



'PRISONERS ARE BOTTOM OF THE PILE'

THE HUMAN RIGHTS
OF INMATES IN GHANA

**AMNESTY
INTERNATIONAL**



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Front cover: A still from a Ghanaian current affairs television programme highlighting conditions in the country's prisons. Cells are severely overcrowded and prisoners are packed tightly together when sleeping. © Metro TV

Back cover: Food being prepared for prisoners. In Ghana, inmates often have to rely on family members for additional food, medicines and other necessities.

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Map of Ghana © Nations Online Project

1. INTRODUCTION

“I had a lawyer that my family paid for, but I don’t have money to make an appeal. Another woman was pregnant and appealed and got out... I just don’t want to be here. I want to go home. My child is my problem. I want to go home.”

Nana, a pregnant woman in her 20s with an 11-month-old baby at home, serving a four year sentence for petty theft.¹

In September 2011, Amnesty International visited Ghana to investigate prison conditions and the impact they have on the human rights and well-being of prisoners. The organization found that prisons in Ghana dramatically fail to meet international obligations and standards on prison conditions.

Overcrowding is severe in many of the country’s prisons; food and medical care are inadequate and many prisoners rely on family members and outside organizations for additional food, medicines and other necessities. Skin diseases are common; and tuberculosis, malaria, hepatitis and pneumonia are also prevalent but the prison health system is unable to guarantee adequate medical care within the prisons.

Penal institutions in Ghana are in need of repair, refurbishment and maintenance. Some inmates do not have access to toilets at night so they use buckets or plastic bags in which to urinate and defecate. Many of the preventable illnesses that affect prisoners are a result of the harsh conditions in the cells. In some cases, the conditions are so poor that they constitute cruel, inhuman and degrading treatment.

Those who endure these prison conditions include both convicted prisoners and hundreds of people in pre-trial detention. Amnesty International found that many of those awaiting trial had been in prison for long periods – some of several years. Such lengthy pre-trial detention constitutes a breach of international human rights law.

The challenges faced by the Ghana Prisons Service are no secret. In the 2009 report of the prison service, the Director General noted that "Nutrition of prisoners was of much concern..." and that "health care for officers and inmates remain another serious challenge for the Service".²

The government had earlier acknowledged challenges and shortcomings in comments to UN bodies in the course of human rights reviews. In its report to the 2008 Universal Periodic Review of Ghana’s human rights performance, Ghana stated “Some of the prison buildings are old and not suitable for habitation” and “The issue of remand prisoners is still of some concern since some trials are rather delayed”.³

In the 2009 State Party report submitted to the Committee against Torture, the government of Ghana noted: “The detention facilities where persons are held for the commission of crime are overcrowded and are in very deplorable state. Indeed 26 out of the 42 detention centres

nationwide have exceeded the authorized capacities for the centres".⁴ During Amnesty International's meetings with prison services headquarters staff in Accra in September 2011, a number of additional challenges posed by the prison system infrastructure were also acknowledged.

Thanks to the co-operation of Ghana Prisons Service (GPS) Headquarters and individual prison staff, in September 2011 Amnesty International visited the following 10 facilities, some more than once: Nsawam Central Men's Prison, Nsawam Female Prison, Senior Correctional Centre (Accra) for boys, Tamale Men's Prison, Tamale Female Prison, Kumasi Male Prison, Kumasi Female Prison, Sunyani Male Prison, Sunyani Female Prison and Sekondi Male Prison. These prisons were chosen because they are under direct control of the national authorities, are among the largest prisons in the country with severe overcrowding, and contain the majority of long term prisoners including those serving life sentences or under sentence of death.

For this report Amnesty International delegates, some of whom had a health background, interviewed some 80 prisoners, both remand prisoners (those awaiting trial) and convicted prisoners. Most were interviewed in depth in private though some general discussions with prisoners took place in cells or in prison yards during visits to the prison facilities. To protect the identity of interviewees, names and identifying characteristics of prisoners have been omitted. Amnesty International also interviewed prison department staff, prison officers and health staff, local non-governmental organizations, staff of the Commission on Human Rights and Administrative Justice (CHRAJ), lawyers, and other criminal justice and health experts. After the visit, Amnesty International shared the findings with the Ghana Prisons Service.

REFORMS AND DEVELOPMENTS

Some reforms to tackle overcrowding have been introduced, including the Justice for All programme that commenced in 2007 and brings judges into the prisons to conduct hearings with untried prisoners. Since September 2011, there have been additional developments. The maximum security Ankafu Prison was commissioned by President John Evans Atta Mills on 8 November 2011 and the first 200 prisoners were transferred there in March 2012. A medical team was present to undertake screening the prisoners for various diseases and the prisoners will be provided with a bed and mattress -- "unlike what currently pertains in most Ghana prisons", said an official.⁵

This may ease but will not solve, the overcrowding problem. With a current excess of 5,500 prisoners above recommended levels, the transfer of a maximum of 2,000 prisoners to the new facility will still leave Ghana's prison system with more than 3,000 prisoners in excess of capacity.

On November 2011, the Minister of the Interior, Benjamin Kunbour, was reported as telling Parliament that proposals have been mooted to convert part of James Town Camp Prison in Accra into a Remand Prison to reduce the pressure on the Nsawam Medium Security Prison and that a settlement camp prison would be opened to further reduce the overcrowding in the prisons.⁶ He also announced that the government was tripling the daily allowance for feeding prisoners.⁷

1.1 GHANA'S HUMAN RIGHTS OBLIGATIONS

“Ghana is committed to the protection and promotion of fundamental human rights and freedoms. Ghana takes its international obligations seriously and supports the development of international human rights.”

Ghana report to UN Universal Periodic Review, 2008⁸

As a UN member since 1957, Ghana is obliged to comply with the UN Universal Declaration of Human Rights and the human rights treaties to which it is a party. In particular, Ghana is obliged under national and international law to protect the rights of prisoners and those in its custody. Ghana's Constitution and several national laws also guarantee respect for and monitoring of human rights,⁹ but in practice the state authorities have failed to fully implement national, regional and international human rights law and standards in prisons.

GHANA: HUMAN RIGHTS TREATY RATIFICATIONS

Treaty	Ratified
International Covenant on Civil and Political Rights	7 September 2000*
International Covenant on Economic, Social and Cultural Rights	7 September 2000
Convention on the Elimination of All Forms of Racial Discrimination	8 September 1966
Convention on the Elimination of All Forms of Discrimination against Women	2 January 1986
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	7 September 2000
Convention on the Rights of the Child	5 February 1990
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment	7 September 2000**
African Charter on Human and Peoples' Rights	24 January 1989

* First and Second Optional Protocols also ratified on this day

** Ghana has signed but not yet ratified the Optional Protocol that permits international inspection of places of detention

Humane treatment

Article 10 of the International Covenant on Civil and Political Rights (ICCPR) states that "All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person". In addition, "The penitentiary system shall comprise treatment of prisoners the essential aim of which shall be their reformation and social rehabilitation."¹⁰ The ICCPR also specifies that, save in exceptional circumstance, accused persons shall be detained separately from convicted and that juveniles shall be detained separately from adults.¹¹ The UN Human Rights Committee has stated that

"Article 10, paragraph 1, imposes on States parties a positive obligation towards persons who are particularly vulnerable because of their status as persons deprived of liberty, and complements for them the ban on torture or other cruel, inhuman or degrading treatment or punishment contained in article 7 of the Covenant. Thus, not only may persons deprived of their liberty not be subjected to treatment that is contrary to article 7, including medical or scientific experimentation, but neither may they be subjected to any hardship or constraint other than that resulting from the deprivation of liberty; respect for the dignity of such persons must be guaranteed under the same conditions as for that of free persons. Persons deprived of their liberty enjoy all the rights set forth in the Covenant, subject to the restrictions that are unavoidable in a closed environment. ... Treating all persons deprived of their liberty with humanity and with respect for their dignity is a fundamental and universally applicable rule. Consequently, the application of this rule, as a minimum, cannot be dependent on the material resources available in the State party. This rule must be applied without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status."¹²

The Human Rights Committee has highlighted the obligation of states to ensure that all persons who are deprived of their liberty are provided with adequate food, healthcare, sanitation as part of the state's obligations under Article 10 but in certain circumstances has also considered that a failure to provide these would violate articles 6 and 7 (rights to life and prohibition on torture, cruel, inhuman or degrading treatment or punishment).¹³

In *Mukong v. Cameroon*, the Human Rights Committee stated:

"As to the conditions of detention in general, the Committee observes that certain minimum standards regarding the conditions of detention must be observed regardless of a State party's level of development. These include, in accordance with Rules 10, 12, 17, 19 and 20 of the *U.N. Standard Minimum Rules for the Treatment of Prisoners*, [Adopted by the First U.N. Congress on the Prevention of Crime and the Treatment of Offenders, held in Geneva in 1955, and approved by ECOSOC in its Resolutions 663C (XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977.] minimum floor space and cubic content of air for each prisoner, adequate sanitary facilities, clothing which shall be in no manner degrading or humiliating, provision of a separate bed, and provision of food of nutritional value adequate for health and strength. It should be noted that these are *minimum* requirements which the Committee considers should always be observed, even if economic or budgetary considerations may make compliance with these obligations difficult."¹⁴

Under Article 5 of the African Charter on Human and Peoples' Rights, the government of Ghana is required to protect every individual's human dignity and to prohibit "all forms of exploitation and degradation," particularly slavery, slave trade, torture, cruel, inhuman or degrading punishment and treatment.

Right to health and underlying determinants: water, sanitation and food

Under Article 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) to which Ghana is a party, the government is required to guarantee all persons' rights to water, sanitation and food. Article 12 of this Covenant guarantees "the right of

everyone to the enjoyment of the highest attainable standard of physical and mental health", often abbreviated to "the right to health". According to the Committee on Economic, Social and Cultural Rights which monitors this Covenant, "the right to health, as defined in article 12.1, [is] an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health."¹⁵ "States are under the obligation to *respect* the right to health by, *inter alia*, refraining from denying or limiting equal access for all persons, including prisoners or detainees".¹⁶ The Committee has also stated that prisoners and detainees should be "provided with sufficient and safe water for their daily individual requirements, taking note of the requirements of international humanitarian law and the United Nations Standard Minimum Rules for the Treatment of Prisoners".¹⁷

The UN Special Rapporteur on the human right to safe drinking water and sanitation has also underlined that states "must ensure [that] everyone has physical and economic access to sanitation, in all spheres of life, which is safe, hygienic, secure, socially and culturally acceptable, provides privacy and ensures dignity".¹⁸ The UN Special Rapporteurs on water and sanitation, health and torture issued a joint statement on World Toilet Day 2009, which emphasized that "States must ensure that everyone, including people in detention, have access to safe sanitation. Without it, detention conditions are inhumane, and contrary to the basic human dignity which underpins all human rights."¹⁹

The African Charter on Human and Peoples' Rights provides at article 16 that "Every individual shall have the right to enjoy the best attainable state of physical and mental health [and] States Parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick".²⁰ The African Commission on Human and Peoples' Rights has also clarified that the right to food is also implicitly protected under the African Charter. In its decision in *The Social and Economic Rights Action Center for Economic and Social Rights v. Nigeria*, the African Commission stated "The right to food is inseparably linked to the dignity of human beings and is therefore essential for the enjoyment and fulfilment of such other rights as health, education, work and political participation. The African Charter and international law require and bind Nigeria to protect and improve existing food sources and to ensure access to adequate food for all citizens".²¹

As a state party to the ICESCR and the African Charter on Human and Peoples' Rights, the government of Ghana has legal obligations to respect, protect and fulfil the rights proclaimed therein.

The rights guaranteed in these international treaties apply to everyone within a State's territory, without discrimination, including those in prison. Prisoners are wholly dependent on the State to provide them with food, healthcare, water, and sanitation and unlike others in the population, have no ability to access these services and resources through their own means while they are held in state custody. This dependency means the State must ensure that they are provided with adequate food, water, sanitation and healthcare, which cannot fall below certain minimum levels.

In addition to the obligations under the ICCPR, ICESCR, and the African Charter on Human and Peoples' Rights the specific rights of prisoners are addressed in a number of international standards. These include, in addition to the UN Standard Minimum Rules for the Treatment of Prisoners (1955), the UN Body of Principles for the Protection of all Persons Under Any Form of Detention or Imprisonment (1988); the Standard Minimum Rules for Non-Custodial Measures or the Tokyo Rules (1980); the Standard Minimum Rules for the Administration of Juvenile Justice or the Beijing Rules (1985); the Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders or the Bangkok Rules (2010); the Arusha Declaration on Good Prison Practice (1999), the Kampala Declaration on Prison Conditions in Africa (1997); and the Ouagadougou Declaration and Plan of Action on Accelerating Prison and Penal Reforms in Africa (2003). These standards address pertinent civil, political, social, economic and cultural rights of people in prisons.

A key point in the UN Body of Principles for the Protection of all Persons under any Form of Detention or Imprisonment is that "Except for those limitations that are demonstrably necessitated by the fact of incarceration, all prisoners shall retain the human rights and fundamental freedoms set out in the Universal Declaration of Human Rights, and where the State concerned is a party, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights and the Optional Protocol thereto, as well as such other rights as are set out in other United Nations covenants."²² This report examines the extent to which this goal is realized in Ghana.

2. PRISONS IN GHANA: AT THE RECEIVING END OF THE CRIMINAL JUSTICE SYSTEM

In September 2011 approximately 13,500 prisoners were held in 42 facilities across Ghana. These facilities ranged from a detention centre for child offenders under 18 years of age, women's prisons, central prisons, local prisons to farm prisons. Altogether these facilities are only intended to hold just under 8,000 prisoners, which means the prison system was operating at approximately 170 per cent capacity.

The prison system in Ghana is established under the Constitution,²³ regulated according to the Prison Regulations²⁴ and the Prison Services Decree,²⁵ and all prisons are managed by the Prisons Service of Ghana. The function of the prisons service is, "to ensure the safe custody and welfare of prisoners and whenever practicable to undertake the reformation and rehabilitation of prisoners".²⁶ Moreover, "in the performance of its functions the Service shall ensure (a) that a person is not subjected to (i) torture or inhuman or degrading punishment, or (ii) any other condition that detracts or is likely to detract from human dignity or worth, and (b) that a person who has not been convicted of a criminal offence if kept or confined in a prison is not treated as a convicted person..."²⁷

In 2009, total government budgetary allocation for the Ghana Prison Service (GPS) was approximately 16 million cedi [US\$9.7 million at current conversion rates] or nearly half of

the GPS estimated necessary budget of 31 million cedi (US\$18.7 million).²⁸

The problem of overcrowding in Ghana's prisons is caused by numerous factors including capacity of the prisons, inadequate police investigations, too few public defenders, absence or shortage of judges, inability of defendants to pay lawyers' fees, sentencing policies that result in long custodial sentences, lost case files, and lack of implementation of non-custodial sentences. While the subject of this report is prison conditions, it is clear that failures within the criminal justice system are a significant root cause of the overcrowding problem and therefore an important contributory factor in the failure of the prison system to meet international and national obligations and standards for the treatment of prisoners. Some criminal justice issues are therefore touched on briefly below.

2.1 VIOLATIONS OF DUE PROCESS

Remand prisoners significantly contribute to the overcrowding of Ghana's prisons. Amnesty International met prisoners who claimed to have been on remand for as long as two to seven years. The UN Human Rights Committee considered (in a non-African case) that a delay of some 16 months before the start of the trial of an individual for murder violated article 9(3) of the ICCPR.²⁹ The African Commission on Human and Peoples' Rights found that a delay of two years without a hearing or projected trial date constituted a violation of the requirement in Article 7(1)(d) of the African Charter on Human and Peoples' Rights to be tried within a reasonable time.³⁰

Fair trial or due process rights are enumerated in Article 14 of the ICCPR, are applicable to all equally and include the right to be informed of the charges promptly and in a language the accused understands; the right to a fair and prompt hearing before a competent, independent and impartial tribunal; presumption of innocence; the right to defend oneself or have counsel of one's choosing and for that counsel to be provided free of charge if you cannot afford to pay; and the right to appeal.

