Title

Call for input on current issues and good practices in prison management

Prepared by:

The Uganda National Medical Alliance for Prisoners' Support (TUNMAPS)

P.O.BOX.8740, Kampala – Uganda. Tell: +256-485-660-406. Mob: +256-788-417-011

Email: ugandanationalmedicalalliancy@gmail.com

Web contact: www.tunmaps.org

Submission Date: 5 November 2023

Executive summary

The Uganda National Medical Alliance for Prisoners' Support (TUNMAPS) is an alliance of health professionals responsive for steering strategies to strengthen rapid health economic development, research, rehabilitation and mindset change for prisoners and their families in Uganda. The input on current issues in prisons management has been designed to focus:

Major challenges and their causes, innovation and good practices, recommendations on how to improve existing prison management aiming at contributing towards epidemic control for HIV/AIDS, TB, and SRH in prisons. This will range from, mobilizing detainees to increase uptake of services, participation, increasing adoption of positive practices, strengthening and sustaining community referral and linkages; and strengthening advocacy for improved health service delivery in prisons and other detention centers. As stated in the call, the input shall focus on the overall guidance on the input has practically based on prisons led and peer-driven approach leveraging on existing context-based local structures and methodology. This approach is intended to contribute to improved demand for, access to, and utilization of services ai care and support in prison and other detention centers in Uganda. The input's integrated implementation of prisons-based interventions will be inclined to the identification, enrolment, retention and adherence to quality services. These inputs has been designed according to the call.

Introduction

Global Epidemiological Context for non and communicable pandemics in prisons

People in prisons and closed settings are adolescents and adults, male and female, drug using and non-drug using, trans and gender diverse. Programming should be available to address the needs of these different groups in their diversity (Global Fund, 2022). According to the World Health Organization (WHO), HIV, Tuberculosis and Hepatitis C virus (HCV), are the major concern for people detained in prisons and other closed settings. Available data demonstrate that 1 in 4 detainees are HCV-positive, and the estimated global HIV prevalence in prisoners is 3%. Access to recommended prevention, testing and treatment for these conditions is often not available in prisons (WHO, 2023). According to a Joint United Nations Program on HIV/AIDS (UNAIDS) report on update of HIV in Prisons and other closed settings, HIV prevalence among women in prison was 5.2% (n=63 countries) and 2.9% (n=74 countries) among men. According to a Global Fund prisons and other closed settings: Priorities for Investments and Increase Impact Allocation Period 2023-2025 Technical Brief, people in prisons and other closed settings are disproportionately impacted by HIV and TB. The risk to people in prisons comes not just from lack of adequate TB or HIV or SRH services, but also from policies that increase detention or prevent coordination of treatment between prison and community health facilities. Long waits in pre-trial detention, overcrowding, lack of adequate ventilation, sanitation or nutrition in closed settings all increase the risk of transmission of HIV and TB and worsen the health of people

living with these infections. The rates of Tuberculosis (TB) in prisons and other closed settings are sharply higher than in the general population making TB prevention and treatment essential. Since people are transferred between facilities and move between closed settings and the community, it is important to create services inside closed settings equivalent to those outside, and linkages to ensure continuity of services for those released. Treatment and special protection of the rights of incarcerated people are mandated under the Sustainable Development Goals (SDG) 3,4,5,6, 8,10 and 16) which stress that we will "leave no one behind" as well as under United Nations (UN) human rights instruments (Hout & Mhlanga-Gunda , 2019).

Current National Context and situational analysis in Uganda prisons

1.1 Health needs and rights situation in prisons and other detention centers in Uganda

The health policy for prisons and other detention centers states that all prisoners should have access to the health services available in the country without discrimination on the grounds of their legal situation (UPS Healthy Policy). It recommends availability of measures, including health assessment screenings, to reduce suicide and self-harm, such as alternatives to custody, diversion to mental healthcare, promotion of family support, drug treatment and detoxification, and training for officials to identify and address persons who are at risk of suicide and self-harm.

