows the researcher to access data across wider section of the chosen respondents (Lyman, 2009). This technique presented the researcher with tools to analyze the impacts of prison reforms on inmates' rights to health with its focus on Kamiti Maximum Security Prison. Descriptive technique uses inferential approach in making prediction or comparison about a group using information gathered from a small part of that population (Keone, 2011).

## 3.2 The Study Site

The study site was Kamiti Maximum Security Prison within Nairobi County. The station was chosen because of its size; being one of the largest (by number of inmates) maximum security prisons in the country and because of the diversity of inmates. The

site was also chosen because it was easily accessible to the researcher and allowed him to participate in the activities of the study problem.

### 3.3 Target Population of the Study

The target population for this study was 1856 interest groups and stakeholders in the operations and delivery of inmates' health services at Kamiti Maximum Security Prison. This population was drawn from ten specific sections, which implement health reforms in the prison. Some of the population was accessed at the Kenya Prison Headquarters in Nairobi for secondary information. The table below defines the strata of the target population.

**Table 3.0: Target Population**

| No. | Sections/departments | Population |
|---|---|---|
| 1 | Inmates | 1800 |
| 2 | Health Personnel | 22 |
| 3 | Aids Control Unit | 8 |
| 4 | Public Health and Environment | 3 |
| 5 | Human Rights | 5 |
| 6 | Prison Kitchen (Nutritionists) | 2 |
| 7 | Sport Department | 4 |
| 8 | Health Directorate | 5 |
| 9 | Non state actors | 3 |
| 10 | Prison Administration | 4 |
| | **Total** | **1856** |

### 3.4 Sample Size

In order to attain the highest level of accuracy of statistical information, the study relied on a 10% prescription that is allowed for a study of this type (Krejcie, 1999). This translates to a total of 186 respondents. See table below:-

**Table 3.1: Sample Size**

| No. | Sections/Departments | Population | 10% of population |
|---|---|---|---|
| 1 | Public Health and Environment | 3 | 1 |
| 2 | Health Personnel | 22 | 2 |
| 3 | Human Rights | 5 | 1 |
| 4 | Prison Kitchen (Nutritionists) | 2 | 1 |
| 5 | Sport Department | 4 | 1 |
| 6 | Aids Control Unit | 8 | 1 |
| 7 | Health Directorate | 5 | 1 |
| 8 | Inmates | 1800 | 180 |
| 9 | Prison Administration | 4 | 1 |
| 10 | Non state actor | 3 | 3 |
| | **Total** | **1853** | **192** |

### 3.5 Sampling Procedure and Techniques

For the purpose of this study, both the probability and non-probability sampling techniques were used. In the probability sampling techniques, stratified random sampling technique was employed to separate the population into sub populations based on the length of their sentences. This method was used since the population of interest comprised of inmates serving various sentences. The researcher also used purposive sampling technique to select respondents from strategic departments that

promote inmates' right to health at the facility in line with the ongoing prison reforms in the country. The field information as argued by (Mugenda, 1999 and Lucey, 2002) can be validated through consultation with key informants and discussion group. Technical experts were consulted on prison health reform at the Directorate of Health Services; HIV/AIDS Control Unit, and the Directorate of Prison Reforms at the Kenya Prison Headquarters to validate information gathered from the field.

### 3.6 Sources of Data

The study obtained data from primary and secondary sources. Primary sources were the key interviewees from a selection of inmates who are the direct beneficiaries of health services at the prison. Secondary sources of information for this study were obtained from stored information at various resource outlets such as the dispensary, documentation and libraries within Kamiti Maximum Security Prison and the Kenya Prison Service Headquarters.

### 3.7 Data Collection Instruments

Primary data was collected using structured questionnaires, interview schedules, focus group discussions and observation as suggested by (Lyman, 2009 and Yin, 2003), while secondary information was accessed through desk top research from libraries and internet.

### 3.8 Methods of Data Analysis and Presentation

The study generated qualitative information arising from individual perception on the extent to which current penal reforms in Kenya has impacted on inmates' right to health. This kind of information was analyzed through descriptive techniques by

making inferences from the most dominant response on any thematic issue. As posited by (Kerlinger, 1973), opinions from respondents who have the same predisposition towards a stimulus are uniform and the researcher can easily make satisfactory judgment based on the expression of just a few of them. The information was weighed against the principles of health rights as imputed in various local and international instruments.

Numerical information such as the number of health staff, the frequency of disease out breaks, health complaints and available physical infrastructure was analyzed through statistical techniques including averages, variances and percentages. Two scholars, (Lyman, 2009 and Schindler, 2003) have suggested that for the accuracy of interpretation of data statistical programs such as excel be used. The information analyzed was presented through charts, tables and diagrams for ease of interpretation and drawing of conclusion, which was essential for a research of this kind.

### 3.9 Field Limitations and Presumptive Solutions

Some respondents were not willing to give the required information but other willing respondents were identified to replace them thus maintaining the veracity of information. This was possible because of prior structuring of the questionnaire, which allowed for the respondents to be easily varied for interviews. For a study of this type to collect valid information, enough time was allocated for engaging with the respondents. The researcher made prior arrangement to have structured interviews with up to ten inmates per day. One other challenge was the choice of the study site which could be argued was not a good representative of the situation in all other prison facilities in the country. The choice was however made because of financial considerations and time elements, which constrained the other choices. However, the

researcher felt that Kamiti Maximum Security Prison is ideal because of its position in the country. Apart from being the most talked about, it is also one of the largest maximum prisons in terms of its inmates' population, its perceived notoriety in violation of inmates' rights; range of activities and its proximity to the Kenya prison service headquarters. Some inmates expressed fear that the information they may provide could be used against them thus gave inaccurate and wrong information. Such information was given due merits but the researcher cross validated then to establish their authenticity.