RIGHT TO A PROMPT TRIAL

Article 9(3) of the ICCPR: "Anyone arrested or detained on a criminal charge shall be brought promptly before a judge or other officer authorized by law to exercise judicial power and shall be entitled to trial within a reasonable time or to release. It shall not be the general rule that persons awaiting trial shall be detained in custody, but release may be subject to guarantees to appear for trial, at any other stage of the judicial proceedings, and, should occasion arise, for execution of the judgement."³¹

Principle 38 of the Body of Principles for the Protection of All Persons under any Form of Detention or Imprisonment: "A person detained on a criminal charge shall be entitled to trial within a reasonable time or to release pending trial."³²

Paragraph 2(C) of the African Commission Resolution on the Right to Recourse and Fair Trial: "Persons arrested or detained shall be brought promptly before a judge or other officer authorized by law to exercise judicial power and shall be entitled to trial within a reasonable time or be released."³³

According to the Ghana Constitution prisoners detained on suspicion of a criminal act "shall be brought before a court within forty-eight hours after the arrest, restriction or detention" and thereafter shall be dealt with "within a reasonable time". Failing that, the prisoner should be released either unconditionally or for recall to a court hearing at a later date. (See box

below). Prisoners and lawyers told Amnesty International that this principle was not respected and many remand prisoners spend lengthy time in prison before any trial proceedings.

CONSTITUTION, ARTICLE 14

(1) Every person shall be entitled to his personal liberty and no person shall be deprived of his personal liberty except [...] in accordance with procedure permitted by law.

(2) A person who is arrested, restricted or detained shall be informed immediately, in a language that he understands, of the reasons for his arrest, restriction or detention and of his right to a lawyer of his choice.

(3) A person who is arrested, restricted or detained

(a) for the purpose of bringing him before a court in execution of an order of a court; or

(b) upon reasonable suspicion of his having committed or being about to commit a criminal offence under the laws of Ghana, and who is not released, shall be brought before a court within forty-eight hours after the arrest, restriction or detention.

(4) Where a person arrested, restricted or detained under paragraph (a) or (b) of clause (3) of this article is not tried within a reasonable time, then without prejudice to any further proceedings that may be brought against him, he shall be released, either unconditionally or upon reasonable conditions, including in particular, conditions reasonably necessary to ensure that he appears at a later date for trial or for proceedings preliminary to trial.³⁴

One reform introduced in 2007 -- the Justice for All programme -- resulted in judges going into prisons to hear the cases of remand prisoners accused of relatively minor crimes and determining whether the prisoners should be released, convicted, or bailed pending trial. The rate of releases under the Justice for All programme slowly increased from its start in 2007 -- 239 prisoners had been released in the first three years of the programme.³⁵ In August 2011, the outcome of hearings of the cases of 134 remand prisoners by judges in Nsawam male prison resulted in 59 of them being discharged, 46 being granted bail, 11 being convicted, nine applications dismissed and seven cases referred for continuation.³⁶

Several prisoners expressed frustration that the Justice for All programme focused on prisoners charged with less serious crimes. Some of those on remand charged with serious crimes wanted to have their cases reviewed under the Justice for All programme, claiming that they were victims of miscarriages of justice. The terms of reference for the Justice for All programme call for investigation of cases according to the length of time people are held on remand and not according to the alleged crime.

Some prisoners appeared to be unaware of the exact reason why they were in prison. For example, in one interview a remand inmate detained for one month told Amnesty International he had been told by police he was charged with "armed robbery", an offence that carries a severe custodial sentence, or even the death penalty, but prison records showed he was charged with "unlawful entry [to premises]", an offence that carries a lower sentence. He had not learned or understood the precise nature of the charge he faced. He appeared mystified and was very happy when he learned the real charge. A prison officer confirmed that such lack of knowledge by prisoners of the specific charges against them is not uncommon, adding that "(p)risoners should know their charge or why they are here". The authorities are obligated in Article 14(3)(a) of the ICCPR to inform a detainee "promptly and in detail in a language which he understands of the nature and cause of the charge against

him".

Another issue of serious concern is the loss of prisoner's case files. The fact that case files sometimes go missing was reported by prison officers, prisoners and lawyers. One long-term prisoner told Amnesty International that he was unable to initiate an appeal because his case records had been lost. Lawyers interviewed by Amnesty International said that official papers relating to individual cases were regularly lost. In 2009, Amnesty International recorded that the files of about 300 prisoners awaiting trial were reportedly lost, and another 300 prisoners were still being held after the expiry of their court warrant.³⁷ The detainees were being held at Nsawam Prison while prison officials, courts and the police rebuilt the cases. The right to a fair trial as detailed in Article 14 of the ICCPR includes the right to receive judgement within a reasonable time.

LACK OF ACCESS TO LAWYERS

"People here are perishing because of the lack of a lawyer"

Joseph, an inmate in his 30s

The majority of inmates are too poor to easily afford private legal services, and court appointed, pro-bono lawyers are few and overworked. Under the 1997 Legal Aid Scheme Act, anyone who earns less than the minimum wage is entitled to free legal aid. In addition, the Legal Aid Board can decide to offer legal aid to anyone they think requires it. Many prisoners interviewed by Amnesty International said they had not had a lawyer during their trial. Some prisoners said that they only met their court-appointed lawyer on the day of the trial; others that their lawyer did not appear interested in the case. Still other prisoners raised the problem of lack of money to initiate an appeal. In the words of one prisoner, "Unless you have money to take appeal then you stay in." The Committee against Torture has expressed concern at "the very limited number of legal aid defence lawyers which precludes many defendants from obtaining legal counsel".³⁸

Legal representation can be an important safeguard against unfair trials and lengthy pre-trial detention. Under international standards, suspects have the right to defend themselves or be represented by a lawyer of their choosing, and to receive free legal assistance if they do not have sufficient funds to pay.³⁹

2.2 INADEQUATE USE OF NON-CUSTODIAL PENALTIES

"A lot of prisoners don't have to be in prison -- they have committed petty theft. Community service could be an alternative. Some prisoners have committed traffic offences but have not paid a fine so they are in prison for six months to a year."

Prison official, September 2011

A number of alternatives to imprisonment exist in Ghana. Others remain to be developed. Measures such as bail, conditional release, community service and parole, could reduce the overcrowding in the prison system. Also an important option is the decriminalization of some

minor offences, a suggestion in the Ouagadougou Declaration and Plan of Action on Accelerating Prisons and Penal Reforms in Africa.⁴⁰

Although non-custodial measures have been recommended by experts in Ghana, little follow-up action has been taken. In 2003, the Commission on Criminal and Administrative Justice recommended "as a matter of urgency... for the immediate institution of alternative sentences to incarceration for minor offences so as to decongest the country's prisons".⁴¹ Voices within the prison service are also calling for alternatives. For example, the Volta Regional Commander of the Ghana Prisons Service was reported in the Ghanaian press in 2011 as saying that non-custodial sentences such as community service, verbal sanctions, confiscation and parole were necessary to reduce prison overcrowding and government expenditure in the upkeep of prisoners.⁴²

While non-custodial options are important there are difficulties in current practice with the use of these measures where they exist. For example, sometimes when fines are imposed as an alternative to incarceration, convicted offenders who are unable to pay then end up in prison. As the following case illustrates, this can have a disproportionately negative effect on poor defendants.

Efia, a female in her 30s, is held at one of Ghana's women's prisons. Amnesty International spoke to her in the prison yard at the urging of prison staff. While holding her baby, Efia told her story: "A man came ... and beat me at the farm where I was working. I used a cutlass to stop him, and I cut him [on his arm]. They fined me 350 cedi [US\$205] but I have no money and no one to pay. I do not know who the baby's father is and my mother died. My father is just there."

For lack of US\$205, Efia is currently serving three years' imprisonment. According to current policy, when her baby daughter is weaned or reaches one year of age, she will be placed in foster care until the mother is released. Prison staff expressed regret at this harsh sentence, but said there was little they could do.

According to the Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders, Principle 64, "Non-custodial sentences for pregnant women and women with dependent children shall be preferred where possible and appropriate, with custodial sentences being considered when the offence is serious or violent or the woman represents a continuing danger, and after taking into account the best interests of the child or children, while ensuring that appropriate provision has been made for the care of such children."⁴³

Furthermore, any decision about separating a child from its parent while in custody should be made in accordance with the principle of the best interests of the child, as required by Article 3 of the Convention on the Rights of the Child. When the Committee on the Rights of the Child discussed the issue of children of incarcerated parents on 30 September 2011, it reaffirmed that children incarcerated with their parents have the same rights as other children, and they should have adequate and sufficient services, such as health care, education, food and playgrounds. The Committee on the Rights of the Child also reaffirmed that: "[e]very child has the right to stay and grow up with his/her parent(s). Furthermore, a child has the fundamental right to grow up in a family and social environment conducive to

his/her development. Decisions in relation to this should always be made on an individual basis and with due consideration to the best interests of the child(ren) affected."⁴⁴

2.3 THE PRISONERS

CATEGORIES OF PRISONER

The main categories of prisoner held in prisons in Ghana are (i) remand or awaiting trial prisoners and under-trial prisoners, (ii) convicted prisoners and (iii) convicted prisoners under sentence of death. For the most part, prison authorities attempt to separate prisoners by categories. Remand, convicted and death row prisoners all have distinct parts of the prison and follow different regimes. Men and women are kept in separate facilities. Amnesty International did find that in some prisons remand and convicted prisoners were mixed during the day due to shortage of space; in others, remand prisoners slept in a cell restricted to their use within a block for convicted prisoners for the same reason of lack of space. Prisoners sentenced to death are held in a separate section and are subject to additional restrictions.

The number of *remand prisoners* – approximately 3,000 -- has been identified by the prison service, as well as by bodies such as the Commission on Human Rights and Administrative Justice (CHRAJ)⁴⁵ and non-governmental organizations (NGOs), as contributing to prison overcrowding. Remand prisoners currently make up about 22 per cent of the prison population at any given time, according to the Ghana Prisons Service.⁴⁶

Prisoners under sentence of death (known in Ghana as "condemned prisoners") are concentrated in a relatively small area of the prisons. At time of Amnesty International's visit, Nsawam Central Prison held 117 male prisoners sentenced to death and Kumasi Central Prison held 17 male prisoners. Women inmates sentenced to death are held only at Nsawam Central prison and, as of September 2011, three women were held there and one woman was awaiting transfer from Tamale Central Prison.

PUNISHMENT WITHIN PRISON

Prisoners qualify for progressive reduction of their sentence -- known as remission of sentence -- as long as their behaviour conforms to the prison rules and expectations of staff. This loss of remission was the penalty most frequently cited by prison staff for infraction of prison rules.

The Prison Regulations⁴⁷ in Article 82 define offensive language to any officer, destroying government property, trying to disrupt order and discipline in the prison, attempting to escape and violence to staff or fellow prisoners as "major offences". There are additional "minor" offences such as swearing, assault against another prisoner, disobeying an order and committing a nuisance.⁴⁸ Apart from loss of remission, punishments provided for in the Prison Services Act of 1972, include "confinement in a solitary cell" for up to 28 days; hard labour for up to 28 days; reduction of diet for up to seven days and corporal punishment in the form of caning. The UN Human Rights Committee has stated that "In the Committee's view ..., the prohibition [against torture or other cruel, inhuman or degrading treatment] must extend to corporal punishment, including excessive chastisement ordered as punishment for a crime or as an educative or disciplinary measure".⁴⁹ The Basic Principles for the Treatment of Prisoners, states at Principle 7, "Efforts addressed to the abolition of solitary confinement

as a punishment, or to the restriction of its use, should be undertaken and encouraged."⁵⁰

While Amnesty International was told by prison managers that prisoners are not subjected to corporal punishment as a formal punishment, some prisoners said that they are beaten by officers when an infraction occurs. In some prisons, short term isolation was acknowledged by staff as a disciplinary option; in others, officers said that it was not or was rarely used.

3. CONDITIONS INSIDE GHANA'S PRISONS

"The dignity of all persons shall be inviolable."

Article 15, Constitution of Ghana, 1962

"The state should recognize the prison service as a way of providing security – not just a waste pipe."

Senior prison officer, September 2011

Poor prison conditions can constitute a serious breach of human rights. As former UN Special Rapporteur on Torture, Manfred Nowak, has written: "Overcrowded and unhygienic prison conditions, together with lack of access to decent food, medicine, fresh air, daylight, and communication with the outside world soon amount to cruel, inhuman or degrading treatment, even in the absence of any physical violence."⁵¹ This chapter documents the conditions that prevailed in the prisons visited by Amnesty International in September 2011.

3.1 OVERCROWDING AND LACK OF ADEQUATE SANITATION

Prison staff at all levels and prisoners stated that overcrowding was the pre-eminent problem affecting Ghana's prison system. Overcrowding has also exacerbated the lack of adequate sanitation, food and healthcare in many prisons. Apart from the Senior Correctional Centre, all the male prisons visited suffered from overcrowding.

ADDRESSING PRISON OVERCROWDING

In 2001, the General Assembly of the United Nations adopted the Vienna Declaration on Crime and Justice which committed member states to "according priority to containing the growth and overcrowding of pre-trial and detention prison populations, as appropriate, by promoting safe and effective alternatives to incarceration."⁵² In the same year the Commission on Crime Prevention and Criminal Justice recorded the commitment of states to achieve this goal through: "including such actions as the adoption of effective measures to reduce pre-trial detention as far as possible; the introduction of appropriate alternatives to imprisonment; preferring non-custodial measures to imprisonment where possible; dealing with minor offences using options such as customary practice, mediation between concerned parties or the payment of civil reparations or compensation; and conducting public awareness and education campaigns on alternatives to imprisonment and how they work".⁵³

The most overcrowded prison visited by Amnesty International in September 2011 was Nsawam Men's Prison, which then held 4.5 times its official inmate capacity (see Table 4, Appendix). The other male prisons visited were also all overcrowded. In Sekondi prison, six remand prisoners occupied a cell approximately 2 by 3 metres [6 feet by 10 feet]. Within one of the large cells in Kumasi male prison, remand prisoners showed Amnesty International how 45 inmates sleep in a cell approximately 4 metres by 5 metres alternating head-to-toe on their sides on mats covering the entire floor, because of lack of space and beds. Prison staff agreed that this was how sleeping was arranged. At night, inmates needing to relieve themselves have to carefully step between sleeping fellow inmates to reach a corner of the cell where, if they are lucky, a single toilet is located. (In some cells, a bucket serves this purpose.) In another cell block seen by Amnesty International, 115 convicted prisoners sharing a space approximately 8 metres by 5 metres had access to one toilet after lock-up. Some prisoners said that at night they had to relieve themselves in buckets or plastic bags; others complained of the difficulty in obtaining toilet paper and soap. Lack of light and ventilation together with the heat exacerbate the oppressive nature of the cells.

NSAWAM MEN'S PRISON: GROSSLY OVER-CAPACITY

Nsawam Central Prison is Ghana's largest prison for men. Built in 1960 to hold up to 717 prisoners, it held approximately 3,280 inmates in September 2011. Of these, 1,105 (33 per cent) were on remand and 117 were convicted and under sentence of death. A senior officer of the prison acknowledged the problem of overcrowding but said that they were making good usage of available space as best they could in the circumstances: "the facility is expandable; a cell that holds three can be expanded to fit five." Another guard told Amnesty International, "Population is skyrocketing." The prison management attributed the current overcrowding to the closure of James Fort prison in 2007, which led to the distribution of that prison's population of approximately a thousand prisoners among other prisons including Nsawam.

The infirmary at Nsawam is staffed with one physician assistant, a general nurse practitioner and four health assistants. Health staff said they are over-worked, and they lack the necessary supplies to treat the many complaints of prisoners, staff and their dependants. They told Amnesty International that the infirmary lacked supplies including: anti-malarials, analgesics, medicines for skin diseases, antacids, dressings, beds, drip stands and sterilization equipment. Amnesty International did not undertake a full audit of infirmary equipment but recorded shortages described by staff. With only occasional supplies of gloves and other personal protective equipment, staff could be at increased risk of infection.

