

PAKISTAN'S PRISON RULES

GAP ANALYSIS

A comparative gap analysis against
international human rights standards



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Executive Summary

This report undertakes a detailed review of Pakistan's prison framework to assess whether the existing rules provide a sufficiently comprehensive and coherent system for the protection and treatment of persons deprived of liberty. The analysis reveals that while Pakistan's prison rules contain a number of provisions addressing the basic administration and management of prisons, significant gaps remain in translating contemporary rights-based standards into clear, consistent and enforceable custodial safeguards. The gaps are not confined to the absence of individual provisions; in several areas, existing safeguards are fragmented, outdated, insufficiently detailed or lack the procedural mechanisms necessary for effective implementation. The report accordingly identifies areas requiring legal, regulatory and institutional strengthening across the prison system.

The review highlights particular areas requiring greater attention, including accommodation and sanitation, healthcare and mental health, nutrition and hygiene, prisoner classification and separation, protection from violence and ill-treatment, disciplinary procedures, complaints and oversight mechanisms, access to legal and family contact, and rehabilitation and preparation for release. It further identifies the need for a more differentiated framework capable of responding to the circumstances of women, juveniles, persons with disabilities, persons with mental health needs and

under-trial prisoners. Across these areas, the central concern is the absence of sufficiently detailed standards governing the State's responsibilities towards prisoners and the corresponding rights of persons in custody. The analysis therefore moves beyond a comparison of textual provisions to consider whether the framework provides meaningful safeguards against arbitrary or harmful custodial practices and establishes adequate institutional responsibility for their implementation.

The findings point to the need for a systematic modernisation and harmonisation of Pakistan's provincial prison rules¹ in line with international standards, rather than isolated amendments to individual provisions. Reform should establish clear minimum standards applicable across provincial jurisdictions while allowing for appropriate local and institutional requirements, strengthen accountability and monitoring mechanisms, introduce specific safeguards for vulnerable categories of prisoners, and embed rehabilitation and reintegration within prison administration. The report therefore provides a basis for bringing Pakistan's custodial framework into greater alignment with constitutional requirements and internationally recognised standards, while developing a prison system in which the lawful deprivation of liberty is accompanied by clear obligations concerning the treatment, protection and eventual reintegration of those placed in State custody.

1. This report refers to the Pakistan Prison Rules 1978, the Sindh Prisons and Corrections Services Rules 2019, and the Khyber Pakhtunkhwa Prison Rules 2018 collectively as the "provincial prison rules."

Methodology

This gap analysis adopts a comparative legal and policy review methodology to assess the extent to which Pakistan's prison framework aligns with contemporary international standards on the treatment of prisoners and the administration of prisons. It examines the Pakistan Prison Rules, 1978 in practice in Punjab and Balochistan, alongside the applicable prison legislation and rules in Sindh and Khyber Pakhtunkhwa (KP). The review covers key aspects of imprisonment, including admission and registration, classification and allocation, healthcare, accommodation and basic living conditions, staffing and training, discipline and restrictive confinement, complaints and accountability, family contact, rehabilitation, and release and reintegration. Particular attention is given to safeguards for groups requiring differentiated protection, including women, juveniles and children, persons with disabilities, persons with mental-health needs and other vulnerable prisoners.

The domestic frameworks are assessed against relevant international standards, principally the Nelson Mandela Rules, the Bangkok Rules, and, where relevant, the Beijing Rules and Tokyo Rules. The analysis considers not only whether a particular protection exists in the domestic rules, but also whether it is sufficiently detailed,

individualised and supported by appropriate procedures. Gaps are therefore identified where protections are absent, outdated, fragmented or insufficiently specific, including where rules do not establish clear responsibilities, documentation requirements, review mechanisms, or safeguards for prisoners with particular needs. The analysis also considers whether substantive obligations are supported by the staffing, specialist expertise and institutional mechanisms necessary for their effective implementation.

The comparative review further identifies areas of divergence between the provincial frameworks and stronger provincial practices that may provide models for wider reform. The objective is not to treat uniformity between provinces as the measure of compliance, but to identify a common minimum standard of protection while recognising and preserving stronger safeguards where they exist. The recommendations consequently seek to establish a common national floor of protection, rather than a common ceiling, so that provincial frameworks can continue to develop more progressive approaches while ensuring that the protection of prisoners' rights does not depend on the province in which a person is detained.

Pakistan's Prison Framework at a Glance

Pakistan does not lack prison regulation. The central challenge is to convert fragmented and uneven protections into a coherent, rights-based minimum framework that is clear, procedural, documented and reviewable across all provinces.

Area	Key findings	Stronger existing practice / domestic foundation	Reform direction
1. Admission, registration and allocation	Existing rules cover admission, registration and medical examination, but the framework remains fragmented, outdated and insufficiently individualised. Admission does not consistently connect legal status, age, health, vulnerability, family circumstances and rehabilitation needs into one assessment and placement process.	Sindh and KP contain more developed provisions on women's admission screening, including broader health and vulnerability assessment.	Establish a common admission framework that moves from simply "receiving and recording prisoners" to "assessing and safely placing individuals in custody": lawful reception → identification of age and legal status → medical and psychosocial screening → individual risk and needs assessment → appropriate allocation.
2. Prison staff and professional capacity	Existing rules focus mainly on posts and duties and do not establish a comprehensive framework for competency-based recruitment, pre-service training, continuing professional development, specialised training or minimum multidisciplinary staffing.	KP expressly recognises psychologists, psychiatrists, sociologists and other specialist functions. Sindh has a more developed correctional and rehabilitation structure, although neither framework guarantees a sufficient population-based staffing complement.	Establish a nationally coherent professional framework covering recruitment, mandatory pre-service and refresher training, competency assessment, human rights and anti-torture training, de-escalation, mental-health awareness, gender-sensitive training and multidisciplinary professional capacity.

Area	Key findings	Stronger existing practice / domestic foundation	Reform direction
3. Prisoner files, records and accountability	Records exist, but they remain fragmented rather than forming one complete custodial record. Gaps concern standardisation, continuity, confidentiality, sensitive information, transfers, complaints, serious incidents and the ability to reconstruct how State power was exercised throughout imprisonment.	Punjab's PMIS demonstrates the potential of digital prisoner-file management. Sindh also provides stronger foundations for electronic and disciplinary record-keeping. Digitisation, however, must support rather than replace a legally defined record-keeping framework.	Establish a standardised prisoner-file management system covering the full custodial journey, supported by separate confidential medical records, mandatory data fields, rules on access and confidentiality, audit trails and continuity across transfers.
4. Accommodation and basic living conditions	Domestic rules already address space, ventilation, sanitation, food, hygiene, exercise and other living conditions, but these safeguards remain fragmented and are not consistently translated into measurable and enforceable entitlements. Overcrowding can make otherwise adequate formal standards impossible to realise in practice.	The Pakistan Prison Rules 1978 and KP framework contain detailed physical standards on space and ventilation. Sindh goes further in expressly linking accommodation standards concerning space, climate, ventilation, sanitation and health to human dignity.	Consolidate measurable minimum standards for living and sleeping space, overcrowding, ventilation and temperature, bedding, sanitation, hygiene, water, food, exercise, pregnancy and breastfeeding, children living with mothers, disability, religious and cultural needs, and conditions during separation. Structural pressures contributing to overcrowding must also be addressed.

Area	Key findings	Stronger existing practice / domestic foundation	Reform direction
5. Discipline, sanctions and restrictive confinement	Formal disciplinary rules exist, but safeguards are unevenly developed. Stronger protections are needed on necessity, proportionality, due process, review, prohibited punishments, solitary confinement, protection of basic needs and safeguards for prisoners with particular vulnerabilities.	Sindh provides a useful model for detailed disciplinary record-keeping, including evidence, the prisoner's defence and reasoned findings. KP contains safeguards relating to last-resort discipline, mediation and certain restrictions on punishment.	Establish a single rights-based disciplinary architecture: clearly defined offences and sanctions; necessary, proportionate and individualised punishment; notice and a genuine opportunity to respond; reasoned and reviewable decisions; complete records; prohibition of collective and corporal punishment; protection of food, water and family contact; restraints never used as punishment; strictly limited and reviewed solitary confinement; and protection from retaliation.
6. Contact with family, lawyers and the outside world	Rules on visits and communication exist but are dispersed and insufficiently rights-based. Gaps include women's family contact, child-friendly visits, modern forms of communication, confidentiality of legal communication, accessibility and structured review of restrictions.	Sindh and KP contain more developed provisions on communication with relatives, friends and legal advisers. Sindh Rule S326(4) provides a useful model for maintaining contact between women prisoners and children following separation.	Recognise outside contact as an integral part of humane imprisonment. Establish minimum entitlements to visits and communication, protect confidential legal contact, facilitate parent-child relationships, address barriers created by distance and accessibility, regulate restrictions and require recorded reasons and review. Imprisonment restricts liberty, not relationships, except where a lawful and proportionate restriction is necessary.

Area	Key findings	Stronger existing practice / domestic foundation	Reform direction
7. Healthcare	Pakistan has an established prison medical structure, and Sindh and KP contain additional protections, but healthcare remains fragmented and uneven. Gaps include comprehensive admission screening, equivalent standards of care, medical confidentiality, preventive care, mental health, substance dependence, gender-responsive services, specialist staffing, continuity of treatment, referral and accountability.	Sindh's women's healthcare and confidentiality provisions provide a stronger model for gender-responsive screening. KP provides a stronger basis for specialist mental-health and multidisciplinary services.	Establish a common minimum healthcare standard across Pakistan: timely and confidential physical and mental-health assessment; non-discriminatory access to necessary treatment; specialised care for prisoners with particular needs; continuity of care; and sufficient professional independence, staffing and resources.
8. Release, rehabilitation and reintegration	Release, remission, parole and rehabilitation are recognised across the frameworks, but they do not yet establish a uniform, individualised and enforceable continuum from custody to community. Gaps remain in assessment, institutional responsibility, referral, staffing, monitoring and follow-up.	KP provides the clearest existing model for pre-release preparation, coordination with parole and other departments, family and employment reintegration and continuity of healthcare. Sindh embeds rehabilitation and reintegration in the statutory purpose of its prison system and establishes a Directorate of Corrections, Rehabilitation and Welfare.	Require structured pre-release planning, transparent and reviewable early-release procedures, inter-agency coordination, safe family reunification, continuity of healthcare and other essential services, employment and vocational pathways, and additional support for women, children, foreign nationals, persons with disabilities and other prisoners with particular needs.
Cross-cutting reform principle	The central problem is not the complete absence of rules, but uneven development across provinces and recurring gaps in individualisation, procedure, documentation, institutional capacity, implementation and review. A prisoner's level of protection should not depend on the province in which they are detained.	Stronger domestic models already exist: Sindh on women's healthcare, disciplinary records and rehabilitation; KP on specialist services and pre-release planning; and Punjab's PMIS as a technological foundation for modern prisoner-file management.	Pursue harmonisation, not uniformity: establish a common national minimum standard while preserving and encouraging stronger provincial safeguards. The objective should be a common floor, not a common ceiling.

Introduction

Imprisonment does not extinguish a person's constitutional rights. In *Khadim Hussain v. Secretary, Ministry of Human Rights*² The Islamabad High Court emphasized that an incarcerated person remains entitled to protection of life under Article 9 and dignity under Article 14 of the Constitution of Pakistan. The Court recognised that, upon incarceration, a prisoner becomes entirely dependent on the State and assumes a status comparable to that of a ward of the State, giving rise to a corresponding duty of care regardless of the nature or legality of the imprisonment. The deprivation of liberty and freedom of movement does not authorize the State to expose prisoners to harm, inhuman treatment or conditions inconsistent with human dignity. Every prisoner, regardless of the nature of the offence or status of detention, must therefore be treated as a human being and without discrimination.

Against this constitutional foundation, minimum prison standards require that deprivation of liberty be accompanied by conditions that preserve human dignity and protect the life, health and physical and

mental integrity of persons in custody. These standards extend beyond the mere provision of a cell and encompass adequate accommodation, sanitation, food and drinking water, healthcare, personal hygiene, safety, classification and separation, contact with family and legal representatives, fair and proportionate disciplinary procedures, protection from torture and other ill-treatment, access to complaints and remedies, rehabilitation and preparation for release. Particular safeguards are also required for prisoners whose circumstances create heightened vulnerabilities, including women, children and juveniles, persons with disabilities, persons with mental health needs, and pre-trial prisoners.

This report therefore uses the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) as its overarching framework for assessing Pakistan's prison rules and standards. The Nelson Mandela Rules provide internationally recognised minimum standards concerning the treatment and management of prisoners, while supplementary standards, including the

2. PLD 2020 Islamabad 268.

United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules), the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules) and United Nations Standard Minimum Rules for Non-custodial Measures (Tokyo Rules) provide a further benchmark in relation to non-custodial measures and the use of pre-trial detention as a measure of last resort.

The gap analysis examines Pakistan's existing prison framework against these standards, identifying provisions that are absent, inadequate, inconsistent or insufficiently detailed, and considers the extent to which the domestic framework gives effect to the constitutional duty to protect prisoners' life, dignity and humane treatment. The objective is consequently not merely to assess prison administration, but to determine whether the legal framework governing prisons adequately protects the rights of persons whose liberty has been placed in the custody of the State.

The review also recognises that Pakistan does not operate under a single uniform set of

prison rules. The Pakistan Prison Rules 1978 continue to provide the principal framework in some jurisdictions³, while some provinces have introduced their own legislation and rules containing additional provisions. Sindh and Khyber Pakhtunkhwa, for example, contain provisions that in some respects go further than the 1978 Rules, particularly in relation to the screening and healthcare of women prisoners. These developments are important, but they also highlight the absence of a consistent minimum standard across the country.

A revised framework should consequently do more than update individual provisions. It should establish a coherent set of minimum safeguards applicable across Pakistan, while allowing for additional protections where the circumstances of a particular group or individual require them. Most importantly, prison administration should begin from the circumstances and needs of the person in custody rather than from the institutional convenience of the prison.

3. The Pakistan Prison Rules 1978 have been adopted by Punjab and Balochistan

CHAPTER 01

Admission

Admission to prison represents the point at which the State assumes direct responsibility for the liberty, safety, dignity and health of a person deprived of liberty. The procedures governing admission therefore have implications that extend throughout the period of detention. Proper admission procedures ensure that a prisoner is lawfully received, accurately identified, appropriately classified and allocated, informed of their rights and obligations, and medically assessed for conditions requiring immediate or continuing care. Deficiencies at this stage can consequently result in inappropriate placement, failure to identify vulnerable prisoners, interruption of essential medical treatment, inadequate protection from violence or self-harm, and difficulties in maintaining family and legal relationships.

While the provincial prison rules contain a number of provisions concerning admission and examination of prisoners, there remain significant areas in which these provisions do not correspond with the more comprehensive requirements of international standards, particularly, the Nelson Mandela Rules and Bangkok Rules. In particular, the existing framework does not consistently treat admission as an *individualised assessment* process encompassing legal status, identity, vulnerability, family circumstances and health needs. The central weakness is that the existing framework does not consistently recognise that certain prisoners have distinct social, caregiving, health and vulnerability profiles that should inform decisions from the point of admission.

Admission

The absence of a comprehensive admission protocol creates several risks:

First, a prisoner may enter custody without adequate information concerning the rules governing detention, available complaint mechanisms or access to legal assistance. This is particularly significant for persons who are unfamiliar with the prison system, persons with limited literacy, foreign nationals and vulnerable prisoners.

Second, the failure to identify family and caregiving circumstances at admission can have consequences for children and dependants. Where a prisoner is a primary caregiver, immediate arrangements may be required for children. Admission should therefore trigger an assessment of relevant family circumstances rather than leaving such arrangements entirely to the prisoner or family.

