

Annual Report for the period 1 April 2007 to 31 March 2008

**Submitted to Mr Thabo Mbeki,
President of the Republic of South Africa**

and

Mr Ngconde Balfour, Minister of Correctional Services

and

Ms Loretta Jacobus, Deputy Minister of Correctional Services

by

**The Acting Inspecting Judge of Prisons
Judge Ntlupheko James Yekiso**

**in compliance with section 90 (4) of the
Correctional Services Act, Act 111 of 1998.**

JUDICIAL INSPECTORATE OF PRISONS
Private Bag X9177
CAPE TOWN
8000
Tel: (021) 421-1012/3/4/5
Fax: (021) 418-1069
Web Site: <http://judicialinsp.pwv.gov.za>
GPS position: Latitude 33,9186°S
Longitude 18,4236 °E

9th Floor, LG Building
1 Thibault Square
c/o Long and Hans
Strijdom Streets
CAPE TOWN
8001

REGIONAL OFFICE: GAUTENG
Private Bag X153
CENTURION
0046
Tel: (012) 663-7521
Fax: (012) 663-7510

Momentum Tuinhof
Karee (West Block)
265 West Lane
CENTURION
0157

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Foreword by Inspecting Judge of Prisons

The year 2008 marks the 10th anniversary of the date on which the Judicial Inspectorate of Prisons (JIOP) was established. During this time, the JIOP has developed extensive institutional knowledge of the conditions in prisons and of the treatment of prisoners. This institutional knowledge is based on information derived from various systems developed by the JIOP which systems are aimed at ensuring the availability, at all times, of accurate, independent and up-to-date information about our prisons. Particularly significant among these systems is the appointment of Independent Prisons Visitors by the Inspecting Judge through a public nomination and consultation process with community organizations. This facilitates the appointment of people from the ranks of communities who are tasked with the responsibility of visiting the prisons within their communities on a regular basis and to provide the JIOP with reports about their observations – *a system of prison oversight by the community for the community*.

This level of transparency in our correctional services would not have been possible without the legislative mandate given to the JIOP by Parliament. “Opening-up” our prisons to the scrutiny of communities is a core value adopted by the Correctional Services Act 111 of 1998 (“the Act”), which piece of legislation seeks to give effect to the Bill of Rights contained in chapter two of the Constitution of the Republic of South Africa, 1996 (“the Constitution”), and in particular its provisions with regard to prisoners.



Judge Ntlupheko James Yekiso

This “external” oversight and the intensified scrutiny of the day-to-day occurrences in our prisons has brought to the fore many problems that exist in our correctional system. Problems such as chronic prison overcrowding, lack of rehabilitation programmes, inadequate medical treatment, prison gangs, corruption, etc. have been identified as systemic challenges faced by the Department of Correctional Services

(DCS). These challenges do not present themselves individually but are highly interconnected problem situations that extend far beyond the sphere of control of one government department.

For this reason it is imperative that our efforts to resolve these problems should include the formation of strong alliances between all the stakeholders and government departments that are involved in correctional matters. We should ensure unimpeded access to accurate and reliable information about the conditions in prisons and the treatment of prisoners to ensure that all role-players understand the complexity of the problems and to enable them to direct their resources to those areas most needed. This report is written as part of our continued attempts to place such information at the disposal of all role-players and in particular to Parliament with a view to enhancing its oversight function.

The JIOP holds the view that the extent of overcrowding in our prisons remains the driving force behind many of the problems faced in our correctional system. Although good results have been recorded by government in reducing the number of prisoners, from 190 180 in April 2003 to 161 639 in December 2007, most of our prisons remain heavily overcrowded resulting in inhumane conditions of detention.

Chapter three of this report deals with prison overcrowding. Our analysis of the available information indicates that, for the year 2007, the total number of prisoners in custody did not increase. However, of concern is the continued growth in the number of prisoners who are being sentenced to long terms of imprisonment. We now have a total of 68% of all sentenced prisoners serving sentences of longer than 5 years. Figures also indicate that the downward trend in the number of unsentenced prisoners, as recorded during the period 2000 to 2006, has come to an end, signifying a possible loss of momentum in the efforts to reduce these numbers and/or a start of a new upwards cycle. The problem with unsentenced prisoners who are kept in prison because they are too poor to pay bail fixed by the courts, often very small amounts, continue to waste government resources. As of 31 March 2008, there were 11 941 prisoners in prison with bail fixed in amounts of less than R500.00. They were being kept at a cost to the taxpayer in an amount of about R190.00 per prisoner per day.

Closely linked to the problem of prison overcrowding is the state of the infrastructure that is currently at the disposal of the DCS. The JIOP conducted, as part of its

inspections, a full audit of the available infrastructure within our prisons the results of which are discussed in Chapter one. Of particular concern is the general lack of facilities such as workshops and classrooms.

The audit also confirms that about 12% of prisoners do not have access to beds and have to sleep on the floor. A general lack of dining facilities and eating utensils exists in many prisons and at most prisons, prisoners are compelled to eat their meals inside their cells. At some prisons dining halls exist but are not utilized. From this audit it became evident that major challenges exist in ensuring that the existing prison infra-structure is aligned to and supports the new philosophy of humane detention and rehabilitation.

Chapter four provides an overview of the deaths in prison, all cases of segregation, solitary confinement and the use of mechanical restraints. These matters are all covered under the system of the so-called mandatory reports which Heads of Prisons are, by law, compelled to submit to the Inspecting Judge of Prisons. Our analysis of these reports, and other information, indicates that the rate at which deaths occur in prisons continued to decline during 2007. Of concern are the high levels of under-reporting by correctional officials and a seeming reluctance by them to implement/ utilize the formal disciplinary procedures for prisoners.

Chapter five is about a 'customer survey' amongst some 724 prisoners. This was done with a view to learning directly from them about their experiences and their perceptions concerning the conditions in prisons and the treatment they receive. It is believed that the results of the survey provide valuable information which is based on feedback obtained directly from the prisoners. This was done because we believe that our ability to deal with the challenges that exist in our prisons is dependent on our willingness to consider those challenges from various perspectives, including the perspectives of prisoners.

Chapter six of the report deals with the inner workings of the JIOP. During 2007, the JIOP was confronted with many uncertainties, including the proposed changes to its composition and its statutory mandate as contained in the Correctional Services Amendment Bill ("the Bill"). The debates which followed from the tabling of the Bill, confirmed the need for independent oversight over the treatment of prisoners and the conditions in prisons. The decision to retain the services of a Judge to head the JIOP is welcomed as, in my view, it forms an important link between the Judiciary and the

DCS. The proposed amendments should strengthen the independence of the organization and promote efficiency through the appointment of a Chief Executive Officer, who will be tasked with the day-to-day running of the JIOP. Progress is being made in expanding the services of the JIOP to all provinces and the filling of all vacant Independent Prison Visitor (IPV) posts remain an organizational priority.

In conclusion, the JIOP has, during the first decade of its existence, collected valuable information about the conditions in prisons and the treatment of prisoners. This information has been widely disseminated through annual reports, research, the media and inspection reports. Dissemination of this information has raised the level of awareness about the problems that exist in prisons and also contributes to informing public opinion about the conditions in prisons. The perception that prisons are five star hotels has been rectified and, collectively, we have succeeded in decelerating the unprecedented tide of increasing prisoner numbers. The task still at hand is a mammoth one. We need to ensure compliance by the DCS and all other role-players with the legislative framework that exists in regard to the humane detention of prisoners. This is essential for purposes of restoring public confidence in our correctional system. Without it, our efforts to reduce crime may be compromised.

A handwritten signature in black ink, appearing to read 'Ntlupheko James Yekiso', enclosed within a large, hand-drawn oval.

NTLUPHEKO JAMES YEKISO
Inspecting Judge of Prisons

30 APRIL 2008

CHAPTER ONE: AUDIT OF INFRASTRUCTURE

Introduction

During the 2007/2008 financial year, the JIOP conducted an audit of the infrastructure that is at the disposal of the DCS.

The audit was done by an 'in loco' inspection at 224 of the 237 operational prisons (95%) using a checklist which was designed specifically to evaluate existing infrastructure that is directly linked to humane detention and rehabilitation such as toilet facilities, beds, classrooms, workshops, etc.

The aim of the audit was to assess the impact of existing infrastructure on the ability, or the inability, of the DCS to detain prisoners under humane conditions and to provide them with rehabilitation in accordance with the Act read with the Correctional Services White paper, 2005 ("the White Paper").

The findings

Our conclusion, based on the results of the audit, is that the alignment of infrastructure to the objectives of the DCS namely humane detention and rehabilitation has serious resource implications. Much has to be done to provide all correctional centres with the facilities and the equipment that are needed to achieve these objectives. Some of the infrastructure needs and deficiencies which were identified during the audits are discussed hereunder;

Eating utensils

We found that, at the following prisons, prisoners were not provided with any eating utensils such as spoons, cups or plates and are compelled to use plastic containers and self-made spoons (melted plastic) to collect and consume their daily food. Many prisoners share containers and have to eat with their hands.