Ekow, 20 years old, sleeps with 23 other prisoners in his cell in the remand block, but sometimes this number fluctuates. They all sleep on the floor and only some people have mats to sleep on. He says they sleep head to toe and there is only one toilet in the cell. Rashes and skin diseases are common. Prisoners can leave their cells but cannot leave the small, overcrowded remand block unless they are going to court or meeting visitors.

Remand prisoners experience similar conditions to convicted prisoners in regard to accommodation. James, aged in his mid-twenties, shared a small cell with four other prisoners. He told Amnesty International: "The treatment here is not good. Our cell – the place where we sleep -- is where we urinate and go to the toilet. You don't get any privacy. You have to use the bucket." James described how prisoners get "body pains because we lie on the floor". He said they are not given space to exercise and the workshops are for convicts

only.

The UN Human Rights Committee has examined the question of prison overcrowding following a complaint from an prisoner in Trinidad and Tobago and they concluded that "...the State party admits that the author [appellant] is being kept in a 9' x 6' cell [approx. 6 square metres] together with five other inmates; nor has the State party challenged that the prisoners share a single slop pail. The Committee finds that such overcrowding is not in compliance with the requirement that prisoners be treated with humanity and with respect for the inherent dignity of the human person and constitutes a violation of article 10, paragraph 1.⁵⁴ In *Perkins v. Jamaica*, the complainant claimed "that since his conviction he has been held in a very small cell with only a sponge to sleep on and a bucket as toilet. Furthermore, he states that he is being bullied by the warders".⁵⁵ The Human Rights Committee found that the conditions of detention and the treatment as described by the complainant violated article 10, paragraph 1, of the Covenant.⁵⁶

3.2 FOOD AND NUTRITION

Food is a major challenge in the prisons. Both staff and inmates complained of the poor quality as well as limited quantity of food. From the most senior to the most junior level in the Ghana Prison Service, staff referred to the low budget allocation for prison food. Prisons provide three meals a day. Breakfast usually comprised "porridge" or koko, a kind of gruel made usually of millet and sorghum; lunch comprised banku (corn or cassava dough) or rice; and supper, eaten in the late afternoon was usually gari (made from cassava), rice or soup with some meat or fish, though meals vary from prison to prison and from meal to meal. Food was frequently described as "bad", referring not to its being contaminated but rather to it being unattractive and unappealing, and there were complaints that there was not enough food. Numerous prisoners told Amnesty International that it was common practice to dilute soup with water where the amount in the pot would not feed the remaining prisoners.

The UN Standard Minimum Rules for the Treatment of Prisoners state that "Every prisoner shall be provided by the administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served." Failure to meet this standard would also constitute a violation of the right to food under Article 11.1 of the ICESCR. Prison service officials, local prison staff and prisoners all told Amnesty International that the budget for food was inadequate and that improved food provision was necessary to assure prisoners the nutrition they required. Some prisoners said that they relied on relatives bringing additional food to the prison. Other prisoners who received no prison visits were not able to receive such additional supplements.

Since Amnesty International's visit, the government has announced that the spending on food for prisoners will be increased from 0.60 cedi (US\$0.35) per prisoner per day to 1.80 cedi. (US\$1.05). If fully implemented, this change should enable the authorities to meet the UN standard, which was clearly not being met at the time of Amnesty International's visit in September 2011.

3.3 HEALTH IN PRISON

Prisoners in Ghana can arrive in prison with pre-existing physical or mental disorders. While in prison they are exposed to conditions that may be detrimental to their health. Access to fresh air, adequate nutritious food, exercise, education, and sanitation, may all be limited.

Many prisoners complained that they cannot get medicines and treatment that they need from the infirmary or that they have disorders that require hospital attention and this is denied or delayed. Such problems have been widely reported in the press and in UN reports and Amnesty International saw prisoners with health problems during its prison visits.⁵⁷ Nurses reported a high workload, the lack of medicines in the infirmaries and the presence of diseases such as TB, HIV and skin diseases. Additionally, mental health services are a neglected aspect of prison health monitoring and care despite the international pattern of higher levels of mental disorder in prisoner populations.

The Committee on Economic, Social and Cultural Rights has emphasised that states cannot deny or limit equal access to preventive, curative and palliative health services for prisoners or detainees.⁵⁸ The Committee has, while reviewing state reports, expressed concerns about overcrowding in prisons and poor access to healthcare, food and safe drinking water in prisons and called on governments to reduce overcrowding, improve living conditions, to provide adequate access to provide adequate health-care facilities, adequate food and safe drinking water to prisoners and detainees.⁵⁹

The Human Rights Committee has also clarified states' obligation to provide adequate medical care during detention and a failure to do so may lead to violations of Article 6, 7 and 10 of the ICCPR.⁶⁰ In *Lantsova v. The Russian Federation*, the mother of a detainee who died during detention alleged that he was in good health when he entered the prison, but fell ill due to the very poor conditions at the prison. She stated "the conditions at Moscow's pre-trial detention centres are inhuman, in particular because of extreme overcrowding, poor ventilation, inadequate food and appalling hygiene".⁶¹ She also claimed that the detainee "received medical care only during the last few minutes of his life" and "that the prison authorities had refused such care during the preceding days and that this situation caused his death".⁶² The Committee found a violation of article 6, 1 and emphasised "that it is incumbent on States to ensure the right of life of detainees, and not incumbent on the latter to request protection. ...Further, even if the Committee starts from the assertion of the State party that neither Mr. Lantsov himself nor his co-detainees had requested medical help in time, the essential fact remains that the State party by arresting and detaining individuals takes the responsibility to care for their life. It is up to the State party by organizing its detention facilities to know about the state of health of the detainees as far as may be reasonably expected. Lack of financial means cannot reduce this responsibility. The Committee considers that a properly functioning medical service within the detention centre could and should have known about the dangerous change in the state of health of Mr. Lantsov. It considers that the State party failed to take appropriate measures to protect Mr. Lantsov's life during the period he spent in the detention centre."⁶³

The African Commission on Human and Peoples' Rights has emphasized that "The State's responsibility in the event of detention is even more evident to the extent that detention centres are of its exclusive preserve, hence the physical integrity and welfare of detainees is the responsibility of the competent public authorities".⁶⁴ In *Malawi African Association and Others v. Mauritania*, the complaint noted that among other factors some prisoners died as a result of the lack of medical attention. The general state of health of the prisoners deteriorated due to the lack of sufficient food; they had neither blankets nor adequate hygiene. The African Commission found that that there was violation of article 16 and also of article 4 of the African Charter.⁶⁵

The UN Standard Minimum Rules state that all prisons should have the services of at least one qualified medical officer who should have some knowledge of psychiatry. Sick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals. Where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners, and there shall be a staff of suitable trained officers.

HEALTH CARE

The Ghana Prisons Service Decree provides, at Section 35, that each prisoner "is promptly supplied with all medicines, drugs, special diets or other things prescribed by a medical officer of health as necessary for the health of that prisoner". This includes remand prisoners. If health problems or investigation require hospitalization then the inmate should be transferred to a facility outside the prison. Despite the Prisons Service Decree placing the responsibility for prisoner health care on the Prison Service, in practice, remand prisoners remain the responsibility of the police service with respect to hospital visits. As a nurse told Amnesty International, "if a remand prisoner is sick we have to call the police because they are still under police responsibility". Similarly, a senior prison officer said: "The health of the remand prisoners are the responsibility of the police. If a remand inmate is sick we ring the police to let them know." Amnesty International received complaints of delays in transport to hospital from both convicted and remand prisoners.

The prisons visited by Amnesty International in September 2011 had infirmaries staffed by either a nurse or a medical assistant. Not even the largest prison visited (Nsawam) had a part-time or full-time doctor on staff or even a prisons service staff doctor making occasional visits. The only doctors who visit the prisons are sent in by NGOs.

The infirmaries are limited in scope in terms of the medical care they can provide and the medication they can prescribe. Amnesty International received numerous complaints from prisoners that when health problems were described to the health care staff member, the medication provided was only very basic. Delegates saw that infirmaries had basic medication such as antibiotics, paracetamol, cough syrups, ointments etc. But clearly this is not adequate for the wider range of health problems likely to afflict prisoners. While prisoners may seek medical assistance as a means to change their routine and seek some support even without a medical illness, some prisoners interviewed by Amnesty International had medical problems that had not been successfully treated, particularly skin diseases. The infirmaries seen by Amnesty International in the women's prisons also lacked equipment and medicines though they were under less pressure than the men's because of the lower number of female prisoners.

Prisoners alleged that referral to hospital requires a prisoner to be visibly in serious ill-health, which means that significant illness without any visible signs could be neglected. While infections such as tuberculosis may elicit an appropriate treatment response such as transfer to the tuberculosis hospital, resistant or repeat infections of the skin or more serious but less visible disorders may be missed. With increased capacity some of these problems could be dealt with. As one prison officer told Amnesty International "Some of the illnesses wouldn't need to go to the hospital if we could treat them here -- and it would reduce costs".

In 2009 there were 84 deaths of prisoners, a decrease on the previous year. The most

frequent causes of death in Ghanaian prisons in 2009 were tuberculosis (19 deaths), AIDS (11), septicaemia (8) and heart attack (8). In 2010-11, prisons deaths decreased further and in a statement to the UN Committee against Torture, the authorities attribute this trend to the registration of prisoners in the National health insurance scheme, which facilitates processing and access to care for prisoners within the hospital system.⁶⁶

COMMUNICABLE INFECTIONS

Compared to the general population, prisoners worldwide exhibit a significantly higher prevalence of blood borne and sexually transmitted infections (such as HIV, hepatitis B and C viruses and syphilis).⁶⁷ In addition to the higher risk of blood borne and sexually transmitted infections,⁶⁸ prisoners are at higher risk for tuberculosis since overcrowding and lack of ventilation as well as poor nutrition, and inadequate or inaccessible medical care are conditions that favour the spread of the infection.⁶⁹ In the presence of HIV infection tuberculosis poses a particularly dangerous risk. Both staff and prisoners in Ghana acknowledged that overcrowding made prisoners more vulnerable to communicable infections, such as tuberculosis, and skin disorders such as scabies and fungal infections.

The lack of adequate sanitation along with the severely overcrowded conditions in many prisons also leaves people at higher risk of disease and infection.

Ebe, a male inmate, showed Amnesty International his arms, with signs of scabies, saying, "Animals eat us at night. Even if you bathe three times or didn't bathe it will still itch you and suck blood." He said he has not been getting treatment because every time he goes to the infirmary the nurse says, "no medicine, no medicine." He shares his cell with 30 other men. Many other prisoners encountered in prison yards raised issues about health, sometimes showing signs of skin disease; frequently complaining of lack of access to effective care for skin diseases or other problems.

Prisoners are regarded by UNAIDS as a population at greater risk of exposure to HIV, noting that "[w]orldwide, the levels of HIV infection among prison populations tend to be much higher than in the population outside prisons".⁷⁰ As in prisons elsewhere,⁷¹ prisoners in Ghana could be exposed to viral infection through unprotected sex, and exposure to blood through use of shared sharp objects such as razors and needles. Additional risks identified by the Ghana AIDS Commission include injecting drug use, tattooing, and blood covenants (which involve prisoners cutting their fingers and pressing the bleeding fingers together to seal a promise).⁷²

The annual reports of the Ghana Prisons Service provide some basic prison health data. Academic research has provided more detailed data though only in a small number of populations. One study for example, showed that among 1,336 Ghanaian inmates tested in 2004/5, HIV seroprevalence was 5.9 per cent, syphilis seroprevalence was 16.5 per cent, and 25.5 per cent of inmates had signs of hepatitis B infection. Among 445 prison officers tested, HIV seroprevalence was 4.9 per cent, hepatitis C seroprevalence was 18.7 per cent, syphilis seroprevalence was 7.9 per cent, and 11.7 per cent had signs of hepatitis B infection.⁷³ One study of hepatitis B and C levels in a rural community found levels of 10.5 per cent for hepatitis B and 5.6 per cent for hepatitis C, both figures significantly lower than for prisoners.⁷⁴

In Ghana, work against HIV-related stigma is taking place in different prisons through NGO cooperation with the Prisons Service. There are also initiatives in the prisons to increase the scale of prisoner testing and to reduce the transmission of HIV through education and raising-awareness. However preventive measures such as ensuring prisoner access to clean razors for shaving or condom distribution are not being implemented. One male prisoner, Kofi, told Amnesty International: "They don't give us shaving stick. They wanted to use force to take someone else's blade but I refused because I don't want sickness. They said I could go to the barber but blade is used by everybody.... my family lives far [12 hours away]. So they couldn't bring me a blade on time. Prison service ...refused to buy me [clean] blade."

Several officers said that HIV was brought into the prison from outside but there appears to be no systematic mechanism yet for determining HIV status of individuals – one staff member told Amnesty International that HIV was usually identified when prisoners went to hospital for other problems -- and no systematic way of documenting whether or not a prisoner entered the prison with HIV or acquired the virus while in prison. The existing epidemiological data suggests that male prisoners have a significantly higher rate of HIV infection than the general population average, which is approximately 1.5 per cent, down from a peak of around three per cent a decade ago.

The socio-political climate in Ghana and the fact that same-sex sexual activity is prohibited under the Ghanaian Criminal Code weighs against effective prevention of HIV transmission in prison. The text on a billboard outside prison in Tamale exhorts the public and prison staff to: "Protect yourself -- use condoms". However just a few metres away inside the prison, this message is rejected for prisoners on the grounds that sex between men is illegal in Ghana and contrary to Ghanaian culture.⁷⁵ A billboard near Nsawam male prison bears a similar message, which is rejected in practice for the same reason. In the Diagnostic Centre inside the prison -- a pilot project to assess prisoners before allocating them to the most appropriate location and treatment -- there is a sign saying "Sodomy is dangerous – avoid it". One nurse told Amnesty International delegates, "If you give them condoms, you are encouraging them to sodomy." Ghana Prisons Service policy is to promote awareness of HIV and voluntary counselling and testing of staff and inmates; to reduce stigma against people living with HIV; to provide care and treatment for those living with the virus. It also seeks to promote "safe sex habits *among officers*" and to promote "condom use among officers *in casual sexual relations*" but this is limited to heterosexual relations.⁷⁶

The prohibition against same-sex sexual activity in Ghanaian law violates international norms and the right to non-discrimination.⁷⁷ The Human Rights Committee held, in the 1994 case of *Toonen v. Australia* that criminalizing consensual same-sex sexual relationships violates human rights and stated that sexual orientation is a status protected against discrimination under articles 2 and 26 of the International Covenant on Civil and Political Rights. The African Commission on Human and Peoples' Rights in its twenty-first activity report said that "Together with equality before the law and equal protection of the law, the principle of non-discrimination provided under Article 2 of the Charter provides the foundation for the enjoyment of all human rights...The aim of this principle is to ensure equality of treatment for individuals irrespective of nationality, sex, racial or ethnic origin, political opinion, religion or belief, disability, age or sexual orientation."⁷⁸

The prohibition against same-sex sexual activity is recognised by those working to prevent

HIV infection as a barrier to effective work.⁷⁹ The goal of the Ghana AIDS Commission for prisoners is to reduce new infections by 50 per cent by 2015. Indicators cited in the *National Strategic Plan for Most at Risk Populations* include "the number of prevention commodities distributed (condoms, lubricants, needles)"⁸⁰ despite the fact that there is no will on the part of the government to do so. (The "prisoner strategic framework" of the Plan acknowledges that provision of condoms and lubricants is a major challenge -- "essential but requiring advocacy".⁸¹)

The World Health Organization (WHO) recommends that clear information should be available to prisoners on the types of behaviour that can lead to HIV transmission. WHO notes that "since penetrative sexual intercourse occurs in prison, even when prohibited, condoms should be made available to prisoners throughout their period of detention. They should also be made available prior to any form of leave or release."⁸²

The International Guidelines on HIV/AIDS and Human Rights states that "Prison authorities should also provide prisoners (and prison staff, as appropriate), with access to HIV-related prevention information, education, voluntary testing and counselling, means of prevention [such as condoms], treatment and care..."⁸³ The Ouagadougou Declaration and Plan of Action on Accelerating Prisons and Penal Reforms in Africa (2003) reiterates the need for health information and also calls for availability of condoms within prisons.⁸⁴

MENTAL HEALTH IN PRISONS

There is no capacity to deal with mental illness within prisons in Ghana but there is also a serious shortage of mental health services in the country.⁸⁵ According to the Accra daily newspaper, *The Chronicle*, "of a total of about 15 psychiatric specialists that the country can boast of, only 4 are currently at post; there are 600 psychiatric nurses instead of the over 3,000 needed; 115 community psychiatric nurses instead of over 3,000 required, and ... only three psychiatric hospitals [are] operating in the country."⁸⁶ According to the Director of the Accra Psychiatric Hospital, Dr Akwasi Osei, "the existing number of psychiatrists in the country gives the ratio of one psychiatrist to 1.7 million people."⁸⁷

In prisons, there is no staffing specifically focused on mental health and the problem and level of mental ill-health in prison is poorly documented. It is an area in which research is needed according to Dr Osei.⁸⁸ It is known that in Ghana, as elsewhere, there are problems of stigma in the community directed against people with mental health problems.⁸⁹ Treatment for mental illnesses in remand or convicted prisoners can be given in Accra psychiatric hospital but mental health practitioners from the psychiatric hospital do not visit the prisons.