The UPS health management system is comprised of 1 National Prisons Referral Hospital (Murchison Bay Prison) Luzira, 157 health centers (4 Health Centre IV, 50 Health Centre III and 103 Health Centre II) and 100 Village Health Teams in prisons without a health center, serving a population of approximately 405,923 people including prisoners, staff and their families and the nearby communities (UPS annual performance report, 2022). The same report shows a slight increase in mortality rate among prisoners from 3.8/1,000 in FY2020/2021 to 4.1/1,000 in FY2021/2022 (0.3% increase) on account of increase in communicable disease burden among the prisoners.

The most prevalent communicable disease among prisoners include Tuberculosis and other airborne diseases like common flue and cold cough

The Uganda Police Force (UPF) also upholds the rights and dignity of people with any medical condition and takes responsibility for the health of all suspects in its custody. There are 96 Police health facilities distributed in 76 districts and 3 outreach clinics as follows: HC II (81), HC III (11) and HC IV (04). The services are mainly outpatient care, except for the six (06) maternity centers at, Nsambya, Masaka, Jinja, Mbale, Tororo and Arua. The HC II's are unable to provide special services that include HIV/AIDS, emergencies and public health response, laboratory services, maternal and child health (UPF health report, 2022). Suspects in police custody with such conditions are referred to government health facilities for further management that comes with financial and follow up challenges to both the individual and institution.

1.2 HIV/AIDS situation in prison and other detention centers in Uganda

According to the UPS FY2021/2022 annual performance report, the HIV/AIDS prevalence rate among prisoners and staff is 15.0% (14.4% among men and 24.2 % among females) and 12% (10.5 among men and 14.5 among Female) respectively compared to the national prevalence rate

of 5.8%. The Uganda Prisons Service sero-behavioural survey 2013-2014 report indicated that this high prevalence is attributed to risk behaviors. The most common perceived risk behavior was sharing razor blades (38.5%), having sex with other prisoners (29.3%), and cutting the skin for decorations (11%) and use of injected drugs (9.8%). Among prisoners who reported using injecting drugs, 49.2% reported sharing injection instruments and only 97 (76%) of those who shared cleaned the instruments before sharing.

The available annual statistical report of remand homes and rehabilitation centres 2017/2018 indicates that all children are screened for HIV on admission and those found HIV positive are referred to hospital for confirmatory test and enrolled in care but misses out on the HIV prevalence data (National Remand homes information management system dashboard). The same report documents the challenge of incomplete data entry in the information management system.

There is no data on HIV prevalence among people detained at the district Central Police Stations (CPS) reflecting a gap in HIV Testing services (HTS) and continuity of care and treatment for those who are HIV positive.

1.3 Tuberculosis Situation in prisons and other detention centres in Uganda

The Uganda Prisons service annual performance report FY2021/2022 shows the TB prevalence of among prisoners was 623/100,000 persons which is higher than the national prevalence rate of 174/100,000 population partly due to congestion in the prisons. As a result, the rate of TB and HIV/AIDS co-infections remain a challenge in the reduction of TB prevalence among inmates. The same report shows that 1,236 cases of Tuberculosis were registered at 30 supported sites, of which 575 cases (46%) were detected among prisoners on entry/ admission, including 159 female prisoners through pre-entry medical screening further confirming the high rate of TB infections among prisoners and the need to strengthen case detection on entry. The TB cure rate is higher among female prisoners (86%) compared to male prisoners (73%). However, the TB cure rate among prisoners is still low due to their release upon completion of their sentences while on TB Treatment and the difficulty in following such cases in their respective communities. Still, congestion in prisons continued to increase from 323% to 346% in June 2022 on account of 8.6% increase in prisoners' population from 64,555 prisoners in June 2021 to 70,119 prisoners in June 2022 (Uganda Prisons Services, 2022) implying an increased risk of TB transmission to other inmates.