### 3.10 Research Ethics

Prisons as correctional institutions attract a lot of interest from its clients (inmates), government functionaries and various stakeholders. Given its status as a security organ, most of its information, particularly those of inmates may involve a number of ethical issues. The researcher was alive to these circumstances and sought relevant permission from the management before conducting the research. The researcher strictly adhered to the highest standard of confidentiality given that health issues are protected in law and in medical ethics. Such standards were also reflected in the design of questionnaires and mode of carrying out the interviews. In addition, the researcher made sure that responses were given merit even in situation to which the researcher did not agree. The respondents were reassured of non-disclosure of information other than for academic purposes only and the need not to reveal the identity of the informants in whatever circumstances. The issue of informed consent was addressed by informing the interviewees on the background of the study including the importance of data that was gathered.

## CHAPTER FOUR

## RESEARCH FINDINGS, ANALYSIS AND PRESENTATION

### 4.0 Introduction

This chapter presents an analysis of field information from various groups of respondents. The information is then presented in picturesque format for easy interpretation. It also documents major findings on the impact of prison reforms on inmates' right to health at the Kamiti Maximum Security Prison.

### 4.1 Response Rate

The study was carried out for four weeks in the month of March, 2014. It targeted 1856 respondents out of which 192 were sampled for interviews. Data was collected through structured questionnaires, interview schedules and focus group discussions on various themes of the study problem. The actual number of field responses is illustrated below;

**Table 4.0: Response Rate**

| **Sections** | **Questionnaires** | **Actual response** | **% response** |
|---|---|---|---|
| Non State Actors | 3 | 3 | 100% |
| Public Health and Environment | 1 | 1 | 100% |
| Health Personnel | 2 | 2 | 100% |
| Human Rights | 1 | 1 | 100% |
| Prison Kitchen (Nutritionists) | 1 | 1 | 100% |
| Sport Department | 1 | 1 | 100% |
| Aids Control Unit | 1 | 1 | 100% |
| Health Directorate | 1 | 1 | 100% |
| Inmates | 180 | 90 | 52% |
| Prison Administration | 1 | 2 | 100% |
| **Total** | **192** | **100** | **53.1%** |

From the table there was a 53.1% response rate which the researcher felt was sufficient in making accurate deductions.

### 4.1.2 Characteristics of Respondents (Inmates)

The demographic characteristics of respondents are important in determining the veracity of information provided. It is assumed, for instance, that the duration of stay by inmates at the prison determines the probability that they might have been exposed to real health service provision existing in the facility. The table below presents selected information on respondents.

**Table 4.1: Characteristics of Respondents (Inmates)**

| **Demographic characteristics** | | | | | | | **Total** |
|---|---|---|---|---|---|---|---|
| Age (Years ) | 18-30 [15 ]; 31-40 [32 ]; 41-50 [25 ]; 51-60 [18 ] 61 and above [0 ] | | | | | | 90 |
| Gender | Male [90] | | | Female [0] transsexual [0] | | | 90 |
| Marital Status | Married = 56 | | Single = 18 | Divorced = 10 | | Widowed = 6 | 90 |
| Level of Education | Non = 0 | Primary = 10 | Secondary = 52 | Tertiary = 18 | University = 10 | Post Graduate = 0 | 90 |
| Type of Offense | Robbery with violence = 50 | | Defilement = 7 | Drug Trafficking = 5 | Murder = 24 | Manslaughter = 4 | 90 |
| Length of Sentence (Yrs) | 11- 20 = 4 | | 12-30 = 12 | 31- 40 yrs = 2 | Life = 24 | Hang = 48 | 90 |
| Duration in Custody (Yrs) | Less than 5 years = 8 | | | 6-10yrs = 25 | 11-15yrs = 32 | Over 16yrs =25 | 90 |

The information presented above reveals the following:-

Most of the inmates interviewed (35.5%) fall in the age bracket of between 31 and 40 years and 57% have secondary education, with 20 % having tertiary education and 11% - university undergraduate education. The dominant offences amongst

respondents are; robbery with violence (56%) and murder 27%, which carry longer jail terms. Other offences committed by inmates include defilement, drug trafficking and manslaughter. Amongst those interviewed, significant majority of respondents (53%) are sentenced to hang. This is followed by those who are serving life imprisonment at 13%. It is also revealed that majority of inmates interviewed (35.5%) have been in custody between 11 and 15 years. 27.7% have been in custody for between 6-10 years and over 16 years respectively. Only 8.8% have been in jail for less than 5 years. This implies that majority of them have been in custody long enough to witness the implementation of prison reforms.

### 4.2 The Provision of Health Infrastructure

The study sought to establish the availability of health infrastructure and determine their sufficiency against specific needs. This variable was tested through the researcher's own visit and personal observation. Certain facts were accessed from stored information. The following data was forthcoming.

#### 4.2.1 Personnel

Delivery of health services to inmates is carried out by health officials from the prison department and the ministry of health. The number and skills available determine the extent to which health rights are promoted. The research assessed the availability of personnel and their cadre; availability of equipment and provision of health physical infrastructure and tabulated the result as shown below.

**Table 4.2: Availability of Health Infrastructure**

| Health Infrastructure | Available | Expected Capacity | Variance |
|---|---|---|---|
| **1. Personnel** | | | |
| a) Medical doctors/ physicians | 1 | 4 | 3 |
| b) Clinical officers | 2 | 5 | 3 |
| c) Pharmacist | 1 | 4 | 3 |
| d) Laboratory technologist | 2 | 4 | 2 |
| e) Nurses | 0 | 6 | 6 |
| f) Dentist | 1 | 3 | 2 |
| g) Public health | 1 | 3 | 2 |
| **2. Medical Equipment** | | | |
| a) Ultrasound machines | 0 | 3 | 3 |
| b) Microscopes | 3 | 3 | 0 |
| c) Stethoscope | 1 | 5 | 4 |
| d) Blood pressure cuffs | 1 | 6 | 5 |
| e) Digital thermometers | 0 | 5 | 5 |
| f) Nebulizer machines | 1 | 1 | 0 |
| g) Urine collection caps | 5 | 10 | 5 |
| h) Glass slides | Lots | (not enough) | Inadequate |
| i) Dental equipment | Lots | (not enough) | Inadequate |
| j) Medicines and drugs | Kits | (not enough) | Inadequate |
| k) Trolleys | 1 | 3 | 2 |
| l) Wheel chairs | 3 | 10 | 7 |
| **Total** | **15** | **46** | **31** |
| **% total** | **32.6%** | **100%** | **67.3%** |
| **3. Physical Health Infrastructure** | | | |
| a) Dispensary | 1 | 1 | 0 |
| b) Laboratory | 2 | 2 | 0 |
| c) Sick Bay/ Sleeping Wards | 1 | 1 | 0 |
| d) Ambulances | 1 | 1 | 0 |
| **Total** | **5** | **5** | **0** |
| **% of total** | **100** | **100** | **100%** |

The information reveals that there are eight uniformed medical staff of different cadre against the expected capacity of 29 required to sufficiently render efficient medical services to inmates. This gives a variance of 21 health personnel. Kamiti Maximum Security Prison has 32.7% of the expected medical equipment. This gives a short fall of 67.3%. From the information, it is observed that Kamiti prison has sufficient health infrastructure.