The Committee against Torture in its 2011 discussion of Ghana's report to the Committee "noted with concern" reports of "severe overcrowding, lack of qualified staff and poor material and hygienic conditions in this psychiatric facility. It is also deeply concerned at the situation of persons admitted by reason of a court order, who have allegedly been abandoned for years."⁹⁰ Dr Osei also described to Amnesty International the problems of lack of appropriately trained staff, lack of financial support, congestion and overcrowding.

The Mental Health Bill, eight years after first presentation, was passed by the parliament in March 2012. It will become law when signed by the President. Its proponents argued it will strengthen the mental health sector when it becomes law.⁹¹

Amnesty International encountered some prisoners who may have had mental disorders but a proper assessment is necessary to confirm any diagnosis. Some prisoners held in clinical isolation had neurological and possible mental health problems rather than communicable diseases. For example, at one prison Amnesty International was taken to a cell where prisoners who had epilepsy (described by an officer as "mad" inmates) were being kept in isolation. The assessment and treatment of such prisoners would be facilitated by the presence in the prison of a qualified medical officer "with some knowledge of psychiatry" as specified by the Standard Minimum Rules for the (Rule 22(1)).

3.4 WOMEN AND THEIR INFANTS

"Pregnant or breastfeeding women prisoners shall receive advice on their health and diet under a programme to be drawn up and monitored by a qualified health practitioner. Adequate and timely food, a healthy environment and regular exercise opportunities shall be provided free of charge for pregnant women, babies, children and breastfeeding mothers."

Bangkok Rules, Principle 48⁹²

The challenges posed to families by the detention of a parent were recognised in UN General Assembly resolution 63/241 on the rights of the child. The resolution called on "all States to give attention to the impact of parental detention and imprisonment on children" and drew particular attention to the benefit of non-custodial sentences, in particular: "when sentencing or deciding on pre-trial measures for a child's sole or primary caretaker, subject to the need to protect the public and the child, and bearing in mind the gravity of the offence". The resolution further called for good practices to be promoted with respect to the development of "babies and children affected by parental detention and imprisonment".⁹³

The number of pregnant women and women with babies in Ghanaian prisons is small. In 2009 there was a total of eight pregnant inmates and 11 women nursing babies.⁹⁴ Amnesty International met two pregnant women and three nursing women in 2011 and learned of three pregnant women in another prison but was not able to visit all the women's prisons.

The UN Standard Minimum Rules for the Treatment of Prisoners specify that "In women's institutions there shall be special accommodation for all necessary pre-natal and post-natal care and treatment. Where feasible, children should be born in a hospital outside the institution. If a child is born in prison, this fact shall not be mentioned in the birth certificate."⁹⁵

Nsawam Central Women's Prison is the only prison with a "child-friendly" space. Pregnant women and women with babies under a year old are kept in a separate cell with cribs. The room has screens on the windows, but bed nets and other baby supplies are not provided by the prison service. For prisoners whose families live far from the prison, this is especially difficult because they have to rely on donations of baby clothes, medicine, diapers, baby soap, baby food and other supplies. Babies are also not covered under the prison health care

scheme, and any non-emergency treatment or medicine that the child needs has to be covered by the mother.

The prison does provide antenatal care for all pregnant inmates, and women deliver in hospital. However, at one prison a pregnant inmate, Sara, told Amnesty International that if no vehicle was available to take her to the hospital for her monthly check-ups she had to pay her own taxi fare or walk the 30 minutes to the hospital accompanied by an officer.

Women received the same level of food provision as men. There was no budgetary allocation for supplementary food for pregnant or breastfeeding women. Baby food was also not provided as babies were not regarded as inmates. Women with infants depended on help from prison guards and from visitors, notably churches and NGOs. There are basic facilities for prisoners to prepare their own meals, though not all prisoners have visitors and thus only receive additional food when fellow inmates share the food they have received.

Prison officers stated that pregnant and breastfeeding women at this prison get double helpings of food though this was at the initiative of the officers. It should be provided as a matter of policy. The provisions of the Convention of the Elimination of all Forms of Discrimination against Women, require, at Article 12(2) that "States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period [including] adequate nutrition during pregnancy and lactation"⁹⁶ The International Covenant on Economic, Social and Cultural Rights also guarantees the right to food and the right to health, without discrimination of any kind, and these standards risk being breached by the failure of the prisons service to provide adequate levels of food for pregnant women and nursing women. Rule 48 of the Bangkok Rules requires that "Pregnant or breastfeeding women prisoners shall receive advice on their health and diet under a programme to be drawn up and monitored by qualified health practitioner. Adequate and timely food, a healthy environment and regular exercise opportunities shall be provided free of charge for pregnant women, babies, children and breastfeeding mothers."⁹⁷

Children are allowed to stay with their mothers until weaned or have reached the age of one year old.⁹⁸ After this, they have to be taken in by their family. Some prisoners do not have family or their families refuse to take their children, and the child is then placed in the care of social services until the woman is released. According to Bangkok Rules Article 49, decisions to allow children to stay with their mothers in incarceration should be based on best interests of the child and therefore, wherever possible, alternatives to custodial sentences should be found for convicted persons with caring responsibilities for children, as also required by the Bangkok Rules.⁹⁹

In the prisons visited by Amnesty International the women's prisons were either adjacent to the male prison or occupied separate ground. At Tamale Central Prison, the women's prison is located within, but walled off from, the male prison yard. Women officers expressed dissatisfaction with the current arrangement, which requires women walking through the male prison to get to or to leave the women's prison. "A male officer has to escort you when you are walking to work. We can't even walk alone," said one.

3.5 ILL-TREATMENT

Complaints of ill-treatment in prison were not frequent, but in one prison, where most inmates interviewed reported beatings, one prison guard confirmed the use of physical punishment, stating that prisoners are sometimes "lightly caned". He said: "We do put them through punishment like a child," for fighting or other misbehaviour. Another officer stated: "we give good treatment to the prisoners who behave well and we give bad treatment to the prisoners who behave badly."¹⁰⁰ One prisoner, Danny, told Amnesty International "I haven't done anything wrong [in prison] so there are no problems [with officers]". Another, Makmid, said "Officers won't beat you if you behave and don't smoke [drugs] but if you do, they will beat you."

Ebe told Amnesty International of having been beaten: "They can close their eyes and beat us like a dog but we are not a dog" describing how he had been twice beaten and had witnessed beating of other inmates. He said he was beaten for trading illegally. Contrary to international standards, corporal punishment is provided as a punishment under the Prison Services Act. Anthony told Amnesty International that he has been beaten twice in the prison. The most recent occasion was in April 2011: "Some boy came and stole my soup, and I beat him. They [inmates] came and report me. The officers asked why as a senior I beat the boy. They beat me and put me in lock up for three days. Seven officers all beat me in public...." Godfrey said: "Sometimes the officers hit people with fist or rubber – anything. I've seen this plenty. About three or four weeks ago it happened [most recently]."

Nana, a female inmate in her 20s, said that she had not suffered physical abuse but that verbal abuse was frequent: "The officers insult you. They humiliate you. They make fun of you and why you are here." Amnesty International itself witnessed one incident of a prison guard aggressively yelling at an inmate. Another woman, Rebecca, also in her 20s, said: "Sometimes I feel lonely. I feel very upset. It feels as though my family has given up on me. The situation here is very difficult. You get insults from officers and inmates, and when no one comes to visit you they humiliate you. They spit in your food."

Some inmates also reported incidents of petty bribery within the prison. Juliet told Amnesty International, "If you don't have money they don't treat you well. Sometimes they take bribes." Other inmates also noted either that favours were done for money or that money was demanded by prison officers in return for doing a favour.

The existence of ill-treatment at whatever scale within the prison underlines the importance of a secure mechanism for prisoners to speak of their experiences in confidence to people who are independent of the prison department. There appears to be little opportunity for prisoners to speak frankly to anyone independent and even prison monitors do not necessarily see prisoners in confidence, a perception supported by many prisoners who had never spoken to a prison visitor, including consulate representatives or lawyers, without a guard being present. The Standard Minimum Rules for the Treatment of Prisoners provide that "interviews between the prisoner and his legal adviser may be within sight but not within the hearing of a police or institution official".¹⁰¹

3.6 COMMUNICATION WITH THE OUTSIDE WORLD

“You know what hurts the most; we don’t have phone contact with our families. To receive a phone call is supposed to be free but they ask for a bribe.”

Carol, female inmate in her 20s

All prisoners are entitled to regular visits from family and friends. According to the Ghana Prison Service Act 1972, "(1) Every prisoner under sentence of imprisonment shall be entitled, once in every two weeks, to receive a visit from friends or relatives in the presence of a prison officer; (2) A prisoner under sentence of imprisonment may, in exceptional circumstances, be granted permission by the officer in charge of the prison to receive a visit from friends or relatives in addition to the visit to which he is entitled [as set out above]; (3) Every prisoner not under sentence of imprisonment shall be allowed all reasonable opportunities daily of receiving visits from friends or relatives."

In Ghana, however, many of their families cannot afford to regularly travel the long distances to visit their family member to provide supplementary food, medicine or other supplies. The prisons do not have a system of providing regular telephone calls for inmates to make contact with families and friends; and some prisoners complained of being asked for money to receive calls.

According to prison staff, women tend to get fewer visits than men. The difference in visit numbers is attributable in part to the fact that there are fewer prisons for women (meaning that, on average, women are likely to be held further away from their families than men are) and in part to the different gender roles in Ghanaian culture. Amnesty International was told that women are more likely than men to visit family members in prison and bring them necessary items, including food.

The Bangkok Rules require prison authorities to “encourage and, where possible, also facilitate visits to women prisoners.”¹⁰² This could involve ensuring that families are provided with information about their imprisoned family member, including her location – something already required by Article 16 of the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment – and provide at a minimum advice and information that might encourage visits, including information about transport and accommodation. It would also be useful for the state to ensure that smaller local units are used to keep women prisoners closer to their families. Such local units should also be used as centres for non-custodial sentences, in accordance with Rule 58 of the Bangkok Rules.

Margaret, 23 years old, had served three years already when she spoke to Amnesty International. She said she left her home in the northern part of the country to escape an arranged marriage and that a few girls from her village went with her to Accra where they were arrested. She was accused of trafficking the girls, and was convicted and sentenced to eight years’ imprisonment. She stated that she had no lawyer, and that the girls she was alleged to have trafficked did not testify in court. It took over a year to contact her relatives because they did not have a telephone. The prison nearest to her home is for males only so

she was sent to the nearest female prison – eight hours' travel by four wheel drive vehicle but up to two days away by public transport. Her family have visited once; Margaret said that they simply cannot make the journey to visit her because of cost and time.

Remand prisoners have the right to daily visits by family and friends though in practice this does not happen for a number of reasons. These include distance from the prisoner's home to the prison (particularly if the prisoner comes from another country), lack of means to pay for travel, and need to remain at home to look after children or work; stigma against the prisoner may also play a role. In some cases the prisoner is "lost" in the system. Charles told Amnesty International that he had been arrested while away from his home. He had not been allowed to return there, so no one in his family knew he was in prison. The Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, requires at Principle 16 that "Promptly after arrest and after each transfer from one place of detention or imprisonment to another, a detained or imprisoned person shall be entitled to notify or to require the competent authority to notify members of his family or other appropriate persons of his choice of his detention or imprisonment or of his transfer and of the place where he is kept in custody."¹⁰³ This is particularly important where prisoners may not be literate and thus unable to write letters or where direct telephone contact by prisoners is not possible.

When families do visit inmates they must do so in the immediate presence of guards -for reasons of security, Amnesty International was told. All prisons provide an area where prisoners can meet visitors. In the prisons visited by Amnesty International this involves two guards for each prisoner and visitor, a practice that is based on perceived security concerns but does not appear to be based on individual assessment of risk. It runs counter to the Standard Minimum Rules for the Treatment of Prisoners which state at Rule 60(1) that the "regime of the institution should seek to minimize any differences between prison life and life at liberty". Prison security is important but needs to be based on security needs and balanced with the reforming purpose of the prison. Even visits by lawyers and diplomats were held in the presence of an officer. One lawyer told Amnesty International that holding meetings with a client in prison without officers present was only possible because of an amicable relationship with the Officer in Charge -- not something that was standard. Principle 8 of the Basic Principles on the Role of Lawyers requires that the authorities to ensure that "all arrested, detained or imprisoned persons shall be provided with adequate opportunities, time and facilities to be visited by and to communicate and consult with a lawyer, without delay, interception or censorship and in full confidentiality. Such consultations may be within sight, but not within the hearing, of law enforcement officials."¹⁰⁴ The Body of Principles for the Protection of all Persons Under any Form of Detention or Imprisonment states at Principle 18 that "Interviews between a detained or imprisoned person and his legal counsel may be within sight, but not within the hearing of a law enforcement official."

The foreign prisoners held in Ghanaian prisons -- the overwhelming majority from neighbouring West African countries¹⁰⁵ -- are unlikely to have diplomatic visits and, where they do, they are likely to carry out such meetings also with guards present. Indeed, when Amnesty International was visiting one prison, a delegation from a non-African consulate was meeting with incarcerated nationals in an office with guards present. One foreign prisoner told Amnesty International that an embassy representative occasionally visits, but it was not possible to talk to them in private. Nor has it ever been possible to speak to a lawyer in private either. This breaches the Body of Principles for the Protection of All Persons under

Any Form of Detention or Imprisonment (Principles 18, 29) and the UN Standard Minimum Rules for the Treatment of Prisoners, Rules 38 and 93.

Amnesty International was told by the Director General of the Ghana Prisons Service that there was a policy permitting confidential meetings between lawyers and prisoners but this did not seem to be the practice according to prisoners.

KUMASI CENTRAL PRISON: NO ROOM FOR GROWTH

Built in 1906 outside of the city of Kumasi, development and urbanization has since caught up with the prison walls. Immediately adjacent to the men's prison and facing a public square is the Wesley Methodist Cathedral, with commercial and other premises nearby. With the last refurbishments or building work taking place in 1941, there is no more room to expand to accommodate the large prison population. With a capacity for 416 inmates, the men's prison housed 1872 inmates at the time of Amnesty International's visit in 2011.

Located next to the men's prison, the Kumasi women's prison is one of the few women's prisons that is overcrowded. With a capacity for 30 inmates, the women's prison was housing 47 inmates in September 2011. With only four cells there is no room to separate the remand and convicted prisoners. The length of sentence for those women convicted of criminal offences ranged from three to ten years. The only "infirmary" in the prison is a cupboard with a few basic medications; otherwise they depend on the men's prison for health services. A senior prison staff member told Amnesty International that the women's prison depends largely on donations of sanitary products and other products used by women as the prison service does not provide them.

3.7 POOR INFRASTRUCTURE AND LACK OF NECESSARY SUPPLIES

Many of the facilities visited by Amnesty International were not built to house inmates. Some cells do not have a toilet and during lock-down, usually between 6pm and 6am, prisoners have to use anything they can find. The majority of facilities visited by Amnesty International were in need of considerable renovation and additional facilities for activities and training. Many of the cells are dark and have poor ventilation, and the kitchens and infirmaries are very basic.