The team could not find data on TB among children in remand homes and rehabilitation centres in Uganda.

According to the annual health report FY2022, UPF offered comprehensive TB services to 211 patients at the thirteen (13) health centers of Nsambya, Naguru, Jinja, Tororo, Mbale, ASTU Katakwi, Gulu, Arua, Hoima, Kabarole, Mbarara, Rukungiri, and Masaka. See Figure 7. There a special program of screening and management of TB among suspects in police cells was implemented at 16 high volume police stations of; CPS Kampala, Kawempe, Jinja Road, Old Kampala, Katwe, Kajansi, Entebbe, Mukono, Nagalama, Kasangati, Kiira Division, Wandegeya, Kabalagala, Nateete, SIU Kireka and Kiira Road, which sites are located in Kampala

Metropolitan. Despite the limited coverage, 739 (M: 598; F: 141) presumptive TB cases were tested of whom 26(M: 21; F: 5) turned positive representing a positivity rate of 3.5%.

1.4 Sexual and Reproductive Health situation in prisons and other detention centres in Uganda

During the FY2021/22, the Uganda Prisons service looked after a daily average of 246 babies staying with their mothers in prison through provision of nutritious feeding, hygiene and sanitation services (UPS annual performance report,2022). The same report shows that except for provision of sanitary towels, no other sexual and reproductive health (SRH) services were reported. This indicates that reaching people in prisons and closed settings with SRH services is a huge challenge. There is no data on SRH services among children in remand homes and rehabilitation centres. Out of the 96 Police health facilities, 17 (17.7%) provide MCH services in Arua, Mbale, Kampala and Masaka (Police health report, 2022).

1.5 Human Rights Situation in prisons and other detention centres in Uganda

Gross overcrowding remains a problem in prisons, police cells, and unofficial detention facilities. In September 2022, prison officials reported that prisons with a capacity of 19,986 held 70,535 inmates. The UPS reported that lengthy pretrial detention as well as an inmate population rate that outstripped the rate at which prisons were able to expand were the leading drivers of overcrowding. In November 2022, the UN Committee against Torture stated its "concern at reports indicating that overcrowding in prisons had resulted in limited access to bedding and sleeping space, poor health care and drug stock shortages in detention facilities." The Committee stated that "reports indicate that ill-treatment still occurs, especially beating of inmates by 'katikiros' (leaders appointed among inmates) and prison warders imposing solitary confinement and caning as disciplinary measures. The Committee [noted] the establishment of human rights committees mandated to monitor places of detention but [remained] concerned at reports that they are not functional and that their members have limited knowledge and skills regarding human rights violations."

Health Problem Context

Prison populations in Uganda have the highest estimated HIV/AIDS prevalence rates. However, challenges such as regular sexual partnerships and sharing of unsterilized sharp instruments among inmates, recidivism, and lack of awareness contribute to HIV/AIDS acceleration. A desired goal is for every inmate to know their zero-status, necessitating strengthened testing and awareness campaigns in prisons and other detention centres in Uganda.

HIV and TB disproportionately affect people in prisons and other closed settings. The risk to people in prisons comes not just from lack of adequate TB or HIV or SRH services, but also from policies that increase detention or prevent coordination of treatment between prison and community health facilities. Long waits in pre-trial detention, overcrowding, lack of adequate ventilation, sanitation or nutrition in closed setting all increase the risk of transmission of HIV and TB and worsen the health of people living with these infections. The rates of Tuberculosis (TB) in prisons and other closed settings are sharply higher than in the general population making TB prevention and treatment essential. Reaching people in prisons and other detention

centres with sexual and reproductive health (SRH) services is a huge challenge. According to a Uganda Prisons Service FY2021/22 annual report, no sexual and reproductive health (SRH) services were reported. Prisons and other closed settings being among the sources of HIV/AIDS and other diseases, the rate of other opportunistic diseases are high for instance TB, Hep. B and malaria are at a high rate and it is a key in accelerating HIV/AIDS.