### 4.2.2 Adequacy of Selected Health Services

Personal perception and experiences of respondents were sought on various health services provided by the prison authority. The researcher used Likert scale to rank the adequacy of essential services on a scale of 4 (four) to 1 (one). Their responses were captured in the table below.

**Table 4.3: Adequacy of Hygienic and Physical Health Services**

| **Hygienic and Physical Health Services** | **Ranks** | | | | |
|---|---|---|---|---|---|
| | **4** | **3** | **2** | **1** | **Total** |
| Bathing and shower installations | 0 | 21 | 69 | 0 | 90 |
| Sanitary installations | 1 | 13 | 72 | 4 | 90 |
| Sleeping accommodation | 0 | 7 | 83 | 0 | 90 |
| Provision of single mattress for individual remands | 0 | 0 | 5 | 85 | 90 |
| Sufficient lighting in wards | 0 | 28 | 59 | 3 | 90 |
| Cleanliness in wards/ accommodation cells | 8 | 12 | 60 | 10 | 90 |
| Provision of essential toiletry (soaps, shavings) | 32 | 53 | 5 | 0 | 90 |
| Provision of adequate and nutritious foods | 17 | 44 | 11 | 18 | 90 |
| Nature of clothing | 36 | 39 | 10 | 5 | 90 |
| Availability of physical exercises | 0 | 0 | 8 | 82 | 90 |
| Provision of 15 minutes of sunshine every day | 0 | 0 | 0 | 90 | 90 |
| **Total** | **9** | **19** | **35** | **27** | **90** |
| **% Average provision of all services** | **10%** | **21%** | **39%** | **30%** | **100%** |

**Key:-** 4 = most adequate, 3 = adequate, 2 = less adequate and 1= not provided

The perception of respondents on essential hygienic and physical health services were as follows:-

A bigger majority of respondents (39%) felt that the provision of physical and hygienic health services at Kamiti Maximum Security Prison were less adequate while 30% observed that those services are not there at all, making the facility to perform below what is stipulated in the SMR-1955. Only 10% of the respondents said that the provision of essential hygienic and physical health services were most adequate. Essentially, the delivery of hygienic and physical health services at the station is insufficient and has the potential to compromise the promotion and protection of inmates' right to health.

### 4.2.3 Public Health Delivery System vs. Health Services at the Kamiti Maximum Prison

The respondents were asked to compare public health services provisions in the country with what they are receiving at the centre. The emphasis is on the fact that health care in prisons affect public health and *vice versa.* The following were their responses.

**Table 4.4: Public Health Services vs. Prison Health Delivery Services**

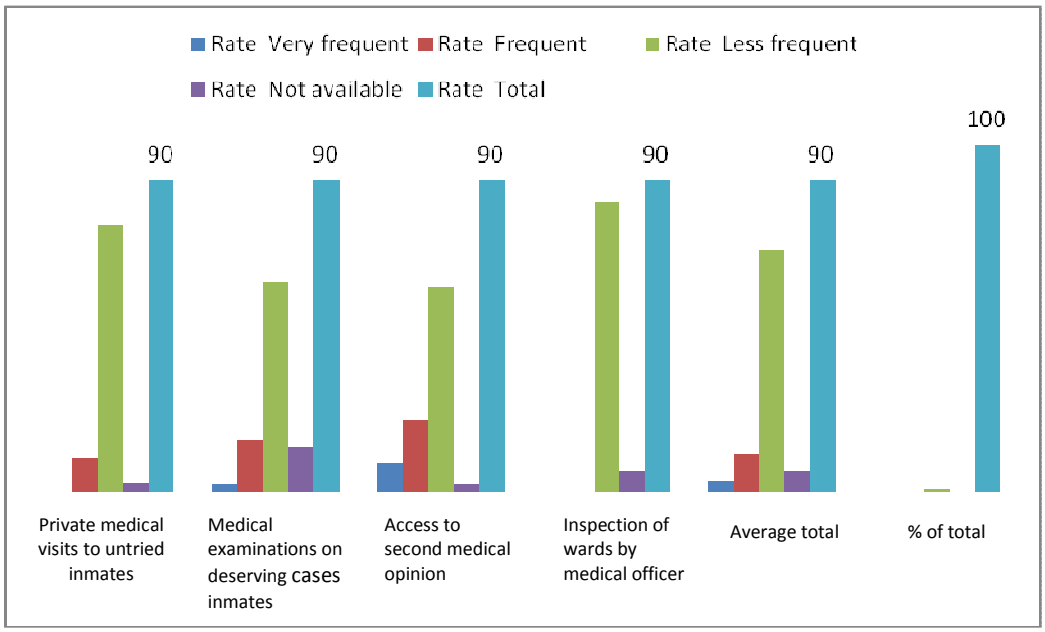
| Service Description | Quality | | | | |
|---|---|---|---|---|---|
| | **Better** | **Same** | **Less** | **Not sure** | **Total** |
| Ambulance services | 0 | 2 | 67 | 21 | **90** |
| Availability of medical drugs | 0 | 20 | 53 | 17 | **90** |
| Availability of medical doctors | 0 | 0 | 79 | 11 | **90** |
| Management of medical health cases | 7 | 17 | 52 | 4 | **90** |
| Medical examinations | 0 | 2 | 81 | 7 | **90** |
| Attainment health ethical standards | 4 | 14 | 70 | 2 | **90** |
| Referrals to specialized institutions | 61 | 27 | 2 | 0 | **90** |
| **Cumulative average** | **10** | **12** | **59** | **9** | **90** |
| **% of Total** | **11%** | **13%** | **65.6%** | **10%** | **100%** |

In the above information, 65.6% of the respondents, felt that the public health delivery at the prison is poorer compared to what it is in the country, while 13% perceived it as being the same. On the other hand, 11% of the respondents view health services being provided in the prison as better compared to those in the public sector. This group cites free access as the main reason for their position.