Prisoners complained of not receiving adequate amounts of soap, and of having to depend on families or NGOs (and sometimes staff) for clothing. Not only prisoners but staff also lacked sanitary and properly functioning toilets.¹⁰⁶ The experience of Anthony, in his late 60s, illustrates some of these concerns. He told Amnesty International: "There are six in my cell. The situation is bad because of the food you are eating. Even to get soap... it's too hard. Our health is not proper because there is no doctor -- only nurses and they give you only first aid. I have blood pressure issues, and I get dizzy and fall." And, like others, he complained about having to improvise toilet facilities, using a bag in the absence of a bucket. "There is no toilet paper. Sometimes you use books or newspaper or rags," he said.

SEKONDI PRISON: SITTING IN A DEPRESSION

Built in 1928 and later renovated, the Sekondi prison is on the Western coast of Ghana. The prison shares many of the characteristics of other male prisons, most notably overcrowding and inadequate food. Staff at the prison told Amnesty International that incidences of malaria were higher in the prison than in the surrounding community because the prison was built in a depression, which can result in serious flooding and stagnant water during the rainy season. Inmates have to be moved to the second storey level of the prison to escape the flooding, exacerbating overcrowding and congestion. Mosquitoes thrive under these conditions, and

the prison has limited mosquito nets and screens are non-existent. Amnesty International noted only a limited amount of anti-malarial drugs on hand. While there is a low mortality due to malaria in the prison system, repeated exposure to the disease makes the implementation of preventive measures and the ready availability of medication essential.

In many of the cells in many of the male prisons, prisoners slept on mats, blankets or the floor. Taken together with the level of overcrowding, the nature of the sanitation and the lack of ventilation the conditions fail the requirements demanded by the Standard Minimum Rules on the Treatment of Prisoners. Rule 10 requires that "All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation." Rule 19 requires that inmates "shall, in accordance with local or national standards, be provided with a separate bed, and with separate and sufficient bedding which shall be clean when issued, kept in good order and changed often enough to ensure its cleanliness"¹⁰⁷ and that sanitary installations be "adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner" and that "[a]dequate bathing and shower installations shall be provided."¹⁰⁸

3.8 TRAINING, EDUCATION AND RECREATION

The goal of rehabilitation of prisoners is articulated in Article 10 of the ICCPR. The Standard Minimum Rules for the Treatment of Prisoners call for a number of measures that could contribute to prisoners' rehabilitation (see box, below). The Ghana Prisons Service includes in its mission statement the reformation and rehabilitation for the successful resettlement of prisoners into society.¹⁰⁹ The Prisons Service lists one of their primary functions as "[e]nsuring the reformation and rehabilitation of prisoners by offering them opportunities to develop their skills through trade, training and moral education".¹¹⁰ The existing training options seen by Amnesty International, while welcome in themselves, seemed not adequate to equip prisoners for life after release, tended to have only basic and outdated equipment and were also relatively poorly attended by prisoners. A number of inmates expressed a need for training that was effective and meaningful. Prisoners who were not involved in training gave as a reason a lack of interest in the subjects being taught or a lack of energy due to the limited food they received. The prison service is making an effort to introduce formal education into the prison system, but this has yet to reach all of the prisons. The prisons also lack textbooks, supplies and teachers, and available equipment was out-dated and sometimes in poor condition. Churches and NGOs have donated some materials but more are needed. Additionally, the education system and skills workshops do not reach all categories of prisoners -- for example, remand prisoners and death row prisoners are excluded from the limited opportunities available.

SKILLS DEVELOPMENT AS GOOD PRISON PRACTICE

The Standard Minimum Rules for the Treatment of Prisoners make clear the importance of training and educational activities. In order to encourage "the will to lead law-abiding and self-supporting lives after their release", Rule 66 calls for all appropriate means to be used including "programmes for rehabilitating convicted offenders and preparing them for reintegration into society", including "education, vocational guidance and training, social casework, employment counselling, physical development and strengthening of

moral character". Rules 71-76 concern work by convicted prisoners and remuneration for this work. Rules 77-78 provide for education and for recreational and cultural activities.¹¹¹

Most prisoners do not have access to facilities for physical exercise. The Standard Minimum Rules for the Treatment of Prisoners recommend that prisoners, especially younger prisoners, shall receive physical and recreational training.¹¹² One young detainee, Samuel, gave a reason for the lack of sport in his institution: "Some of the boys have been trying to flee during football so we don't play sports anymore. There should be a fence around this facility so we can get exercise and have more freedom to move around." Another youth, Christopher, said, "We used to always play football but because of escape attempts they have stopped."

THE WORKING CONDITIONS OF PRISON STAFF

"Poor conditions of service... remain a major challenge for the Service as this has led to high turnover of staff. In particular, low remuneration has been a major problem." Director General, Ghana Prison Service, Annual Report (2009)

According to prison officials, staff number 3,262 male and 1,275 female officers.¹¹³ They are categorized as senior and junior officers and are part of the Ghana Prisons Service. In addition, some prisons employ non-Service staff to carry out certain tasks not requiring uniformed status.

New staff are trained at a central training college in Accra. All new staff get the same training. During discussion with staff some expressed the view that they may have benefited from additional specialist training for those working with detained women and children. Both senior and junior staff remarked on the low staff-to-prisoner ratio adding that there were security implications as a result.¹¹⁴

Staff, particularly junior staff, expressed concern about their own accommodation, which comprised a single room even for married staff with families. They also told of burdens imposed by the hours worked -- 12 days working followed by two days leave and frequent demands that staff work on their days off if there are staff shortages. While annual leave is 42 days -- including weekends -- staff can be recalled for duty during this period. One officer told Amnesty International, "The way we are loaded at work is too much. We fall short in the performance of our duties."

4. UNDER SENTENCE OF DEATH

"Murder case is a sin, but the death sentence doesn't change anything. Two wrongs cannot go together. Christians, Muslims, you have to forgive each other. If you abolish the death sentence it will help the nation."

Kofi, death row inmate in his 30s

At the time of Amnesty International's September 2011 visit, 138 people, including four women, were under sentence of death. Although the last execution in Ghana was in 1993, and Amnesty International considers the country to be abolitionist in practice, death

sentences continue to be handed down. In 2010, 17 people and in 2011, four people were sentenced to death by hanging. So-called condemned prisoners, those under sentence of death, remain isolated from other convicted prisoners in two prisons – Nsawam and Kumasi – though may be held temporarily in other prisons before transfer.

In January 2010, the President of Ghana, Professor John Evans Atta Mills, inaugurated a Commission to review the 1992 Constitution with the death penalty being one of the many issues on the Commission's agenda. The Constitution Review Commission recommended in its report presented to the President on 20 December 2011 that the death penalty be abolished under the new Constitution.¹¹⁵

At the UN General Assembly vote on 21 December 2010 on a moratorium on the death penalty, Ghana was one of 35 countries that abstained on UNGA resolution 65/206.¹¹⁶

Inmates told Amnesty International that prisoners who had served at least 10 years on death row would, as a matter of routine, have their sentences commuted to life imprisonment, effectively moving them off death row to join the main convicted prisoner population. However there were prisoners who had been on death row longer than 10 years whose sentences had not been commuted. It was not clear if this practice, reported by some prisoners, was consistently followed, or whether death row inmates were able to initiate a process for commutation of their sentence.

LIFE ON DEATH ROW

The congestion seen throughout the prison system extends to the block that houses those sentenced to death. Kofi, an inmate living in the "condemned" block, told Amnesty International, that living "in 'condemned' is not easy. A small cell for one person sleeps four -- it is congested. The block is supposed to take 30 people but it has 117... it's full-up... overcrowded...our food and water, medicine... it is not easy... we suffer. Because of the congestion I get sickness. I get asthma. I go to hospital because of the place... no correct breathing."

Conditions for death row prisoners breach their rights to humane treatment and constitute a serious challenge to their mental well-being.¹¹⁷ While permitted the same visitation rights as other convicted prisoners, in practice death row inmates receive few visitors. This is probably due to the stigma and sense of hopelessness surrounding a death sentence; the cost of travel and distance involved for relatives; and the long period that can be spent in custody, leading to the gradual loss of connection to family. In one case, a prisoner told Amnesty International that he had learned his family had presumed he had been executed and held a funeral.

4.1 CONDITIONS FOR MEN ON DEATH ROW

Although overcrowding and lack of toilets in the cell was not unique to male prisoners under sentence of death, the common area outside the cells was even smaller than that available for other prisoners and there were no amenities or activities for this group of prisoners. In addition the gallows in Nsawam prison are located within the block for prisoners under a death sentence, though in an annex, behind a locked door. A prison official told Amnesty International that the gallows were no longer in working order and that there were no staff in the prison with any experience of carrying out an execution. When one prison officer was asked what challenges he thought were faced by those sentenced to death he said: "The mental agony is slow but very long because for 12 years almost every day they think someone would execute you. Being isolated, psychologically it's hard." For many, the absence of

activities made the situation more difficult to bear. Inmates on death row also reported the same problems of overcrowding, poor food and lack of health care experienced by the wider prison population.

Kofi told Amnesty International: "We have no access to toilet at night. We use rubber buckets. We breathe all the scent into our nose. You shit inside. You piss inside. You breathe the air -- the toilet -- it all goes into your nose. We never get soap to wash unless your family bring you soap." He also said "Condemned prisoners don't get a chance to work. Condemned prisoners are denied education because they say you don't get future so you don't get chance to learn."

Death row in Nsawam is crowded but the lack of activities and lack of access to the (relatively) more spacious general yard has the effect of increasing the oppressiveness. Meeting relatives or lawyers or visiting the infirmary are the only circumstances in which the death row prisoners move out of their cell block. As most of the prisoners have few visitors and no contact with lawyers this means few opportunities to change the environment even for a short time.

The death row cells are small, dark and poorly ventilated, and contain on average four to six prisoners per cell, which were on average approximately 10 square metres. The prisoners had mats for sleeping. Outside the cells is the common area but the available space is limited by the number of supplies stored there, such as charcoal for cooking, food,¹¹⁸ and containers of water. The oldest prisoner on death row was in his 80s.

Prisoners who have their sentences commuted to life imprisonment are eager to join the main body of prisoners and some said that conditions for ordinary prisoners were better: "you can walk freely with the other prisoners – and the cells are like the others [dormitory type cells rather than the small cells in the condemned block]," said John.

4.2 WOMEN LIVING IN ISOLATION UNDER SENTENCE OF DEATH

Only one prison houses women sentenced to death -- Nsawam Central Prison for Women. This prison does not have the same problems of overcrowding as the men's prison and each female prisoner sentenced to death has her own cell in a separate block. Amnesty International met all four women living with death sentences in Ghana – three at Nsawam and one woman at Tamale Female Prison who was awaiting transfer to Nsawam. All four of the women stated they were unable to read or write and only one had made it to the end of primary school.

The women expressed a desire to sleep in the dormitory-style cells, which housed the other female inmates. When asked why, they said it was because of the stigma associated with being a "condemned prisoner"; clearly such an arrangement would decrease their sense of isolation. One woman, Isabelle, told Amnesty International that the term "'condemned to death' is so heavy". She said that she would rather be with the other prisoners in the main part of the prison than sleeping alone in her cell and mixing only with other prisoners with a death sentence. The "condemned block" is set towards the back of the prison, and although the women are allowed to go in and out of their cells during the day they are not allowed to venture far from their block or mix with other prisoners in the yard.

The living conditions in the cells are clean if bare. All of the cells had only a mattress and blanket to sleep on and only two of the cells had toilets. One woman told of having to use a bucket at night to relieve herself.

VIDA'S STORY

Vida has spent nearly twelve years in prison for murder, the majority under sentence of death. Although the first year of her marriage had been peaceful, her husband was subsequently violent. She said that after eight years of being beaten and raped by her husband every few days, she reached her breaking point and decided to poison her husband. She says she now lives with regret for her action, and since she was transferred to a prison far away from her family she has not had any visits for the last three and half years. "My children just act like I am dead," she said.

Vida, who is not literate, told Amnesty International that she did not have a lawyer in court and no provision was made for one, and she had no money for an appeal. She was able to tell of her experiences of violence at the first hearing but not during five further visits to court, she said. Vida added: "I cannot mix with the other prisoners in the general yard [of the women's prison] and I am barred from education and workshop opportunities."

5. CONCLUSIONS

"It is also my hope and prayer that [Ankaful High Security Prison] would never be full, it would be half full, one-quarter full or one-eighth full, which would be an indication that we are finding a way of getting people to avoid entering the prisons. "

President John Evans Atta Mills, 8 November 2011¹¹⁹

Conditions within prisons in Ghana do not meet the obligations set out in national law and international law and standards. The authorities need to immediately ensure due process rights for all including the right to be informed of the charges promptly and in a language the accused understands; the right to a fair and prompt hearing before a competent, independent and impartial tribunal; and the right to appeal.

The long periods that remand prisoners in Ghana spent in detention awaiting trial breach Article 9(3) of the ICCPR which guarantees the right to be "brought promptly before a judge or other officer authorized by law to exercise judicial power"; and the right "to trial within a reasonable time or to release" and a failure to guarantee the right to a prompt and fair trial set out in Article 14 of the ICCPR. This failure also breaches similar provisions in Article 7 of the African Charter on Human and Peoples' Rights.

Other failings in the criminal justice system including too few public defenders, inability of defendants to pay lawyers' fees, sentencing policies that result in long custodial sentences, lost case files, and lack of implementation of non-custodial sentences have exacerbated the overcrowding problem and therefore are an important contributory factor in the failure of the prison system to meet international and national standards for the treatment of prisoners.

The prohibition in international law against cruel, inhuman or degrading treatment, which the Human Rights Committee defined to include corporal punishment, must also be immediately implemented by removing this form of punishment from the Ghana Prison Services Act.

The conditions experienced by most prisoners fail to meet the right to be treated with humanity and with respect for the inherent dignity of the human person. The Ghanaian government is failing to provide prisoners with the minimum standards for humane conditions of detention because of its failure to reduce overcrowding and to provide adequate levels of food, health care, and sanitation to prisoners, in violation of its obligations under the ICCPR, ICESCR and the African Charter. The recent decision to triple the daily meal allowance for prisoners in line with the recommendation of the Prisons Service Council should significantly improve the situation at least in terms of provision of food and should be implemented immediately.¹²⁰

The goals of rehabilitating prisoners and ensuring human dignity for both prisoners and staff in prisons require the government to ensure that the minimum standards are observed at all times. Ghana's treaty obligations also require government action to ensure Ghana meets its commitments. If the State claims that it cannot meet its obligations because of unavailable resources it should seek international cooperation and assistance, both technical and financial, as necessary.

While the Ghana Prisons Service can address some of the issues relating to prison conditions, others require political decision, including legislative and policy reform, expert input and increased funding. The government could also significantly reduce the pressure faced by the prison system, which is in part caused by severe overcrowding by urgently reviewing all cases of remand prisoners who have been detained for periods exceeding the normal sentences for their crime and releasing such prisoners. This would help reduce the demands on the prison system and enable the government to implement measures to improve levels of food, healthcare, sanitation and other services urgently required by prisoners.

THE IMPORTANCE OF PRISON MONITORING

Prison monitoring is an essential component of human rights protection and is widely recommended. The Guidelines and Measures for the Prohibition and Prevention of Torture, Cruel, Inhuman or Degrading Treatment or Punishment in Africa (The Robben Island Guidelines), adopted by the African Commission on Human and Peoples' Rights in 2002, urges states to:

"Establish, support and strengthen independent national institutions such as human rights commissions, ombudspersons and commissions of parliamentarians, with the mandate to conduct visits to all places of detention and to generally address the issue of the prevention of torture, cruel, inhuman and degrading treatment or punishment, guided by the UN Paris Principles Relating to the Status and Functioning of National

Institutions for the Protection and Promotion of Human Rights; Encourage and facilitate visits by NGOs to places of detention [and support] the adoption of an Optional Protocol to the UNCAT to create an international visiting mechanism with the mandate to visit all places where people are deprived of their liberty by a State Party."¹²¹

The Standard Minimum Rules for the Treatment of Prisoners call for "a regular inspection of penal institutions and services by qualified and experienced inspectors appointed by a competent authority" applicable to both convicted and unconvicted prisoners (Rules, 4(1) and 95). Principle 29(1) of the Body of Principles for the Protection of All Persons under any Form of Detention or Imprisonment states: "In order to supervise the strict observance of relevant laws and regulations, places of detention shall be visited regularly by qualified and experienced persons appointed by, and responsible to, a competent authority distinct from the authority directly in charge of the administration of the place of detention or imprisonment."