- Greytown
- Heilbron
- Hopetown
- Riebeeck West
- Thohoyandou Female,
Medium A and B
- Stanger
- Mapumulo
- Tzaneen
- Makhado
- Polokwane
- Port Shepstone

- Parys
- Pretoria Female
- Staart van Paardeberg
- Matatiele
- Pretoria Maximum
- Piet Retief
- Ebongweni Maximum
- Tzaneen

At Johannesburg Medium A, Boksburg, Flagstaff and Ladismith prisons, a shortage exists of eating utensils and only some prisoners are provided with such utensils. The rest have to make use of plastic containers.

These plastic containers, which are kept by prisoners in their cells and are often not cleaned properly, clearly pose a health risk. The DCS should ensure that the prescribed items (plates, cups and spoons) are issued to all kitchens and that such items are collected and cleaned by kitchen staff or prisoners after every meal.

Provision is made in the Correctional Services Regulations (“the Regulations”) and the so-called B-Order for all prisoners to be issued¹, at state expense, with eating utensils. It places a responsibility on the head of the correctional centre concerned to ensure the availability, cleanliness and control over such utensils. No provision is made in the said regulations for prisoners to be allowed to use their own plastic containers or eating utensils.

Beds

The following prisons are not equipped with beds and prisoners sleep on the floors. The reason given to us by correctional officials was that, owing to overcrowded conditions, it is not possible to fit so many beds into the cells. This is clearly not a practice that complies with the principles of humane detention. Many of the prisoners, who have not been given a bed to sleep on, are awaiting trial detainees – and are hence people who have not yet been found guilty of any crime.

- Durban Medium A
- Mapumulo
- Stanger
- Kimberley (children and awaiting trial detainees)
- Riebeeck West
- Ladybrand

¹ Correctional Services Order 3, Chapter 1 paragraph 24 read with Correctional Services Regulation 4 (3), Department of Correctional Services, Pretoria

At some prisons such as Durban Westville, Pollsmoor, Johannesburg Medium A and B, prisoners are required to share beds and up to five adult males share two beds pushed together.

Shortage of mattresses and blankets

A serious shortage of mattresses and blankets exists at the following prisons which should be resolved before the winter months;

- Kwazulu/ Natal
 - ✓ Durban; Mapumulo; Stanger; Umzinto; Estcourt; Newcastle; Waterval; Utrecht; Engcobo
- Western Cape
 - ✓ Pollsmoor; Riebeeck West
- Gauteng
 - ✓ Pretoria Local
- Free State/ Northern Cape
 - ✓ Ladybrand
- Limpopo, Mpumalanga and North West
 - ✓ Thohoyandou; Tzaneen; Barberton
- Eastern Cape
 - ✓ Lady Frere; Sada; Sterkspruit

Private search areas

All prisoners are searched by correctional officials upon admission. Section 27 (3) (c) of the Act states that “all searches must be conducted in private”. The JIOP has reported on the dehumanizing manner in which searches are conducted on many newly admitted prisoners² (including unsentenced prisoners). During the audit we looked specifically at the facilities that exist at the various prison reception areas to conduct searches in private. We found that, in 43% (102 prisons) of the audits conducted, no such private search facilities existed. At these prisons, prisoners continue to suffer the humiliation of being stripped naked and searched in view of others.

Private searching facilities could be provided with little financial impact on the State.

² JIOP Annual Report 2006/2007, page 19, Government Printers, RP 82/2007

Wheelchair friendly

We found that the DCS has successfully converted almost 60% of all prisons (mostly by building ramps adjacent to stairs) to ensure that prisoners and visitors in wheelchairs have access to the building and parts thereof.

Hospitals/Clinics

We found that about 39% of all prisons are equipped with hospital facilities³. Of the remaining prisons, 53% are provided with clinics and only 8% have no facilities to provide prisoners with on-site treatment. Of concern is the finding that 94 prisons have no facilities to separate prisoners with contagious diseases from the general prison population. Only 27% of all prisons have direct access to pharmacies.

Classrooms

56% of prisons are equipped with classrooms albeit on a limited scale. The majority of these classrooms are equipped with chairs and tables and a writing board. The capacity of the classrooms could not be determined in all cases. At 62 prisons existing cell accommodation was converted into classrooms to provide for an area to run rehabilitation programmes. Although the JIOP commend such initiatives aimed at improved rehabilitation, the conversion of cell accommodation could exacerbate the effects of overcrowding.

Workshops

40% of prisons are equipped with workshop areas which include electric works, woodwork, clothing, etc. At the following prisons fully equipped production and or textile workshops exist: Pollsmoor, Drakenstein, Malmesbury, Helderstroom, St Albans, Pietermaritzburg, Worcester, East London, Durban, Kroonstad, Kimberley, Potchefstroom, Witbank, Leeuwkop, Pretoria, Johannesburg, Zonderwater, Boksburg, Thohoyando and Mogwase.

Prison bakeries (mainly bread production) exist at Baviaanspoort, Pretoria, Barberton, Boksburg and Goedemoed. A shoe factory exists at Witbank.

Of concern is that, based on the information reflected in the DCS Annual Report 2006/2007, only about 2% of sentenced prisoners are involved in production

³ For the purpose of the audit a hospital was defined as consultation facilities with cell accommodation to accommodate and care for sick prisoners and a clinic as only consultation facilities

workshops. With this number having declined from 2 359 in 1997 to 1 757 in 2007, it is clear that the existing work shop facilities are currently under-utilized.

Sport fields

61% of prisons are equipped with sports fields, mostly for soccer and rugby. Almost all prisons have courtyard areas with only three prisons (1.3%) that are equipped with neither a courtyard nor a sports field.

Dining halls

The audit found that although 72% of all prisons are equipped with dining halls, most of these dining halls are not used. Instead prisoners are unlocked to collect their meals and move back to their cells where the meals are then eaten. The most common reason provided by correctional officials is that a shortage of staff prevents them from unlocking large numbers of prisoners at the same time and that to have 200 to 300 prisoners unlocked and assembled in a dining hall area would pose security risks, especially considering that the ratio between staff working inside the units (part of prison) and the prisoners often exceed 1:200. This is a valid explanation and unlocking such large numbers of prisoners may indeed pose a security risk. However, most of the dining halls could, with limited structural changes and the use of available technology, be made safe.

The current practice to compel prisoners to eat their meals in their often overcrowded cells with, at most prisons, no separation between sleeping areas and toilet areas, should be discouraged especially in view of the fact that dining halls do exist.

Libraries

Of specific concern was the finding that more than 40% of our prisons have no library and that, at those prisons where libraries do exist, access and control over such facilities are lacking and very few prisoners enjoy the use of such facilities. Considering that access to reading material is a right afforded to all detained persons, including sentenced prisoners, under the Constitution, clearly more should be done to establish and maintain prison libraries.

Farming

The audit found farming activities at more that half (53%) of all our prisons. Some of these farming activities are limited to a vegetable garden and some include full scale commercial farming activities with millions of tons of vegetable and meat being

produced. However, as is the case in production workshops, we continue to see a decline in the number of prisoners who are working on prison farms with the number having dropped from 6 674 in 1997 to 2 210 in 2007⁴. Fewer goods (fruit and eggs) were also produced last year compared to 1997.

A detailed summary of the findings of the audit is reflected in Appendix A (page 43) to this report.

⁴ Comparative statistical information obtained from DCS Annual Reports

CHAPTER TWO: INSPECTING THE CONDITIONS IN PRISONS

Introduction

During the 2006/2007 financial year we conducted full inspections at 93 Prisons. The Inspecting Judge visited 14 prisons and we received 15 inspection reports from Judges who visited prisons on own volition.

The inspections conducted by staff of the JIOP included a structured interview with the Head of the Prison (HOP), physical observations made by the Inspectors during site visits to the prison and the perusal of registers, documents and information available from the DCS Management Information System⁵. It is not possible, in this report, to reflect the findings of all the inspections and therefore only some matters are highlighted. Copies of these reports are available from the JIOP.

Prison inspections

During all inspections a structured interview was conducted with the HOP. One of the focus areas of these interviews was to establish, directly from the HOP, what the challenges were that they face in their day-to-day running of the prisons. This information was used by the JIOP to conduct a situational analysis aimed at identifying the most common problems highlighted by HOPs so as to separate systemic problems (which occur at most prisons) from ordinary problems (which occur only in isolated cases).

Problems identified by HOP

The most common problem that was raised by the HOP (in 65.6% of all interviews) was a shortage of staff, followed by the problems of prison overcrowding and poor infrastructure. Considering that staffing levels within the DCS has, in the last two years, increased from 33 834 to 42 222⁶ the continued shortage of staff is of grave concern. Increasing staffing levels is very expensive and is therefore not a sustainable solution. Steps will have to be taken by the DCS to improve production levels, reduce absenteeism and enhance efficiency levels.

The problems associated by poor infrastructure and prison overcrowding are addressed in this report under chapters one and three respectively.

⁵ An electronic data-base maintained by DCS

⁶ 2008 Estimates of National Expenditure, Vote 18: Correctional Services, page 369, Republic of South Africa National Treasury, Government Printers RP01/2008

The remaining 'common' problems listed by the HOP was about housing shortages to members of staff, poor medical services to prisoners, prison gangs, low staff morale, lack of rehabilitation programmes, poor maintenance by Public Works and access to anti-retro viral medication by HIV positive prisoners.