### 4.2.4 Frequency of access to Medical Services

The study investigated the existences and accessibility of selected medical services at the prison. This analysis is vital for understanding the impact of prison reforms (in areas such as management, funding levels, modernization of physical infrastructure; staff training and attitude change) on inmates' access to vital health services. Respondents were asked to indicate how often they received health services listed below.

**Figure 4.0: Frequency of access to selected medical services**




From the figure, access to essential medical services was less frequent. Only three percent said that they would receive essential medical services whenever they are in need. Curiously, about 6.6% have never accessed essential health services whenever they are in need.

### 4.2.5 Provision of Quality Food

The provision of quality food and safe drinking water directly impact on inmates' right to health. The SMR 1955 in part, provides that all prisoners have a right to wholesome and adequate food at the usual hours and safe drinking water. The study investigated inmates' level of satisfaction with the quality of food, which they are given. Their views are presented below;

**Table 4.5: Provision of Quality Food**

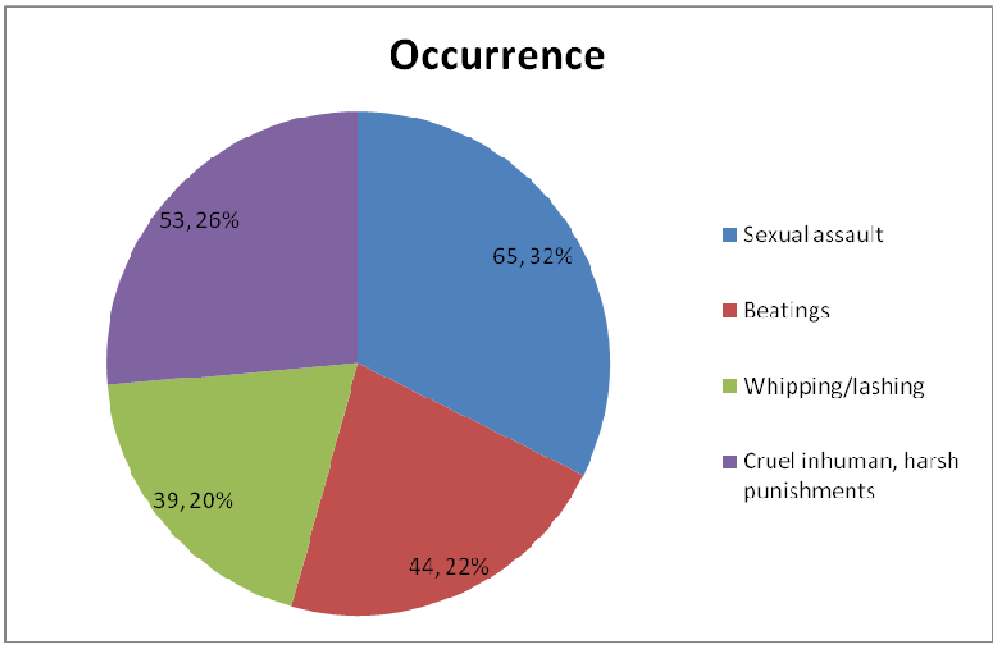
| Elements of Food Quality | Rank | | | | |
|---|---|---|---|---|---|
| | **Most Adequate** | **Adequate** | **Inadequate** | **Poor** | **Total** |
| Wholesomeness | 0 | 12 | 70 | 8 | 90 |
| Quantity of servings | 0 | 47 | 36 | 7 | 90 |
| Predictable times of serving | 87 | 3 | 0 | 0 | 90 |
| Alternative diets (diversity) | 0 | 30 | 48 | 12 | 90 |
| Safe hygienic drinking water | 17 | 46 | 10 | 17 | 90 |
| **Cumulative average** | **21** | **28** | **32** | **9** | **90** |
| **Percentage of total** | **23%** | **31%** | **35.5%** | **10%** | **100%** |

From the above information, 23% of the respondents felt that the quality of food is most adequate while 31% view it as adequate. About 35.5% felt that the ration was inadequate whereas 10% indicated that it was poor. Overall, 54% felt that the prison provide quality food to inmate.

### 4.2.6 Violence on Inmates

Various forms of physical violence compromise the health status of inmates and defeat the essence of prison reforms. The existence of violence reflects the extent to which prison administration has failed to promote and protects health rights of inmates and general breakdown of systems within prison. Respondents gave the information tabulated below;

**Figure 4.1: Existence of Physical Violence on Inmates**




From the information above, it can be inferred that cases of physical violence on inmates still exist at the station. About 32% have been sexually molested by fellow inmates, 26% have undergone cruel punishment, 22% have been physically assaulted and 20% have either been whipped or lashed by prison staff.