Prisons in Uganda have no independent hospitals with the exception of Murchison Bay Hospital in Luzira, which serves as a referral for the 274 prisons in Uganda. Prisons in Uganda have resorted to using district hospitals for their clients which is a challenge to them because transporting inmates from prisons to community hospitals without ambulances is hard, In this regard, accessing health services is completely hard among prisoners, more so inmates living with HIV/AIDS and on ART face challenges in accessing services. However, some prisons have decided to identify a prison nurse who manages minor infections and conditions among inmates but this has always been irregular and limited to malaria, fever, minor wounds acquired from the fields and or typhoid. Nevertheless, this hired special nurse can't manage HIV/AIDS, TB, or other general conditions relating from infections, No routine investigations for Lab diagnosis and no public health education in prisons and host refugee communities.

Therefore, HIV/AIDS infection greatly increases in prison settings everyday by new inmates and lack of public health response. TB, which is marked to be a silent common opportunistic condition, has been shown to increase the replication of HIV, thus accelerating the progress of other AIDS related diseases. Responding to HIV/AIDS in prisons settings and multi-drug resistant (MDR) requires a comprehensive strategy that must be inclusive among all people living, working, and visiting prison settings and therefore must engage active multi-sectoral participation to ensure an effective public health response. Primary HIV/AIDS management and response in prison and other closed settings should focus mainly on awareness sessions to accelerate programs for prevention, elimination, stigma and Discrimination in Uganda.

If the above gaps are not solved, there will be increased HIV prevalence and associated diseases, maternal injury and death that would otherwise be avoided or prevented. Therefore, this input will integrate SRH and HIV/AIDS and TB services to ensure the optimal use of the available resources (human, material, financial, infrastructural, time) in the delivery of HIV/AIDS, TB and SRH interventions in prisons and other detention centres in Uganda.

Current Situational analysis and challenges among Prisoners, their families and ex-offenders in Uganda

This context summarizes the current situations analysis among inmates, their families and ex-offenders in **U**ganda. The results are based on evidenced practical analysis, research, studies and investigation done through prison visits, monitoring, developing questionnaires for Q&A among inmates, their families and ex-offenders

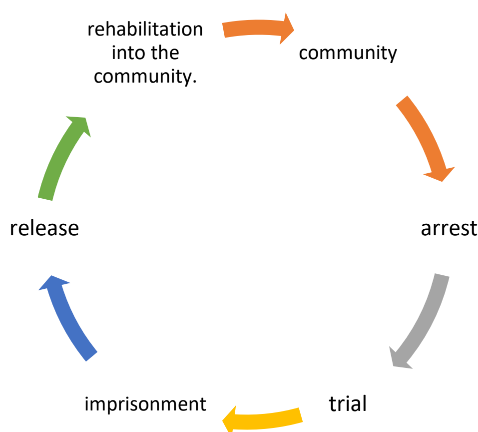
While prisoners are busy carrying their own cross under incarceration, back home their families suffer lack of basic needs like income, food, education, health and shelter due to imprisonment of their bread winners. This situation is worsened by community stigmatization that associates them to the crimes that caused the imprisonment of their family members and those who finally serve

their sentences to end without sickness or death, are met with challenges of re-integration into their communities thus community stigma, feelings of guilt and hate as well as poverty faces them head-on.

Pre-imprisonment and post imprisonment situation analysis.

The Constitution of Uganda permits any person to arrest an individual who has allegedly committed a crime or is thought to have committed a crime, once an arrest has been made, the suspect must be turned over to the police because the police are the only entity with the power to detain. Within forty-eight hours of arrest, the suspect must be presented in court or released on bond. The court then has the opportunity to remand the suspect for 120 days or 360 days, depending on the severity of the crime, until the commencement of the trial. At the end of this period, the suspect must be tried by a court of law or released from the charges. However, detainees end up being remanded for over a long period due to delayed court policies, corruption, illiteracy, injustices, inadequate court staff, High prevalence of crimes, inmates cannot access lawyers and geographical coverages etc.