Partnerships with non-governmental organizations

Given the priority that is placed in the White Paper on community involvement in correctional matters, we set out to establish what the current levels of NGO involvement are (excluding IPVs). This was done by means of interviews with the HOP and the perusal of the G366 visitors register. We found that at only 16 Prisons (17%) no records exist of NGO's rendering services to prisoners (also confirmed by HOPs during interviews) with the remaining 83% of prisons visited on a regular basis by NGO's and Community Based Organizations (CBO's). The services rendered by these NGO's and CBO's varied from the running of prison based radio stations, providing educational programmes to prisoners, to providing the prisoners with counselling services.

Access control

It was established, during the inspections, that out of the 93 prisons inspected, 34 had been equipped with automated access systems (turn gates supported by fingerprinting recognition software). Of these prisons 39% reported that the automated security equipment was in full working condition, 55% reported that the equipment worked most of the time and 6% reported that the equipment never works.

Prisoner complaints

The establishment and maintenance of a prisoner complaints system is an important tool in our efforts of protecting prisoners against possible human rights violations. Section 21 (1) of the Act states that: "Every prisoner must, on admission and on a daily basis, be given the opportunity of making complaints and requests to the Head of the Prison or a correctional official authorized to represent such Head of Prison."

During the inspections we set out to measure the level of compliance by Heads of Prisons with this provision of the Act. We found that, with the exception of Grootvlei Correctional Centre, all other prisons (those inspected) complied with the requirements of, firstly, providing prisoners with the opportunity to lodge complaints and, secondly, recording all complaints received from prisoners. These records were kept by means of the prescribed G365 complaints registers. At 13 prisons the

information about the number and nature of complaints recorded in the G365 register was not captured on the DCS Management Information System.

We found that, where G365 registers were maintained, 41% of the time these registers were checked by the HOP on a daily basis, 52% on a weekly basis and the remaining 7% were checked once every month.

In addition to recording their complaints with the HOP, prisoners also have the statutory right to complain directly to the IPV or to have her/his complaint referred to the IPV. During 2007, the IPV's collectively received and recorded a total of 158 362 complaints from prisoners.

The recording of complaints by Correctional Officials and by IPV's has a second advantage namely that this information about the nature and number of complaints, provides valuable information about trends that may exist in the conditions in prisons and the treatment of prisoners. In order to identify such trends the JIOP has developed various 'categories' of complaints which are listed in table 1 with an indication as to how many such complaints were received by IPV's during 2007.

Table 1:

COMPLAINTS RECEIVED BY IPV's	All RSA
Appeal	13,916
Assault (Inmate on Inmate)	1,498
Assault (Member on Inmate)	1,004
Bail	14,086
Communication with Families	15,263
Conditions	5,444
Confiscation of Possessions	1,142
Conversion of sentences	1,491
Corruption	398
Food	4,919
Health Care	11,231
Inhumane Treatment	1,818
Legal representation	13,077
Medical Release	312
Parole	10,573
Rehabilitation programmes	8,170
Remission	601
Transfers	17,921
Other	35,498
All Complaints	158,362

From this information, the most common complaints which were received from prisoners were about their wanting to be transferred to another prison, followed by a lack of communication or contact with families, complaints about the refusal of bail, lack of legal representation, appeals, health care and parole.

Nutrition

From the 93 prisons inspected, 12 had outsourced the running of their kitchens to a private service provider. 52 of the kitchens, including 8 of the outsourced kitchens, did not comply with the required time intervals per meal as stipulated in section 8 (5) of the Act which states that: "Food must be well prepared and served at intervals of not less than four and a half hours and not more than six and a half hours, except that there may be an interval of not more than 14 hours between the evening meal and breakfast."

At most of these prisons, lunch and dinner are served as one meal at around 13:00, with breakfast served the following morning at about 7:30. Many of the prisoners collect their meals in plastic containers which are then taken to their cells.

Injuries

Injuries to prisoners were recorded, in a formal register, at 86 of the prisons inspected. At the remaining 7 prisons no registers were kept of injuries and we could therefore not assess the situation at those places. Most common of the injuries recorded by correctional officials in their injury register was minor lacerations due to 'assault – prisoner on prisoner'. The other injuries sustained by prisoners included motor vehicle accidents, member on prisoner assaults, sport injuries, self-inflicted injuries, injuries prior to admission, etc.

Correctional Supervision and Parole Boards

We found that Correctional Supervision and Parole Boards (CSPB) are in place at all the prisons visited with only Boksburg Medium B reporting that their CSPB was not functioning effectively. The following CSPB reportedly have backlogs in the cases they needed to decide on;

- | | | |
|-----------------|----------------|---------------|
| ○ Klerksdorp | ○ Empangeni | ○ Mafikeng |
| ○ Potchefstroom | ○ Eshowe | ○ Zeerust |
| ○ Sevontein | ○ Johannesburg | ○ Krugersdorp |
| ○ Makhado | ○ Female | ○ Leeuwkop |
| ○ Qalakabusha | ○ Lichtenburg | ○ Juvenile |

- Bethal
- Boksburg Med. A
- Kimberley
- Goodwood
- Butterworth
- Idutywa
- Umtata Max
- Staart van Paardeberg
- Umtata Medium

Health Care

The condition of the health care facilities and the nature of the health services available to prisoners at the various prisons differ significantly. At some of the facilities fully equipped hospitals which included dental services, minor operation facilities, 24-hour aftercare, full-time doctor and nursing staff exist. Other prisons had no hospital facilities and at those prisons listed hereunder no nursing staff;

- Brits
- Rustenburg Medium B
- Bergville
- Estcourt
- Kranskop
- Empangeni
- Ingavuma
- Melmoth
- Mtunzini
- Nkandla
- Mafikeng
- Brandfort
- Bethulie
- Lindley
- Victoria West
- Zastron
- Drakenstein Medium A

Inspection reports from Judges

Section 99 (1) and (2) of the A states that;

“A judge of the Constitutional Court, Supreme Court of Appeals or High Court, and a magistrate within his or her area of jurisdiction, may visit a prison at any time.

A judge and a magistrate referred to in subsection (1) must be allowed access to any part of a prison and any documentary record, and may interview any prisoner and bring any matter to the attention of the Commissioner, the Minister, the National Council or the Inspecting Judge ”

Reports were received by the JIOP from various Judges who, during 2007, visited the following prisons;

- Mosselbay
- Senekal
- Ficksburg
- Lichtenburg
- Winburg
- Uppington
- George
- Groenpunt Max
- Pretoria Central
- Hopetown
- De Aar
- Victoria West
- Colesburg
- Richmond

The Judges, in their reports, highlighted various issues which included overcrowded conditions that prevail at many of the prisons, a lack of rehabilitation programmes, a need for improved social services, a lack of adequate health care to prisoners, etc. Their influential reports are of extreme value in effecting change to the conditions in prisons and the treatment of prisoners.

Inspection reports from Judges are forwarded, by the JIOP, to the National Commissioner of Correctional Services and the Minister of Correctional Services.

CHAPTER THREE: PRISON OVERCROWDING

Introduction

The 237 operational prisons in South Africa currently provide for the accommodation of 114 559 prisoners. However, as on 31 January 2008, the actual number of prisoners in custody was 165 987. This amounts to a national average level of overcrowding of 45% or 51 428 prisoners.

Table 2 indicates the approved accommodation versus the prison population per region.

Regions	Capacity	Unsent.	Sent.	Total	Occup.
EASTERN CAPE	12552	7091	13403	20494	163.27%
GAUTENG	25379	17297	27872	45169	177.98%
KWAZULU/NATAL	21507	9028	18754	27782	129.18%
LIMPOPO, MP & NW	19000	3516	19898	23414	123.23%
N C & FREE STATE	16787	6752	14223	20975	124.95%
WESTERN CAPE	19334	9751	18402	28153	145.61%
Total	114559	53435	112552	165987	144.89%

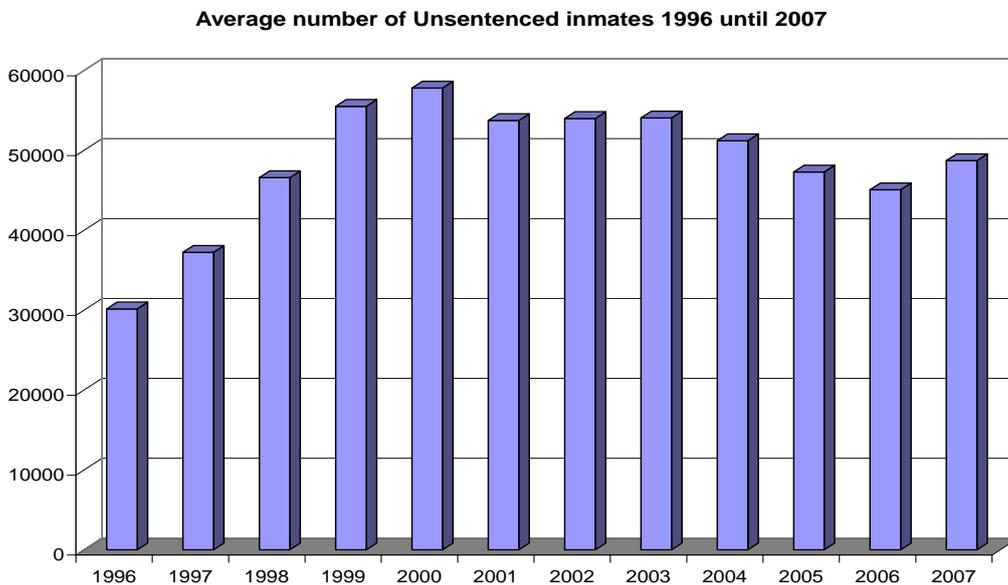
The levels of overcrowding are not evenly spread across the various regions or the various prisons in those regions. We have 8 prisons that are occupied at levels of less than 50%, another 55 at levels of 100% or less, 90 at levels of between 100 and 150% occupation, 67 that are occupied at levels of between 150 and 200% and 17 prisons that are occupied at levels of more than 200%.