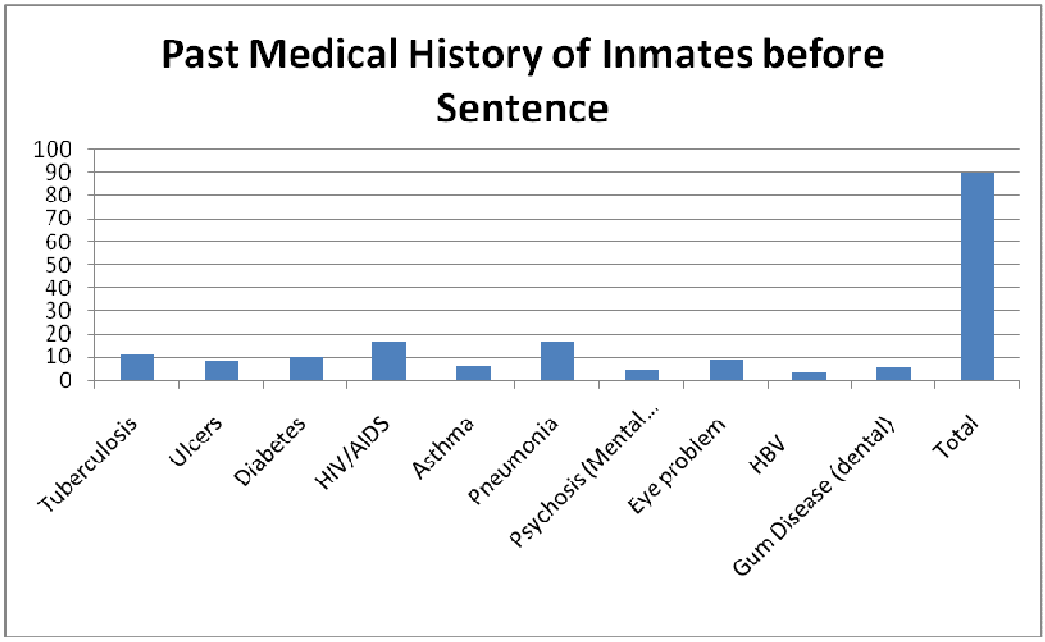
### 4.3 Inmates' Health Management and Standard Compliance

Respondents were asked to rank various aspects of health facilities available for their use. These variables also tested whether the prison authorities are conforming to various provisions and principles as contained in the Standards Minimum Rules for the Treatment of Offender, (SMR, 1955). The rules clearly spell out the minimum health standards and provisions expected within any prison facility.

### 4.3.1 Past Medical History of Inmates before Sentence

An analysis was done to establish medical history of the inmates prior to their sentences. The basis was to understand the role of prison authority in managing their medical condition. The following were their responses.

**Figure 4.2: Past medical history of inmates before sentence**




From the figure above, the most common ailment of inmates before their conviction was HIV/AIDS (18.8%). This is followed by pneumonia (17.7%) and tuberculosis at 12.2%. The rest (51.3%) suffered other ailments.

### 4.3.2 Management of Past Medical Cases

Most inmates indicated that the prison has greatly assisted them to manage their HIV/AIDS cases. However, this assistance did not apply to other ailments such as dental and optical problems. The prison has an elaborate HIV/AIDS management programme than for any other diseases.

### 4.3.2 Diseases and Ailment Contracted while in Prison

The study examined incidences of disease infection while at the prison. As per the most common diseases that inmate suffer from, the respondents gave the following information.

**Table 4.6: Disease Contracted while in the Prison**

| **Type of Diseases** | **Number of new Infections** | **Total** | **% of Total** |
|---|---|---|---|
| 1. HIV/AIDS | 48 | 90 | 53.3% |
| 2. Gonorrhoea | 13 | 90 | 14.4% |
| 3. Syphilis | 5 | 90 | 5.5% |
| 4. Enlarged Rectum | 29 | 90 | 32.2% |
| 5. Tuberculosis | 31 | 90 | 34.4% |
| 6. Dysentery | 10 | 90 | 11.1% |
| 7. Cholera | 11 | 90 | 12.2% |
| 8. Typhoid | 9 | 90 | 10.0% |
| 9. Malaria | 77 | 90 | 85.5% |
| 10. Pneumonia | 24 | 90 | 26.6% |
| 11. Dental | 17 | 90 | 18.8% |
| 12. Eye problem | 3 | 90 | 3.3% |
| 13. Vermin attack (flea, lice, bugs) | 10 | 90 | 11.1% |
| 14. Asthma | 16 | 90 | 17.7% |
| 15. Ulcers | 63 | 90 | 70.0% |
| 16. Scabies /skin diseases | 7 | 90 | 7.7% |
| 17. Fungal infection | 11 | 90 | 12.2% |
| 18. Worm infection | 57 | 90 | 63.3% |
| **Total** | **441** | **1620** | **27.2%** |

Of the 90 inmates interviewed, 82 (or 91.1%) have ever fallen sick while in the prison. The information reveals that malaria is the most common ailment followed by worn infection at 63.3% while eye problem is the least at 3.3%.

### 4.4 The Role of Stakeholders in Promoting Inmates' Right to Health

The presence of non-state actors supplements government efforts in allocating medical resources, funding and building capacities of health service providers within the prison establishment. Inmates were asked about their awareness of the existence of non-state actors on their health service needs. The responses are analyzed below.

**Table 4.7: Presence of Non State Actors**

| **Presence of Organization** | **Awareness (Number)** | **Total** | **% of Total** |
|---|---|---|---|
| 1. Independent Medical Legal Unit (IMLU) | 40 | 90 | 44.4 |
| 2. Fr. Grol's foundation | 48 | 90 | 53.3 |
| 3. Sisters of Mercy | 23 | 90 | 25.5 |
| 4. Charity Missionary | 16 | 90 | 17.7 |
| 5. UMMA Foundation | 9 | 90 | 10.0 |
| 6. Kijabe Hospital | 5 | 90 | 5.5 |
| **Total** | **141** | **540** | |
| **Total % awareness** | **27.7%** | **100%** | **100%** |

From the information above, respondents identified six organizations that provide health assistance at the prison. Most inmates (53.3%) are aware of the operations of Fr. Grol's foundation while only 5.5% identified the presence of Kijabe Hospital at the facility. Inmates' information on the presence of individual organization is a

reflection on how the services extended have impacted on the promotion of their right to health.