See illustration below:



Factors contributing to overcrowding in Uganda prisons

Research and feasibility studies have shown increased number of inmates in prisons and other detention facilities due to;

- Poverty
- Fewer number of magistrates and judicial courts,
- Culture, norms and poor prebagain system
- Behavioral dynamics
- Illiteracy, it's de list educated people who find themselves in prisons
- Technically: Overcrowding results from the fact that the justice system is sending more people to prison, and for longer periods, than the prison capacity allows:
- Overuse of imprisonment
- Insufficient prison capacity and staffing.
- Lack of rehabilitation centres
- Poor linkage system
- Poor geographical distribution of the prisons which doesn't meet the current requirements

Social factors:

- criminal punishment,
- The overuse of pre-trial detention
- High crime rate
- Recidivism
- Poverty among the citizens
- Violation of human rights
- Lack of access to justice and legal defense mechanism

Policy factors:

- Imprisonment being used as a means to reduce crime
- Lack of clear policies, laws and practices
- Punitive criminal justice system
- Nonfunctioning criminal justice system
- Court policies,

Prison resources and governance

- The shortage of well-trained staff also hinders the governance
- Poor staff performance
- Poor attitude of the staff
- Inadequate staff also hampers the design and delivery of rehabilitation programs
- Delays and obstacles in exercising justice for the prisoners
- Excess pretrial detention
- Breach of early conditional release and probation orders
- Insufficient funding to ran the prisons
- Infrastructure is majorly old and dilapidated In many instances with limited or no space for health services delivery

Previous reports from TUNMAPS's findings and research have shown that 50% of the women detained are living with their children in prisons and this is due to the following challenges.

- Domestic violence
- Fear and insecurity
- Lack of an alternative person to take care of the child
- Poverty
- Bonding with their children

However, children detained with their parents undergo the following challenges

- Poor environmental factors causing mal absorption among children detained with their parents
- Poor nutrition

- High risk of exposure to malnutrition, Tetanus, TB, HIV/AIDs, Hepatitis B and common respiratory and gastro-intestinal conditions
- Lack of stimuli
- Mental disturbances.
- Inadequate medical, educational and recreational services (play materials).
- The lack of provision of adequate clean and warm baby clothes, diapers and baby toiletries (for example, baby wipes)

Generally, life is always harder for female prisoners than male inmates, and here are some of their main stressing challenges:

- Lack of essential materials like soap, sanitary materials and nutritional supplements
- Poor health conditions susceptible to spreading diseases
- Hard labor in unhealthy environment.
- Lack of materials for vocational skills training and development.
- Lack of nutritional supplements
- Illiteracy
- Depression, anxiety, pressure, hallucinations
- Risks

Generally, reports and lesson learnt by TUNMAPS have shown that inmates both male and female are affected with the following challenges

- Poor communication and psychological stress
- Poor health conditions susceptible to spreading of comorbidity diseases
- Gender Based Violence and inequality (GBV)
- Over staying on remands and failure to defend themselves in an intimidating court environment
- Hard labor on an insufficient food
- Poor sleeping conditions as some sleep while standing, sleeping in shifts and poor ventilation
- Suicidal tendencies
- Poor nutrition as in some prisons, prisoners eat one meal a day (posho and beans) for 7 days a week and no special diet for those with chronic conditions.
- Lack of rehabilitation services for inmates
- Non-separation of the juveniles from the adult inmates not limited to gender and risks.
- Lack of health staff, medicine and access to specialist care
- Physical and mental torture from waders and fellow inmates

On release, both ex-convicts and ex-prisoners undergo a number of challenges including

- Fear and insecurity for safe community integrations

- Threats and fatal deaths
- Lack of capital finance
- No rehabilitation programs and poor linkages to health and their family members
- Extreme violent arising from communities
- Displacement due to land wrangles
- Education challenges for prisoners' children
- Unemployment and denial of employment opportunities by the employer which increases the chances of recidivism
- Holistic poverty.
- Fear, insecurity and stigma.
- Lack of shelter and food
- Lack of capital finance
- Assaults
- Posttraumatic stress disorder (PTSD) and loss of resources.
- Rejection, discrimination, distrust and mistrust by the family, friends, relatives and society.