Prisons	Capacity	Unsent.	Sent.	Total	Occupation
GEORGE	514	348	689	1037	201.75%
MIDDLEDRIFT	411	0	849	849	206.57%
CALEDON	215	394	62	456	212.09%
PRETORIA LOCAL	2171	4547	284	4831	222.52%
GRAHAMSTOWN	309	366	323	689	222.98%
UMTATA MAX.	720	7	1632	1639	227.64%
ODENDAALSRUS	350	798	18	816	233.14%
KING WILLIAMS TOWN	301	636	87	723	240.20%
POLLSMOOR MAX.	1872	3923	603	4526	241.77%
DURBAN MED. B	1853	0	4506	4506	243.17%
EAST LONDON MED. B	543	1309	19	1328	244.57%
MOUNT FRERE	42	0	104	104	247.62%
JOHANNESBURG MED. B	1300	0	3412	3412	262.46%
JOHANNESBURG MED. A	2630	6822	151	6973	265.13%
BIZANA	57	100	68	168	294.74%
LUSIKISIKI	148	317	188	505	341.22%
UMTATA MED.	580	1598	893	2491	429.48%

Behaviour over time analysis

The average number of sentenced prisoners in custody decreased slightly from 113 779 in 2006 to 113 090 in 2007. However, the average number of awaiting trial prisoners increased from 45 079 to 48 729 over the same period of time. This is of particular concern because, as can be seen from graph 1, this is the first time since the year 2000 that the average number of awaiting trial numbers has increased on a year-to-year basis. This indicates either the loss of momentum in the combined efforts taken by various role-players including the Department of Correctional Services, the National Director of Public Prosecutions, the Department of Justice and Constitutional Development, or the start of the next upward cycle in the number of awaiting trial prisoners.

Graph 1:



Unpaid bail

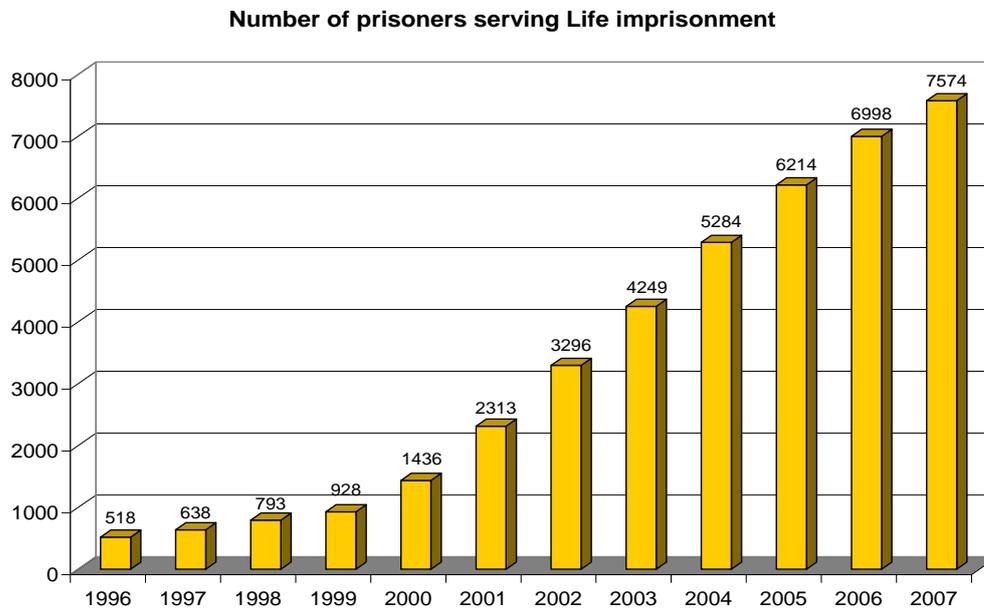
Table 3, sets out the number of prisoners who had been granted bail by the court but who remained in prison because they were unable to pay the bail amounts set by the court. At an estimated cost of about R190.00 per prisoner per day, the total cost to the taxpayer to keep these people incarcerated amounts to R2,2 million per day.

Table 3: Number of prisoners in custody with unpaid bail as at 31 March 2008.

Region	Less than R200	R201 - R500	R501 - R1000	More than R1000	Total
EC	132	1272	521	177	2102
GP	5	592	958	1500	3055
KZN	23	418	946	1054	2441
LP, MP and NW	7	261	424	361	1053
NC and FS	88	493	524	350	1455
WC	81	1071	540	143	1835
TOTAL:	336	4107	3913	3585	11941

Long sentences

The number of prisoners sentenced to long prison terms continued to increase by significant margins. We now have a total of 68% of all sentenced prisoners serving a sentence of more than 5 years and a total of 7 574 prisoners serving sentences of life imprisonment.



Forecasting prison populations

The continued increase in the number of prisoners serving long sentences is and will continue to impact on the total prison population. In the same way, the size of the prison population is influenced by many other variables such as the number of police officers, prosecutors, efficiency of the Legal Aid Board members, etc. As mentioned above, the number of unsentenced prisoners unexpectedly increased in 2007 contrary to the steady decline in these numbers over a period of almost six years and again we failed to 'forecast' this change in the numbers and consequently have to retroactively deal with the effects thereof.

This inability to forecast future prison populations was highlighted by the Jali Commission⁷ which wrote "*The issue of overcrowding is, amongst others, also a product of mismanagement according to this Commission. Clearly, had the Department:*

⁷ Commission of Inquiry led by Mr. Justice Jali into alleged incidents of corruption, maladministration, violence or intimidation in the Department of Correctional Services appointed by order of the President of the Republic of South Africa in terms of Proclamation No. 135 of 2001 as amended.

c) appointed people who could effectively do a proper scientific and statistical analysis, with projections for the future of the prison population, to assess the impact of increases on existing accommodation and requirements for increased accommodation

then the Department may not have been in this position with regard to the effect that overcrowding has on its functions. Put differently, if the Department was pro-active in this approach, the problem would not be so severe.”

This need to develop proper forecast models for future prison populations is made urgent by the envisaged capital investment of billions of rands that government will make, in the next few years, in building more prisons. It is not only about the need for more prisons but also the nature of the building itself (maximum vs. medium security) its location and its size.

CHAPTER FOUR: MANDATORY REPORTS

Mandatory reports

In order not to be reactive when investigating and reporting on possible human rights violations the JIOP has developed, with the sanction of the Legislature, a system of mandatory reporting. These are reports which the Heads of Prisons (HOPs) must submit to the JIOP on occurrence and include reports about all prisoners placed in segregation and solitary confinement, the use by correctional officials of mechanical restraints and any deaths that occur in prisons. Legislation is currently under consideration by Parliament to include as a mandatory report all cases of the so-called 'necessary use of force' by correctional officials.

Mandatory reports are submitted to the JIOP via the online electronic system⁸ which ensures that proper data are kept of all such reports and which data allow for the JIOP to analyse trends

This chapter deals with the reports received from the HOPs and our findings on the analysis made.

Deaths in custody

Statutory requirements

Section 15(2) of the Act (as amended) requires that all deaths in prison be reported to the Inspecting Judge of Prisons. The purpose of the statutory obligation of the HOPs to report all deaths serves a two-fold intention, firstly, to ensure that the HOPs enquire into the circumstances surrounding each death and evaluate whether the constitutional and statutory obligation of providing safe custody, adequate health care, dignified conditions of incarceration and death have been adhered to and, secondly, to provide the Inspecting Judge with an initial report, upon which she or he may request an enquiry or instruct the Commissioner to conduct an enquiry.

The HOPs for the 2007 period reported 96.5% of all deaths in prison.