### 4.4.1 Type of Interventions and Coverage Limits

The knowledge of the existence, type of interventions and coverage limits by non-state actors on respondents' health services was sought by the researcher and the information gathered is presented below;

**Table 4.8: Type of Interventions and Coverage Limits**

| Organization | Type of intervention | Number | Total | % of total |
|---|---|---|---|---|
| 1. International Medical Legal Unit (IMLU) | Follow up on referral cases, drugs, promote health rights, medical camps and | 56 | 90 | 62.2% |
| 2. Fr. Grols foundation | Expensive Drugs, wheel Chairs, balls for physical health, | 82 | 90 | 91.1% |
| 3. Sisters of Mercy | Drugs, reagents, laboratory equipments. | 51 | 90 | 56.6% |
| 4. Missionaries of Charity | Drugs, | 13 | 90 | 14.4% |
| 5. UMMA Foundation | Counselling, TB drugs | 7 | 90 | 7.7% |
| 6. Kijabe Hospital | Management of eye problem | 29 | 90 | 32.2% |
| 7. International medical corps | TB drugs, laboratory services, ARVs, skill development, mobile clinics, and construction of laboratory. | 74 | 90 | 82.2% |
| **Total** | | **312** | **630** | **49.5%** |

The study established that 50% of respondents were aware of the interventions by various non state actors. The interventions have reached up to 50% of the inmates. Fr. Grol's foundation had the highest presence (91.1%). This is followed by international medical corps at 82.2%. The presence of Missionaries of Charity and UMMA foundation were low at 14.4% and 7.7% respectively. The types of intervention include:- provision of drugs, promotion of health rights awareness, provision of laboratory equipments, TB screening and management, HIV/AIDS testing and counselling, provision of balls for physical exercises and wheel chairs for inmates leaving with physical disabilities.

### 4.4.2 Frequency of Interventions

The frequency at which medical assistance is received at the facility depicts the extent to which health rights of inmates are promoted and protected. The study examined the frequency of intervention by various non state actors in health service delivery to inmates and the result presented below;

**Table 4.9: Frequency of Intervention**

| Presence of Organization | Most Frequent (Weekly) | Frequent (Monthly) | Less Frequent (Quarterly) | Rare | Total |
|---|---|---|---|---|---|
| 1. ILMU | 0 | 3 | 87 | 0 | 90 |
| 2. Fr. Grol's foundation | 9 | 81 | 0 | 0 | 90 |
| 3. Sisters of Mercy | 0 | 5 | 85 | 0 | 90 |
| 4. Missionaries of Charity | 0 | 0 | 13 | 77 | 90 |
| 5. UMMA Foundation | 0 | 0 | 0 | 90 | 90 |
| 6. Kijabe Hospital | 0 | 2 | 86 | 2 | 90 |
| 7. International Medical Corps | 5 | 85 | 0 | 0 | 90 |

It can be interpreted from the above information that; - Fr. Grol's foundation has the highest frequency of intervention followed by International Medical Corps. The intervention was least for UMMA and missionary of charity respectively.

### 4.5. Impact of Non State Actors on inmates' health rights

The perception of inmates was sought on how non-state actors have assisted in the promotion of their right to health. This is captured in the information below:-

**Table 4.10: Impact of Non-State Actors' Interventions on Inmates Rights to Health**

| **Intervention** | **Rank (perception)** | | | | |
|---|---|---|---|---|---|
| | **4** | **3** | **2** | **1** | **Total** |
| Provision of drugs | 63 | 26 | 1 | 0 | 90 |
| Laboratory services | 59 | 20 | 11 | 0 | 90 |
| Medical Camps | 22 | 19 | 35 | 14 | 90 |
| Physical health | 8 | 17 | 21 | 44 | 90 |
| Provision of wheel Chairs and crutches for those with physical disability | 5 | 5 | 9 | 71 | 90 |
| HIV/AIDS management | 19 | 37 | 26 | 8 | 90 |
| TB management | 31 | 36 | 21 | 2 | 90 |
| management of eye problems | 4 | 18 | 27 | 41 | 90 |
| **Total** | **211** | **178** | **151** | **180** | **720** |
| **% of total** | **29.3** | **27.5** | **20.9** | **25.0** | |

Key: - 4 = Remarkable impact, 3= considerable impact, 2 = some impact, 1 = No impact

Most respondents felt that non state actors have largely contributed in the promotion of their rights to health through provision of drugs, laboratory services and Tuberculosis management in that order. The least impact is felt in the provision of wheel chair and walking crutches. Over 75% felt that intervention from non state actors have some impact on their right to access health services.

### 4.6 Policy Options for Enhancing Inmates' Right to Health

Prison reforms in Kenya do not have any written policy framework. Particular reforms, especially those on the provision of health services are left at the discretion of the prison administration. Prison reforms basically reflect a paradigm shift from prison as centres of punishment to prisons as places of reformation and rehabilitation. The aim of prison reforms is to uphold and protect the rights and dignity of inmates so as to enhance social reintegration of offenders into the society and making them productive citizens upon release. The study sought the opinion of respondents on how best prison health reforms should be undertaken in Kenya. Their response is captured below: Majority of the respondents felt that health reforms should have well documented and structured policy framework with specific programmes for implementation. As to the resource allocation, the ratio of health service provisions should ideally be commensurate to the acceptable international standards.

### 4.7 Major Findings of the Study

The study made a number of findings based on individual research question on the impact of prison reforms on inmates' rights to health on the variables below.

### 4.8 Provision of Health Infrastructure

The study found out that the provision of health personnel is not adequate for the needs of inmates at Kamiti Maximum Security prison but the delivery of medical services is slightly above what is available for the general public in the neighbourhood. There is a shortfall of 67.3% of medical equipment towards the provision of health services at the facility. The study however revealed that there is adequate provision of physical health infrastructure such as ambulance, dispensary, laboratory and sick-bay. The study also established that the provisions for hygienic and physical health are not adequate.

### 4.9 Management and Principle Standard Compliances

On the above variable, the research established that, health service delivery at the prison does not fully conform to the provisions of international instruments on inmates' right to health. Nonetheless, the management of contagious diseases such as tuberculosis and HIV/AIDS epidemics is commensurate with those services provided at the public level throughout the country.

### 4.10 The Role of Non State Actors in the Promotion of Inmates' Right to Health

A number of partners including Fr. Grol's Foundation, International Medical Corps, IMLU, Sisters of Mercy, and Missionaries of Charity have made significant contribution towards the promotion and protection of inmates' health rights at the Kamiti Maximum Security Prison. Besides, a number of non state actors are involved in promotion and protection of inmates' right to health. Their interventions have had some impact on inmates' right to health through provision of drugs, laboratory

services; management of contagious diseases and provision of physical infrastructure among others.