Juvenile offenders in Uganda

According to our research study carried, various challenges have mentioned by juveniles offenders and the key informants:

- The anti-social behaviors among juveniles themselves
- Lack of human resources
- Long period spent by juvenile in detention centres
- Poor facilities such as building have stood for a long period
- Lack of schools where juveniles can go and acquire education
- Difficulty reach parents, guardians and relatives of juvenile
- Lack of enough food to the ever increasing number of juveniles delinquent

Other key vulnerable and marginalized groups within prisons

Here below are other key vulnerable and marginalized groups in prisons

- Detained lactating mothers
- Pregnant women
- New maternal children born in prisons
- Children detained with their mothers
- People with disability (Mental and physical)
- LGBTQIs
- Drug users and addicts
- The elderly

- People with chronic conditions

Good practice in prisons management and lessons learnt during implementation process in Uganda.

1. Good practices in prisons management

- Maintain a safe and secure environment for staff, inmates, and visitors.
- Managing inmate behavior
- Direct supervision management
- Creation of alternatives to imprisonment in the community
- community service and other non-custodial measures
- No child imprisonment below 18 years
- Rehabilitation centers to reduce recidivism
- Creation of alternatives to imprisonment in the community
- Reduce sentences for good behavior
- Reduced pre detention
- Protection of human rights.

2. Good practice in prisoners' Families management

- Continued support for inmates' families
- Follow up on prisoners' children
- No imprisonment for children under 18 years
- Government should take care of prisoners' families

3. Good practice among Ex-offenders management

- Creation of rehabilitation centres for ex-convicts
- Follow up of ex-convicts living with HIV/AIDS, TB and Hep B
- Community linkage system for ex-convicts
- Social economic support for ex-convicts

Thematic Report and torture

According to information and data acquired directly from inmates, 30% reported physical torture, 3% reported aggravated torture, while 17% reported mental torture, although 50% among ex-offenders are under fear, insecurity and discriminated within the community

Table below summarizes the Solution to the challenges among inmates, ex-offenders and children living with their parents in prisons

Strategies		Approaches and Management
1.	Strengthening disease management ai HIV/AIDS, TB and Hep. C	• Support on massive HIV/AIDS, TB and Hep. C screening and treatment • Strengthen both exit and pre-entry screening strategy campaign for HIV, TB and or Hep. C among all prions exits and new entrants. • Widening the screening coverage for HIV/AIDS TB and Hep B in prisons • Surveillance and performance reviews for regional teams for HIV/AIDS, TB and malaria • moving to full electronic medical records to improve continuity of care, and decentralizing viral load testing to increase the number of prisoners tested and treated for HIV/AIDS
2.	Measures to reduce overcrowding in prisons	• Reduce sentences for good behaviors • Rehabilitation centers to reduce recidivism • Develop alternatives to imprisonment through provision of resources and infrastructure • Doing community service as punishment for minor crimes instead of imprisonment • Decreasing pre-detention • Develop a community tool for massive sensitization on how to avoid crimes • To increase access to justice and legal defense • Putting the Nelson Mandela rules into action • Creating more space for prisoners including ventilators and light
3.	Designing daily life in prisons to be focused on meaningful and productive activities, rehabilitation and reintegration, and achieving good physical and psychological health, empower the prison systems through trainings and workshops, Rehabilitation programs for inmates and ex-convicts and linking ex-convicts to health facilities for Community integration and referral networks	• Ensure and enable peer volunteers to regularly conduct one-to-one and one-to-group education sessions using IEC Information, Education and Communication materials within prisons • Provide education on HIV/AIDS and other non-communicable diseases, routes of transmission in the workplace, confidentiality, drug use, HIV prevention and treatment opportunities. • Support Implementation of national policies and training to minimize the risk of workplace exposure within prisons. • Provide mechanisms to ensure a safe physical environment such as hand washing stations, health waste management and disposal, appropriate ventilation systems (especially for the accommodation of patients with smear positive tuberculosis), and utilizing universal precautions within prisons. • Document and share research, evaluations and models of good practice • Strengthen proper Guidelines for safe community integration, safety and preparation for post release • We aim to accelerate Harm reduction programs through counselling, awareness, guidance, strengthen group work and tasks for safe community integration and referral network