⁸ The electronic system was evaluated in 2003 by bridges.org an international non-governmental organisation which focuses on effective use of information communication technology. Their report is available from <http://www.bridges.org/index>

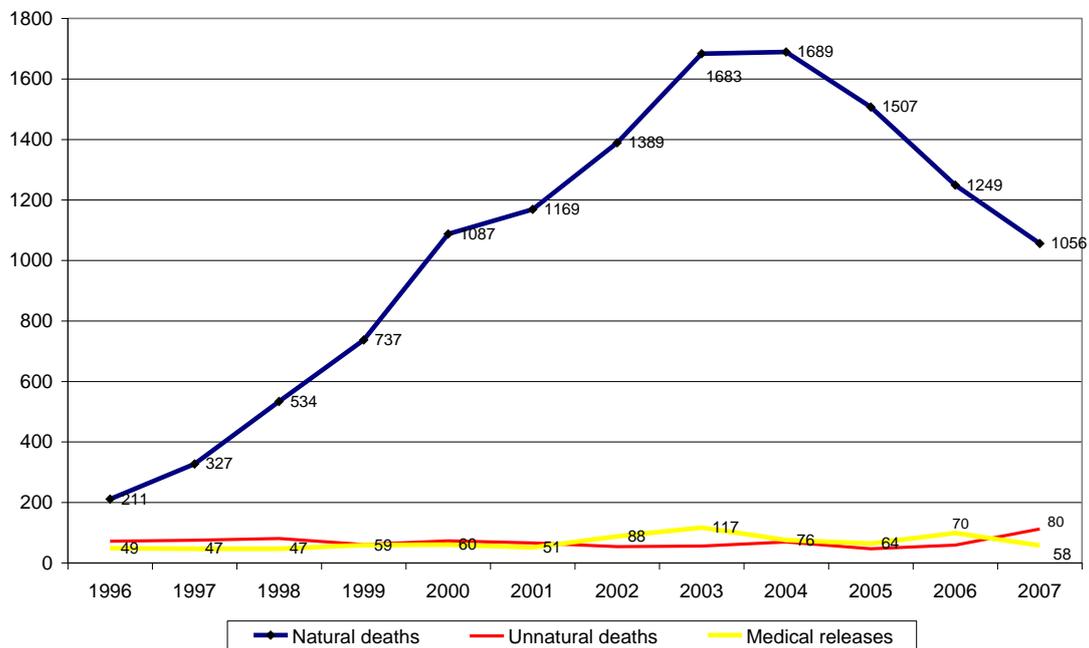
The rate of deaths

The total number of deaths in prisons for 2007 totalled 1136. Of those 1056 were classified as occasioned by natural causes and 80 from unnatural causes.

The comparable figures for the calendar year 2006 were 1315 in total of which 1249 and 66 were reported as natural and unnatural respectively.

In comparison to the 2006 calendar year the total rate of deaths decreased by 179, a decrease of 13.6%. Unnatural deaths increased by 14, a 21% increase.

Natural, Unnatural deaths and medical releases



The numerical comparisons, however, must not be seen in isolation. The rate of deaths must be seen in relation to the prison population and our findings reveal a significant decline in the death rate from 8.3 deaths per 1000 prisoners recorded in 2006 to 7.0 deaths per 1000 prisoners in 2007.

Responding to death reports

During the year under review a number of unnatural deaths occurred in our prisons which received the personal attention of the National Commissioner, Mr. V Petersen. In this regard the JIOP is complimentary of his efforts in driving investigations into the circumstances surrounding these deaths, in particular, where officials were alleged to have acted in breach of their legal obligations. The criminal and/or internal

disciplinary investigations initiated against officials and their finalisation is the obligation of the South African Police Services/Directorate of Public Prosecutions in the former and the DCS in the latter case.

The resources and specialised skills of these organs are relied upon by the JIOP.

In February 2008, the National Commissioner convened a round-table discussion entitled, Deaths in Prisons, chaired by Mr Jody Kollapen of the South African Human Rights Commission. The delegates were wide ranging, and included senior management of the DCS, representatives of the United Nations, academics and organised labour. The wide-ranging delegates, the transparent nature of the forum and frank debate are seen by the JIOP as part of the on-going dialogue in improving prison conditions. In this regard the JIOP will seek continued dialogue at national, regional and area level within the DCS.

In respect of unnatural death investigations undertaken by the DCS and submitted to the Inspecting Judge, areas of improvement include:

- Investigations being supervised by a senior official (at least Director level) from the Regional Commissioner's office,
- The investigation team comprising of officials from an area outside that of the scene of the occurrence,
- Experienced and skilled investigators.

Release on medical grounds:

The JIOP is of the view that the applicable statutory provision, i.e. s79 of the CSA 111 of 1998, be reviewed together with the policy and administrative rules. The review would include:

- Whether the legislative threshold "final phases of any terminal disease or condition" is appropriate?
- Whether the policy and/or administrative rules are cumbersome and delay releases?
- Whether the Correctional Supervision and Parole Boards' application of the statute and or policy has had a bearing on such releases?
- Whether the conditions under which such persons can be placed are appropriate, e.g. release on condition that medical treatment is sought?

The review would seek to examine and evaluate whether the provisions of s79 are consistent with humane detention, adequate medical (and other treatment) and consolatory and dignified death?

Discipline and Security

The obligations on the DCS to “ensure the safe custody of every prisoner and to maintain security and good order in every prison” are provided for in Parts A Chapter III and in s. 22 (1) of the Act which state that “Discipline and order must be maintained with firmness but in no greater measure than is necessary for security purposes and good order in prisons”

Notwithstanding the fact that the JIOP is inundated with reports of disciplinary infringements by prisoners which include assaults, smuggling, indecent conduct, dishonestly, etc. our finding strongly suggests that correctional officials fail, in most cases, to take appropriate formal disciplinary action against prisoners. This finding is supported by two sets of information namely the number of solitary confinement cases reported to the Inspecting Judge in compliance with s. 25 of the Act and secondly the survey conducted by the JIOP amongst some 750 prisoners.

Solitary confinement – a case of chronic under-reporting

Whenever a prisoner is subjected to punishment for an infringement of the rules, the Inspecting Judge must be advised thereof. Where the penalty is one of solitary confinement, the Inspecting Judge’s authorisation must be sought in terms of his review powers in s25(1) before its implementation.

Where the punishment is deserving of a lesser sanction as it is not serious and/or not a repetition, a prisoner is entitled to lodge an appeal to the Inspecting Judge when s/he is segregated in terms of s30(1)(b). The purpose of these provisions is, to ensure that any prisoner subjected to punishment is afforded a fair hearing.

During 2007 the Inspectorate received 159 solitary confinement review applications. The figure represents approximately 0.1% of the average prisoner population for the year⁹. The DCS’s representation in this regard is that only 159 prisoners breached the disciplinary code for either serious and/or repeated infringements which warranted the most serious punishment available. In contrast to this, the JIOP during 2007,

⁹ Taken as 160 000

received 1 528 reports of prisoners being segregated in terms of the provisions of s.30(1)(d) ‘*Violence or is threatened with violence*’ and the IPVs received a total of 1 498 complaints from prisoners about assaults (Prisoner on Prisoner). The DCS reported 1 822 cases of assaults on prisoners and correctional officials¹⁰

Prisoner survey

As part of the inspections and the audits conducted by JIOP staff and IPVs a survey was conducted amongst some 750 prisoners (the results of which are discussed in chapter 5 of this report). One of the questions posed to the prisoners was “Have you been disciplined whilst being incarcerated?” only 11% of all the prisoners responded positive with 89% of them stating that they have never been disciplined.

From this it is clear that although disciplinary offences are committed by prisoners on a regular basis, very few of them are subjected to formal disciplinary hearings. Reports mainly from IPVs suggest that “behavioural difficult” prisoners are mostly simply transferred to a different prisons. This statement is substantiated by the numbers of prisoners who were transferred from one prison to another which, for 2007, totalled 56 266 transfers.

Table 4: Sentenced prisoners transferred during 2007

Region	Total:
Eastern Cape	6475
Gauteng	14734
Kwazulu/Natal	7943
LP, MP, NW	8444
NC and FS	6940
Western Cape	11730
Total:	56266

Mechanical restraints – a further case of chronic under-reporting.

Similar to solitary confinement the purpose of reporting the use of mechanical restraints serves to protect prisoners from unnecessary deprivation of their freedom of movement and/or if justified then to restrict to a justifiable minimum the period of such deprivation. During the same period the Inspecting Judge received 69 reports of such use representing 0.043% of the average prisoner population.

¹⁰ DCS Annual Report 2006/07, Government Printers, RP217/2007

The use of force

If the proposed amendments to the Correctional Services Act (Amendment Bill [B 32B-2007] are passed, the DCS will be obliged to report all authorised instances of the use of force to the Inspecting Judge. The obligation is similar to that placed on the DCS in respect of deaths, solitary confinement and mechanical restraints.

CHAPTER FIVE: SPEAKING TO THE PRISONERS

Introduction

The JIOP conducted a 'customer survey' amongst some 750 prisoners with a view to learning directly from them about their experiences and their perceptions concerning the conditions in prisons and the treatment they receive. Although the sample size was small (at about 0.5% of the total prison population selected from 46 Prisons (20%), we believe that the results of the survey provided valuable feedback and plan to expand the scope of the surveys to enhance the veracity of the data collected in this manner.

The survey was conducted by means of a private and anonymous face-to-face interview with the prisoners. A standard questionnaire was used to ensure uniformity. The sample of prisoners to be interviewed was selected on a random basis at those prisons where full inspections were conducted. Prisoners were assured that their participation was on a voluntary basis (all prisoners selected participated in the survey).

The findings

From the data collected we concluded that the majority of prisoners are supported (financially and emotionally) by their parents whilst in prison. Most receive visits once per month and about 25% receive no visits. Half of the prisoners (50%) were kept at a Correctional Centre close to her/his families and almost 60% of them confirmed that they were fully informed about their sentence.

Of concern is the fact that only about 11% of the prisoners reported having been subjected to any form of discipline. This supports the earlier finding that the official disciplinary procedures for prisoners are not utilized by correctional officials¹¹.