### 4.11 Inmates Health Policy Options

Prison reforms have had significant impact on inmates' right to health. There is, however, no formal policy document on inmates' health reforms. The implementation of health programmes remains purely administrative and non permanent in nature since there has been no corresponding review of the Prisons Act CAP 90 laws of Kenya to repeal various provisions that have supported the closed nature of prison over the years.

### 4.12 Conclusion

From the foregoing analysis, the researcher found out that the interventions of the government of Kenya and other stakeholders through resources have significant positive impact on inmates' right to health at the Kamiti Maximum Prison. This impact is likely to be felt in other prisons across the country.

# CHAPTER FIVE

# SUMMARY, CONCLUSION AND RECOMMENDATIONS

## 5.0 Introduction

This chapter presents various conclusions and recommendations based on the findings that were drawn from the field. It uses inferences and dominant responses from respondents to arrive at the conclusions. The highlights, which are captured in conclusions, form the basis under which the researcher made his recommendations.

## 5.1 Conclusion

Prison reforms in Kenya have had positive impact on inmates' right to health. Despite this, there is still inadequate provision of health personnel, essential drugs and medical equipment, which is likely to deny inmates full enjoyment of their right to health.

The Kenya Prison Service has not fully complied with international standards on the management of inmates' health. Nevertheless, it has been able to come up with an elaborate programme to manage HIV/AID and tuberculosis cases in prisons.

In Kenya, Prison reforms have enhanced the enjoyment of basic health services by majority of inmates in Kenyan prison facilities. This has been witnessed in the extent to which initiatives such has open door policy, have attracted funding and other contributions from partners to supplement government allocations in building of capacities for delivery of substantial health services.

Finally, the study concludes that there is no substantive formal policy guiding inmates' health service provision and therefore the expected impact of prison reforms on inmates' right to health is difficult to achieve.

### 5.2 Recommendations

The provision of equitable, effective, efficient, ethical, accessible and sustained health quality services to inmates is undoubtedly the most important aspect of prison reforms. This is more so given the fact that prison conditions have tended to violate inmates' right to health.

The study made the following recommendations:

i. The prison service should recruit more staff with medical training. The Kenyan government should increase its financial allocation to prison to cater for inmates' medical needs.

ii. The prison authorities should implement human punishment on inmates who commit prison offences and ensure that disciplinary action is taken against officers who abuse the rights of inmates.

iii. The existing open door policy be enhanced to attract more partners and implement evidenced based programmes that will enable inmates to fully enjoy their right to health.

iv. There should be more collaborative action within the criminal justice sector to implement alternative measures to imprisonment as a means of decongesting prisons.

v. Various aspects of prison reforms should be written and legally entrenched to ensure their structured implementation.

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## APPENDICES

### APPENDIX I: LETTER OF TRANSMITTAL

My name is Ochieng George Oyombra. I am a post graduate student from the centre of Human Rights and Peace Studies, University of Nairobi. I am pursuing Masters of Arts degree in Human Rights.

The project paper is on; " The impact of Prison reforms on inmates right to health: a case study of Kamiti Prison". The study will provide an insight on how various reforms initiatives help in promoting inmates right to health. I would be sincerely grateful if you could spare a few minutes to share with me some issues on this topic. The purpose of engaging you is purely academic and whatever information you share will be treated with utmost confidentiality .

Your participation in this study is voluntary. You can therefore choose to participate or not.

In case of any questions or concerns you may reach the researcher using the following contact

Ochieng' George Oyombra

University of Nairobi
Center for Human Rights, Peace Studies
P.O. Box 30197 - 00101, Nairobi
Cell Phone 0722 - 128204

## APPENDIX II: QUESTIONNAIRE FOR INMATES

**Part A: General Details**

A1: Date of interview [……..]

A2: Kindly indicate which age bracket you fall in.

18- 30 years ☐ 31- 40 years ☐ 41- 50 years ☐ 51- 60 years ☐

61 years and above ☐

A3: Please indicate your marital status as appropriate.

Married ☐ Single ☐ Divorced /separate ☐ Widowed ☐

A4: What is the highest level of education you completed?

Primary ☐ Secondary ☐ Tertiary/College ☐ Undergraduate ☐

Post Graduate ☐

A5: Indicate by ticking the type of offense for which you were convicted.

| **Type of Offense Committed** | **Tick** |
|---|---|
| Robbery with violence | |
| Murder | |
| Defilement | |
| Rape | |
| Manslaughter | |
| Terrorism | |
| Others – specify …… | |

A6: How long is your sentence?

| **Length of Sentence** | **Tick** |
|---|---|
| Up to 10 years | |
| 11- 20 years | |
| 21- 30 years | |
| 31- 40 years | |
| 41 and above | |
| Life imprisonment | |
| Death Sentence | |

A7: How long have you been in prison?

| **Length of Sentence** | **Tick** |
|---|---|
| Less than a year | |
| 1-5 years | |
| 6- 10 years | |
| 11 and above | |

**PART B: PROVISION OF HEALTH INFRASTRUCTURE AT KAMITI MAXIMUM PRISON**

B1: To be filled by the researcher

| **Health Infrastructure** | **Available** | **Expected Capacity** |
|---|---|---|
| **Personnel** | | |
| a) Medical doctors/ physicians | | |

| | | |
|---|---|---|
| b) Clinical officers | | |
| c) Pharmacist | | |
| d) Laboratory technologist | | |
| e) Nurses | | |
| f) Dentist | | |
| g) Public health | | |
| | | |
| **Medical Equipment** | | |
| a) Ultrasound machines | | |
| b) Microscopes | | |
| c) Stethoscope | | |
| d) Blood pressure cuffs | | |
| e) Digital thermometers | | |
| f) Nebulizer machines | | |
| g) Urine collection caps | | |
| h) Glass slides | | |
| i) Dental equipment | | |
| j) Medicines and drugs | | |
| k) Trolleys | | |
| l) Wheel chairs | | |
| **Total** | | |
| **% total** | | |
| **Physical Health Infrastructure** | | |
| a) Dispensary | | |

| | | |
|---|---|---|
| b) Laboratory | | |
| c) Sick Bay/ Sleeping Wards | | |
| d) Ambulances | | |