Third, admission should identify prisoners who require enhanced protection or specialised placement. This includes juveniles, persons with disabilities, persons with mental-health needs, persons at risk of suicide or self-harm, and persons vulnerable to violence or exploitation.

As such, the Nelson Mandela Rules establish that no person should be received into prison without a valid commitment order.⁴ Upon admission, information sufficient to establish the prisoner's unique identity must be entered into the prisoner file management system.⁵ The Rules also require the collection of information concerning family members, including children and their ages, location and

4. Nelson Mandela Rules, Rule 7, A/RES/70/175 (2015)

5. Nelson Mandela Rules, Rule 7(a), A/RES/70/175 (2015)

custody or guardianship status.⁶ Records must be kept confidential and prisoners should have appropriate access to information concerning their own records.⁷

The Bangkok Rules supplement these general requirements by recognising that admission can be a particularly vulnerable moment for certain prisoners. Bangkok Rule 2 requires particular attention to the admission procedures applicable to women and children and provides that newly admitted women should have facilities to contact relatives, access legal advice, information about prison rules and the prison regime, and information concerning where to seek assistance. Information should be provided in a language that the prisoner understands.⁸

Bangkok Rule 2(2) further requires women with caretaking responsibilities for children to be permitted, before or upon admission, to make arrangements for those children, including the possibility of a reasonable suspension of detention where appropriate and taking into account the best interests of the child.⁹ The Mandela Rules similarly require decisions concerning children remaining with a parent in prison to be based on the best interests of the child and provide for child-specific healthcare and developmental monitoring.¹⁰

These provisions demonstrate that admission should not be regarded as a purely administrative procedure. It is an opportunity to identify the circumstances that may materially affect the prisoner's safety, legal position, health, family relationships and subsequent treatment.

Moreover, for children in conflict with the law, the question at admission is not simply where the child should be detained, but whether

detention is necessary at all. The Beijing Rules require detention pending trial to be used only as a measure of last resort and for the shortest possible period.¹¹ Where detention is unavoidable, the child must receive individualised care and assistance appropriate to their age and circumstances. The prison rules should therefore require the authorities to record the reasons why detention was considered necessary, whether less restrictive alternatives were considered, and the basis for the child's placement.

While the Pakistan Prison Rules 1978 (adopted by Punjab and Balochistan), as well as the Sindh Prisons and Corrections Services Rules, 2019 (the Sindh Prison Rules) contain a chapter dealing with admission of prisoners, they fail to stipulate the admission rights contained in Bangkok Rule 2 and the identity requirements contained in Mandela Rule 7(a). The Khyber Pakhtunkhwa Prison Rules, 2018 (The KP Prison Rules), too, do not expressly incorporate these requirements, although Rule 249B subsection (4) provides that foreign national prisoners should receive specific information regarding legal assistance.

The problem is not that Pakistan has no admission procedure. Rather, the existing procedure does not sufficiently establish a rights-based and individualised admission process. In particular, it does not comprehensively require that newly admitted prisoners receive information about their rights and the prison regime, have meaningful access to relatives and legal assistance, or have their particular vulnerabilities identified and acted upon at the point of admission.

The provincial prison rules should therefore establish a standardised admission protocol applicable across all prisons. Such a protocol

6. Nelson Mandela Rules, Rule 7(f), A/RES/70/175 (2015)

7. Nelson Mandela Rules, Rule 9, A/RES/70/175 (2015)

8. Bangkok Rules, Rule 2(1), A/RES/65/229 (2010)

9. Bangkok Rules, Rule 2(2), A/RES/65/229 (2010)

10. Nelson Mandela Rules, Rule 29, A/RES/70/175 (2015)

11. Beijing Rules, Rule 13.1, A/RES/40/33 (1985)

should require verification of the prisoner's legal authority for detention, identity and age; recording of legal status; provision of information concerning rights and prison procedures; notification and communication with designated family members; access to legal assistance; identification of disabilities and vulnerabilities; and immediate referral for medical and psychosocial assessment where required.

Registration and Prisoner Records

Registration is closely connected to protection against arbitrary detention, disappearance, ill-treatment and administrative error. Along with establishing the identity of the prisoner upon admission, the Mandela Rules require these records to remain confidential, with access limited to persons whose professional responsibilities require it.¹² Prisoners are also entitled to access records relating to themselves, subject to lawful limitations.

The Bangkok Rules supplement this framework in relation to women prisoners. Bangkok Rule 3 requires the number and personal details of a woman's children to be recorded upon admission, including their names, ages, location and custody or guardianship status where the children are not accompanying her. The information must be kept confidential and used consistently with the best interests of the children.

The significance of these requirements extends beyond record-keeping. Accurate registration provides the institutional basis for classification, healthcare, family contact, sentence management and eventual release. It also creates an auditable record of the State's custody over an individual.

In the Pakistan Prison Rules, 1978, along with the Sindh and Khyber Pakhtunkhwa Rules specific provisions incorporating the Mandela

Rules concerning the recording of family information and the Bangkok Rules concerning the children of women prisoners remain absent. The existing framework does not sufficiently recognise the relationship between prisoner records and the rights of persons affected by imprisonment, particularly children.

Moreover, registration should not merely establish that a person has entered prison. It should generate the information required to answer questions such as:

- Who is the prisoner?
- Under what legal authority are they detained?
- Are they a juvenile?
- Are they a pre-trial detainee or sentenced prisoner?
- Do they have particular health or disability-related needs?
- Are they at risk of self-harm or violence?
- Who are their immediate family members?
- Do they have children or caregiving responsibilities?
- Are there specific protection concerns?
- What healthcare or medication were they receiving before imprisonment?

Failure to record this information at admission can result in those needs being overlooked throughout imprisonment.

A unified prisoner file should therefore be established, preferably through a centralised prisoner information-management system, with mandatory fields covering identity, age, legal status, family relationships, children and caregiving responsibilities, health and mental-health needs, disability, vulnerability and classification. Access to sensitive information should be restricted on a professional need-to-know basis, with appropriate confidentiality safeguards.

12. Nelson Mandela Rules, Rules 7(a) and 9, A/RES/70/175 (2015)

Allocation

Mandela Rule 59 provides that prisoners should, to the extent possible, be allocated to prisons close to their homes or places of social rehabilitation. The underlying rationale is to preserve family and community ties and facilitate eventual reintegration.

The Bangkok Rules develop this principle in relation to women prisoners. Bangkok Rule 4 requires women to be allocated, as far as possible, to prisons close to their homes or places of social rehabilitation, taking into account their caregiving responsibilities, individual preferences and the availability of appropriate programmes and services.

The Beijing and Mandela Rules require that allocation must also reflect the prisoner's legal and personal circumstances. In particular, age and legal status are relevant to separation and placement. Juveniles should not simply be placed within the adult prison population because of institutional convenience.¹³ Similarly, pre-trial detainees should be appropriately separated from sentenced prisoners in accordance with applicable standards.

The Pakistan Prison Rules 1978 do not contain a provision corresponding to Mandela Rule 59 concerning allocation close to home. While the Sindh Prison Rules contain Rule 746 on the allocation and treatment of women prisoners and Rule 306(3) of the KP Prison Rules addresses allocation, this raises an important practical question: whether a rule requiring allocation close to home is of limited value if the prison system lacks sufficient institutions or fails to establish a transparent process for considering requests and exceptions.

The problem is also broader than geography. Allocation should be based on a combination of:

- security classification;

- legal status;
- age;
- health and disability;
- protection needs;
- rehabilitation requirements;
- family and caregiving circumstances; and
- availability of appropriate programmes and services.

A prisoner's placement should therefore be the result of an individualised allocation decision, rather than simply the availability of space.

For juveniles, this principle is particularly important because placement must protect them from adult prisoners while ensuring access to age-appropriate education, healthcare and rehabilitation. For women, the limited availability of women's prisons should not automatically justify placement far from home without considering family and caregiving responsibilities.¹⁴

The rules therefore should establish a general presumption of allocation close to home or the prisoner's place of social rehabilitation, subject to clearly defined security, healthcare and operational exceptions. Any departure from this principle should be based on documented reasons and subject to review. Allocation decisions should also take account of age, legal status, health, vulnerability, family responsibilities and access to appropriate rehabilitation programmes.

Medical Screening on Entry

Medical screening immediately following admission is one of the most important safeguards in the prison system. Admission is the point at which responsibility for a person's health and safety passes, in practical terms, to the State. The medical examination at this stage must therefore do more than establish

13. Beijing Rules, Rules 13.4 and 26.3, A/RES/40/33 (1985); Nelson Mandela Rules, Rules 11 and 112, A/RES/70/175 (2015).

14. Beijing Rules, Rules 26.2, 26.3 and 26.6, A/RES/40/33 (1985); Bangkok Rules, Rules 2(2) and 4, A/RES/65/229 (2010); Nelson Mandela Rules, Rule 11(d), A/RES/70/175 (2015)

whether a prisoner is physically fit for confinement. It should identify existing illness, injuries, mental-health concerns, risks of self-harm or suicide, substance withdrawal and other conditions requiring immediate treatment or protection.

The Nelson Mandela Rules require every prisoner to be seen, spoken to and examined by a physician or other qualified healthcare professional as soon as possible following admission. The assessment must include attention to signs of ill-treatment, psychological or other stress associated with imprisonment, suicide and self-harm risks, and withdrawal symptoms resulting from the use of drugs, medication or alcohol. The Rules also place responsibility for healthcare on the State and require prisoners to receive the same standard of healthcare available in the community, without discrimination on the basis of their legal status.¹⁵

The Bangkok Rules supplement these general requirements with a more detailed framework for women prisoners. Rule 6 requires comprehensive health screening on admission, including primary healthcare needs and, where appropriate, screening for sexually transmitted and blood-borne diseases, mental-health needs including post-traumatic stress disorder and risks of suicide or self-harm, reproductive health history including pregnancy and recent childbirth, drug dependency, and a history of sexual abuse or other forms of violence.

The distinction between the international standards and Pakistan's existing rules is important. The Pakistan Prison Rules, 1978 already contain a general medical examination requirement. Rule 18 requires every prisoner to be examined by the Senior Medical Officer or Medical Officer on admission, with the prisoner's age, height, weight and state of health recorded, together with observations concerning physical or mental condition. The

Rules further provide, under Rule 19, for prisoners to be examined for unexplained injuries, which are to be recorded in the Injury Register and admission register. Rule 20 provides an additional safeguard where a prisoner arrives from police custody with injuries: the Medical Officer is required to examine the prisoner immediately and report injuries not already recorded in the accompanying medico-legal report.

For women, Rule 21 provides that the search and examination of a woman prisoner is to be conducted by a woman warder and the Medical Officer respectively. The rule is therefore relevant to the protection of women at admission, but it does not itself provide the comprehensive health-screening framework contemplated by Bangkok Rule 6. In particular, the existing rule does not set out the broader range of reproductive-health, mental-health, sexual-violence, sexually transmitted disease and substance-dependency issues that should form part of an admission assessment.

The position in Sindh is more developed. Rule 747 of the Sindh Prison Rules, dealing specifically with the screening of women prisoners, incorporates a substantially broader conception of admission screening. It addresses mental-health needs, PTSD, suicide and self-harm risks, reproductive-health history and drug dependency, alongside other elements of health screening contemplated by the Bangkok Rules. The rule also places emphasis on the confidentiality of health information.

Khyber Pakhtunkhwa has likewise moved beyond the narrower formulation in the 1978 Rules. Rule 327.B(1) of the KP Prison Rules incorporates elements of admission health screening for women and juvenile prisoners, including screening directed towards identifying health conditions and vulnerabilities requiring attention in custody.

15. Nelson Mandela Rules, Rules 24(1) and 30, A/RES/70/175 (2015)

There is thus a difference between the basic admission examination required under the Pakistan Prison Rules, 1978 and the more comprehensive, risk-sensitive screening contemplated by the Mandela and Bangkok Rules. There is also considerable variation between provincial frameworks.

This distinction matters because admission may be the first opportunity for prison healthcare staff to identify conditions that were previously untreated, injuries sustained before custody, the effects of violence or abuse, mental-health concerns, substance dependency, reproductive-health needs or risks of self-harm. In the case of a prisoner arriving from police custody, the admission examination may also provide an important independent opportunity to document injuries and identify possible ill-treatment. Rules 19 and 20 of the Pakistan Prison Rules already recognise this protective function by requiring unexplained injuries to be documented and, in specified circumstances, reported to judicial and prosecutorial authorities.

For prisoners generally, entry screening should identify:

- acute and chronic physical illness;
- mental-health needs;
- risk of suicide and self-harm;
- substance dependence and withdrawal;
- infectious diseases;
- disability;
- medication and continuity-of-treatment needs;
- injuries or signs of ill-treatment;
- immediate protection needs; and
- any condition requiring urgent treatment.

For women, the screening must additionally respond to reproductive health, pregnancy, childbirth, sexual violence and other gender-specific needs. Therefore, there is a

need to strengthen the existing rules in these areas.

For juveniles, medical assessment must be age-appropriate and should account for developmental and psychological needs. Where a child is accompanying an imprisoned parent rather than being detained themselves, the distinction is crucial: the child is not a prisoner and requires child-specific healthcare and developmental assessment. All provincial prison rules should require child-specific health screening upon admission and continuing developmental monitoring where children remain in prison with a parent.¹⁶

Another important deficiency concerns medical confidentiality. The Pakistan Prison Rules 1978 do not contain an equivalent provision protecting women's medical confidentiality, whereas Sindh and KP have provisions relating to confidentiality of reproductive health information. The rules should therefore expressly establish that medical information is confidential and may only be disclosed in accordance with professional and legal requirements. Where prison staff must be present during an examination for security reasons, their presence should not compromise privacy, dignity or confidentiality.

Proposed Direction

The principal deficiency in Pakistan's framework is not the complete absence of rules governing admission, registration, allocation or medical examination. Rather, the existing framework is fragmented, outdated and insufficiently individualised.

The Pakistan Prison Rules 1978 were developed within a custodial model that places considerable emphasis on the administrative reception and management of prisoners. Contemporary international

16. Beijing Rules, Rule 26.2, A/RES/40/33 (1985); Nelson Mandela Rules, Rules 29(1)(b) and 29(2), A/RES/70/175 (2015)

standards require a broader approach in which admission becomes the starting point for identifying the prisoner's legal status, health needs, vulnerabilities, family circumstances and rehabilitation requirements.

The provincial rules demonstrate that some reforms have already been introduced. For example, Sindh and KP contain more detailed provisions concerning the screening of women prisoners, while provincial rules also contain some provisions concerning allocation and healthcare. However, these developments remain uneven, and the existence of provisions in one province does not provide a consistent national standard.

A revised prison framework should therefore establish minimum national standards adopted by all provincial rules, applicable to every prisoner, while permitting additional safeguards for groups whose circumstances require differentiated treatment. Admission

should trigger a connected sequence of processes: lawful reception → registration → identification of age and legal status → medical and psychosocial screening → individual risk and needs assessment → allocation to an appropriate facility.

This would also create a stronger foundation for subsequent chapters of the prison rules. Classification, healthcare, rehabilitation, family contact and protection from abuse can only operate effectively where the prison administration has accurate information about the individual from the moment they enter custody.

The reform should consequently move from a model of “receiving and recording prisoners” towards a model of “assessing and safely placing individuals in custody.” This is the central gap that must be addressed in relation to admission, registration, allocation and medical screening.

CHAPTER 02

Prison Staff

Prison personnel are central to the implementation of prisoners' rights because they exercise daily authority over prisoners and are responsible for maintaining security, discipline, healthcare access, rehabilitation and the general conditions of detention. Consequently, contemporary prison standards treat staff recruitment, qualifications, training, professional conduct and supervision as integral components of lawful and humane prison administration. The Nelson Mandela Rules establish general standards for institutional personnel, while the Bangkok Rules supplement these standards by requiring additional competencies for personnel working with women prisoners and other groups with specific needs.