92% of prisoners confirmed that they sleep on a bed and don't need to share their bed with other prisoners. The majority of prisoners eat all their meals in the cells with only 41% of them eating in dining halls. 40% of prisoners don't have eating utensils and make uses of plastic containers to collect and eat meals. 19% reportedly had to eat with their hands due to shortage of spoons.

¹¹ Refer to page 27 of this report

Almost all the prisoners (98%) confirmed that they had been issued by DCS with a toothbrush, toothpaste, toilet paper and soap.

Only 8% of prisoners reported that they had been subjected to unwanted sexual attention. 46% of prisoners confirmed that they were rarely or never subjected to sexual abuse, while 25%¹² reported that sexual abuse in prisons occurs frequently, and sometimes very frequently.

70% reported that they currently don't suffer from any medical condition. The majority confirmed that they get to consult medical staff on a 'needs' basis and 74% of prisoners classified their current health condition as being good to satisfactory.

82% said they had never been victims of violence in prison and 62% reported that they do feel safe.

The details of the questions asked during the survey and the responses received are reflected hereunder;

Who supports you currently?

Parents	55%
Spouse	17%
Friends	6%
Other	22%

How often do you receive visits?

Weekly	16%
Monthly	27%
Seldom	22%
Never	25%

Is your family from the local area?

Yes	49%
No	51%

Have you been fully informed of your sentence?

Yes	72%
No	28%

Have you been disciplined whilst being incarcerated?

Yes	11%
No	89%

¹² We did not test the link that exists between the two variables – vulnerability and sexual abuse. It is likely that the 25% are made up mainly from vulnerable prisoners (first-time, young or physically small offenders)

Do you sleep on a bed?

Yes	92%
No	8%

Do you share a bed/sponge with other prisoners?

Yes	11%
No	89%

Were you issued with prison clothing?

Yes	77%
No	23%

Where do you eat your meals daily?

Dining Hall	37%
Cell	49%
Courtyard	13%
Other	1%

What eating utensils are you given?

Plate	60%
Cup	73%
Spoon	82%
Knife/fork	2%
Hands	23%
Plastic container	40%

What toiletries do you receive?

Toothbrush	98%
Toothpaste	99%
Toilet paper	98%
Shaver	48%
Soap	100%

While in prison, were you subjected to unwanted sexual attention?

Yes	7%
No	93%

How often does sexual abuse happen in prison?

Never	34%
Rarely	17%
Sometimes	21%
Often	16%
Very often	12%

Are you currently suffering or have you suffered from any medical condition?

Yes	32%
No	68%

Are you involved in any rehabilitation programmes?

Yes	59%
No	41%

Have you ever been a victim of violence whilst being incarcerated?

Yes	15%
No	85%

Have you perpetrated acts of violence against fellow prisoners/members?

Yes	6%
No	94%

How do you rate conditions in your cell?

Good	41%
Satisfactory	37%
Bad	22%

How often do you get to see a doctor/medical staff?

Daily	7%
Weekly	13%
Monthly	13%
On request	43%
Seldom	11%
Never	13%

How do you rate your current health condition?

Good	49%
Satisfactory	23%
Poor	28%

Are you taken to hospital if the need arises?

Yes	76%
No	24%

Do you feel safe?

Yes	58%
No	42%

CHAPTER SIX: JUDICIAL INSPECTORATE OF PRISONS

Introduction

This chapter contains information about the JIOP with regard to its statutory mandate, vision, objectives, staffing and expenditure.

Statutory Mandate

Chapter IX of the Act provides for the establishment of the JIOP. Section 85 states that;

“(1) The Judicial Inspectorate of prisons is an independent office under the control of the Inspecting Judge.

“(2) The objective of the Judicial Inspectorate is to facilitate the inspection of prisons in order that the Inspecting Judge may report on the treatment of prisoners in prisons and on conditions in prisons.”

Vision

To ensure that all prisoners are detained under humane conditions, treated with human dignity and prepared for a dignified re-integration into the community.

Strategic objectives

Having given due consideration to the needs that exist for the services of the JIOP, its statutory mandate, its available resources and the various business models that exist, the following strategic objectives were determined;

- To establish and maintain an independent complaints procedure for all prisoners.
- To collect accurate, reliable and up-to-date information about the conditions in prisons and the treatment of prisoners.
- To inform public opinion about the conditions in prisons and the treatment of prisoners.
- To ensure and maintain the highest standards of good governance.
- To prevent possible human rights violations, through a system of mandatory reporting and prison visits.
- To promote and facilitate community involvement in correctional matters.

Staffing and structure

Section 85 of the Act, states that:

“(1) The staff complement of the Judicial Inspectorate must be determined by the Inspecting Judge in consultation with the Commissioner.

(2) The Inspecting Judge must appoint within this complement inspectors and such other staff, including a secretary, as are required.”

As at 31 March 2008, the staff consisted of :

Post level	Number of posts	Salary level
Directors	1*	Level 13
Deputy Directors	3	Levels 11 – 12
Assistant Directors	5	Levels 9 – 10
Inspectors and Supervisors	10***	Level 8
Administrative staff	24	Levels 5 to 7**
Staff on fixed term contracts	24	Levels 5 and 6****

* Excluding the post of Dir. Functional Services which is filled by a Deputy Director in an acting capacity.

** Including one member of staff on level 2

*** Two posts are vacant

**** Excluding a 37% allowance paid to all contract employees in compliance with resolution 1 of 2007.

The National Head Office of the JIOP is based in Cape Town with a Regional Office in Centurion. During 2007, 21 people were appointed from the ranks of IPVs to work as so-called Visitors Committee Co-ordinators (VCCOs). They were deployed at different prisons throughout the country. It has however, for various reasons, been decided to replace the work system of VCCOs with Satellite Offices based in Bloemfontein, East London and Pietermaritzburg. We are currently in the process of securing suitable office accommodation in these areas.

48% of all members of staff are female and 92% fall within the ‘designated groups’ as defined in the Employment Equity Act, 55 of 1998.

The total per-capita cost per employee amounted to R 143 800.00 per annum, including contract workers. If contract workers are excluded from this calculation the per-capita cost per employee amounts to R 159 000.00 per employee.

Expenditure

Section 91 of the Act states that “*The Department (of Correctional Services) is responsible for all expenses of the Judicial Inspectorate*”

The total expenditure of the JIOP for the 2007/2008 financial year, as set out in table 4, amounted to R 15 037 017,65.

COMPENSATION OF EMPLOYEES	R 13,101,136.49
SALARIES: PERMANENT STAFF	R 6,836,979.62
SALARIES: IPV'S	R 3,466,738.79
SALARIES: CONTRACT SAFF	R 2,797,418.08
GOODS & SERVICES	R 1,374,943.07
COMMUNICATION	R 362,179.58
TRAVEL & SUBSISTENCE	R 645,966.20
LEASES DOMESTIC EQUIPMENT	R 21,740.65
STATIONERY & PRINTING	R 122,479.63
VENUES & FACILITIES	R 164,066.59
OTHER	R 58,510.42
PAYMENT FOR CAPITAL ASSETS	R 553,373.24
COMPUTER HARDWARE SYSTEMS	R 109,046.84
MOTOR VEHICLE	R 444,326.40
TRANSFERS & SUBSIDIES	R 7,564.85
VEHICLE LICENCES	R 3,012.00
HOUSEHOLDS	R 4,552.85
TOTAL EXPENDITURE	R 15,037,017.65

CHAPTER SEVEN: THEMATIC REPORTS

Introduction

In order to highlight some of the findings made by the JIOP, short thematic reports were prepared as part of this Annual Report. These thematic reports are summarized hereunder.

Offender rehabilitation programmes.

Section 2 of the Act states that:

“The purpose of the correctional system is to contribute to maintaining and protecting a just, peaceful and safe society by

- *enforcing sentences of the courts in a manner prescribed by this Act*
- *detaining all prisoners in safe custody whilst ensuring their human dignity and*
- *promoting the social responsibility and human development of all prisoners and persons subject to community correction.”*

In March 2005 the DCS released the White Paper on Corrections in South Africa. The White Paper is of importance as it describes the duties and requirements of correctional officials in ensuring that rehabilitation takes place. The White Paper provides standards to be met aimed at ensuring that all citizens, including prisoners, are treated with courtesy, respect and dignity.

The White Paper sets out to prioritise the rehabilitation and the re-integration of prisoners as the DCS's response to crime.

The White Paper defines “rehabilitation” as follows:

“Rehabilitation is the result of a process that combines the correction of offending behaviour, human development and the promotion of social responsibility and values. It is a desired outcome of processes that involve both departmental responsibilities of Government and social responsibilities of the nation. Rehabilitation should be viewed not merely as a strategy to preventing crime, but rather as a holistic phenomenon incorporating and encouraging:

- *social responsibility*
- *social justice*
- *active participation in democratic activities*
- *empowerment with life-skills and other skills and*
- *a contribution to making South Africa a better place to live in”*

According to the DCS Concept Document on Rehabilitation, rehabilitation is based on understanding who the offenders are and what the offenders' needs are.

Rehabilitation should be based on understanding the community and family that the offender comes from. The document states further that rehabilitation is a process and not an event or programme. This process should be facilitated from sentencing up to and after release in the community.