The experience of national prison monitoring activities and international initiatives such as those of the International Committee of the Red Cross globally and of the Committee for the Prevention of Torture, have shown the value of independent prison monitoring. Ghana has a national body charged with that function – the Commission on Human Rights and Administrative Justice (CHRAJ) – as well as a number of legal, religious and social NGOs with an interest in the proper functioning of the prison system. However the prison monitoring activities of CHRAJ have decreased over past years due to budget cuts and lack of necessary resources and personnel.

Ghana has signed but not ratified the Optional Protocol to the Convention against Torture (OPCAT), which entered into force in 2006, and which provides for monitoring of prisons by an expert international committee established by the OPCAT. Amnesty International welcomes the recommendation of the Ghana Constitution Review Commission¹²² that "decisions [of the CHRAJ] be directly enforceable in the courts of law and [that] it should be empowered to initiate investigations into any matter within its mandate without a formal complaint".¹²³ Empowering CHRAJ, together with assuring it funding and other resources, ratifying the OPCAT, and increasing commitment on the part of the Prisons Service to allowing prisoners to speak more freely to outside agencies could break the isolation experienced by many prisoners and strengthen accountability of the State.

While noting several positive steps that have been taken to bring Ghana's prisons into line with international penal and human rights standards, Amnesty International urges the government of Ghana to implement the following recommendations in order to meet its national and international obligations on the human rights of prisoners.

RECOMMENDATIONS

To the President:

- Support the recommendation of the Constitution Review Commission to abolish the death penalty and, pending abolition, take the following steps as a matter of urgency:
 - Commute without delay all death sentences to terms of imprisonment;

- Ensure that in capital cases the most rigorous internationally recognized and constitutional standards for fair trial are respected;
- Ratify the Second Optional Protocol to the International Covenant on Civil and Political Rights (ICCPR) committing the government to take all necessary measures to abolish the death penalty within its jurisdiction;
- Ratify the Optional Protocol to the UN Convention against Torture permitting international inspection of all places of detention in Ghana;
- Extend invitations to the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment and the African Commission Special Rapporteur on Prisons and Conditions of Detention to visit Ghana in the near future;
- Ensure that the Commission on Human Rights and Administrative Justice is properly funded and supported in its role as a national institution for the promotion and protection of human rights; and its capacity to maintain regular monitoring and reporting on prisons in Ghana;
- Where national resources are inadequate to allow for the implementation of plans and reforms to ensure the rights of prisoners as required in international and national law, seek additional cooperation and assistance as needed from the international community.

To the Ministry of Justice:

- Immediately ensure that all remand prisoners' rights to due process are respected including by:
 - Ensuring that all detainees have access to a lawyer of their choice including through the implementation of an enhanced legal aid system that reaches all regions of the country and that is adequately funded, if necessary through international cooperation and assistance if sufficient government resources are not available;
 - Improving administrative procedures and case file management, including through continuing efforts to computerize court records, so that all detainees are promptly informed of the charges against them and the penalty that has been imposed and no prisoner shall have his or her right to appeal impeded by the loss of relevant records;
 - Reviewing all cases of remand prisoners, including through the Justice for All programme, to guarantee their right to a prompt, fair hearing before a competent, independent and impartial tribunal.
- In an effort to address some of the main causes of overcrowding which is an important factor in the failure of the prison system to meet international and national standards for the treatment of prisoners:
 - Review cases of remand prisoners to determine length of detention already served with a view to ending the imprisonment of those who have been held for a time

commensurate with normal sentences for their crime;

- Encourage alternative forms of dispute resolution and alternatives to imprisonment including bail, conditional release, parole, and non-custodial sentences such as community service, verbal sanctions, and use of fines with payment by instalment if necessary, taking into account the capacity of the offender to pay and ensuring that poor offenders are not negatively affected;
- Ensure no prisoner is subjected to formal or informal corporal punishment by abolishing all laws and regulations which authorize the practice of caning or flogging of prisoners;
- Encourage courts to take account of barriers such as distance, travel time and cost, faced by families who wish to visit their incarcerated family member in distant prisons when making decisions about where offenders should serve their sentence. In particular women prisoners should be allocated, to the extent possible, to prisons close to their home or place of social rehabilitation, reflecting Rule 4 of the Bangkok Rules;

To the Ministry of Interior:

- Immediately ensure the all prisons comply with minimum standards for humane conditions of detention and that no prisoners are denied their rights to food, health, water and sanitation by:
 - Providing food of adequate nutritional value to all prisoners, in a quantity and quality sufficient to satisfy the dietary needs of individuals, including pregnant and breastfeeding women as well as those with health problems, free from adverse substances, and acceptable within a given culture.
 - Urgently implement across all prisons in Ghana the increase in spending on food for prisoners (to 1.80 cedi per prisoner per day);
 - Providing all prisoners with access at all times to adequate quantities of safe and potable water and adequate sanitation, which is safe, hygienic, secure, socially and culturally acceptable, provides privacy and ensures dignity. Ensure that prisoners are able to access adequate sanitation facilities at night by increasing guards, where necessary, to enable access to toilet blocks.
 - Remove barriers to access to healthcare services for all prisoners, including through improved systems of diagnosis and referral and ensuring that prison infirmaries are properly stocked.
 - Ensure that no prisoners are denied access to preventive, curative and palliative health services, facilities and goods which are publicly available to other members of the population.
- Immediately adopt a plan with concrete and time-bound goals to increasingly improve sanitary and living conditions across all prisons in Ghana. The conditions in Ghana's prisons should meet international standards, in particular minimum standards for humane conditions

of detention including as set out in the UN Standard Minimum Rules for the Treatment of Prisoners and the Bangkok Rules;

- Provide adequate resources, including through seeking international assistance and cooperation if needed, for the Ghana Prisons Service to improve access to health care in Ghana's prisons and to ensure that prison personnel are able to work effectively and safely to meet the goals of security and the rehabilitation of prisoners;
- Protect prisoners' rights to confidentiality, including ensuring privacy for meetings with lawyers, diplomats and human rights monitors as provided for in the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (Principles 18, 29) and the UN Standard Minimum Rules, Rules 38 and 93, by guaranteeing this right in the appropriate laws and regulations;

To the Ghana Prisons Service:

- Investigate, through a robust and fair process, all complaints by inmates of physical and verbal assault and abuse by or at the behest of officers and bring to justice those found to be responsible;
- Ensure that all current and new staff are given training on good professional practice which incorporates human rights standards; training should pay particular attention to: the rights of men and women with mental disabilities; the particular aspects of prison life that affect men and women differently, including in particular the rights of women who are pregnant or lactating, and the rights of children in prisons;
- Ensure that all prison staff are aware of the prohibition in international law against corporal punishment;
- Put in place a plan to ensure at least one qualified medical doctor is available to conduct regular clinics at each major prison and take clear targeted steps towards this objective, bearing in mind the recommendations of the UN Standard Minimum Rules for the Treatment of Prisoners that medical services in prisons to be "organized in close relationship to the general health administration of the community or nation";
- Ensure that all prisoners are examined on entry into prison as specified in the Standard Minimum Rules for the Treatment of Prisoners and Ghana's Prison Regulations. This should include confidential voluntary counselling and testing for HIV.
- Ensure the provision of sexual health education to raise awareness and reduce stigma of sexually transmitted diseases; and make condoms and lubricant available for all prisoners and prison officers, as recommended by World Health Organization and UNAIDS to reduce the likelihood of sexual transmission of disease;
- Conduct a proper mental health audit of prisons and develop a plan for addressing the mental health needs of inmates without discrimination,
- Ensure that the new rate of spending on prisoner's food results in provision of food of

adequate nutritional value to all prisoners, in a quantity and quality sufficient to satisfy the dietary needs of individuals, free from adverse substances, and acceptable within a given culture. Ensure that the food meets the dietary needs of children living with their mothers, and prisoners who are pregnant, breastfeeding, or living with HIV, TB or other health conditions requiring nutritional supplements;

- Ensure the women's prisons have materials and facilities to meet women's specific hygiene and sanitation needs, including free supplies of feminine hygiene products, in accordance with the UN Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (Bangkok Rules);
- Ensure that there are enough opportunities for training and education of prisoners, including those sentenced to death, by updating equipment, facilities and recruiting additional teachers and trainers to meet the goals of rehabilitation as articulated in international law, the Ghana Prisons Service Decree and the Ghana Prisons Service mission statement;
- Ensure that remand prisoners have the right to obtain within the limits of available resources, if from public sources, reasonable quantities of educational, cultural and informational material, subject to conditions to ensure security and good order in the place of detention.

To the international community, including governments and relevant inter-governmental agencies:

- Provide technical assistance to the Ghanaian government to improve conditions within prisons.

6. APPENDICES

1. PRISONS SERVICE DECREE

Section 35—Health and Welfare of Prisoners

1. It shall be the duty of the Director of Prisons to ensure that every prisoner—

(a) is regularly supplied with wholesome and nourishing food in quantities sufficient to maintain him in good health;

(b) is at all times kept supplied with clothing, soap, bedding and other necessaries in quantities sufficient to maintain his decency, cleanliness and good health;

(c) is at all reasonable times permitted access to washing and toilet facilities sufficient to keep himself clean and decent in his person;

(d) is permitted to take daily exercise outside his cell during the hours of daylight for a period not less than one hour in every day;

(e) is promptly supplied with all medicines, drugs, special diets or other things prescribed by a medical officer of health as necessary for the health of that prisoner.

3. No punishment shall be imposed on any prisoner which has the effect of

(a) changing his diet;

(b) reducing the quantities of clothing, soap, bedding or other necessaries to be supplied to him;

(c) restricting or removing his access to washing or toilet facilities;

(d) restricting his daily exercise outside his cell to less than one hour in any day;

(e) preventing him from having access to such medicines, drugs, special diets and other things as may be prescribed by a medical officer of health as necessary for his health.

Section 36—Cleanliness of Prisons

It shall be the duty of the Director of Prisons to ensure that all cells, kitchens, and washing and toilet facilities within a prison are at all times kept in a clean and sanitary condition.

Section 37--Cell Accommodation

(1) The Commissioner shall satisfy himself from time to time that in every prison sufficient accommodation is provided for all prisoners.

(2) No cell shall be used for the confinement of a prisoner unless a medical officer certifies in writing that its size, lighting, heating, ventilation, fittings and furniture are adequate for health and that it allows the prisoner to communicate at any time with a prison officer.

(3) A certificate given under this section shall specify the number of prisoners which the cell is designed to accommodate.

(4) A certificate given under this section in respect of any cell may limit the period for which a prisoner may be separately confined in the cell and the number of hours a day during which a prisoner may be employed therein.

(5) The certificate shall identify the cell to which it relates by a number or mark and the cell shall be marked by that number or mark placed in a conspicuous position; and if the number is changed without the consent of a medical officer the certificate shall cease to have effect.

(6) A medical officer may withdraw a certificate given under this section in respect of any cell if in his opinion the conditions of the cell are no longer as stated in the certificate.

7) In every prison solitary cells shall be provided for the temporary confinement of refractory or violent prisoners in accordance with regulations.

2. PRISONS IN GHANA

TABLE 1: NATIONAL PRISON FIGURES, 2011

	Convicted	Remand	Totals	Capacity	Overcrowding (% of capacity)
Male	10280	2948	13228		
Female	189	51	240		
Total	10469	2999	13468	7875 [*]	170%

[*] With the additional 2000 places which will be made available with the commissioning of the new prison at Ankafu, but with all other data remaining the same, the overcrowding would reduce from 170% of capacity to 136%.

TABLE 2: PRISONERS UNDER SENTENCE OF DEATH ON 24 SEPTEMBER 2011

Prison	Males	Females
Nsawam	117	3
Kumasi	17	0
Tamale	0	1 [awaiting transfer]
TOTAL	134	4

Note: there may be some additional individuals in regional prisons awaiting transfer of whom AI was not aware though such additional prisoners would represent a very small number.

TABLE 3: PLACES OF DETENTION IN GHANA

Prison	Type	Location
Ankaful Main CP	Camp Prison	Cape Coast
Ekuasi CP	Camp Prison	Western Region
James Camp	Camp Prison	Accra
Ho CP	Central prison	Volta Region
Kumasi CP	Central prison	Ashanti Region
Navrongo	Central prison	Upper East Region
Nsawam Medium Security Prison	Central prison	Eastern Region
Sekondi Central Prison	Central prison	Western Region
Sunyani CP	Central prison	Brong Ahafo Region
Tamale CP	Central prison	Northern Region
Wa	Central prison	Upper West Region
Senior Correctional Centre	Juvenile Facility	Accra
Akuse Female Prison	Local Prison	Eastern Region
Akuse Male Prison	Local Prison	Eastern Region
Ankaful Annex Prison	Local Prison	Cape Coast
Bawku	Local Prison	Upper East Region
Gambaga	Local Prison	Northern Region
Ho Female Prison	Local Prison	Volta Region
Kete Krachi LP	Local Prison	Southern Region
Koforidua LP	Local Prison	Eastern Region
Kpando LP	Local Prison	Volta Region
Kumasi Female Prison	Local Prison	Ashanti Region
Manhyia LP	Local Prison	Ashanti Region
Nsawam Female Prison	Local Prison	Eastern Region
Obuasi LP	Local Prison	Ashanti Region
Salaga	Local Prison	Northern Region
Sekondi Female Prison	Local Prison	Western Region
Sunyani Female Prison	Local Prison	Brong Ahafo Region
Tamale Female Prison	Local Prison	Northern Region
Tarkwa LP	Local Prison	Western Region

Winneba Local Prison	Local Prison	Central Region
Yendi	Local Prison	Northern Region
Ankaful	Maximum Security Prison	Cape Coast
Contagious Diseases Prison	Medical	Akuse East Region
Ahinsan SCP	Settlement Camp Prison	Brong Ahafo Region
Amanfrom SCP	Settlement Camp Prison	Ashanti Region
Awutu SCP	Settlement Camp Prison	Central Region
Duayaw Nkwanta SCP	Settlement Camp Prison	Brong Ahafo Region
Forifori Settlement CP	Settlement Camp Prison	Donkokrom
Hiawa SCP	Settlement Camp Prison	Western Region
Kenyasi	Settlement Camp Prison	Brong Ahafo Region
Osamkrom Settlement CP	Settlement Camp Prison	Central Region
Yeji CP	Settlement Camp Prison	Ashanti Region

TABLE 4: INDIVIDUAL PRISONS VISITED BY AMNESTY INTERNATIONAL, 2011

Prison	Staff no.	Prison capacity	Actual number	Ratio staff:inmate	% of capacity (100% = full)
Kumasi male	198	416	1872	1 to 9	450%
Kumasi female	84	30	47	1 to 0.6	157%
Sunyani male	169	297	816	1 to 4.8	274%
Sunyani female	14				
SCI (male)	154	200	117	1 to 0.8	58%
Nsawam male	314	717	3281	1 to 10	458%
Nsawam female	129	200	125	1 to 1	65%
Tamale male	110	70	260	1 to 2.4	371%
Tamale female	37	16			
Sekondi male	124	412	735	1 to 6	178%

7. NOTES

¹ Amnesty International interview with Nana, September 2011. Unless otherwise stated, interviews with remand and convicted prisoners, senior and junior prison officers and prison healthcare staff took place during Amnesty International's visit to Ghana in September 2011. All names in this report have been changed to protect each individual's identity.

² *Ghana Prisons Service Annual Report 2009*, Accra, p. 4.

³ Ghana National Report, Universal Periodic Review. UN doc. A/HRC/WG.6/2/GHA/1, 8 April 2008, para. 64; <http://www.ohchr.org/en/hrbodies/upr/pages/ghsession2.aspx> (accessed 19 March 2012).