**B2: Kindly rank the adequacy of selected health services indicated below**

| **Hygienic And Physical Health Services** | **Rank** | | | |
|---|---|---|---|---|
| | 4 | 3 | 2 | 1 |
| Bathing and shower installations | | | | |
| Sanitary installations | | | | |
| Sleeping accommodation | | | | |
| Provision of single mattress for individual remands | | | | |
| Sufficient lighting in wards | | | | |
| Cleanliness in wards/ accommodation cells | | | | |
| Provision of essential toiletry (soaps, shavings) | | | | |
| Provision of adequate and nutritious foods | | | | |
| Nature of clothing | | | | |
| Availability of physical exercises | | | | |
| Provision of 15 minutes of sunshine every day | | | | |

**Key: -** 4 = most adequate, 3 = adequate, 2 = less adequate and 1= not provided

What is your view of health service provisions at Kamiti prison with those being given to the general public outside? Kindly rank in the spaces below

| **Service Description** | **Rank** | | | | |
|---|---|---|---|---|---|
| | **Better** | **Same** | **Less** | **Not sure** | **Total** |
| Ambulance services | | | | | |
| Availability of medical drugs | | | | | |
| Availability of medical doctors | | | | | |
| Management of medical health cases | | | | | |
| Medical examinations | | | | | |
| Attainment health ethical standards | | | | | |
| Referrals to specialized institutions | | | | | |

**B5: Frequency of access to selected medical services**

| **Selected Medical Services** | **Rank** | | | |
|---|---|---|---|---|
| | 4 | 3 | 2 | 1 |
| Private medical visit | | | | |
| Medical examination on deserving cases | | | | |
| Access to second medical opinion | | | | |
| Inspection of accommodation wards by medical officer | | | | |

Key: 4 = very frequent, 3= Frequent, 2 = Less Frequent, 1= Not available

**B6: Provision of Quality Foods**

Kindly rank your level of satisfaction with the quality of food provided at the prison.

| **Quality of food** | **Rank** | | | | |
|---|---|---|---|---|---|
| | **Most adequate** | **Adequate** | **Inadequate** | **Poor** | **Total** |
| Wholesomeness | | | | | |
| Quantity of servings | | | | | |
| Predictable times of serving | | | | | |
| Alternative diets | | | | | |
| Safe hygienic drinking water | | | | | |

B:7 Violence on Inmates

a) Have you ever been a victim of violence? Please Tick. Yes ……

No……

b) If yes, please tick as appropriate to indicate the types of violence.

| **Type of violence** | **Tick** |
|---|---|
| Sexual assault | |
| Beating | |
| Whipping/lashing | |
| Cruel inhuman punishment | |

**PART C: Inmates' Health Management and Standard Compliance**

**CI: Past Medical History**

a) Did you have any medical condition before being imprisoned? Yes ( ) No ( )

b) If yes, please specify.

……

……

c) If yes, did you use to get medical attention before imprisonment?

Yes ( ) No…( )

**C2: Diseases/Ailments Contracted While In Prison**

a) Have you ever fallen sick while in prison? Yes…( ). No ( )

b) If yes, what was your ailment? ……

c) If yes, did you get medical attention for your condition? Yes ( ) No ( ) If no, what explanation were you given?

……

……

……

d) Have you ever been referred to any medical facility outside the prison?

Yes …( ). No ( ).

e) If yes, were you taken to that facility? Yes( ). No ( ).

f) If no, what explanation was given?

……

……

……

**PART D: Role of Non-State Actors**

D1 which organization(s) has taken care of inmates' health service needs at the station? (Please list)

……

……

……

D2 What kind assistance does it offer?

……

……

D3: How frequent does it offer the services? Tick (√ )

Weekly……..

Monthly……

Quarterly…….

Annually……

**E: Policy Options for Efficient Delivery of Health Services**

E1: How do you assess the management and delivery of health services at Kamiti maximum prison? Tick as appropriate. Satisfied [ ] Not satisfied [ ]

E2: If satisfied, kindly give brief explanation

……

……

……

……

E3: If not satisfied, please explain.

……

……

……

E4: Suggest possible areas to improve so as to enhance the promotion and protection of your rights to health.

……

……

……

Thank you for your participation

Name……..

Signed ……

## APPENDIX III: QUESTIONNAIRE FOR NON STATE ACTORS

**Part 1: General Information**

Organization……

Department……..

Date of interview …….....……

**Part 2: Prison Health Service Delivery**

a) What informed your partnership with Kenya prison service?

……

……

……

b) How long have you worked with prison department?

……

……

……

c) How did you get access to the prisons?

……

……

……

d) What health services do you offer to the inmates at Kamiti Maximum Prison?

……

……

……

……

e) How often do you provide the services stated above?

……

……

……

f) Which policy framework would you recommend for the promotion and protection of inmates right to health?

……

……

……

Have your interventions achieved the desired goal? Yes( ). No ( ).

g) Kindly explain your response above.

……

……

……

……

Thank you for your participation

Name……..

Signed ……

## APPENDIX IV: QUESTIONNAIRE FOR KEY INFORMANTS

### Part 1: General Information

Organization……

Department……

Date of interview …….....

### Part 2: Promotion of Inmates Right Health

Kindly explain how you promote and protect inmates' right to health?

……

……

……

……

Do you have specific health policy framework for inmates? Yes( ). No ( ).

Explain your response above

……

……

……

What are the challenges you face in your effort to promote inmates rights to health?

……

……

……

……

Suggest any other possible policy option for the enhancement of health service delivery to inmates.

……

……

……

……

Thank you for your participation

Name……..

Signature…….....……

## APPENDIX V: INTERVIEW GUIDE

1. What type and amount of infrastructural provision will ensure that inmates enjoy their right to health?
2. How has the Kenyan prison service ensured that inmates right to health are met in its prison facilities?
3. What are the most common ailments that inmates present?
4. What is the level of financial allocation to inmate health services?
5. How should the participation of non state actors be improved to enhance inmates' right to health?
6. What policy options would you recommend for efficient delivery of health services to inmates?