Recruitment, Selection and Professional Qualifications

The Nelson Mandela Rules require prison administrations to carefully select personnel at all grades because good prison administration depends upon their integrity, humanity, professional capacity and personal suitability.¹⁷ The Rules further recognise prison work as an important social service. Staff must possess an adequate standard of education and must be provided with the means necessary to perform their duties professionally.¹⁸

Pakistan's prison framework contains provisions regulating prison personnel and their duties, including provisions concerning officers responsible for women prisoners. However, the existing framework is primarily concerned with defining posts and duties rather than establishing a comprehensive

competency-based framework for recruitment and professional qualification.

Pre-Service and Continuing Training

The Nelson Mandela Rules require prison personnel to receive training before entering service and throughout their careers. Training should correspond to both their general and specific duties and should reflect contemporary, evidence-based best practice in penal sciences. Personnel should also demonstrate competency through theoretical and practical testing before entering prison service, while continuing in-service training should be provided throughout their careers. This establishes training as an ongoing professional obligation rather than a one-time induction exercise.

Continuing Professional Development

The existing Pakistani prison framework does not sufficiently articulate a structured training cycle consisting of pre-service training, competency assessment and continuing professional development. This creates a risk that training remains dependent upon administrative practice rather than being a clearly enforceable component of prison personnel management. Currently, valuable capacity-building initiatives do exist across Pakistan, such as foundational courses at the National Academy for Prisons Administration (NAPA), Punjab Prisons Staff Training College (PPSTC) in Sahiwal, pilot de-radicalization and

17. Nelson Mandela Rules, Rules 74(1)-(2), A/RES/70/175 (2015)

18. Nelson Mandela Rules, Rule 75(1), A/RES/70/175 (2015)

behavioural analysis programs, and periodic Ministry of Human Rights workshops.¹⁹ However, because these current programs operate as isolated, project-based interventions or internal academy curricula, they lack uniform legal backing under the provincial prison rules. To bridge this gap, it is critical to codify these existing and future training phases directly into statutory provincial prison rules. By legally embedding pre-service mandates, regularized competency testing, and mandatory continuing professional development (CPD) into the law, the state can transform these disconnected training efforts into a permanent, legally binding prerequisite for active duty, deployment, and career advancement.

Moreover, the Nelson Mandela Rules require staff training to cover relevant national legislation, regulations and applicable international and regional instruments, together with prisoners' rights and duties, respect for human dignity, and the prohibition of torture and other cruel, inhuman or degrading treatment or punishment.²⁰ This is particularly important because prison personnel exercise coercive powers on behalf of the State. Knowledge of prison security procedures alone is therefore insufficient: personnel must understand the legal limits of their authority and the human-rights obligations governing their interactions with prisoners.

The existing Pakistan rules contain extensive provisions concerning prison discipline, custodial responsibilities and staff duties, but do not identify a comprehensive equivalent to the Bangkok Rules' requirements concerning capacity building, gender sensitivity,

discrimination, sexual harassment, health and mental-health needs.²¹ Thus, training requirements should expressly integrate human rights, dignity, non-discrimination, prevention of torture and ill-treatment, and the legal limits on the exercise of custodial authority rather than treating these matters as separate from ordinary prison training.

Training in De-escalation, Use of Force and Dynamic Security

The Nelson Mandela Rules envisage training in security and safety, dynamic security, the use of force and instruments of restraint, as well as preventive and de-escalation techniques including negotiation and mediation.²² This reflects a modern approach to prison security in which safety is not achieved exclusively through force and physical control. Prison personnel should be equipped to identify risks early, communicate effectively with prisoners and resolve situations before they escalate.

A modern Pakistani framework should therefore move beyond a predominantly custodial conception of staff training and expressly require competencies in de-escalation, communication, negotiation, mediation and proportionate use of force. These competencies should also be incorporated into periodic refresher training and competency assessments.

Mental Health, Psychosocial Needs and Self-Harm

The Nelson Mandela Rules require prison personnel to receive training concerning first aid, prisoners' psychosocial needs, social care

19. National Commission for Human Rights, National Academy for Prisons Administration & Justice Project Pakistan, Prison Data Report 2024 (2025); Punjab Prisons, "Training of Staff"; Ministry of Human Rights, "Two-Day Sensitization Workshop for Prisons Authorities on Human Rights Framework in Sahiwal," 30 September 2026

20. Nelson Mandela Rules, Rules 75(2) and 76(1)(a), A/RES/70/175 (2015)

21. Bangkok Rules, Rules 1, 29, 31-33, A/RES/65/229 (2010)

22. Nelson Mandela Rules, Rules 75(2) and 76(1)(b), A/RES/70/175 (2015)

and assistance, and the early detection of mental-health problems.²³

The Bangkok Rules provide a more specific standard for women prisoners. Rule 35 requires prison staff to be trained to detect women's mental-health needs and risks of self-harm and suicide and to provide assistance and refer cases to specialists where necessary. It is necessary that staff training should not be limited to security and discipline. Front-line prison personnel should have basic competencies to identify signs of mental-health deterioration, psychological distress, suicide and self-harm risk and should know the appropriate referral pathway. This is particularly important because custodial officers are often the personnel who have the most frequent contact with prisoners.

Gender-Sensitive Training and Protection of Women Prisoners

The Bangkok Rules establish additional requirements for personnel working with women prisoners. Rule 1180 of the Pakistan Prison Rules 1978 provides for a Lady Assistant Superintendent in a women's prison, while Rule 1181 sets out duties of women warders. The Sindh Prison Rules similarly contain provisions concerning a Lady Prison Officer and the KP Prison Rule 1129(5) mirrors Bangkok Rule 32, requiring female prison staff to be given the same level of training as the male staff. Bangkok Rule 31 is particularly important because it requires clear policies and regulations concerning staff conduct aimed at providing maximum protection to women prisoners against gender-based physical or verbal violence, abuse and sexual harassment. Bangkok Rule 32 further requires staff involved in the management of women's prisons to receive training on gender sensitivity, prohibition of discrimination and sexual harassment. Rule 33 requires training concerning the gender-specific needs and

human rights of women prisoners, including basic healthcare, first aid and medicine. Where children accompany their mothers, staff should also have awareness of child development and basic child healthcare.

The Pakistani prison framework should move beyond just requiring female personnel to work in women's prisons and expressly require gender-sensitive training concerning women's human rights, gender-based violence, sexual harassment, discrimination, reproductive health, trauma and the particular needs of women in detention.

Specialised Training for Different Categories of Prisoners

The Mandela Rules recognise that personnel working with particular categories of prisoners or performing specialised functions should receive corresponding specialised training.

This principle is particularly important for a modern Pakistani framework because prison populations are not homogeneous. Personnel may work with women, juveniles, persons with disabilities, persons experiencing mental-health difficulties, older prisoners, pre-trial detainees and prisoners with particular medical or protection needs.

This gap is particularly apparent in relation to juvenile female prisoners. The Pakistan Prison Rules, 1978 contain provisions dealing separately with juveniles and women, including provisions requiring juvenile female convicted prisoners to be transferred to a women's prison, separating juveniles and adolescents from adult women, and requiring juveniles to receive individual attention, physical, mental and moral training and preparation for release. However, these provisions do not establish a corresponding framework of specialised competencies for the personnel responsible for juvenile girls. In particular, the rules do not set out specific

23. Nelson Mandela Rules, Rule 76(1)(b), A/RES/70/175 (2015)

training requirements concerning the developmental needs of adolescent girls, gender-responsive treatment, protection from sexual abuse and exploitation, trauma-informed care, mental-health and psychosocial support, reproductive and sexual health, appropriate communication with children, or child-sensitive approaches to discipline and use of force. Nor do they establish a requirement that personnel assigned to juvenile female prisoners receive specialised pre-service or continuing training in these areas.

The same structural gap is relevant when the provincial frameworks are considered. Although the Pakistan, Sindh and KP frameworks contain general provisions concerning juveniles and, separately, provisions concerning women, they do not adequately translate the intersection of age and gender into specialised prison-management requirements. The result is that a juvenile girl may be subject to rules designed for juveniles generally or women generally without a corresponding requirement that the personnel implementing those rules possess the skills necessary to respond to her particular vulnerabilities. This is significant because separation from adult prisoners, by itself, does not constitute a complete system of protection. A revised framework should therefore require specialised training for personnel working with juvenile female prisoners, including child protection, gender-responsive care, identification and response to abuse and exploitation, adolescent health and psychosocial needs, communication and de-escalation techniques, and age-appropriate rehabilitation and reintegration. The absence of such a training requirement leaves the protection of juvenile girls substantially dependent on administrative practice and individual staff capacity rather than on an enforceable personnel-management standard.

Staff deployment should be accompanied by specialised training corresponding to the

needs of the prisoner population served. A general custodial training course should not be treated as sufficient preparation for staff working with children, women, persons with disabilities or prisoners with significant psychosocial or healthcare needs.

Multidisciplinary Prison Personnel

The Nelson Mandela Rules recognise that humane and rehabilitative prison administration requires more than custodial personnel. Rule 78 provides that, so far as possible, prison staff should include a sufficient number of specialists such as psychiatrists, psychologists, social workers, teachers and trade instructors, while the services of social workers, teachers and trade instructors should be secured on a permanent basis. This requirement is complemented by Rule 75, which requires prison administrations to ensure appropriate staff selection and training, and by Rule 76, which requires training in the psychosocial needs of prisoners, social care and assistance, and early detection of mental-health problems. The underlying principle is that specialist services must form part of the institutional capacity of a prison rather than depend entirely on ad hoc arrangements or the availability of individual personnel.

The Pakistan Prison Rules, 1978 do not establish a corresponding staffing framework based on a defined complement of specialist professionals. The Rules identify a number of prison posts and refer to personnel such as the Superintendent, Deputy and Assistant Superintendents, warders, medical officers, teachers and instructors, but they do not establish a systematic requirement that each prison have access to a sufficient number of psychologists, psychiatrists, social workers, counsellors or other specialised professionals according to the size and composition of its

prisoner population.²⁴ Indeed, Rule 1081 refers to residential accommodation for categories including Assistant Medical Officers, dispensers, instructors and teachers, demonstrating that some specialist functions are contemplated within the prison establishment; however, this is not accompanied by a corresponding staffing ratio, minimum establishment or requirement that specialist services be available at a level proportionate to prisoner needs.

The inadequacy becomes particularly apparent in relation to mental-health and psychosocial needs. The Rules recognise the role of the Medical Officer and contain provisions concerning prisoners' physical health, but they do not establish a comparable institutional requirement for psychologists or psychiatrists.²⁵ This creates a structural distinction between physical healthcare, for which a defined medical function exists, and mental-health care, which is not supported by an equivalent specialist staffing framework. The Mandela Rules, by contrast, expressly identify psychiatrists and psychologists as part of the specialist personnel that should be available within the prison administration. United Nations Office on Drugs and Crime's (UNODC) compliance indicators similarly treat the presence of a sufficient number of specialists, including social workers, teachers, trade instructors, psychiatrists and psychologists, as a distinct measure of adequate prison staffing.²⁶

The same deficiency affects social work and rehabilitation. The Pakistan Prison Rules 1978, contain provisions relating to education, work and vocational activity and, for example, contemplate teachers and instructors as part of the prison establishment. They also regulate prisoners' work and provide for instruction in particular trades. However, they

do not establish a multidisciplinary rehabilitation team in which a social worker or other qualified professional is responsible for assessing a prisoner's social circumstances, family relationships, reintegration needs and post-release support. The existence of an educational or vocational activity therefore does not necessarily mean that the prison has the professional capacity to develop an individualised rehabilitation pathway. The Mandela Rules take a broader approach by treating social workers, teachers and trade instructors as specialist personnel whose services should be secured on a permanent basis.

The KP Prisons Rules, 2018 actually go considerably further in identifying specialist functions. For example, the Rules define a prison psychologist ("Physiologist") and expressly provide for psychologists, psychiatrists, medical specialists and sociologists in relation to prisoners with mental-health needs.²⁷ Rule 442(2) provides for periodic visits by these specialists, in addition to the Medical Officer. The Rules also contemplate counselling, social work, medical and psychological care, vocational and technical training, education and parole involvement as components of the prison regime.

However, this is still not equivalent to establishing a minimum specialist staffing establishment. For example, Rule 442 provides for periodic visits by psychologists, psychiatrists, medical specialists and sociologists, rather than requiring a defined number of such professionals to be permanently available according to the prison's population or needs. Similarly, the Rules require primary education to be provided by paid teachers and vocational and technical training to be provided, but do not

24. Pakistan Prison Rules, 1978, Rules 1004, 1041, 1074 and 1081

25. Pakistan Prison Rules, 1978, Rules 969-1001

26. Nelson Mandela Rules, Rule 78(1), A/RES/70/175 (2015); UNODC, Assessing Compliance with the Nelson Mandela Rules, Indicator 7.2.3

27. Khyber Pakhtunkhwa Prisons Rules, 2018, Rules 439-446

appear to establish a staffing ratio specifying how many teachers, vocational instructors, counsellors, psychologists or social workers must be available for a given number of prisoners.

This becomes particularly important for juvenile prisoners. The KP Rules require juvenile prisoners to receive education and industrial training under proper supervision and contain provisions dealing with their separation and treatment.²⁸ But the existence of these programmes does not itself establish the professional capacity necessary to deliver them. The Rules should ideally identify, for juvenile facilities, the minimum complement of qualified teachers, psychologists, social workers/counsellors and vocational instructors, together with their qualifications and the frequency and nature of their engagement. Otherwise, the obligation to provide education, rehabilitation and psychosocial support remains stronger on paper than in terms of the institutional resources guaranteed to deliver it.

The Sindh framework is conceptually more modern. The Sindh Prisons and Corrections Services Act, 2019 expressly identifies the welfare, rehabilitation and reintegration of prisoners as purposes of the prison system and requires prisoners to be treated with respect for their inherent dignity and value as human beings.²⁹ The 2019 Rules also contain a substantially broader correctional and rehabilitative structure than the older Pakistan Rules, including a Directorate of Corrections, Rehabilitation and Welfare of Prisoners and a separate chapter on prisoner wellbeing and rehabilitation.

The difficulty, however, is again the translation of functions into an enforceable staffing complement. The Sindh framework recognises the need for professional prison employees and provides mechanisms through which the

Service can include different ranks and employees. It also contemplates specialist medical services: for example, the Rules provide for periodic visits by consultants, specialists, psychologists, psychiatrists and dentists, as well as women's healthcare specialists and gynaecologists.³⁰ But provisions for periodic visits are different from establishing a minimum number of professionals who must be available to a prison on a continuing basis.

There is a similar issue with social work, rehabilitation and vocational services. The Sindh Rules create institutional structures for prisoner rehabilitation and contemplate professional assistance, but do not clearly establish a population-based staffing model under which every prison must have a defined number of psychologists, social workers, counsellors, teachers and vocational instructors. In other words, Sindh has moved beyond the purely custodial model of the 1978 Rules, but the framework still does not fully answer the practical question: how many qualified professionals does a prison need, based on how many prisoners it holds and what their needs are?

Proposed Direction

The principal deficiency in Pakistan's framework is not the complete absence of provisions concerning prison personnel. Rather, the existing rules contain fragmented provisions concerning appointments, duties and certain categories of personnel without establishing a comprehensive professional framework governing recruitment, competency, pre-service training, continuing professional development, specialised training and human-rights-based conduct.