⁴ Committee against Torture, Initial reports of States parties due in 2001. Ghana, 2011 CAT/C/GHA/1, para.90; <http://tb.ohchr.org/default.aspx?country=gh> (accessed 19 March 2012).

⁵ "First Batch Of 200 Prisoners Transferred To New Ankaful Prison", *Daily Graphic*, 4 March 2012.

⁶ "Ankaful Maximum Security Prison to be commissioned soon", Ghana Broadcasting Corporation, 4 November 2011; <http://www.gbghana.com/index.php?id=1.358607.1.638505> (accessed 19 March 2012).

⁷ Emmanuel Adu-Gyamerah, "Govt increases feeding fees for prison inmates", *Daily Graphic*, 4 November 2011; <http://www.modernghana.com/news/359280/1/govt-increases-feeding-fees-for-prison-inmates.html> (accessed 19 March 2012).

⁸ Human Rights Council. Working Group on the Universal Periodic Review. Ghana: National Report . Doc. A/HRC/WG.6/2/GHA/1, 8 April 2008; <http://www.ohchr.org/en/hrbodies/upr/pages/ghsession2.aspx>; (accessed 19 March 2012).

⁹ See, for example, the Constitution of the Republic of Ghana, chapter 5 ("Fundamental human rights and freedoms") and Chapter 18 that established the Commission on Human Rights and Administrative Justice (CHRAJ).

¹⁰ International Covenant on Civil and Political Rights (ICCPR) Article 10 (3).

¹¹ ICCPR Article 10 (2)(a) and (b).

¹² Human Rights Committee, General Comment No. 21: Article 10 (Humane Treatment of Persons Deprived of Their Liberty Adopted at the Forty-fourth Session of the Human Rights Committee, on 10 April 1992 , paras.3 - 4.

¹³ See in this regard, R. Lines, 'The right to health of prisoners in international human rights law', *International Journal of Prisoner Health*, March 2008; 4(1): 3 – 53 and M. Nowak, *U.N. Covenant on Civil and Political Rights: CCPR Commentary*, N. P, Engel Verlag, 2005, pp. 172 – 175, 244 – 250.

¹⁴ *Womah Mukong v. Cameroon*, Communication No. 458/1991, U.N. Doc. CCPR/C/51/D/458/199, para 9.3, available at: <http://www1.umn.edu/humanrts/undocs/html/vws458.htm>, emphasis in original (last accessed 10 April 2012).

¹⁵ Committee on Economic, Social and Cultural Rights. General Comment No. 14. The right to the highest attainable standard of health (Article 12), adopted at the Twenty-second Session of the Committee, on 11 August 2000, Doc. E/C.12/2000/4, para. 11; <http://www.unhcr.ch/tbs/doc.nsf/%28symbol%29/E.C.12.2000.4.En> (accessed on 19 March 2012).

¹⁶ Committee on Economic, Social and Cultural Rights, General Comment No. 14, para. 34.

¹⁷ Committee on Economic, Social and Cultural Rights, General Comment No. 15: The right to water (arts. 11 and 12 of the International Covenant on Economic, Social and Cultural Rights), UN Doc. E/C.12/2002/11, 20 January 2003, para. 16 (g).

¹⁸ Report of the independent expert on the issue of human rights obligations related to access to safe drinking water and sanitation, Catarina de Albuquerque, UN. Doc. A/HRC/12/24, 1 July 2009, para. 63; footnote omitted.

¹⁹ OHCHR, *Sanitation is a right for all, including for those in detention*; available at <http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=9633&LangID=e> (last accessed 10 April 2012).

²⁰ African Charter on Human and Peoples' Rights, adopted 27 June 1981, OAU Doc. CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982); <http://au.int/en/treaties> (accessed 19 March 2012).

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- ²¹ *The Social and Economic Rights Action Center and the Center for Economic and Social Rights v. Nigeria*, Communication No.155/96, para 68, decision adopted at the 30th ordinary session of the African Commission of Human and Peoples' Rights, Banjul, 13-27 October 2001, available at <http://www1.umn.edu/humanrts/africa/comcases/155-96b.html>.
- ²² UN Body of Principles for the Protection of all Persons under any Form of Detention or Imprisonment [hereafter, Body of Principles], Adopted by General Assembly resolution 43/173 of 9 December 1988, Principle 5; <http://www2.ohchr.org/english/law/bodyprinciples.htm> (accessed 19 March 2012).
- ²³ Constitution of Ghana provides in Chapter 16 that there shall be "a Prisons Service of Ghana" and that it shall be "equipped and maintained to perform its traditional role efficiently" (para. 205(1) and (2)).
- ²⁴ Subsidiary Legislation Supplement No. 88. Supplement to Ghana Gazette No.117, 20 December 1958, as amended.
- ²⁵ Section (1), NRC D 46 Prisons Service Decree 1972. 1. Functions of the service.
- ²⁶ Prisons Service Decree, Section 1.
- ²⁷ Prisons Service Decree, Section 2 (Duties of the Service).
- ²⁸ *Ghana Prisons Service Annual Report 2009*, p. 9; Amnesty International has not examined the full Ghana government budget, nor indeed the budget allocation for the Ghana Prisons Service, but there is strong evidence that the prison budget is not sufficient to ensure that Ghana meets its international obligations with regard to persons under any form of detention.
- ²⁹ *Teesdale v Trinidad and Tobago*, (677/1992), UN Doc CCPR/C/74/D/677/1992 (2002) para. 9.3.
- ³⁰ *Annette Pagnouille (on behalf of Abdoulaye Mezou) v. Cameroon*, (39/90), 10th Annual Report of the African Commission, 1996 - 1997, ACHPR/RPT/10th.
- ³¹ International Covenant on Civil and Political Rights [ICCPR]. Adopted by General Assembly resolution 2200A (XXI), 16 December 1966; <http://www2.ohchr.org/english/law/ccpr.htm> (accessed 19 March 2012).
- ³² Body of Principles for the Protection of All Persons under any Form of Detention or Imprisonment. Adopted by General Assembly resolution 43/173 of 9 December 1988.
- ³³ African Commission on Human and Peoples' Rights. ACHPR/Res.4(XI)92: Resolution on the Right to Recourse and Fair Trial (1992); http://www.achpr.org/english/resolutions/resolution09_en.html (accessed 19 March 2012).
- ³⁴ Constitution of the Republic of Ghana 1992; http://www.judicial.gov.gh/constitution/chapter/chap_5.htm (accessed 19 March 2012).
- ³⁵ "Committee against Torture Hears Response of Ghana", United Nations Office in Geneva, 17 May 2011; [http://www.unog.ch/80256EDD006B9C2E/\(httpNewsByYear_en\)/0B151808C0AACB87C1257893005C666F](http://www.unog.ch/80256EDD006B9C2E/(httpNewsByYear_en)/0B151808C0AACB87C1257893005C666F) (accessed 19 March 2012).
- ³⁶ Ghana News Agency, 2 August 2011.
- ³⁷ Amnesty International Report 2009, "Ghana"; <http://www.amnesty.org/en/region/ghana/report-2009> (accessed 19 March 2012).
- ³⁸ Concluding observations of the Committee against Torture Ghana, CAT/C/GHA/CO/1, 15 June 2011.
- ³⁹ See International Covenant on Civil and Political Rights, Article 14(3)(d). See also the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, Principle 17(2); Basic Principles on the Role of Lawyers, Principle 6.
- ⁴⁰ The Ouagadougou Declaration and Plan of Action on Accelerating Prisons and Penal Reforms in Africa, 2002; http://www.achpr.org/english/declarations/declaration_ouagadougou_en.html (accessed 19 March 2012).
- ⁴¹ Commission on Human Rights and Administrative Justice. *Nationwide Inspection of Prisons and Police Cells: 2002 and 2003 Reports*, CHRAJ, Accra.
- ⁴² "Ghana Prisons call for legislative instrument to back non custodial sentences." *Ghana Business News*, 2 February 2011; <http://www.ghanabusinessnews.com/2011/02/02/ghana-prisons-call-for-legislative-instrument-to-back-non-custodial-sentences> (accessed 19 March 2012).
- ⁴³ The Bangkok Rules – known formally as the Standard Minimum Rules for the Treatment of Female Prisoners and Non-Custodial Measures for Women Offenders -- were adopted by the General Assembly of the UN in 2011; see General Assembly Resolution

65/229, 11 March 2011; http://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/UN_Rules_Treatment_Women_Prisoners_Bangkok_Rules.pdf (accessed 19 March 2012).

⁴⁴ Committee on the Rights of the Child, 30 September 2011. Report and Recommendations of the Day of General Discussion on "Children of Incarcerated Parents", para. 10; <http://www2.ohchr.org/english/bodies/crc/docs/discussion/2011CRCGDReport.pdf> (accessed 19 March 2012).

⁴⁵ The CHRAJ is provided for by the Constitution of Ghana (Chapter 18) and established by the Commission on Human Rights and Administrative Justice Act 1993, Act 456. The Commission's budget is not linked to any government ministry or other body but is provided by the Ministry of Finance.

⁴⁶ See Table 1 in the Appendices, p. 43.

⁴⁷ Prison Regulations, L.N. 412 (1958).

⁴⁸ These are described in the Prison Regulations L.N. 412 (1958) as "major offences" (Article 82). There are additional "minor" offences such as swearing, assault against another prisoner, disobeying an order and committing a nuisance.

⁴⁹ Human Rights Committee, General Comment 20, para.5; [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/6924291970754969c12563ed004c8ae5](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/6924291970754969c12563ed004c8ae5).

⁵⁰ Basic Principles for the Treatment of Prisoners, General Assembly resolution 45/111, adopted 14 December 1990; <http://www2.ohchr.org/english/law/basicprinciples.htm> (accessed 19 March 2012). The Special Rapporteur on Torture has concluded that, "depending on the specific reason for its application, conditions, length, effects and other circumstances, solitary confinement can amount to a breach of [the prohibition against torture and other cruel inhuman or degrading treatment], and to an act defined in article 1 or article 16 of the Convention against Torture." He recommends "that States develop and implement alternative disciplinary sanctions to avoid the use of solitary confinement" (Report of the Special Rapporteur on Torture, Juan Mendez, Doc. No. A/66/268, 5 August 2011, para. 80).

⁵¹ Manfred Nowak, "Fact-Finding on Torture and Ill-Treatment and Conditions of Detention", *Journal of Human Rights Practice*, 2009, 1(1): 1091-19.

⁵² General Assembly resolution 55/59: Vienna Declaration on Crime and Justice: Meeting the Challenges of the Twenty-first Century), 17 January 2001; http://www.unodc.org/pdf/crime/a_res_55/res5559e.pdf (accessed 19 March 2012).

⁵³ United Nations. Commission on Crime Prevention and Criminal Justice. Report on the tenth session (8-17 May and 6 and 7 September 2001). Economic and Social Council Official Records, 2001, Supplement No. 10. See "Plans of action for the implementation of the Vienna Declaration on Crime and Justice: Meeting the Challenges of the Twenty-first Century." pp. 46-47. E/2001/30/Rev.1; E/CN.15/2001/13/Rev.1; http://www.unodc.org/pdf/crime/a_res_56/30rev1e.pdf (accessed 19 March 2012).

⁵⁴ Human Rights Committee. *Henry v. Trinidad and Tobago*, Communication N° 752/1997, Views of the Committee Under Article 5, Paragraph 4, of the Optional Protocol to the International Covenant on Civil and Political Rights, Meeting 3 November 1998, CCPR/C/64/D/752/1997, para. 7.4; http://www.bayefsky.com/pdf/139_trinidad074.pdf (accessed 19 March 2012).

⁵⁵ Human Rights Committee, *Andrew Perkins v. Jamaica*, Communication N° 733/1997, UN Doc. CCPR/C/63/D/733/1997, 31 July 1998, para 11.7.

⁵⁶ *Perkins v Jamaica*.

⁵⁷ In 2011, the UN Committee Against Torture, for example, "note[d] ... with particular concern persistent reports of the lack of staff, poor health and hygiene conditions, inadequate health-care services, shortage of bedding and food." (UN Doc CAT/C/GHA/CO/1, 15 June 2011, para.16.

⁵⁸ General Comment 14, para 34.

⁵⁹ See for example, Committee on Economic, Social and Cultural Rights, Concluding Observations on Yemen, UN Doc. E/C.12/1/Add.92, 12 December 2003, paras 18 and 37, Concluding Observations on the Democratic Republic of Congo, UN Doc. E/C.12/COD/CO/4, 16 December 2009, para. 32, and Concluding Observations: on Trinidad and Tobago, UN Doc E/2003/22, paras 274, and 297. For a detailed overview of the way in which various human rights monitoring bodies have addressed the right to health of prisoners see R. Lines, "The right to health of prisoners in international human rights law", *International Journal of Prisoner Health*, March 2008; 4(1): 3 – 53.

⁶⁰ See R. Lines, "The right to health of prisoners in international human rights law", *International Journal of Prisoner Health*, March 2008; 4(1): 3 – 53.

⁶¹ *Ms. Yekaterina Pavlovna Lantsova v. The Russian Federation*, Communication No. 763/1997, U.N. Doc. CCPR/C/74/D/763/1997, para 2.2.

⁶² *Ibid.*, para 2.3.

⁶³ *Ibid.*, para 9.2.

⁶⁴ *Malawi African Association and Others v. Mauritania*, African Commission on Human and Peoples' Rights, Comm. Nos. 54/91, 61/91, 98/93, 164/97 à 196/97 and 210/98, para 122.

⁶⁵ *Malawi African Association and Others v Mauritania*, paras 122 and 120.

⁶⁶ Government reply to Committee against Torture, 2011. (The figures for deaths were provided in the *Ghana Prison Services Annual Report 2009*.)

⁶⁷ S. Fazel, J. Baillargeon, "The health of prisoners", *Lancet*, 377 (9769): 956-965, 2011.

⁶⁸ A.A. Adjei, H.B. Armah, F. Gbagbo, W.K. Ampofo et al., "Correlates of HIV, HBV, HCV and syphilis infections among prison inmates and officers in Ghana: a national multicenter study", *BMC Infectious Diseases*, 8:33, 2008; <http://www.biomedcentral.com/content/pdf/1471-2334-8-33.pdf> (accessed 19 March 2012).

⁶⁹ WHO, "Tuberculosis in prisons", available at: http://www.who.int/tb/challenges/prisons/story_1/en/ (accessed 19 March 2012).

⁷⁰ UN Office on Drugs and Crime. *HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response*, New York, 2006. The report notes that "The continued spread of HIV within the prisons in these countries is related especially to sexual contact (primarily men having sex with men), as well as unsafe medical practices or sharing of razors etc." p.3.

⁷¹ R. Jürgens, M. Nowak, M. Day, "HIV and incarceration: prisons and detention", *Journal of the International AIDS Society*, 14:26, 2011; <http://www.iasociety.org/content/pdf/1758-2652-14-26.pdf> (accessed 19 March 2012).

⁷² Ghana AIDS Commission. *National Strategic Plan for Most at Risk Populations*, Accra, 2010, p.17). Amnesty International did not receive any reports of prisoners injecting drugs in prison but other research has identified injecting drug users in Ghanaian prisons as a particular risk group. One study found that 11.4% of injecting drug users in prison were HIV positive (Adjei et al, 2008; see note 56 above.)

⁷³ A.A. Adjei, et al., 2008. (See note 68 above.) The authors regarded the high infection rates among staff as indicative of "probable occupational related transmission". The number of prisoners and officers surveyed for the study represented about 20 per cent of those eligible. (An earlier study focusing more closely on the Accra and Nsawam regions found higher HIV levels. See A.A. Adjei et al., "Prevalence of [HIV, HBV, HCV] and syphilis among prison inmates and officers at Nsawam and Accra, Ghana", *Journal of Medical Microbiology*, 55:593-597, 2006.)

⁷⁴ B. Nkrumah, M. Owusu, P. Averu. Hepatitis B and C viral infections among blood donors. A retrospective study from a rural community of Ghana. *BMC Research Notes*, 12:4:529, 2011.