		• Rehabilitating ex-offenders and the juveniles to avoid recidivisms • Develop community linkage communication approach and strategies for all ex-convicts • Linking ex-convicts living with HIV/AIDS and TB to health services. • Strengthen prisons and home based Surveillance mechanism for care and support among inmates and ex-offenders • Formation of peer and support groups for ex-convicts • Organize quarterly health camps and outreaches with existing HCs to support ex-convicts and upgrade services for inmates
4.	Innovations for providing mental health provision, including for different groups of prisoners such as those with pre-existing psychological issues, victims of torture, persons with neurodiverse conditions	• Building capacity development for mental health among inmates • Developing standard operating procedures on mental health in prisons (provision of study materials) and their families • Support rehabilitation for mental health clients within and outside prisons • Formation of After-Care and Rehabilitation Committees set up at the district or regional level to plan and devise appropriate mechanisms for rehabilitation and after-care assistance to prisoners. • Ensure a qualified psychosocial counsellor within prison settings, for initiating post-release continuum of care.
5.	Measures taken to mitigate the use and impact of solitary confinement and the development of alternative approaches for both disciplinary and non-disciplinary segregation.	Here, we need to strengthen and leverage on, • Capacity building of the criminal justice system • On job training for the prison waders • Legal awareness and legal empowerment • Continued staff monitoring and evaluation of staff and governance system • Improving prison data management system to know their needs, health and rehabilitation issues • Transparency and accountability • Strengthen the staff recruitment procedures and training • Decrease imprisonment of people with mental health care needs
6.	Laws, policies, special measures and management innovations adopted for groups with specific needs, such as women and girls, children and youth, indigenous peoples, members of national, ethnic, religious or linguistic minorities, LGBTQI+ persons, and people living with	Here, we need to strengthen and adopt laws and policies ai • Release and detention policy, Governance policy and management policy, this shall favor women, particularly those detained with their children, detained lactating mothers, pregnant women and those with mental illness • We also need to scale up maternal child health within prisons • Re-engineer health and nutrition support for key marginalized groups • Sensitization and awareness among women inmates in preparation for post release social and economic wellbeing within the community • Carry out market survey for end products made by inmates to generate income

<table>
<tr><td></td><td>past trauma and/or people with neurodiverse conditions.</td><td></td></tr>
<tr><td>7.</td><td>Preparing for next pandemic (what worked and what did not in COVID-19 responses to prison management? Any negative consequences of those measures?)</td><td>
Here we need to engage partner agencies both local and international, faith based agencies, Government, technocrats to strengthen massive sensitization about the pandemic mitigation and awareness
<table>
<tr><th>What went well</th><th>what didn't go well</th></tr>
<tr><td>Online digital justice were effectively introduced</td><td>Implementation of SOPs was difficult due to overcrowding, limited space for quarantine, illiteracy and inadequate resources for implementation</td></tr>
<tr><td>SOPs were set for all visitors, new inmates and prison staff</td><td>Access to services were scrapped off from inmates and visitors were suspended</td></tr>
<tr><td>There was massive release of offenders with minor cases and elders, this led to decongestion</td><td>Funding for prisons services were reduced. This made life harder due to shortage in daily necessities</td></tr>
<tr><td>Prisons overcrowding were reduced</td><td>Reduced involvement of prisoners in constructive activities interrupted rehabilitation benefits for the prisoners</td></tr>
<tr><td>Prisoners would keep within their dometries 24/7</td><td>A number of prisoners were not immunized against covid 19</td></tr>
<tr><td></td><td>Mental and psychological disorders due to prolonged isolation and anxiety among inmates and their families</td></tr>
</table>
Recommendation