The international framework adopts a substantially broader conception of prison

28. Khyber Pakhtunkhwa Prisons Rules, 2018, Rules 294-301, particularly Rules 295, 297, 298 and 301

29. Sindh Prisons and Corrections Services Act, 2019, §§ 2(c), 3(a), Sindh Act No. X of 2019

30. Sindh Prisons and Corrections Services Act, 2019, § 14; Sindh Prisons and Corrections Services Rules, 2019, Rules 745 and 750; Schedule II

personnel. Under the Nelson Mandela Rules, prison work requires appropriate recruitment, education, pre-service preparation, practical and theoretical competency, continuing training and specialised expertise. The Bangkok Rules further require personnel working with women prisoners to possess gender-specific competencies and to be trained in areas including women's human rights, gender-based discrimination and harassment, healthcare, mental health and self-harm.

Accordingly, reform should establish a nationally coherent professional training framework for prison personnel, incorporating:

- transparent and competency-based recruitment and selection;
- mandatory pre-service training;
- theoretical and practical competency assessment before deployment;
- continuous in-service and refresher training;
- mandatory human-rights and anti-torture training;
- training on use of force, de-escalation and negotiation;
- basic mental-health, suicide and self-harm awareness;
- specialised training for staff working with particular prisoner populations;
- gender-sensitive training and protection against sexual and gender-based abuse;
- equal access to training and advancement for women prison staff;
- multidisciplinary professional capacity; and
- managerial responsibility for monitoring and evaluating staff training.

CHAPTER 03

Files and Records

Prisoner records are a fundamental safeguard against arbitrary detention, ill-treatment, administrative error and loss of continuity in a prisoner's care. Record-keeping should therefore be understood not merely as an administrative requirement, but as a mechanism for establishing accountability throughout the entire period of imprisonment. A revised prison framework should ensure that every prisoner has a complete, accurate and continuously updated record covering admission, legal status, classification, health, family circumstances, disciplinary measures, complaints, transfers and release.

Creation of a Comprehensive Prisoner File

The Nelson Mandela Rules require a standardised prisoner file management system in every place of detention, which may be electronic, and require information concerning the prisoner's identity, legal status, court proceedings, classification, behaviour and discipline, complaints, sanctions, injuries and other material events to be recorded and updated throughout imprisonment.³¹ Pakistan has taken steps towards this through the development of Prison Management Information Systems (PMIS). In Punjab, PMIS has replaced aspects of the traditional register-based system and provides an electronic database incorporating information such as prisoner identification, admission, fingerprints, court dates, transfers, medical histories, parole and other prison-management information. It has also increasingly been integrated with police, prosecution and judicial case-management

systems, facilitating the electronic exchange of prisoner and case information.

However, the existence of PMIS does not, in itself, establish a fully compliant prisoner file management framework. The Mandela Rules require not merely digitisation, but a standardised and comprehensive individual record, with clear requirements concerning what information must be recorded, continuously updated, who may access it, confidentiality, protection against unauthorised alteration and the prisoner's access to his or her records. The principal gap is therefore not the absence of an electronic database, but the absence of a sufficiently uniform legal framework making the comprehensive prisoner file, and its minimum contents, updating requirements, confidentiality and continuity - mandatory across the prison system. A revised framework should expressly prescribe these requirements and ensure that PMIS functions as the technological means of maintaining the legally required prisoner file, rather than being treated as a substitute for those underlying legal safeguards

Family, Children and Caregiving Responsibilities

Prisoner records should capture family relationships and caregiving responsibilities because these may directly affect classification, allocation, visitation, release planning and the welfare of children.

The Mandela Rules require the prisoner file to contain the names of family members, including children, their ages and, where

31. Nelson Mandela Rules, Rules 6-8, A/RES/70/175 (2015)

relevant, their location and custody or guardianship status.³² The Bangkok Rules require additional recording of the number and personal details of the children of women admitted to prison, while requiring this information to be kept confidential and used consistently with the best interests of the child.

Amendments to the Pakistan, Sindh and KP frameworks are required to incorporate these requirements.

The revised framework should require records of:

children and their ages;

whether children live with the prisoner or elsewhere;

custody or guardianship arrangements;

emergency contacts;

dependent family members;

caregiving responsibilities; and

relevant arrangements made following imprisonment.

This information should not be treated merely as demographic data. It should inform decisions concerning allocation, visits, contact with children, sentence planning and release.

Medical and Health Records

Health information should form an integral part of prison record-keeping while remaining subject to heightened confidentiality protections.

The Mandela Rules require health-care information to be recorded and protected. Gaps exist in the provincial prison rules concerning comprehensive admission screening, including reproductive health, sexual violence, mental health, drug dependency and other health concerns. Medical confidentiality is also an area

requiring strengthening: confidentiality is not expressly provided in the 1978 Pakistan Prison Rules, although Sindh Rule 747(2) contains a confidentiality provision.

Ideally, the revised framework should therefore establish:

- a general prisoner file;
- a separate confidential medical file;
- rules governing authorised access to medical information;
- procedures for recording injuries and medical complaints;
- continuity of medical records following transfer; and
- mechanisms for documenting allegations or signs of torture and ill-treatment identified during medical examinations.

Medical records should follow the prisoner when the prisoner is transferred, while confidentiality should be maintained throughout.

Records of Searches and Disciplinary Action

Searches are an important area in which record-keeping directly supports accountability.

Mandela Rule 51 requires prison administrations to keep appropriate records of searches, particularly strip and body-cavity searches and cell searches, including the reasons for the search, the identities of those conducting it and the results. The Pakistan, Sindh and KP rules need to be amended to introduce this requirement. Although the domestic rules contain provisions governing searches of women, they do not adequately incorporate the corresponding requirement to record searches for accountability purposes.

- The revised framework should therefore require records of:

32. Nelson Mandela Rules, Rule 7(f), A/RES/70/175 (2015)

- date and time of search;
- location;
- type of search;
- legal or operational reason;
- identity of officers conducting the search;
- whether force or restraints were used;
- items discovered or confiscated;
- any injury or complaint arising from the search; and
- authorisation where an intrusive search is undertaken.

Moreover, every disciplinary intervention should generate a written and reviewable record. This is necessary to prevent informal punishment and to allow inspectors, courts and oversight bodies to determine whether disciplinary powers have been lawfully exercised.

The Mandela Rules require information concerning behaviour and discipline, disciplinary sanctions and complaints to be entered into the prisoner file.³³

The record should identify the alleged misconduct, the evidence considered, the decision-maker, the sanction imposed, its duration, the prisoner's opportunity to respond or challenge the decision, and the date on which the measure ended.

The same principle should apply to solitary or other restrictive confinement. A record should establish the reason for confinement, authorizing officer, start and end time, reviews undertaken and any medical or welfare concerns. Record-keeping of restrictive measures is particularly important because it permits independent bodies to review whether confinement was lawful, necessary and proportionate.

Pakistan's provincial prison rules recognise the importance of documenting disciplinary

action, although the level of detail and institutional safeguards varies across provinces. The Pakistan Prison Rules, 1978 require punishments to be entered in the prisoner's history ticket and punishment register, with Rule 581 requiring, in serious cases, the recording of witnesses, the substance of evidence, the prisoner's defence, and findings with reasons. The Sindh Prisons and Corrections Service Rules, 2019 represent a comparatively more developed approach to disciplinary accountability. Rule 945 similarly requires detailed recording of witnesses, evidence, the prisoner's defence and reasoned findings, while Rules 438 and 439 establish the history ticket as a continuing record of the prisoner's conduct and punishments, and Rule 952 expressly provides for the maintenance of prison records, including electronically. The KP Prison Rules, 2018 also contain comparable requirements concerning punishment registers and reasoned findings. The gap, therefore, is not the complete absence of disciplinary records, but the absence of a uniform and comprehensive system across provinces that captures the entire exercise of disciplinary power. In particular, records relating to restrictive measures such as cellular, separate or solitary confinement should enable an independent reviewer to establish the legal and factual basis for confinement, the authorising officer, its commencement and duration, medical and welfare assessments, periodic reviews, and the decision to terminate the measure. Sindh's more developed record-keeping framework provides a useful basis from which a harmonised national standard could be developed, ensuring that disciplinary powers remain lawful, necessary and proportionate and are capable of meaningful review by courts, inspectors and independent oversight bodies.

33. Nelson Mandela Rules, Rule 8(c)-(e), A/RES/70/175 (2015)

Complaints, Allegations of Ill-Treatment and Requests

Prisoner complaints should not disappear into informal prison administration. They should form part of a traceable record. The Mandela framework expressly includes requests and complaints, including allegations of torture or other cruel, inhuman or degrading treatment, within prisoner records, subject to appropriate confidentiality protections.³⁴ Pakistan has enacted the Torture and Custodial Death (Prevention and Punishment) Act, 2022, which establishes a framework for investigating allegations of torture and custodial death, with the Federal Investigation Agency responsible for investigations under the Act and the National Commission for Human Rights (NCHR) exercising supervisory functions. The subsequent implementation framework also provides for procedures concerning the receipt, assessment, referral and investigation of torture complaints, including safeguards relating to confidentiality, protection and preservation of evidence.

However, the existence of a separate torture-investigation framework does not remove the need for corresponding safeguards in the Prison Rules. The Torture and Custodial Death Act operates primarily as an external accountability and investigation mechanism, whereas the Prison Rules govern the conditions and administration of imprisonment on a daily basis. The latter should therefore establish the prison-level procedure through which a prisoner can safely make a complaint, ensure that the complaint is recorded and acknowledged, preserve confidentiality where necessary, prevent retaliation or intimidation, immediately refer allegations of torture or serious abuse to the competent independent authority, and ensure that relevant medical and other evidence is preserved.

The revised Prison Rules should therefore expressly incorporate these safeguards and establish a clear interface between the internal prison complaints mechanism, independent prison oversight and the investigation mechanism under the Torture and Custodial Death Act, ensuring that a complaint made within a prison cannot be suppressed, lost or resolved informally where it alleges torture or other serious abuse.

A revised framework should establish a standardised complaints register and require each complaint to generate a record showing:

- date and manner of complaint;
- substance of the complaint;
- person or authority receiving it;
- whether confidentiality was requested;
- action taken;
- referral or investigation;
- outcome; and
- protection measures where retaliation is a concern.

Confidential complaints, particularly allegations of sexual violence, torture or ill-treatment, should be protected from unauthorised access and should not be accessible to staff against whom the complaint is made.

Records of Injuries, Deaths and Serious Incidents

Serious incidents affecting prisoners should generate a permanent and traceable record capable of supporting investigation and accountability. The Nelson Mandela Rules expressly require information concerning the circumstances and causes of injuries or death to be recorded, including the destination of the remains in the case of death. Pakistan's

34. Nelson Mandela Rules, Rules 8(d) and 9, A/RES/70/175 (2015)

prison framework does recognise the importance of such records.³⁵ The Pakistan Prison Rules, 1978 prescribe a Death Register, maintained by the Medical Officer, in which every prisoner death is to be recorded, alongside an Injury Register and provisions requiring reports and inquests in cases of sudden, unnatural or violent death, suspected suicide, or death resulting from punishment or injury.³⁶ Rules 733-738 further require notification to relatives and relevant authorities, investigation and, where appropriate, post-mortem examination. However, these provisions are primarily concerned with the immediate medical and administrative recording of death and do not establish a single, comprehensive incident record capturing the full circumstances of the event, persons involved, immediate response, medical intervention, preservation of evidence, investigative steps and outcome. The Rules also treat the Death Register, Medical Officer's report book and incident reports as separate records rather than establishing a unified incident-accountability record.

The provincial frameworks contain additional safeguards but retain similar structural limitations. The Sindh Prisons and Corrections Services Rules, 2019 require all deaths to be recorded by the Medical Officer and contain more detailed procedures for sudden, unnatural or violent deaths and suspected suicide, including notification to the police and Magistrate, an inquest and post-mortem examination, with reports forwarded through the prison hierarchy.³⁷ The KP Prisons Rules, 2018 likewise require every death to be recorded in the Medical Officer's report book and provide for post-mortem examination where the cause of death is uncertain or

where the death appears likely to have resulted from an offence³⁸. These provisions demonstrate that death is not entirely unregulated; however, they do not comprehensively establish a modern incident-recording system covering deaths alongside attempted suicide or self-harm, serious assaults, use-of-force incidents and other major events, nor do they clearly require the prison's record to follow the incident through to the conclusion of an independent investigation.

The revised framework should therefore preserve the existing Death Register while expanding it into a broader, standardised system of serious-incident documentation. Every serious injury, death, attempted suicide or self-harm, serious assault, escape and other major incident should generate a record identifying the circumstances, persons involved, immediate and medical response, evidence preserved, authorities notified, investigation undertaken and outcome. Where an incident may constitute a criminal offence or human-rights violation, the prison record should support, but never substitute for, an independent investigation.

The revised framework should require systematic documentation of serious injuries, deaths, attempted suicide or self-harm, serious assaults, escapes and other major incidents. Such records should identify the circumstances, persons involved, immediate response, medical response and subsequent investigation.

Where the incident may constitute a criminal offence or human-rights violation, the prison record should not replace an independent investigation.

35. Nelson Mandela Rules, Rule 8(f), A/RES/70/175 (2015)

36. Pakistan Prison Rules, 1978, Rules 1239-1242, 733-739 and 992-993

37. Sindh Prisons and Corrections Services Rules, 2019, Rules 166-167, 210-215

38. Khyber Pakhtunkhwa Prisons Rules, 2018, Rules 363 and 364

Records of Transfers and Continuity of Custody

Transfers between prisons should also generate a complete and traceable record. A transfer is not merely a change in physical location; it can affect a prisoner's classification, access to family and legal representatives, healthcare, disciplinary history and rehabilitation arrangements. The Nelson Mandela Rules therefore require the prisoner's record to contain information concerning transfers and to remain sufficiently comprehensive to ensure continuity of the prisoner's custodial history.³⁹ Pakistan's existing rules recognise this requirement to some extent. The Pakistan Prison Rules, 1978 require specified documents, including the warrant, remission sheet, property list, updated history ticket, prisoner file, medical file and descriptive roll, to accompany a prisoner on transfer. The KP Prisons Rules, 2018 contain substantially similar requirements and further provide that the reason for a transfer should be recorded on the prisoner's history ticket. Sindh's 2019 Rules expressly require a Transfer Register of prisoners to be maintained in every prison, alongside admission, release, punishment and other registers.

The gap, therefore, is not the complete absence of transfer records, but the absence of a uniform, integrated and sufficiently comprehensive transfer-recording framework. The rules should require every transfer to generate a standardised record identifying the authority ordering the transfer, the date and reason for transfer, the prisoner's legal and custodial status, classification, disciplinary status, outstanding court proceedings, medical and mental-health needs, property, family-contact arrangements and all records physically or electronically transmitted to the receiving prison. The receiving prison should be required to acknowledge receipt of the prisoner and accompanying records, and the transfer should automatically update the central prisoner file so that the prisoner's history is not fragmented across separate institutional registers. This is particularly important for prisoners transferred for disciplinary, security, health or overcrowding reasons, and for juveniles and other vulnerable prisoners, for whom a transfer may have significant consequences for continuity of education, healthcare, family contact and protection. A revised framework should

39. Nelson Mandela Rules, Rule 7(c), A/RES/70/175 (2015)

consequently treat the transfer record as part of the prisoner's single continuing file, rather than as an isolated administrative register maintained by the sending and receiving institutions.

Proposed Direction

Pakistan's prison framework is not devoid of provisions concerning registration and prisoner records. The 1978 Prison Rules contain admission and registration provisions, and provincial rules contain additional record-related requirements. However, the framework does not comprehensively reflect the modern concept of prisoner file management established by the Nelson Mandela Rules.