⁷⁵ Ghanaian *Criminal Code*, last amended in 2003, states in Section 104: "(1) Whoever has unnatural carnal knowledge - (a) of any person of the age of sixteen years or over without his consent shall be guilty of a first degree felony and shall be liable on conviction to imprisonment for a term of not less than five years and not more than twenty-five years; or (b) of any person of sixteen years or over with his consent is guilty of a misdemeanour; or (c) of any animal is guilty of a misdemeanour. (2) Unnatural carnal knowledge is sexual intercourse with a person in an unnatural manner or with an animal."

⁷⁶ *Ghana Prisons Service Annual Report 2009*, p.36 (emphasis added). The issue of sexual activity *in prison* is not addressed in this framework (except by messages of abstinence).

⁷⁷ *International Guidelines on HIV/AIDS and Human Rights* (2006 Consolidated Version); http://data.unaids.org/Publications/IRC-pub07/jc1252-internguidelines_en.pdf (accessed 19 March 2012). Human rights of gay, lesbian, bisexual and transgender people are discussed in: Amnesty International, *Love, Hate and the Law: Decriminalizing Homosexuality*, London, 2008; <http://www.amnesty.org/en/library/info/POL30/003/2008/en> (accessed 19 March 2012); Office of the High Commissioner for Human Rights, "Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity", Report of the United Nations High Commissioner for Human Rights, Doc. A/HRC/19/41, 19 November 2011; http://www.ohchr.org/Documents/Issues/Discrimination/A.HRC.19.41_English.pdf (accessed 19 March 2012).

⁷⁸ Twenty-first Activity Report of the African Commission on Human and Peoples' Rights, 25-26 January 2007, EX.CL/322 (X), para.169; http://www.achpr.org/english/activity_reports/21%20Activity%20Report.pdf.

⁷⁹ The Executive Director of UNAIDS, Michel Sidibé, in a letter to partner organizations, stated: "Arbitrary detentions, archaic laws of colonial times and entrenched attitudes about sexual behaviour are hampering efforts to provide HIV prevention services for people" and urged that "national laws must stop discrimination [against] people living with HIV, men who have sex with men, lesbians, people who inject drugs, sex workers and transgender people". He urged more effort to achieve the goal of zero discrimination in the response to HIV. Letter to Partners, 2011; http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110218a_LetterToPartners.pdf (accessed 19 March 2012).

⁸⁰ Ghana AIDS Commission. *National Strategic Plan for Most at Risk Populations*, Accra, 2010, p.41.

⁸¹ Ghana AIDS Commission. *National Strategic Plan for Most at Risk Populations*, Accra, 2010, p.27.

⁸² World Health Organization, *WHO guidelines on HIV infection and AIDS in prisons*, UNAIDS, Geneva, 1999, Para.20, p. 5; http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub01/jc277-who-guidel-prisons_en.pdf (accessed 19 March 2012).

⁸³ Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS. *International Guidelines on HIV/AIDS and Human Rights*. Para. 21(e), pp.30-31; available at: http://data.unaids.org/Publications/IRC-pub07/jc1252-internguidelines_en.pdf (accessed 19 March 2012).

⁸⁴ Ouagadougou Declaration and Plan of Action on Accelerating Prisons and Penal Reforms in Africa, 2003, available at: http://www.achpr.org/english/declarations/declaration_ouagadougou_en.html (accessed 19 March 2012).

⁸⁵ For an overview of services and legislation see: A. Ofori-Atta, UM Read, C Lund et al. A situation analysis of mental health services and legislation in Ghana: challenges for transformation, *African Journal of Psychiatry*, 13:99 -108, 2010.

⁸⁶ "Ghana: Four Psychiatrists for Over 2 Million Mental Patients?" *The Chronicle*, 6 June 2011; <http://allafrica.com/stories/201106150041.html> (accessed 19 March 2012).

⁸⁷ "How Effective Will the Mental Health Bill Be When Passed Into Law?" *The Chronicle*, 17 August 2011; <http://allafrica.com/stories/201108190866.html> (accessed 19 March 2012).

⁸⁸ Telephone interview with Dr Akwasi Osei, 17 January 2012.

⁸⁹ A. Barke, S. Nyarko, D. Klecha, "The stigma of mental illness in Southern Ghana: attitudes of the urban population and patients' views", *Social Psychiatry and Psychiatric Epidemiology*, 46(11):1191-1202, 2011.

⁹⁰ Ghana, Concluding Observations of the Committee Against Torture, Document CAT/C/GHA/CO/1, 17 June 2011, para. 17.

⁹¹ The World Health Organization summarised the Bill's strengths as explicitly acknowledging the human rights of people with mental disorders, the establishment of a visiting committee to monitor human rights, and the establishment of a tribunal to hear individual complaints and review involuntary admissions and treatment. WHO. "Ghana: A very progressive mental health law." Geneva, 2007; Available at: http://www.who.int/entity/mental_health/policy/country/GhanaCountrySummary_Oct2007.pdf (accessed 19 March 2012).

⁹² Although the Bangkok Rules were drawn up to address the rights of women prisoners, "some of these rules [relating to parenting] would apply equally to male prisoners and offenders who are fathers." (Bangkok Rules, Preliminary Comment, para. 12).

⁹³ General Assembly. Resolution 63/241. Agenda item 60, Rights of the Child, 13 March 2009, para.47; <http://www.un.org/en/ga/63/resolutions.shtml> (accessed 19 March 2012).

⁹⁴ *Ghana Prisons Service Annual Report 2009*, p. 22. The table on that page contains the numbers of pregnant women in five women's prisons as 8. (The stated figure of 13 appears incorrect).

⁹⁵ Standard Minimum Rules for the Treatment of Prisoners, Rule 23(1),

⁹⁶ Convention on the Elimination of All Forms of Discrimination against Women, adopted New York, 18 December 1979; <http://www2.ohchr.org/english/law/cedaw.htm> (accessed 19 March 2012).

⁹⁷ Bangkok Rules Rule 48: 1.

⁹⁸ The Prison Regulations provide at para. 9 that "The child of a female prisoner may be received into a prison with its mother until it has, in the opinion of the Medical Officer, been weaned."

⁹⁹ Bangkok Rules, Rule 58: "Taking into account the provisions of rule 2.3 of the Tokyo Rules, women offenders shall not be

separated from their families and communities without due consideration being given to their backgrounds and family ties. Alternative ways of managing women who commit offences, such as diversionary measures and pretrial and sentencing alternatives, shall be implemented wherever appropriate and possible."

¹⁰⁰ In its report to the UN Committee against Torture a representative of Ghana stated that caning or flogging was a procedure that required an application to the Director General of the Prisons Service who had to convene a panel (including a doctor) to ensure the prisoner was fit for the punishment. This "cumbersome process meant that caning was not regularly used," he concluded. (Ghana report to CAT, 2011)

¹⁰¹ Standard Minimum Rules for the Treatment of Prisoners, Rule 93.

¹⁰² Principle 43, Bangkok Rules.

¹⁰³ Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, Principle 16(1).

¹⁰⁴ Basic Principles on the Role of Lawyers, Adopted by the Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, Havana, Cuba, 27 August to 7 September 1990; <http://www2.ohchr.org/english/law/lawyers.htm> (accessed 19 March 2012).

¹⁰⁵ Ghana Prisons Service, Annual Report 2009, p.24. Of 555 foreign prisoners, 469 or 85% were from West Africa. By September 2011, the number of foreign prisoners had increased to 706 of whom, again, the vast majority were from neighbouring countries.

¹⁰⁶ Other prisons also had problems with sanitation. For example, in 2010, the press reported that a manhole that had been dug for the Osamkrom Prison Camp inmates in the yard as a public place of convenience and that the absence of toilet facilities for prison officers at the prison camp forced officers to use nearby forests to relieve themselves. (See: "Gomoa Osamkrom prison officers lack toilet facilities - CHRAJ", ModernGhana.com, 13 December 2010; <http://www.modernghana.com/news/308130/1/g0m0a-osamkrom-prison-officers-lack-toilet-facilit.html> (accessed 19 March 2012).

¹⁰⁷ Standard Minimum Rules for the Treatment of Prisoners, Rule 19.

¹⁰⁸ Standard Minimum Rules for the Treatment of Prisoners, Rules 12-14.

¹⁰⁹ Ghana Prisons Service Annual Report 2009, p.5. This is based on the first article of the Prisons Service Decree (1972) that states that "It shall be the duty of the Prisons Service ... whenever practicable to undertake the reformation and rehabilitation of prisoners."

¹¹⁰ Ministry of the Interior: The Ghana Prisons Service; http://mint.gov.gh/index.php?option=com_content&task=view&id=31&Itemid=39 (accessed 19 March 2012).

¹¹¹ Standard Minimum Rules for the Treatment of Prisoners, paras. 65-78.

¹¹² Standard Minimum Rules for the Treatment of Prisoners, Rule 21.

¹¹³ Interview, Director of Operations, Ghana Prisons Service, Hassan al-Legibo, 2011. This number is down slightly from the total staff numbers reported in the Prisons Service Annual Report 2009 -- 3402 male officers and 1351 female officers, (Report, p. 12).

¹¹⁴ See Appendix, Table 4, p. 45.

¹¹⁵ Speech of Prof. Albert Kodze Fiadjoe, Chairman of the Constitution Review Commission (CRC) during the presentation of its final report to President John Evans Atta Mill., 20 December 2011; [http://www.crc.gov.gh/sites/default/files/Chair%20Speech-Presentation%20Ceremony%20\(For%20press\)%2020th%20December%202011%20Final.pdf](http://www.crc.gov.gh/sites/default/files/Chair%20Speech-Presentation%20Ceremony%20(For%20press)%2020th%20December%202011%20Final.pdf) (accessed 19 March 2012).

¹¹⁶ The resolution called for more than a moratorium on executions: it reaffirmed previous resolutions on this issue and called on states to respect international standards guaranteeing protection of the rights of those facing the death penalty; to provide information on the use of the death penalty to the Secretary General and make it publicly available; and to progressively restrict the use of the death penalty and the number of offences to which it may be imposed. See Amnesty International. *Death Sentences and Executions in 2010*, Index: ACT 50/001/2011, p. 7. The resolution was eventually adopted by 109 votes in favour, 41 against and 35 abstentions.

¹¹⁷ R. Johnson, "Under Sentence of Death: The Psychology of Death Row Confinement", *Law & Psychology Review*, 5(141): 157-160, 1979; H. Bluestone, C.L. McGahee (1962), "Reaction to Extreme Stress: Impending Death by Execution", *American Journal of Psychiatry*, 119: 393-396, 1962. See also: Amnesty International. *Hanging by a thread: Mental health and the death penalty in Japan*. London, 2009, Index: ASA 22/006/2009.

¹¹⁸ Apart from water many of the supplies have been provided by family members or NGOs.

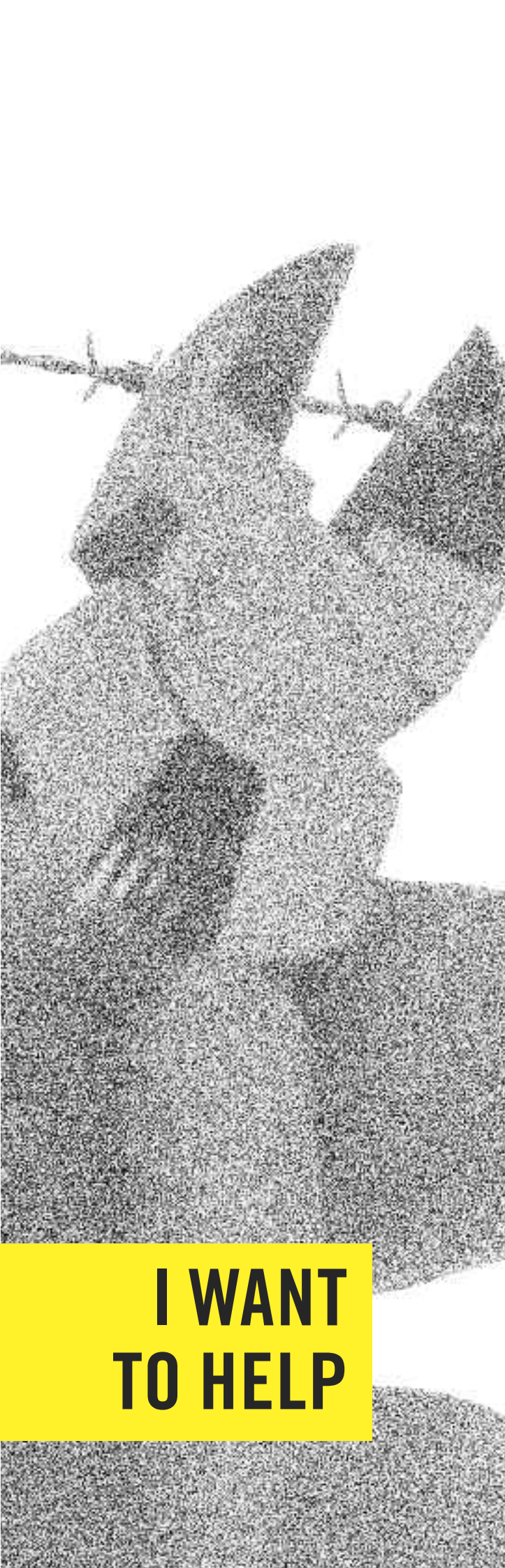
¹¹⁹ President John Evans Atta Mills, comments at the commissioning of Ankaful Maximum Security Prison, 8 November 2011; <http://www.presidency.gov.gh/press-centre/general-news/prez-mills-commissions-ankaful-maximum-security-prison> (accessed 19 March 2012).

¹²⁰ Statement in Parliament by Dr Benjamin Kunbour, Minister of the Interior, 2 November 2011; <http://news.peacefonline.com/social/201111/77396.php> (accessed 19 March 2012). The Minister's name is given in this press report as "Kunbuor" and other spellings of his name exist. In this Amnesty International report, the spelling is as provided in the official list of Government Ministers; <http://www.ghana.gov.gh/index.php/governance/ministers/1629-dr-benjamin-kunbour> (accessed 19 March 2012).

¹²¹ African Commission on Human and Peoples' Rights, Resolution on Guidelines and Measures for the Prohibition and Prevention of Torture, Cruel, Inhuman or Degrading Treatment or Punishment in Africa (The Robben Island Guidelines), 2002. The Paris Principles referred to here were developed at International Workshop on National Institutions for the Promotion and Protection of Human Rights held in Paris on 7-9 October 1991. They were adopted by the General Assembly of the UN as resolution 48/134: Principles relating to the Status of National Institutions (The Paris Principles), on 20 December 1993.

¹²² The Constitution Review Commission of Ghana was established as a Commission of Inquiry under the provisions of a Constitutional Instrument C.I. 64, executed by the President of Ghana on 8th January 2010; <http://www.crc.gov.gh/> (accessed 19 March 2012).

¹²³ Speech by Prof. (Emeritus) Albert Kodzo Fiadjoe, Chair, Constitution Review Commission, on the Occasion of the Presentation of the Final Report of the Constitution Review Commission, to H. E. Prof. John Evans Mills, President of the Republic of Ghana, 20 December 2011; <http://www.crc.gov.gh/sites/default/files/Chair%20Speech-Presentation%20Ceremony%20%28For%20press%29%2020th%20December%202011%20Final.pdf> (accessed 19 March 2012).



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'PRISONERS ARE BOTTOM OF THE PILE' **THE HUMAN RIGHTS OF INMATES IN GHANA**

Prisons in Ghana are failing to meet international standards. Remand or unconvicted prisoners can spend years awaiting trial and may be held in conditions that amount to cruel, inhuman or degrading treatment. Both unconvicted and convicted male prisoners experience unacceptably high levels of overcrowding in the neglected and run-down prison system. Some cells are so overcrowded that when sleeping, inmates are packed tightly together and cover the entire floor space.

Food supplies to prisoners have been grossly inadequate. Although the authorities acknowledge this, immediate implementation of increased rations is necessary. Access to health care is also far below acceptable standards.

The Ghanaian prison regime offers limited access to education and training for inmates. Yet even these meagre opportunities are not available to remand or unconvicted prisoners or those held under sentence of death – a penalty that Amnesty International opposes in all cases.

This report, based on prison visits, interviews and other research, documents prison conditions in Ghana and calls for urgently needed reform.

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