We need to upgrade and reinstall services that were restructured/restricted within prisons during the pandemic period, implement online digital training for inmates, prisoners' families and prison warders for the purpose of rehabilitation and easing accessibility to online services, increase accessibility to telephone call to allow inmates communicate with their families
Reinstall funding mechanisms and dynamics in order to re-implement services that were restructured during the pandemics
Increase or provide IEC materials among inmates to increase on awareness of inmates and provide them with regular updates on covid 19 and other communicable pandemics
Provide support for prison officers and other personnel on how to deal with stress, anxiety and other challenges they face as a result of covid 19

</td></tr>
</table>

8.	Responding to climate-change effects on prisons and prison populations and climate-proofing prison management and conditions of detention.	• Emphasize on training of inmates and prison warders on climate and environmental change management and awareness • Early preparation for disaster management and mitigation
	Increase the scope of support for prisoners' families	• Continued home visits to assess and follow up on prisoners' families • Proper record keeping including addresses of prisoners' families for easy follow up within their communities • Government to allocate funds to support prisoners' families • Continued psychosocial support for inmates' families • Social economic support for prisoners' families like vocational skilling
9.	Maintaining human rights standards in prisons outsourced to private companies.	• Advocate for fair social policies and guidelines for crime prevention • Advocate for comprehensive criminal justice reform strategies • Advocate for elimination of corruption in the criminal justice system • Advocate for rights of inmates to access services • Advocate for other key service provider to be given permission render services in prisons
10.	Support the implementation of SMS platforms	• Emphasize on training of health workers, workshops, develop education implementation plan of SMS, Usage and digital referral for Implementation of digital registers
11.	Communication strategy	• Creation of a mobile app with detailed information regarding inmates and ex-convicts living with HIV/AIDs and TB. • Create a toll free line for consultations and reporting of the released inmate living with HIV/AIDS to health facilities and or their families • Design tools for safe community integration
12.	Capital and capacity development association for all ex-convicts in Uganda	Here, we need to strengthen on, • Vocational skills development for inmates in preparation for post release social and economic well being • Education of inmates on life skills in preparation for post release and social integration • Carry out market survey for end products made by inmates to generate income
13.	Capacity building	• Capacity building of the criminal justice system • On job training for the prison waders • Legal awareness and legal empowerment • Continued staff monitoring and evaluation of staff and governance system • Improving prison data management system to know their needs, health and rehabilitation • Transparency and accountability • Strengthen the staff recruitment procedures and training • Decrease imprisonment of people with mental health disorders and needs

14.	Partner engagements to scale up funding to support the case	• Here we need to engage partner agencies both local and international, faith based agencies, Government, technocrats and strengthen massive sensitization
15.	Women, Girls and juvenile offenders in Uganda	Here, we need to strengthen sexual and reproductive health issues, GBV, and leading them to better services

Recommendations

The Uganda National Medical Alliance for Prisoners' Support (TUNMAPS) has registered in bringing down HIV/AIDS and other non-communicable prevalence, communicable diseases like TB and C19, gender parity promotion, teenage pregnancies (SRH among girls, women and juveniles), accelerate access to services and human rights and violent extremism in prisons settings and communities. By supporting this noble cause, the initiatives supported by development partners will strengthen TUNMAPS efforts, but also meaningfully engage TUNMAPS members in Mobilizing prison warders across the country to coordinate better with other implementing partners in the fight against injustices, strengthen improved access to services, human rights and better health.

Conclusion

We call upon partners across the world to join us in addressing **inputs on current issues and good practices in prisons management**