The principal gap is therefore one of completeness, standardisation, continuity, confidentiality and accountability. The record should not merely establish that a person entered prison. It should provide a reliable account of the legal authority for detention, identity, family and caregiving circumstances, health and vulnerabilities, classification, judicial proceedings, treatment, searches, discipline, complaints, transfers, serious incidents and release.

A revised national framework should consequently establish a standardised prisoner file-management system, supported by separate confidential medical records and standardised institutional registers. It should prescribe minimum mandatory fields, responsibility for making and verifying entries, rules governing confidentiality and prisoner access, audit trails for electronic records, continuity of records during transfer, and the use of anonymised or aggregated data for oversight and evidence-based prison policy. Particular safeguards should apply to children's information, medical records, complaints of torture or abuse, and other sensitive information.

The overarching objective should be to move from recording prisoners to recording the State's treatment of prisoners. A comprehensive record is not merely an administrative archive; it is an accountability mechanism that allows the legality, necessity, conditions and consequences of imprisonment to be reconstructed and reviewed.

CHAPTER 04

Accommodation and Basic Living Conditions

Accommodation in prison should not be understood merely as the provision of a physical place in which a prisoner is confined. The conditions in which prisoners sleep, eat, wash, use sanitation facilities, access drinking water, spend time outdoors and maintain personal belongings are central to the protection of dignity and physical and mental health. The Nelson Mandela Rules therefore establish minimum standards concerning living accommodation, lighting, ventilation, sanitation, bathing, hygiene, clothing, bedding, food, drinking water and exercise. These standards assume that prison authorities have the physical capacity to provide each prisoner with adequate living space and basic services.

Pakistan's overcrowding crisis makes compliance with these requirements particularly challenging. In 2026, Pakistan's prisons held 110,513 people against an authorised capacity of approximately 68,832, meaning that the national prison system was operating at 160.6% of capacity. The pressure was particularly severe in Sindh, where prisons were operating at 193.1% of authorised capacity, and Punjab, at 176.5%. By contrast, Khyber Pakhtunkhwa and Balochistan were operating within their overall authorised capacity, at 85.6% and 99.6%, respectively.⁴⁰ Although Pakistani prison rules contain provisions addressing particular aspects of accommodation, including space, ventilation, sanitation, bathing, food, clothing and bedding, the scale of overcrowding means that formal minimum standards cannot be assessed independently of actual prison

capacity. Where facilities operate substantially beyond their authorised capacity, overcrowding places direct pressure on sleeping arrangements, sanitation, ventilation, access to water, healthcare and opportunities for exercise and privacy. The accommodation framework must therefore be considered alongside the structural drivers of prison overcrowding, including the use of pre-trial detention and the limited use of non-custodial measures. Accommodation reform cannot be reduced to constructing additional prison space; it must also address the number of people entering and remaining in custody. This is consistent with the broader approach reflected in the Tokyo Rules, which emphasise alternatives to imprisonment and the principle that deprivation of liberty should not be used where less restrictive measures are appropriate.

Living Accommodation, Space and Overcrowding

The first requirement of adequate accommodation is that prisoners must have living conditions compatible with human dignity. The Mandela Rules require that accommodation meet requirements relating to cubic content of air, minimum floor space, lighting, heating and ventilation, with separate standards for sleeping accommodation and communal areas. Windows must permit sufficient natural light and fresh air, while artificial lighting must be sufficient for

40. National Commission for Human Rights and Justice Project Pakistan, Prison Data Report 2026, Chapter 1, "Overcrowding Is Driven by Over-incarceration."

prisoners to read or work without injury to eyesight.⁴¹

The Pakistan Prison Rules, 1978 contain relatively detailed quantitative standards in this respect. Rule 745 regulates accommodation capacity by reference to floor space, cubic space and lateral ventilation, prescribing different standards for barracks, cells and hospitals and distinguishing between plains and hill areas. Rule 746 requires direct circulation of air through barracks, cells and other compartments, provides for shutters during winter and electric fans during summer, while Rule 747 requires newly constructed accommodation to be certified by the Medical Officer as fit for occupation. Rule 748 further requires the authorised capacity of each sleeping area to be displayed. These provisions demonstrate that the domestic framework does recognise that accommodation must be assessed by reference to physical space and ventilation rather than simply by the existence of a cell or barrack. The principal limitation is that these provisions largely operate as building and capacity specifications, rather than as a comprehensive and continuously enforceable right to adequate living conditions. They do not fully articulate contemporary requirements concerning natural lighting, thermal comfort, temperature ranges, air quality and environmental conditions, nor do they establish a clear mechanism for suspending admissions or otherwise responding when actual occupancy exceeds the prescribed capacity.

The Sindh framework contains a stronger statement of principle. Section 37 of the Sindh Prisons and Corrections Services Act, 2019 expressly requires accommodation to comply with requirements concerning floor space, cubic capacity, lighting, ventilation and climate, including appropriate heating and cooling, toilets, sanitary installations and general health conditions, and expressly links these requirements to confinement in

conditions of climate and human dignity. The Act also contemplates hot water in winter and cooling systems and cold drinking water in summer. The 2019 Rules further regulate accommodation capacity and require the Medical Officer to inspect ventilation and cleanliness and to ensure that precautions are taken against overcrowding. However, the Rules do not themselves establish a fully specified contemporary minimum space standard applicable uniformly to every form of accommodation; instead, Rule 612 provides that capacity is to be regulated according to accredited national or regional standards developed from time to time by the Prisons Policy Board. This creates a potential regulatory gap because the Act establishes the substantive obligation while the precise, enforceable benchmarks are dependent upon standards being developed and applied in practice.

The KP Prisons Rules, 2018 retain detailed accommodation requirements similar to the older framework. The Rules regulate capacity by reference to floor and cubic space and require direct circulation of air through barracks and cells. Rule 746 provides for large grated openings to secure lateral ventilation, shutters during winter and electric fans during summer; Rule 747 requires newly constructed accommodation to be certified as fit for occupation by the Medical Officer. The Rules also require the authorised accommodation of each ward, barrack and cell to be recorded, enabling prison officials to identify overcrowding. The gap is therefore not the absence of standards, but their continued reliance on inherited physical specifications without a sufficiently comprehensive modern accommodation regime. In particular, the rules do not clearly establish enforceable standards for temperature, air quality, natural light and thermal comfort across different climatic conditions, nor do they establish an effective legal response when the actual

41. Nelson Mandela Rules, Rules 13-14, A/RES/70/175 (2015)

prisoner population exceeds the certified capacity.

The central gap across the three frameworks is consequently the disconnect between prescribed capacity and actual conditions of confinement. A prison may have a formally recorded capacity and a prescribed floor-space standard, yet those standards provide little protection if overcrowding results in prisoners being accommodated beyond that capacity. Available reporting has documented overcrowding and inadequate conditions relating to ventilation, lighting and temperature control in Pakistani prisons, demonstrating the importance of converting accommodation specifications into enforceable operational standards. A revised framework should therefore retain the existing quantitative requirements but update and harmonise them across jurisdictions, prescribe measurable standards for floor and cubic space, ventilation, natural and artificial lighting and thermal conditions, require regular certification of accommodation against those standards, and establish a clear response where occupancy exceeds safe capacity. The objective should be to ensure that “capacity” represents the number of prisoners who can actually be accommodated in conditions consistent with health and human dignity, rather than merely the number of beds or spaces that a prison building can physically contain.

Moreover, accommodation must respond to physiological and caregiving needs that are not adequately addressed by treating all prisoners identically. The Pakistan Prison Rules, 1978 contain some specific provisions for pregnant women and children accompanying mothers. They provide for additional clothing and bedding where medically required, medical supervision during pregnancy, and arrangements concerning children who remain with their mothers. Rule 327 permits a child to remain

with the mother in prison until the prescribed age, while Rule 317 provides specific amenities for women prisoners. The Rules also contemplate medical attention and dietary arrangements for pregnant and nursing women.⁴² The Sindh and KP frameworks similarly recognise the presence of children with imprisoned mothers and contain provisions concerning pregnancy, medical care, nutrition and accommodation. Sindh additionally requires attention to the needs of pregnant and nursing women and provides for children accompanying mothers under its provisions concerning women prisoners⁴³. These provisions demonstrate that the domestic frameworks do not treat pregnancy and motherhood as entirely indistinguishable from ordinary imprisonment.

The gap, however, is that these safeguards are not developed into a comprehensive accommodation standard for pregnancy, childbirth and the postpartum period. The rules do not sufficiently prescribe dedicated or appropriately adapted prenatal and postnatal accommodation, adequate rest and sleeping arrangements, private and suitable spaces for breastfeeding, or accommodation designed to protect pregnant and postpartum women from environmental conditions that may adversely affect their health. Nor do they comprehensively translate the Bangkok Rules' requirements concerning appropriate nutrition, regular exercise, breastfeeding support and specialist prenatal and postnatal care into enforceable accommodation standards. The provision of medical care alone is therefore insufficient: the physical prison environment itself must be adapted to the physiological and caregiving needs of pregnant and breastfeeding women. These requirements should be prescribed as minimum standards rather than left to the discretion or resources of individual institutions.

42. Pakistan Prison Rules, 1978, Rules 317, 322-323, 325-328, 487-488

43. Sindh Prisons and Corrections Services Rules, 2019, Rule 144

Ventilation, Lighting, Temperature and Environmental Conditions

Adequate accommodation also requires environmental conditions that protect health. The Mandela Rules expressly require attention to air volume, floor space, lighting, heating and ventilation, while windows should permit natural light and fresh air.⁴⁴

This should be treated as a substantive accommodation requirement rather than merely an architectural preference. Poor ventilation and excessive heat can aggravate respiratory illness, infectious disease and general physical discomfort, while inadequate natural or artificial lighting can affect sleep, eyesight, mental wellbeing and prisoners' ability to read, study or work.

A revised framework should therefore provide minimum requirements for:

- natural ventilation;
- artificial ventilation where natural ventilation is insufficient;
- access to daylight;
- adequate artificial lighting;
- protection against extreme temperatures;
- prevention of dampness and mould; and
- regular inspection and maintenance of these systems.

These requirements should be adapted to Pakistan's different climatic conditions rather than assuming a uniform environmental standard across all provinces.

Sanitation and Toilet Facilities

Sanitary facilities are an essential component of accommodation. The Mandela Rules require adequate sanitary installations that allow

every prisoner to attend to their needs when necessary and in a clean and decent manner.⁴⁵ All areas regularly used by prisoners must also be properly maintained and kept clean.

The gap is particularly significant where prison population levels exceed the infrastructure for which a prison was designed. A formal accommodation standard should therefore address not only the existence of toilets but also their number, accessibility, privacy, cleanliness, maintenance and availability at all necessary times.

Toilet and sanitation facilities should:

- be sufficient for the number of prisoners accommodated;
- be accessible without unreasonable delay;
- be maintained in a clean and usable condition;
- provide privacy and dignity;
- be appropriately adapted for prisoners with disabilities;
- be safely accessible to women and girls; and
- be located in a manner that does not expose prisoners to unnecessary humiliation or risk.

The responsibility for sanitation should not rest solely on prisoners. Prison authorities must provide the infrastructure, water, cleaning materials and maintenance necessary to make hygiene possible.

Personal Hygiene

Personal hygiene is one of the areas in which a stark gap exists between international standards and the Pakistan Prison Rules.

Mandela Rule 18 requires prisoners to be provided with water and the toilet articles necessary for health and cleanliness, as well

44. Nelson Mandela Rules, Rules 13-14, A/RES/70/175 (2015)

45. Nelson Mandela Rules, Rule 15, A/RES/70/175 (2015)

as facilities for proper care of hair and beard. The Bangkok Rules go further for women: accommodation must provide materials necessary for women's specific hygiene needs, including sanitary towels free of charge, together with a regular supply of water for women and children, with particular attention to women who are cooking, pregnant, breastfeeding or menstruating.

Pakistan's Rule 317 provides certain amenities to women prisoners, while the KP rules provide items such as soap, mustard oil, combs, mirrors and sanitary toilets and bathrooms. However, there remains an absence of a requirement for free sanitary towels.

The gap should therefore be addressed through a universal hygiene package, including:

- sufficient water for personal hygiene;
- soap and basic toiletries;
- sanitary products provided free of charge;
- materials for menstrual hygiene;
- access to bathing facilities;
- hair-care and shaving materials appropriate to the prisoner;
- adequate laundry facilities or arrangements;
- hygiene products appropriate for children;
- products adapted to disability or medical needs; and
- additional supplies for pregnant and breastfeeding prisoners.

Menstrual hygiene should be expressly recognised as a basic accommodation and health requirement rather than treated as an optional welfare item.

Food and Nutrition

Food is part of the basic conditions of confinement and should be addressed as a

substantive right rather than simply an administrative matter.

The Mandela framework requires food of adequate nutritional value for health and strength, wholesome quality, proper preparation and service at usual meal times.⁴⁶ Food should, as far as possible, accommodate cultural and religious requirements, while medically prescribed diets must be provided. Clean drinking water should be available to prisoners at all times.

For women, the Bangkok Rules require additional attention to nutrition during pregnancy and breastfeeding. Pregnant and breastfeeding women should receive health and dietary advice under a programme developed and monitored by a qualified health practitioner. Adequate and timely food should be provided for pregnant women, babies, children and breastfeeding mothers.

The gap is therefore not simply whether prison rules provide for meals. The framework should regulate:

- nutritional adequacy and minimum dietary standards;
- frequency and timing of meals;
- quality and safety of food preparation;
- sufficient quantities;
- access to clean drinking water;
- medically prescribed diets;
- religious and cultural dietary requirements;
- dietary needs of pregnant and breastfeeding prisoners;
- age-appropriate nutrition for children living in prison; and
- mechanisms for monitoring food quality and quantity.

The rules should also make clear that food or drinking water cannot be reduced as a disciplinary measure.

46. Nelson Mandela Rules, Rule 22(1), A/RES/70/175 (2015)

Children Living with Mothers in Prison

Children who remain with imprisoned mothers require a fundamentally different accommodation approach because they are not prisoners. The domestic frameworks recognise that young children may remain with their mothers in custody. The Pakistan Prison Rules, 1978 permit children below the age of six to remain with their mothers and make provision for their clothing, food, medical care and other basic needs.⁴⁷ The Sindh and KP frameworks contain similar provisions concerning children accompanying imprisoned mothers, including arrangements for their care and separation from the mother when they reach the prescribed age.⁴⁸ However, these provisions principally regulate whether and for how long a child may remain in prison, rather than establishing a comprehensive child-centred accommodation regime.

This is a significant gap when assessed against Mandela Rule 29 and Bangkok Rules 49-52. The international framework requires the decision for a child to remain with an imprisoned parent to be based on the best interests of the child, rather than simply on an age threshold. Where the child remains, the prison must provide appropriate childcare facilities, qualified personnel and child-specific healthcare, including admission screening and ongoing monitoring of the child's development. The child must never be treated as a prisoner, and the prison environment should be as close as possible to that experienced by children outside prison. The Pakistan provincial prison rules provide considerably less guidance on the factors that should inform a best-interests assessment, the physical standards applicable to children's accommodation, or the institutional

responsibility for ensuring developmental, educational and psychosocial needs are met.

Accordingly, accommodation for children living with imprisoned mothers should extend beyond providing a place for the child to sleep. The revised framework should prescribe child-appropriate sleeping arrangements, safe and hygienic play areas, suitable sanitation and bathing facilities, age-appropriate food and nutrition, clean drinking water, vaccination and preventive healthcare, regular developmental monitoring, opportunities for play and recreation, and age-appropriate education. It should also require reasonable protection from the security environment of the prison and establish access to qualified child-welfare, healthcare, educational and psychosocial personnel. The physical design of women's prisons should incorporate these requirements from the outset. A prison cannot be considered child-appropriate merely because it permits a child to reside with an imprisoned mother; the environment in which the child actually lives must be capable of supporting the child's health, development, safety and dignity.