Rehabilitation of offenders is the responsibility of the DCS, with the support of the offenders and with the assistance of the community. Each offender should have a carefully worked out sentence plan in which his/her unique needs must be determined.

The following are the key aspects of rehabilitation as presented in the Concept Document on Rehabilitation:

Personal well being

Health Care Services

HIV/Aids Services

Spiritual Care Services

Psychological Services

Personal Development

Skills Development

Formal Education

Production Workshops and Agriculture

Sports, recreation, arts and culture

These aspects were looked at during our inspections and these are some of our findings:

Health Care

During recent inspections conducted in 92 prisons, it was established that there were qualified nursing staff appointed at 70 of the prisons (76%). Of the prisons inspected 92% had the services of a visiting medical doctor and 77% the services of a visiting dentist. Psychological services were available in only 39% of the prisons.

The availability of health care awareness programmes is being negatively influenced due to a lack of professional health care personnel.

Spiritual Care

Religious care services in the form of church services, Bible study, individual- and group spiritual counselling were readily available to sentenced- and unsentenced offenders at all the prisons inspected. In our assessment, churches and religion form an important part of current rehabilitation efforts in our correctional system.

Rehabilitation programmes

In a survey conducted by the IPV's, 60% of sentenced prisoners indicated that they are involved in rehabilitation programmes. However, these statistics were influenced by variables such as the sample selection and category of prisoners interviewed. The actual number of sentenced prisoners involved in rehabilitation programmes is probably lower. Without accurate information about the number of prisoners involved in formal rehabilitation programmes (taking into consideration the turn-over rate of prisoners) the rate of rehabilitation cannot be calculated.

Good progress is being made by the DCS in encouraging the involvement of non-governmental and other interest groups in the rehabilitation of prisoners.

During the inspections it was determined that only about 62% of the prisons had the services of full-time social workers. The shortage of social workers was listed by correctional officials as the biggest barrier in expanding current rehabilitation programmes.

Training facilities for prisoners are limited. At 61 of the 92 prisons visited, Heads of Prison indicated that the training facilities were inadequate. We found in some prisons that rehabilitation programmes were conducted in dining halls, cells or other improvised spaces.

In 58 of the 92 prisons inspected, educationists were conducting formal educational programmes such as ABET levels 1 to 3, grade 10, 11 and 12 and technical courses. In 43 of the 92 prisons, some offenders were involved in agricultural programmes. 33 of the inspected centres have workshops and 39 are equipped with sports fields where offenders can play soccer, rugby and volley ball.

In all centres inspected, prisoners play indoor games like domino's and cards, while in a number of centres they also play pool.

OPCAT

The South African government has, since the advent of democracy in 1994, keenly supported and aligned itself to the human rights cause, both nationally and internationally¹³. South Africa further demonstrated its commitment to the eradication of torture and other inhumane or degrading treatment or punishment when Parliament, in 1998, ratified the United Nations Convention Against Torture and when government, in 2006, signed the Optional Protocol to the UN Convention Against Torture (OPCAT).

Once Parliament had ratified the United Nations Convention against Torture, it committed itself to implement measures giving effect to the objectives of the Convention. This involves enacting legislation to criminalize torture. To the best of my knowledge the envisaged specific legislation in this regard has not as yet been enacted. In any event, it is accepted in this day and age that the prohibition against torture has assumed the status of customary international law¹⁴. Section 232 of the Constitution provides that customary international law is law in the Republic unless it is inconsistent with the Constitution or an Act of Parliament. To the extent that the prohibition against torture is thus part of our law, there is an obligation on the part of correctional service, as an organ of state, even in the absence of specific legislation in this regard, to act firmly against any practice or conduct which may be construed as torture.

The South African government is also party to the Robben Island Guidelines which, under the auspices of the African Commission on Human and People's Rights, stipulate clear objectives to prevent any form of torture or inhumane treatment.

Parliament has not yet, however, ratified OPCAT. If and when this is done, the government has a duty to establish, designate and maintain one or more visiting bodies operating at a domestic level for the prevention of torture and other cruel, inhumane or degrading treatment or punishment through a system of regular visits and inspections.

¹³ Lovell Fernandez, Professor of Law, OPCAT: Implications for South Africa, Law Democracy & Development, Journal of the Faculty of Law of UWC; Volume 9: 2005 (1)

¹⁴ John Dugard: International Law: A South African Perspective 3rd Edition p163.

This body or National Preventative Mechanism (NPM)), as referred to in OPCAT, will have a responsibility to visit all places of detention, including all prisons.

STOP PRISONER RAPE TRAINING EFFORT

In 2007, the Judicial Inspectorate continued its collaboration with Stop Prisoner Rape (SPR), a U.S.-based international human rights organization dedicated to ending all forms of sexual violence in detention. In December, senior staff of SPR and researchers from the Centre for the Study of Violence and Reconciliation (CSV) co-presented two-day sexual violence awareness workshops in Pretoria and Port Elizabeth, for all of the JIOP's Visiting Committee Coordinators (VCCOs). These "train-the trainer" sessions covered, among other things: the dynamics and impact of sexual abuse in detention; an overview of the problem in South African prisons; myths and realities about prisoner rape; the relevance of international human rights in addressing the problem of sexual abuse in detention; and the transmission of HIV through prisoner rape. As part of this training effort, SPR also prepared an extensive written curriculum and a set of handouts on sexual violence in detention, to be used by the VCCOs in their own efforts to train the Independent Prison Visitors (IPVs), whom they supervise.

Educating VCCOs and IPVs about the problem of sexual violence in the nation's prisons enhances the capacity of the JIOP to respond to this egregious form of abuse, while improving the collaboration of VCCOs and IPVs in their collaboration with DCS officials in addressing the problem. In the coming year, the JIOP will continue to work with SPR on similar training initiatives.

STAKEHOLDER AND COMMUNITY INVOLVEMENT

During January to March 2008, the Judicial Inspectorate of Prisons held a number of consultative meetings with both statutory stakeholders and community based organizations. The aims of these meetings were to establish networking opportunities between the various organizations and to promote community involvement in correctional matters.

The stakeholders involved at these meetings included the South African Police Services, the Department of Correctional Services, the National Prosecuting Authority,

the Legal Aid Board, the Department of Justice, the Department of Health, the Department of Social Services, the Department of Education, the Department of Home Affairs and the judiciary.

The community organizations included various NGO's, CBO, religious organizations of all faiths, schools located in local communities, youth organizations, constituency offices of the various political parties, ward committees and other organizations that indicated an interest to be involved

The following meetings were held nationally:

16 November 2007	Kuthama Sinthumule: Thohoyandou Management Area
15 January 2008	Atteridgeville: Pretoria Management Area
January 2008	Malmesbury Management Area held in Atlantis Somerset East at the Somerset East Correctional Centre
25 January 2008	Rustenburg Management Area
12 February 2008	Middeldrift Management Area held in King Williamstown
13 February 2008	East London Management Area
14 February 2008	St Albans Management Area, Port Elizabeth Qalakabusha, Empageni Management Area Johannesburg Management Area
20 February 2008	Kroonstad Management Area
21 February 2008	Grootvlei Management Area
21 February 2008	Klerksdorp Management Area

We have requested our representatives at all prisons to attend the local Criminal Justice Cluster meetings held quarterly within their respective management areas as well as the Community Police Forum meetings.

Annexure A

CORRECTIONAL CENTRE	Toilets: Admission	Private search area: prisoners	Wheelchair friendly	Separate holding cells	Overnight holding cell	Hospital	Clinic	Cells: contagious diseases	Pharmacy	Classrooms	Cells converted into classrooms	Workshops	Non-contact visit area	Contact visit area	Private search areas: visitors	Seating for visitors	Microphones working	Visiting room: attorneys	Courtyard	Sportsfield	Dining hall	Seating inside dining hall	Eating Utensils	Kitchen	Beds	Mattresses	Blankets	Hot water in cells	Ablution facilities	Privacy of facilities	Shop	Library	Farming activities
ALLANDALE	•	•	•			•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
ATTERIDGEVILLE	•				•		•	•					•	•		•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•
BARBERTON FARM MAX.						•	•			•		•			•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BARBERTON FARM A	•	•	•				•			•				•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BARBERTON FARM B	•	•	•				•			•		•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BARBERTON JUVENILE	•		•		•		•	•		•	•	•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BARKLY EAST	•	•			•		•						•	•	•	•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•
BARKLY WEST						•				•	•		•				•			•	•	•	•	•	•	•	•	•	•	•	•	•	•
BAVIAANSPOORT MAX.	•	•	•	•	•	•							•	•	•	•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•
BAVIAANSPOORT MED.	•	•	•	•	•	•		•				•	•	•	•	•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•
BEAUFORT WEST							•					•	•	•	•	•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•
BELFAST	•	•	•	•		•	•			•			•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BERGVILLE	•	•			•		•						•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BETHAL	•		•		•	•	•	•	•	•		•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BETHLEHEM	•	•	•	•	•		•					•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BETHULIE			•										•							•	•	•	•	•	•	•	•	•	•	•	•	•	•
BIZANA	•	•					•					•	•		•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BOKSBURG	•	•	•	•	•	•		•	•	•		•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BOKSBURG JUVENILE	•	•	•	•	•		•	•	•	•		•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BOSHOF			•				•						•		•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•
BRANDFORT	•	•	•		•								•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•
BRANDVLEI JUVENILE	•	•	•		•		•	•	•	•			•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BRANDVLEI MAX.		•					•	•	•	•	•		•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BRANDVLEI MED.	•	•					•	•	•	•	•	•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
BRITS										•		•	•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•
BUFFELJAGSRIVIER	•	•	•							•			•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•
BURGERSDORP			•			•	•					•	•							•	•	•	•	•	•	•	•	•	•	•	•	•	•
BUTTERWORTH	•		•				•			•	•		•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
CALEDON	•	•	•	•	•		•					•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
CALVINIA	•	•		•			•						•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
CHRISTIANA	•		•		•								•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•
COFIMVABA	•	•					•			•			•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
COLESBERG		•		•	•	•		•					•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
CRADOCK	•	•	•	•	•	•						•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
DE AAR	•	•	•	•	•	•						•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
DEVON	•						•			•			•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
DORDRECHT	•	•	•				•						•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
DOUGLAS	•	•	•		•	•		•					•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
DRAKENSTEIN MAX.	•	•	•				•			•			•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
DRAKENSTEIN MED. A							•			•			•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
DRAKENSTEIN MED. B							•			•			•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
DURBAN FEMALE	•	•	•	•	•		•	•			•	•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
DURBAN JUVENILE	•	•	•	•	•		•	•		•	•	•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
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DURBAN MED. C	•	•	•			•		•					•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
DWARSRIVIER	•	•					•						•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•
EAST LONDON MED MAX	•	•			•	•		•	•	•			•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•