A further gap concerns what happens when a child can no longer remain in prison. The domestic rules provide for children to be placed with relatives, family members or relevant government or welfare institutions, but do not consistently establish a detailed best-interests assessment, individualised care plan, follow-up mechanism or requirement to preserve meaningful contact between the child and mother after separation.⁴⁹ The revised framework should require an individual assessment before separation, identification of a suitable alternative care arrangement, consideration of the child's views where appropriate, and continued

47. Pakistan Prison Rules, 1978, Rules 326, 328, 489, 518(iv) and 520

48. Pakistan Prison Rules, 1978, Rules 326-328; Sindh Prisons & Corrections Service Rules, 2019, Rules 144-146; Khyber Pakhtunkhwa Prisons Rules, 2018, Rules 326-327A.

49. Ibid

opportunities for contact with the mother consistent with the child's best interests. This would shift the domestic framework from an age-based custodial arrangement towards a genuinely child-centred system of accommodation, care and separation.

Outdoor Exercise and Access to Fresh Air

The Mandela Rules recognise access to outdoor exercise as a basic component of humane imprisonment. Rule 23 requires every prisoner who is not employed in outdoor work to receive at least one hour of suitable exercise in the open air each day, weather permitting. This is not merely a recreational privilege: regular access to fresh air and outdoor activity is part of the minimum conditions necessary for physical and mental health.

The Pakistan Prison Rules, 1978 contain a substantially corresponding requirement. Rule 677-B provides that every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily, if weather permits. The Rules also provide for outdoor games and walking exercise, while Rule 751 requires the walls of cell yards to be kept at a height that permits the admission of sunshine and air. The KP Prisons Rules, 2018 retain the same one-hour open-air requirement and separately provide for recreational and cultural activities and outdoor games. They also expressly provide that prisoners undergoing solitary confinement are to receive at least one hour of open-air exercise per day. Sindh's statutory framework similarly recognises an entitlement to exercise and outdoor sports, while the Sindh Rules provide for walking exercise and outdoor games where conditions permit.

The principal gap is therefore not the absence of a formal entitlement to outdoor exercise, but the absence of a sufficiently developed and enforceable framework governing its

practical delivery. The rules do not establish minimum standards for the size, safety, maintenance, accessibility or quality of outdoor exercise areas, nor do they expressly require that such areas provide meaningful access to fresh air, sunlight and physical activity for prisoners with disabilities or particular mobility needs. The qualification that activities occur where “conditions permit” may also leave the provision vulnerable to resource constraints or institutional practice rather than treating outdoor exercise as a minimum daily condition.

A revised framework should consequently require every prison to maintain safe, adequately maintained and accessible outdoor spaces capable of accommodating the prison population without overcrowding. Access should be available to women, juveniles, older prisoners and prisoners with disabilities on an equivalent basis, with reasonable adaptations where required. Outdoor exercise should not be reduced in practice to movement through corridors, enclosed yards or other spaces that do not provide meaningful access to fresh air and outdoor activity.

For pregnant women, nursing mothers and prisoners with particular health conditions, exercise arrangements should be adapted on the basis of individual medical advice. The Bangkok Rules specifically recognise that pregnant and breastfeeding women require adequate food, a healthy environment and regular exercise, and therefore support an approach in which exercise is facilitated rather than treated as a discretionary activity.

Religious, Cultural and Individual Needs in Accommodation

Accommodation, food and daily prison routines should also accommodate legitimate religious and cultural needs. The Mandela framework requires prison administration to

respect prisoners' religious and cultural requirements, while the broader principle of non-discrimination requires that such needs not be treated as privileges available only to particular groups.⁵⁰

The Pakistan Prison Rules, 1978 contain several provisions recognising religious practice. Rule 681 provides that there should be no undue interference with prisoners' religion and permits prisoners to offer their devotions and participate in congregational prayers. The Rules also contain arrangements for religious observance during Ramadan and provide for religious education. Sindh's statutory framework goes further in relation to food: section 41 of the Sindh Prisons and Corrections Services Act, 2019 requires dietary regulations, where reasonably practicable, to take religious requirements into account and permits prisoners to cook their own food where required. The KP framework similarly expressly requires diet to take account of religion and culture.

These provisions demonstrate that religious accommodation is already recognised within the domestic framework. The gap is that the safeguards are fragmented and primarily framed around religious observance and diet, rather than as a comprehensive duty of reasonable accommodation extending to the different ways in which religion and culture may affect daily prison life. The framework also requires stronger protection against indirect discrimination. This is particularly important for minority prisoners: the National Commission for Human Rights has, for example, documented discriminatory consequences arising from the operation of religious-education provisions for minority prisoners, leading to a subsequent amendment of Rule 215 in Punjab.⁵¹

The Bangkok Rules provide a more developed gender-responsive approach. Rule 54

recognises that women prisoners from different religious and cultural backgrounds may have distinctive needs and may face multiple forms of discrimination in accessing gender- and culture-relevant programmes and services. It calls for comprehensive programmes and services addressing those needs in consultation with women prisoners and relevant groups.

A revised framework should therefore move beyond simply permitting religious practice and require reasonable, non-discriminatory accommodation of legitimate religious and cultural needs, including dietary requirements, observance, access to religious materials and appropriate spaces for worship. Such accommodation should apply across religious groups and should be developed in consultation with affected prisoners where appropriate. At the same time, accommodation should remain subject to legitimate security and health requirements and should not result in discriminatory treatment of other prisoners.

Proposed Direction

Across these areas, the principal accommodation gap in Pakistan is not the complete absence of individual rules. The existing Pakistan, Sindh and KP frameworks contain provisions addressing outdoor exercise, religious practice, dietary requirements and conditions applicable to prisoners in separation. The deeper problem is that these provisions remain fragmented, often inherited from older prison-management models, and do not consistently translate minimum standards into measurable, enforceable and universally applicable entitlements.

A revised accommodation framework should bring together, at minimum:

50. Nelson Mandela Rules, Rules 2(1) and 65-66, A/RES/70/175 (2015)

51. National Commission for Human Rights, Annual Report 2024, p. 129

- minimum living and sleeping space and safeguards against overcrowding;
- ventilation, lighting and temperature control;
- beds, mattresses and adequate bedding;
- climate-appropriate clothing and laundry;
- toilets, sanitation and bathing facilities;
- personal and menstrual hygiene;
- safe and sufficient drinking and washing water;
- nutritious food and medically or otherwise necessary special diets;
- at least one hour of meaningful outdoor exercise and access to safe recreational space;
- cleanliness, maintenance and pest control;
- pregnancy, postpartum and breastfeeding accommodation;
- child-centred accommodation and services for children living with mothers;

- age- and gender-responsive accommodation for juvenile female prisoners;
- accessibility and reasonable accommodation for prisoners with disabilities;
- religious, cultural and dietary accommodation without discrimination; and
- minimum conditions and safeguards applicable during disciplinary or protective separation.

The central principle should be that loss of liberty does not entail loss of the conditions necessary to live with dignity. The rules should therefore establish standards that are sufficiently precise to be monitored - rather than leaving implementation to the discretion or resources of individual prisons - and should require adequate infrastructure, staffing and resources to make those standards meaningful in practice.

CHAPTER 05

Discipline and Sanctions

Discipline is necessary to maintain safety, security and orderly life within prisons. However, the exercise of disciplinary authority must remain subject to law, necessity, proportionality and procedural fairness. Imprisonment itself constitutes the deprivation of liberty imposed by the State; disciplinary measures should not become an additional, unregulated form of punishment. The Nelson Mandela Rules accordingly require prison administrations to maintain discipline with no more restriction than is necessary for safe custody, secure prison operations and orderly community life.⁵² They also require disciplinary offences, permissible sanctions, competent authorities and procedures for involuntary separation to be established by law or regulation.

Pakistan's prison framework contains a formal disciplinary structure, but it remains fragmented across the Pakistan Prison Rules, 1978 and the newer provincial frameworks. The Pakistan Prison Rules establish disciplinary offences, punishment registers, history tickets and restrictions on certain forms of punishment. Sindh's 2019 framework provides a more developed correctional structure and expressly regulates disciplinary proceedings and records, while the KP Prison Rules, 2018 incorporate a number of safeguards concerning proportionality, mediation, punishment and separation. The principal gap is therefore not the absence of disciplinary powers or procedures, but the absence of a comprehensive and harmonised framework regulating how those powers are exercised, reviewed and documented.

Lawful, Necessary and Proportionate Exercise of Disciplinary Power

A prisoner should only be punished for conduct clearly defined as a disciplinary offence under law or prison regulations. The revised framework should identify the conduct constituting an offence, the sanctions available, their maximum duration, the competent authority and the procedure to be followed. Vague or subjective grounds for punishment should be avoided, particularly where they permit ordinary prison administration or disagreement with prison staff to become the basis for disciplinary action.

This principle is already reflected to varying degrees in the provincial rules. The Pakistan Prison Rules, 1978 provide a defined system of punishments and require the Superintendent to deal with disciplinary reports and record punishments. The rules also distinguish between minor and more serious breaches.⁵³ The Sindh Prisons and Corrections Service Rules, 2019 similarly regulate the investigation and award of punishments, while Rule 949 prevents a prisoner from being punished twice for the same breach. The KP Prison Rules, 2018 expressly provide that discipline should be a measure of last resort and encourage restoration and mediation where possible.⁵⁴ The revised framework should build on these existing provisions by making necessity and

52. Nelson Mandela Rules, Rule 36, A/RES/70/175 (2015)

53. Pakistan Prison Rules, 1978, Rules 568-570 and 583

54. Khyber Pakhtunkhwa Prisons Rules, 2018, Rules 560-561

proportionality explicit requirements applicable to every disciplinary measure.

Before imposing punishment, prison authorities should consider the seriousness and circumstances of the conduct, the actual security risk, whether the matter can be resolved without punishment, whether a less restrictive response would achieve the same purpose, and the likely effect of the sanction on the prisoner's health and rehabilitation. Mandela Rule 38's emphasis on conflict prevention, mediation and alternative dispute resolution should also be incorporated. Particularly where disputes are interpersonal and do not present a significant security risk, mediation, counselling, facilitated resolution and restorative approaches should be available without being used to bypass due-process safeguards where a formal disciplinary charge is warranted.

Due Process, Fair Hearing and Review

No disciplinary sanction should be imposed without a fair and transparent process. Mandela Rules 39 and 41 require disciplinary proceedings to comply with law, fairness and due process, including proportionality, prompt investigation, notice of the accusation, sufficient time and facilities to prepare a defence, and an opportunity to respond. Serious cases should permit legal assistance where the interests of justice require it, and interpretation should be provided where a prisoner does not understand the language of proceedings.

The Pakistani rules contain important procedural foundations but do not establish a sufficiently comprehensive and uniform disciplinary hearing process. The Pakistan Prison Rules, 1978 require the punishment register, in serious cases, to record witnesses, the substance of their evidence, the prisoner's defence and the findings with reasons. Sindh

Rule 945 contains comparable safeguards and requires detailed recording of the evidence, defence and reasoned findings. The KP Rules likewise require the recording of evidence, defence and findings in serious cases.⁵⁵ These provisions demonstrate that disciplinary decision-making is intended to be reasoned and documented, but they should be consolidated into a single procedural framework applicable across provinces.

The revised rules should require written notice identifying the allegation and the specific rule allegedly breached; disclosure of sufficient information to permit a defence; reasonable time to respond; an opportunity to present evidence; an impartial decision-maker; a written and reasoned determination; specification of the sanction and its duration; and access to administrative and judicial review. The functions of reporting, investigating, determining liability and imposing punishment should, wherever practicable, be separated to prevent conflicts of interest.

Legal assistance and interpretation should be expressly available in serious disciplinary proceedings, together with reasonable accommodation for prisoners with disabilities or literacy difficulties. Juveniles should receive additional procedural safeguards appropriate to their age and understanding.

Individualised Discipline, Records and Accountability

Disciplinary punishment should be individualised rather than automatic. Mandela Rule 39 requires proportionality and directs prison administrations to consider whether mental illness or developmental disability contributed to the conduct underlying a disciplinary charge. Conduct that is the direct result of mental illness or intellectual disability should not itself be sanctioned. The revised framework should therefore require

55. Ibid

consideration of the prisoner's age, disability, mental-health condition, vulnerability, pregnancy or postpartum status, caregiving responsibilities and any unmet health or psychosocial need before punishment is imposed. Where appropriate, healthcare intervention, psychosocial support, reasonable accommodation or conflict-management measures should replace punitive responses.

The existing provincial rules already recognise the importance of disciplinary records. Under the Pakistan Prison Rules, 1978, punishments are entered on the prisoner's history ticket and punishment register, with Rule 581 requiring detailed recording in serious cases. Sindh Rules 438 and 439 establish the history ticket as a continuing record of the prisoner's conduct and punishments, while Rule 945 requires reasoned findings and Rule 952 expressly provides for the maintenance of prison records, including electronically. The KP Rules similarly require punishment registers to be updated and serious disciplinary proceedings to record the evidence, defence and findings.

The gap is therefore not an absence of record-keeping but the absence of a sufficiently comprehensive and harmonised disciplinary record. A single, traceable record should enable an independent reviewer to establish the allegation, evidence, prisoner's response, legal authority, decision-maker, reasons, sanction, duration, review and outcome. Records should also permit oversight bodies to identify patterns of repeated segregation, disproportionate punishment or the differential use of sanctions against particular groups. Disciplinary records should consequently operate as an accountability mechanism rather than merely an administrative register.

Prohibited Punishments and Protection of Basic Rights

Certain forms of punishment should be prohibited irrespective of the circumstances of the underlying offence. Mandela Rule 43 prohibits disciplinary sanctions that amount to torture or cruel, inhuman or degrading treatment and expressly prohibits indefinite or prolonged solitary confinement, placement in dark or constantly illuminated cells, corporal punishment, reduction of food or drinking water, collective punishment, restraints as punishment and prohibition of family contact.

Pakistan's prison rules contain provisions concerning prohibited punishments, including Pakistan Prison Rules 1978 Rule 313⁵⁶, with corresponding provisions in the provincial frameworks. However, the safeguards are not fully harmonised with the more comprehensive Mandela and Bangkok standards. In particular, the framework should expressly prohibit beating, whipping or other corporal punishment; deliberate deprivation or reduction of food or drinking water; environmental punishment through darkness, constant illumination or harmful temperatures; and the use of restraints as a disciplinary measure.

Collective punishment should likewise be expressly prohibited. A prisoner should not lose access to food, recreation, visits, correspondence, healthcare, education or work because of the misconduct of another prisoner or group. Family contact should not be used as punishment. This is particularly important for women prisoners because the Bangkok Rules provide heightened protection for contact with children and family. There is currently no prohibition on withdrawal of

56. As per Rule 313, a woman prisoner shall not be punished by the imposition of handcuffs, fetters or whipping, provided that handcuffs may, if absolutely necessary, be imposed on any woman prisoner for the purpose of restraint only. Women prisoners shall not wear fetters on transfer.

family contact in the Pakistan and Sindh prison rules.

The revised framework should also incorporate the Bangkok Rule 24 prohibition on restraints during labour, childbirth and immediately after childbirth. The existing analysis identifies this safeguard as requiring incorporation into the Pakistan and Sindh rules, while KP Rule 313(5) already contains the corresponding prohibition.

Solitary Confinement, Separation and Conditions of Custody

Solitary confinement requires particularly stringent safeguards. Mandela Rule 44 defines solitary confinement as confinement for 22 hours or more per day without meaningful human contact and prolonged solitary confinement as more than 15 consecutive days. Rule 45 requires solitary confinement to be used only in exceptional circumstances, as a last resort, for the shortest possible period and subject to competent authorisation and independent review.

The existing provincial frameworks regulate aspects of confinement but do not provide a fully harmonised approach. The Pakistan Prison Rules contain detailed provisions concerning solitary confinement, including medical safeguards. Rule 640 requires the commencement and termination of solitary confinement to be recorded, medical certification before confinement, daily medical visits and removal where continued confinement is harmful to the prisoner's physical or mental health. Rule 642 further requires certification of the total period of solitary confinement. The KP framework contains comparable provisions and expressly requires at least one hour of open-air exercise for prisoners undergoing solitary confinement.⁵⁷ The Sindh Rules, however, do

not expressly prohibit close confinement or disciplinary segregation in the manner required by the Bangkok Rules; Sindh Rule 940 also permits separate confinement in specified circumstances following an assault on an officer.

The revised framework should establish one clear definition and regulatory scheme for solitary confinement, disciplinary segregation, close confinement and other forms of involuntary separation. Administrative terminology should not be used to circumvent safeguards applicable to solitary confinement. Every involuntary separation should have a lawful basis, identified purpose, competent authorisation, defined duration, periodic review, independent oversight, healthcare monitoring and a documented release decision.

Importantly, separation must not suspend ordinary prison standards. Food, drinking water, sanitation, bedding, clothing, healthcare, medication, exercise and protection from extreme temperatures remain basic conditions of custody. The fact that a prisoner is separated from the general population should not convert these entitlements into discretionary privileges. The rules should expressly prohibit environmental conditions designed to make separation punitive or harmful.

Heightened Protection for Women, Juveniles and Prisoners with Disabilities; Complaints and Retaliation

Disciplinary systems must recognise that identical sanctions may have substantially different consequences for different prisoners. The Bangkok Rules therefore provide heightened safeguards for pregnant women, women with infants and breastfeeding

57. Khyber Pakhtunkhwa Prisons Rules, 2018, Rule 552

mothers.⁵⁸ Close confinement or disciplinary segregation should not be imposed on these groups, and family contact should not ordinarily be withdrawn as a disciplinary measure. Disciplinary decisions should also consider pregnancy, postpartum status, breastfeeding, the presence and needs of children living with their mothers, and the effect of the sanction on the child. A disciplinary measure should never indirectly punish a child for the conduct of the mother.

Juveniles require a distinct disciplinary approach rather than simple application of the adult regime. The revised rules should establish a presumption against punitive isolation and favour restorative, educational and rehabilitative responses. Proceedings should be age-appropriate, allow meaningful participation, provide access to legal assistance and involve parents or guardians where appropriate. Developmental disability, trauma and other vulnerabilities should be considered before any sanction is imposed.

The same principle applies to prisoners with mental illness or intellectual disabilities.

Before imposing punishment, authorities should determine whether the condition contributed to the alleged misconduct. Where it did, the appropriate response may be healthcare, psychosocial support, reasonable accommodation or other rehabilitative intervention rather than punishment.

Finally, disciplinary powers must not become a mechanism for retaliation against prisoners who exercise their rights. Prisoners should not be disciplined for making complaints, reporting torture or ill-treatment, cooperating with investigations, approaching an inspectorate or seeking legal assistance. The Bangkok Rules require particular safeguards for women reporting abuse, including protection, confidentiality, support and investigation by competent and independent authorities. The revised framework should therefore require heightened scrutiny where a disciplinary allegation follows a complaint or report of abuse and should establish an effective mechanism for challenging disciplinary decisions.

58. Bangkok Rules, Rules 48-52, A/RES/65/229 (2010)

Proposed Direction

Pakistan's prison framework does not lack disciplinary rules; rather, the rules governing disciplinary power remain fragmented and unevenly developed across jurisdictions. The Pakistan Prison Rules, 1978 provide the foundational disciplinary structure, including punishments, history tickets, punishment registers and safeguards relating to solitary confinement. Sindh's 2019 framework develops these provisions through a more contemporary correctional and record-keeping structure, while the KP Rules incorporate safeguards relating to last-resort discipline, mediation and certain restrictions on punishment. The principal reform task is therefore to harmonise these provisions and bring them into closer conformity with the Mandela and Bangkok Rules.

A revised framework should establish a single rights-based disciplinary architecture in which offences and sanctions are clearly defined; punishment is necessary, proportionate and individualised; prisoners receive notice and a genuine opportunity to defend themselves;

serious cases permit legal assistance and interpretation; decisions are reasoned and reviewable; disciplinary sanctions are fully recorded; collective and corporal punishment are prohibited; food, water and family contact are protected; restraints are never used as punishment; solitary confinement is exceptional, strictly time-limited and independently reviewable; juveniles and protected categories of women receive heightened safeguards; disability and mental-health needs are considered; and prisoners are protected from retaliation for making complaints.

The objective should be to ensure that disciplinary authority serves the legitimate purposes of safety, security and orderly prison life without becoming an additional or unregulated form of punishment. The existing provisions in Sindh and KP demonstrate that elements of this framework can be developed within provincial prison law; the next step should be to consolidate these safeguards into a coherent and enforceable national standard.

CHAPTER 06

Contact with the Outside World

Imprisonment restricts liberty; it should not unnecessarily sever a person's relationships with family, legal representatives and the wider community. Meaningful contact with the outside world is central to prisoners' emotional and psychological well-being, preservation of family relationships and eventual reintegration into society. The Nelson Mandela Rules therefore require prisoners to be permitted regular contact with family and friends through visits and correspondence, subject only to restrictions that are necessary for legitimate security, order or criminal-justice purposes. The Rules also recognise the particular importance of confidential legal communication, access to information and communication with diplomatic or consular representatives.

The Bangkok Rules strengthen these protections for women prisoners, recognising that women may experience particular barriers to maintaining family relationships, including detention far from home and responsibility for children.

Pakistan's prison framework contains provisions concerning visits and communication, but these provisions are dispersed and do not establish a comprehensive rights-based regime governing the frequency, accessibility, confidentiality, monitoring and restriction of outside contact. The comparative analysis identifies a particular gap in the Pakistan Prison Rules, 1978 in relation to Bangkok Rule 26, while the Sindh and KP frameworks contain provisions facilitating communication with relatives, friends and legal advisers. The objective of reform should therefore be to move from a primarily administrative system of prison visits

towards a framework that recognises outside contact as an integral component of humane imprisonment and rehabilitation.

Family and Social Contact as a Prisoner Entitlement

The revised framework should expressly recognise regular contact with family and friends as an ordinary component of imprisonment rather than a discretionary privilege. Mandela Rule 58 requires prisoners to be allowed, under necessary supervision, to communicate with family and friends at regular intervals through correspondence and visits. Restrictions may be justified for security, order or criminal-justice purposes, but they should remain necessary, proportionate and limited.

The existing provincial framework provides a starting point but does not establish sufficiently consistent minimum entitlements. The Pakistan Prison Rules, 1978 do not contain a provision equivalent to Bangkok Rule 26 requiring women's contact with family, children, children's guardians and legal representatives to be actively facilitated. Sindh and KP however, provide more explicit facilities for prisoners to see or communicate with relatives, friends and legal advisers. The revised rules should build on these provincial provisions by establishing minimum standards for the frequency and duration of visits, correspondence and other forms of communication, while requiring reasons to be recorded where contact is refused, reduced or suspended.

The practical value of a right to family contact also depends upon prison allocation. Mandela Rule 59 encourages placement, to the extent possible, close to prisoners' homes or places of social rehabilitation. Distance can impose a significant financial and logistical burden on families and may make an otherwise formal right to visits practically meaningless. The revised framework should therefore require family proximity to be considered when allocating or transferring prisoners, alongside legitimate security, classification and rehabilitation considerations.

Where physical visits are impracticable because of distance, disability, financial hardship or other exceptional circumstances, alternative forms of contact - including telephone and, where available, video or other electronic communication - should be facilitated. The framework should regulate frequency, duration, costs, identification, monitoring and suspension of such communication while ensuring that technological limitations do not become an additional barrier to maintaining family relationships.

Women, Children and Family Relationships

Family contact requires particular safeguards where women prisoners and children are concerned. Bangkok Rule 26 recognises the disadvantages faced by women detained far from their homes and requires reasonable measures to counterbalance those disadvantages. The revised Pakistani framework should therefore provide additional communication opportunities, flexible visiting arrangements and, where appropriate, assistance with communication costs for women whose circumstances make ordinary visits difficult.

The relationship between an imprisoned parent and child also requires treatment

distinct from an ordinary prison visit. Bangkok Rule 28 requires visits involving children to take place in an environment conducive to a positive visiting experience and to allow open contact between mother and child.

Owing to the absence of equivalent provisions in the Pakistan, Sindh and KP rules, a revised framework should accordingly require child-friendly visiting areas, respectful and non-intimidating staff conduct, sufficient time for meaningful interaction, appropriate facilities for infants and young children and, where security permits, open physical contact. Security procedures should be designed so that children are not unnecessarily exposed to intimidating searches, waiting arrangements or prison procedures. The purpose of a child's visit should be to preserve the parent-child relationship, rather than merely to permit the child's physical presence within the prison.

Where children are separated from an incarcerated parent and placed with relatives or other caregivers, imprisonment should not automatically terminate meaningful contact. The Sindh Rules provide a useful example in Rule S326(4), which contemplates maximum possible opportunities and facilities for women prisoners to meet their children after separation, subject to the child's best interests and public safety. This principle should be extended across jurisdictions and applied without unnecessary distinctions based on the gender of the incarcerated parent.

At the same time, contact decisions affecting children should be based on an individual assessment of the child's best interests. Where there are allegations of abuse, serious family conflict or other circumstances affecting the child's welfare, contact may require appropriate safeguards or supervision. Any restriction should identify the reasons for the decision and, where continued contact remains appropriate, establish safe alternative means of maintaining the relationship.

Legal Communication and Access to Courts and Public Authorities

Communication with legal representatives is fundamentally different from ordinary social contact and requires enhanced protection. Prisoners must be able to communicate effectively and confidentially with lawyers, courts and other competent legal authorities, particularly when defending criminal proceedings, pursuing appeals, challenging detention or conditions of confinement, or reporting mistreatment.

Sindh and KP contain provisions facilitating prisoners' communication with legal advisers, relatives and friends, whereas the Pakistan Prison Rules, 1978 lack an equivalent general provision in this area. The revised framework should therefore expressly distinguish legal communication from ordinary visitation and correspondence.

Legal consultations should be confidential and subject only to narrowly defined security arrangements that do not undermine the substance of lawyer-client communication. The rules should establish procedures for identifying and delivering legal correspondence, protect the confidentiality of legal advice, provide for private legal consultations, and establish remedies where privileged communication is improperly interfered with.

Prisoners should also be able to communicate with courts, judicial authorities, ombuds institutions, human rights bodies, prison inspectorates and other competent public authorities. Such communications should not be treated simply as ordinary correspondence. In particular, a prisoner must be able to complain about torture, ill-treatment, unlawful detention, healthcare, disciplinary punishment or prison conditions without interference or retaliation.

Foreign national prisoners should similarly be informed of and facilitated in communicating

with their diplomatic or consular representatives where applicable. This is particularly important where a prisoner has limited family or community support within Pakistan.

Regulation of Visits, Monitoring and Restrictions

A formal right to visits is of limited value unless the rules governing its exercise are clear, predictable and accessible. The revised framework should establish minimum standards for visiting frequency, duration, number of visitors, visiting hours, booking procedures, visitor identification and admission, cancellation, postponement and review of denied visits. Prisoners and their families should receive clear information about these procedures.

Visiting arrangements should also accommodate children, elderly persons and persons with disabilities. Facilities should provide adequate seating, sanitation, reasonable privacy, protection from extreme weather and accessible arrangements. Staff responsible for visits should be trained to deal with prisoners and visitors respectfully and consistently.

Security restrictions are legitimate within prisons, but they must operate within a legal framework. Monitoring or restricting communication may be necessary for criminal investigations, good order, safety, security, crime prevention or protection of victims, but requires such restrictions to be regulated and to preserve an acceptable minimum level of contact. The same principle should govern Pakistan's prison framework.

Any restriction should therefore have a clear legal basis, pursue a legitimate purpose, be necessary and proportionate, be individually assessed, be communicated to the prisoner, be recorded with reasons and be subject to review. Routine monitoring should not become

a basis for indiscriminate interference with family or privileged legal communication.

Family contact should also be expressly protected from disciplinary misuse. Mandela Rule 43 prohibits the withdrawal of family contact as a disciplinary sanction, while Bangkok Rule 23 provides an additional safeguard for women prisoners, particularly in relation to contact with children.

The revised rules should therefore distinguish between a temporary and proportionate restriction imposed for a legitimate security purpose and the use of family contact as punishment. Visits, correspondence and communication with children should not be withdrawn merely because a prisoner has committed a disciplinary offence.

Equality, Accessibility and Dignity in Prison Contact

The right to maintain outside contact must operate on the basis of equality and non-discrimination. Access should not depend arbitrarily upon gender, legal status, nationality, disability or economic circumstances. At the same time, substantive equality requires additional measures for prisoners who face particular barriers.

The Bangkok Rules provide an important example by requiring measures to counterbalance the disadvantage experienced by women detained far from their homes. Similar accommodations may be necessary for juveniles, foreign nationals, prisoners with disabilities and prisoners whose families live in another province. The revised framework should combine a general guarantee of equal access with reasonable accommodations tailored to individual circumstances.

Disability should not make family or legal contact practically impossible. Visiting facilities, communication technologies and procedures should be accessible to prisoners and visitors with disabilities, with assistance provided where necessary.

The dignity of visitors must also be protected. Children and other vulnerable visitors should not be unnecessarily exposed to humiliating or excessively intrusive security procedures. The design and administration of visiting facilities should recognise that the visitor is not a prisoner and that preserving the dignity of family members is itself important to maintaining meaningful relationships.

Where conjugal or intimate family visits are permitted within the prison system, access should be regulated according to equality, dignity, privacy and non-discrimination. Bangkok Rule 27 requires women to have access to conjugal visits on an equal basis with men where such visits are available, while Mandela Rule 58 similarly requires non-discriminatory access where conjugal visits are permitted. Corresponding provisions in the Pakistan, Sindh and KP rules remain absent.

Information, Humanitarian Contact and Rehabilitation

Contact with the outside world extends beyond visits and correspondence. Prisoners should be able to remain reasonably informed about developments in public life through lawful access to newspapers, books, radio, television and other appropriate sources of information. Such access helps reduce the institutional isolation of imprisonment and supports eventual reintegration.

The framework should also recognise significant family events. Where prison authorities receive information concerning the serious illness or death of a close relative, the prisoner should be informed promptly. Where legally and practically appropriate, humanitarian or temporary escorted leave should be considered for funerals, critically ill relatives or other exceptional family circumstances. Such arrangements should be governed by clear eligibility and security criteria rather than discretionary practice.

Most importantly, contact with family and community should be integrated into rehabilitation and reintegration planning. Maintaining relationships can preserve the social networks on which prisoners may depend following release.

Moreover, prisoners and their families should be informed of their rights and the procedures governing visits, telephone and correspondence, legal communication, monitoring, restrictions and complaints. Any denial or restriction of ordinary family contact should be accompanied by reasons and subject to an accessible review mechanism.

Proposed Direction

The principal deficiency in Pakistan's framework is not the complete absence of provisions concerning prison visits or communication. Rather, the rules lack a comprehensive and nationally consistent framework regulating contact with family, children, legal representatives and the wider community as a component of prisoners' rights and rehabilitation.