CORRECTIONAL CENTRE	Toilets: Admission	Private search area: prisoners	Wheelchair friendly	Separate holding cells	Overnight holding cell	Hospital	Clinic	Cells: contagious diseases	Pharmacy	Classrooms	Cells converted into classrooms	Workshops	Non-contact visit area	Contact visit area	Private search areas: visitors	Seating for visitors	Microphones working	Visiting room: attorneys	Courtyard	Sportsfield	Dining hall	Seating inside dining hall	Eating Utensils	Kitchen	Beds	Mattresses	Blankets	Hot water in cells	Ablution facilities	Privacy of facilities	Shop	Library	Farming activities					
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EAST LONDON MED. C	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•				
EBONGWENI MAX. (KOKSTAD)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•				
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EKUSENI YOUTH DEV. CENTRE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•				
ELLIOTDALE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•				
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ENGOBO	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•				
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FLAGSTAFF	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
FORT BEAUFORT	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
FRANKFORT	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
GELUK	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
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GOEDEMOED MED. A	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
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GOODWOOD	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
GRAAFF-REINET	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
GRAHAMSTOWN	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
GREYTOWN	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
GROENPUNT JUVENILE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
GROENPUNT MAX.	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
GROENPUNT MED.	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
GROOTVLEI MAX.	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
GROOTVLEI MED.	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
HARRISMITH	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
HAWEQUA	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
HEIDELBERG	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
HEILBRON	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
HELDERSTROOM MAX.	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
HELDERSTROOM MED.	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
HENNENMAN	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
HOOPSTAD	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
HOPETOWN	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
IDUTYWA	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
INGWAVUMA	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
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JANSENVILLE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
JOHANNESBURG FEMALE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
JOHANNESBURG MED. A	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
JOHANNESBURG MED. B	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
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KIMBERLEY	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
KING WILLIAMS TOWN	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
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KLERKSDORP	•	•	•			•		•	•	•			•	•	•	•	•	•	•			•	•	•	•	•	•	•	•	•	•	•	•			
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KOKSTAD MED.	•	•	•			•		•	•	•	•	•	•	•	•	•	•	•	•			•	•	•	•	•	•	•	•	•	•	•	•			
KRANSKOP	•	•	•		•			•	•	•	•		•	•	•	•	•	•	•			•	•	•	•	•	•	•	•	•	•	•	•			
KROONSTAD MED. A	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
KROONSTAD MED. B	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
KROONSTAD MED. C	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
KRUGERSDORP	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•		
KURUMAN	•	•	•		•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
KUTAMA-SINTHUMULE (AOPS)	•	•	•		•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
LADISMITH			•					•					•	•	•	•	•	•	•															•		
LADY FRERE	•	•			•		•			•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
LADYBRAND	•			•			•						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
LEEUKOP JUVENILE	•	•	•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
LEEUKOP MAX.	•	•	•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
LEEUKOP MED. A	•	•	•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
LEEUKOP MED. C	•	•	•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
LICHTENBURG	•	•						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
LINDLEY	•	•	•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
LOSPERFONTEIN				•				•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
LUSIKISIKI			•					•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MAFIKENG	•	•	•	•	•		•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MAKHADO	•		•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MALMESBURY MED. A	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MALMESBURY MED. B	•							•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MANGAUNG(AOPS)	•	•	•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MAPUMULO	•	•	•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MATATIELE		•						•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MDANTSANE			•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MELMOTH	•	•	•	•	•			•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MIDDELBURG (EC)	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MIDDELBURG (MP)	•	•	•	•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MIDDLEDRIFT	•			•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MODDERBEE	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MOGWASE								•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MOSELBAAI	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MOUNT FLETCHER								•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MOUNT FRERE			•					•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MQANDULI	•	•		•				•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
NELSPRUIT	•		•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
NEW HANOVER		•						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
NEWCASTLE	•	•	•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
NIGEL MALE	•	•						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
NKANDLA	•		•	•				•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
NQAMAKWE			•					•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
OBIQUA	•	•						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
ODENDAALSRUS	•	•		•				•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
ODI		•						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
OUDTSHOORN MED. A								•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

CORRECTIONAL CENTRE	Toilets: Admission	Private search area: prisoners	Wheelchair friendly	Separate holding cells	Overnight holding cell	Hospital	Clinic	Cells: contagious diseases	Pharmacy	Classrooms	Cells converted into classrooms	Workshops	Non-contact visit area	Contact visit area	Private search areas: visitors	Seating for visitors	Microphones working	Visiting room: attorneys	Courtyard	Sportsfield	Dining hall	Seating inside dining hall	Eating Utensils	Kitchen	Beds	Mattresses	Blankets	Hot water in cells	Ablution facilities	Privacy of facilities	Shop	Library	Farming activities			
OUDTSHOORN MED. B																																				
PARYS																																				
PATENSIE																																				
PIET RETIEF																																				
PIETERMARITZBURG																																				
PIETERMARITZBURG MED B																																				
POLLSMOOR FEMALE																																				
POLLSMOOR MAX.																																				
POLLSMOOR MED. A																																				
POLLSMOOR MED. B																																				
POLLSMOOR MED. C																																				
POLOKWANE																																				
PORT ELIZABETH																																				
PORT SHEPSTONE																																				
POTCHEFSTROOM																																				
PRETORIA CENTRAL																																				
PRETORIA FEMALE																																				
PRETORIA LOCAL																																				
PRETORIA MAX.																																				
PRINCE ALBERT																																				
QALAKABUSHA (EMPANGENI)																																				
QUEENSTOWN																																				
RICHMOND																																				
RIEBECK WEST																																				
ROBERTSON																																				
ROOIGROND MAX																																				
ROOIGROND MED. B																																				
RUSTENBURG A																																				
RUSTENBURG B																																				
SADA																																				
SASOLBURG																																				
SENEKAL																																				
SEVONTEIN																																				
SOMERSET EAST																																				
SPRINGBOK																																				
ST. ALBANS MAX.																																				
ST. ALBANS MED. A																																				
ST. ALBANS MED. B																																				
STAART VAN PAARDEBERG																																				
STANDERTON																																				
STANGER																																				
STELLENBOSCH																																				
STERKSPRUIT																																				
STUTTERHEIM																																				
TABANKULU																																				
THOHOYANDOU FEMALE																																				
THOHOYANDOU MED. A																																				
THOHOYANDOU MED. B																																				
TZANEEN																																				
UMTATA MAX.																																				

CORRECTIONAL CENTRE	Toilets: Admission	Private search area: prisoners	Wheelchair friendly	Separate holding cells	Overnight holding cell	Hospital	Clinic	Cells: contagious diseases	Pharmacy	Classrooms	Cells converted into classrooms	Workshops	Non-contact visit area	Contact visit area	Private search areas: visitors	Seating for visitors	Microphones working	Visiting room: attorneys	Courtyard	Sportsfield	Dining hall	Seating inside dining hall	Eating Utensils	Kitchen	Beds	Mattresses	Blankets	Hot water in cells	Ablution facilities	Privacy of facilities	Shop	Library	Farming activities	
UMTATA MED.	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
UMZINTO	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
UNIONDALE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
UPINGTON	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
UTRECHT	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
VANRHYNSDORP	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
VENTERSBURG	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
VEREENIGING	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
VICTORIA WEST	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
VIRGINIA	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
VOLKSRUST	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
VOORBERG MED. A	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
VOORBERG MED. B	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
WARMBOKVELD	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
WATERVAL MED. A	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
WATERVAL MED. B	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
WEPENER	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
WILLOWVALE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
WINBURG	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
WITBANK	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
WOLMARANSSTAD	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
WORCESTER FEMALE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
WORCESTER MALE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
ZASTRON	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
ZEERUST	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
ZONDERWATER MED. A	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
ZONDERWATER MED. B	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•