The Pakistan Prison Rules, 1978 provide the foundational framework but leave significant gaps, particularly concerning women's family contact, child-friendly visits and modern forms of communication. The Sindh and KP rules provide more developed provisions

concerning communication with relatives, friends and legal advisers, and Sindh Rule S326(4) offers a useful model for maintaining contact between women prisoners and children after separation. However, important safeguards remain uneven across jurisdictions, including those concerning child-friendly visits, equal access to intimate family visits, confidentiality of legal communication, accessibility and structured review of restrictions.

A revised framework should therefore recognise contact with the outside world as an integral part of humane imprisonment rather than a discretionary facility. It should establish minimum entitlements to visits and communication; protect confidential legal contact; facilitate relationships between parents and children; account for the disadvantages created by distance from home; provide reasonable accommodation for vulnerable prisoners and visitors; regulate monitoring and restrictions; prohibit family contact as a disciplinary punishment; and provide clear reasons and review mechanisms whenever contact is restricted.

The governing principle should be that imprisonment restricts liberty, not relationships, except to the extent that a specific, lawful and proportionate restriction is demonstrably necessary for a legitimate purpose.

CHAPTER 07

Access to Healthcare

Access to healthcare is a core component of the State's duty of care towards persons deprived of liberty. Once a person enters prison, the State assumes direct responsibility for ensuring that the conditions of detention do not place their life, physical health or mental integrity at unnecessary risk. Imprisonment does not diminish the prisoner's entitlement to healthcare; rather, the loss of liberty makes access to appropriate healthcare dependent upon the institution itself. The Nelson Mandela Rules therefore recognise healthcare as a State responsibility and require prisoners to enjoy the same standards of healthcare available in the community, without discrimination on the basis of legal status.

The international framework also recognises that healthcare in prison must extend beyond responding to illness. It includes medical screening on admission, preventive healthcare, mental-health services, treatment of infectious diseases and substance dependence, reproductive healthcare, emergency treatment, specialist referral, medical confidentiality and continuity of care. The Bangkok Rules supplement these requirements by addressing the gender-specific healthcare needs of women, while additional safeguards are required for juveniles, children living with imprisoned mothers, persons with disabilities and prisoners with mental-health or substance-dependence needs. Similarly, the Beijing Rules explicitly address medical and psychological care for juveniles who are in conflict with the law

Healthcare as a State Responsibility and the Right to Equivalent Care

The starting point for prison healthcare should be that imprisonment does not justify a lower standard of medical care. The Nelson Mandela Rules establish that healthcare is a State responsibility and that prisoners should have access to healthcare equivalent to that available in the community.⁵⁹ Healthcare should be provided without discrimination based on a prisoner's legal status, and should be organised in a manner that allows continuity of treatment, including for infectious diseases and substance dependence.

This principle requires prison healthcare to be understood as an integrated public-health function rather than as an exclusively custodial service. Prisoners may enter custody with pre-existing conditions, interrupted medication, untreated illness, disability, substance dependence or mental-health needs. Others may develop health conditions as a consequence of the prison environment. The prison system must therefore be capable of identifying healthcare needs, providing treatment and referring prisoners to appropriate specialists or external facilities where treatment cannot safely be provided within the prison.

The existing rules do contain medical functions and institutional arrangements. Moreover, there is a broader structural problem concerning the availability of

59. Nelson Mandela Rules, Rules 24(1) and 27(1), A/RES/70/175 (2015)

professional healthcare. The Sindh Rules, for example, contemplate periodic access to consultants, specialists, psychologists, psychiatrists, dentists and women's healthcare specialists.⁶⁰ The KP Rules similarly provide for periodic visits by psychologists, psychiatrists, medical specialists and sociologists. However, periodic access is not the same as establishing a minimum healthcare complement based on prison population and healthcare needs.⁶¹

A revised framework should therefore establish healthcare as a minimum institutional obligation. Every prison should have access to qualified medical personnel in numbers proportionate to its population and healthcare needs, together with defined arrangements for specialist, emergency and external care. The rules should also make clear that lack of available personnel or institutional capacity cannot, by itself, justify denial or unreasonable delay of necessary treatment.

Admission Screening, Early Identification and Medical Confidentiality

Medical screening immediately following admission is one of the most important safeguards in prison healthcare. The Nelson Mandela Rules require every prisoner to be seen, spoken to and examined by a physician or qualified healthcare professional as soon as possible following admission.⁶² Particular attention must be given to signs of ill-treatment, psychological distress, suicide and self-harm risks and withdrawal symptoms resulting from drugs, medication or alcohol.

The Bangkok Rules establish more detailed requirements for women. Bangkok Rule 6 requires comprehensive screening addressing primary healthcare needs and, depending on

risk factors, sexually transmitted and blood-borne diseases, mental-health needs including PTSD and suicide or self-harm risks, reproductive health history including pregnancy and recent childbirth, drug dependency, and previous sexual abuse or other forms of violence.

The Pakistan Prison Rules 1978 do not provide an equivalent comprehensive framework. Rule 21, concerning the search and examination of women prisoners, requires amendment to incorporate the broader requirements concerning sexual assault, sexually transmitted diseases and reproductive health. The position is more developed in the provinces. Sindh Rule 747 already addresses mental health, PTSD, suicide and self-harm risk, reproductive health history and drug dependency, while KP Rule 327(B) incorporates several elements of the required screening.

A comprehensive admission assessment should therefore identify, at minimum:

- acute and chronic physical illness;
- mental-health needs;
- suicide and self-harm risk;
- substance dependence and withdrawal;
- infectious diseases;
- disability and accessibility needs;
- existing medication and continuity-of-treatment requirements;
- injuries or signs of torture or ill-treatment;
- immediate protection needs; and
- conditions requiring urgent treatment.

Physical Health, Preventive Care and Continuity of Treatment

Healthcare in prison should not be limited to treating illness after it becomes acute. The

60. Sindh Prisons & Corrections Service Rules, 2019, Rules 182-183

61. Khyber Pakhtunkhwa Prisons Rules, 2018, Rules 284-285.

62. Nelson Mandela Rules, Rule 30, A/RES/70/175 (2015)

Mandela Rules require prison healthcare services to evaluate, promote, protect and improve the physical and mental health of prisoners, with particular attention to those with special healthcare needs.⁶³ The healthcare service should operate in close relationship with the wider public-health system so that treatment can continue during imprisonment and following transfer or release. This is particularly important for HIV, tuberculosis, other infectious diseases and drug dependence.

The Pakistani rules contain provisions dealing with disease prevention and treatment, but these require further development. HIV, for example, is not comprehensively addressed in the Pakistan Prison Rules 1978 or Sindh framework, while the KP Rules contain more developed provisions concerning HIV/AIDS, hepatitis prevention, care, treatment and support, including voluntary HIV testing and pre- and post-test counselling.⁶⁴

The revised framework should establish preventive healthcare as a routine component of prison administration. This should include health education, vaccination and screening where appropriate, prevention and treatment of infectious diseases, reproductive and sexual healthcare, dental care, disability-related healthcare and access to necessary medication. Preventive services should be available on an equitable basis and should correspond, as far as possible, to services available to comparable persons in the community.

Continuity of treatment is particularly important when prisoners are transferred between institutions or released. A transfer should not result in the loss of medical records, interruption of medication or repetition of assessments merely because the receiving institution lacks information about the prisoner's medical history. There should

be a separate confidential medical file and surety that medical records follow the prisoner on transfer while preserving confidentiality.

The rules should therefore require:

- continuity of prescribed medication;
- transfer of relevant medical records between institutions;
- continuity of treatment for chronic and infectious diseases;
- arrangements for specialist treatment where required;
- referral to external hospitals where prison facilities are inadequate;
- appropriate discharge and release planning; and
- coordination with community healthcare services where continuing treatment is required after release.

Healthcare should consequently be treated as a continuous process extending from admission through imprisonment, transfer and release, rather than as a series of isolated medical encounters.

Mental Health, Substance Dependence and Suicide Prevention

Mental healthcare requires particular attention because imprisonment can create or intensify psychological distress while also restricting access to ordinary community support. The Mandela Rules require prison healthcare services to address both physical and mental health, while requiring particular attention to prisoners with special healthcare needs. They also require healthcare professionals to identify signs of psychological distress associated with imprisonment,

63. Nelson Mandela Rules, Rule 25(1), A/RES/70/175 (2015)

64. Khyber Pakhtunkhwa Prisons Rules, 2018, Rules 304-305

suicide and self-harm risks and withdrawal symptoms.⁶⁵

In the Pakistan Prison Rules 1978, mental health and rehabilitation are not developed as an integrated healthcare framework. Sindh has more developed provisions concerning mental health and rehabilitation through its Directorate of Corrections, Rehabilitation and Welfare of Prisoners⁶⁶, but the KP framework also requires further development.

Mental healthcare should not be reduced to responding to psychiatric emergencies. The revised rules should establish a continuum of care encompassing early identification, psychological assessment, counselling, psychiatric treatment, psychosocial support, suicide and self-harm prevention, referral and follow-up. Prison staff should also be trained to identify signs of psychological deterioration and know the appropriate referral pathway.

Substance dependence similarly requires healthcare rather than purely disciplinary response. The domestic frameworks contain varying provisions. Sindh's framework includes health screening for substance abuse and programmes for rehabilitation, while KP provides more specific treatment provisions for prisoners with substance dependence. However, nevertheless there is a need for more gender-specific treatment programmes, particularly for women whose substance dependence may be connected with previous victimisation, pregnancy or caregiving responsibilities.

Suicide and self-harm prevention should likewise form part of a comprehensive mental-health policy. The Pakistan Prison Rules contain provisions concerning precautions against death by accident or suicide⁶⁷, while the international standards require more systematic identification of risk and individualised intervention. The framework should therefore establish

procedures for screening, referral, observation, psychological support, emergency intervention and follow-up, rather than relying principally on custodial precautions after a risk has already been identified.

Mental-health conditions must also be considered in disciplinary decision-making. A prisoner should not be punished for conduct that is directly attributable to mental illness or developmental disability. Where behaviour is connected to a healthcare condition, the appropriate response may instead involve medical intervention, psychosocial support, reasonable accommodation or therapeutic measures.

Gender-Responsive and Specialised Healthcare

Women prisoners require healthcare that responds to their particular medical and reproductive health needs. Bangkok Rule 10 requires gender-specific healthcare services at least equivalent to those available to women in the community. It further provides for access to a woman physician or nurse where requested, subject to urgent medical circumstances, and requires privacy, dignity and confidentiality where prison staff must be present during an examination.

The provincial rules demonstrate that some of these protections are already emerging. Sindh Rule 747 provides for a woman physician or nurse upon request, subject to urgent medical intervention, and includes confidentiality relating to reproductive health. KP Rule 327.B contains corresponding safeguards. The Pakistan Prison Rules 1978, however, require more comprehensive amendment to bring the general framework into line with these standards.

65. Nelson Mandela Rules, Rules 25(1) and 30, A/RES/70/175 (2015)

66. Sindh Prisons & Corrections Service Rules, 2019, Rules 11-13.

67. Pakistan Prison Rules, 1978, Rules 21 and 27

Pregnancy, childbirth and breastfeeding require particular attention. The Bangkok Rules require appropriate prenatal and postnatal healthcare, nutrition, exercise and support for breastfeeding women and children.

Preventive healthcare for women must also extend beyond pregnancy. Bangkok Rule 18 requires access to preventive measures of particular relevance to women, including cervical and breast and gynaecological cancer screening, on an equal basis with women of the same age in the community. The KP Rules contain a broader provision requiring necessary medical, surgical and psychiatric services and recognising women's preventive healthcare needs, although the provision does not expressly identify all of the specific screenings contemplated by the Bangkok Rules.

The revised framework should therefore provide for:

- reproductive and sexual healthcare;
- pregnancy and postnatal care;
- breastfeeding support;
- access to women healthcare professionals where requested;
- confidential treatment and examinations;
- preventive screening appropriate to age and health needs;
- healthcare for survivors of sexual and gender-based violence;
- gender-sensitive substance-dependence treatment;
- trauma-informed mental-health services; and
- appropriate healthcare for women with children in prison.

The same principle of differentiated care should extend to juveniles, persons with disabilities, older prisoners and other prisoners with particular healthcare needs.

Juvenile girls, in particular, require age- and gender-specific programmes and services, including counselling for sexual abuse or violence, education concerning women's healthcare and access to appropriate gynaecological care. The existing rules do not consistently provide these protections.

Healthcare Staffing, Specialist Care, Emergency Treatment and Accountability

The effectiveness of any healthcare guarantee ultimately depends on whether prisons have the professional capacity to deliver it. A rule requiring mental-health treatment, specialist care or rehabilitation is of limited value if there are insufficient qualified professionals to provide those services. A revised framework should establish minimum staffing and service requirements based on prison population and healthcare needs. These should include medical officers, nursing personnel and access to appropriate specialists, including mental-health professionals, psychologists, psychiatrists, dentists and women's healthcare specialists. Prison staff should also receive basic training in first aid, mental-health awareness, suicide and self-harm identification and referral. The Bangkok Rules specifically recognise the importance of training prison staff in women's healthcare, first aid and basic medicine and of training personnel to detect mental-health needs and risks of self-harm and suicide.⁶⁸

Emergency healthcare must similarly be available without unnecessary delay. Where treatment cannot be provided safely within the prison, there must be a clear referral mechanism to an external hospital or specialist service. Decisions concerning access to necessary treatment should be made on healthcare grounds by qualified healthcare professionals and should not be

68. Bangkok Rules, Rules 29-33, A/RES/65/229 (2010)

unnecessarily constrained by administrative convenience.

Healthcare also has an important accountability function. Medical examinations may identify injuries, signs of torture, sexual violence, self-harm or other forms of ill-treatment. Such findings should be documented appropriately and, where required, referred through the relevant independent accountability mechanisms. At the same time, medical information must remain confidential and should not be made accessible to persons without a legitimate professional or legal need to know.

The revised framework should therefore establish clear requirements for recording:

- medical examinations and treatment;
- injuries and serious health incidents;
- suicide attempts and self-harm;
- referrals and specialist consultations;
- medication and continuity of treatment;

- transfers of medical records;
- deaths and their circumstances; and
- allegations or evidence of torture and ill-treatment identified during medical care.

Medical records should be maintained separately from the general prisoner file, with access restricted to authorised personnel. The record should follow the prisoner through transfers while preserving confidentiality. Where a death, serious injury or other incident may constitute a criminal offence or human-rights violation, medical documentation should support, but never replace, an independent investigation. The existing framework already contains Death Registers, Medical Officer reports and procedures concerning sudden, unnatural and violent deaths; the reform required is to integrate these safeguards into a broader and more systematic healthcare and serious-incident recording framework.

Proposed Direction

The principal healthcare gap across Pakistan's prison framework is not the complete absence of medical provisions. The Pakistan Prison Rules 1978 contain an established medical structure, while Sindh and KP have introduced additional safeguards, including more comprehensive screening of women, mental-health provisions, specialist services and measures concerning HIV, substance dependence and reproductive healthcare.

The deeper problem is that these protections remain fragmented, uneven and insufficiently developed into a coherent rights-based healthcare system. The rules do not consistently establish comprehensive admission screening, equivalent standards of community healthcare, medical confidentiality, preventive care, mental-health treatment, gender-responsive services, specialist staffing, continuity of treatment and systematic referral and accountability mechanisms. In several areas, the provincial frameworks demonstrate that stronger protections are already administratively possible, but those protections are not

consistently reflected across the wider prison system.

Reform should therefore establish a common minimum healthcare standard across Pakistan while allowing provinces to provide additional protections. Every prisoner should receive timely and confidential medical and mental-health assessment; necessary treatment should be available without discrimination; women, juveniles, children living with imprisoned parents, persons with disabilities and other prisoners with specific needs should receive appropriate specialised care; and healthcare professionals should have sufficient independence, staffing and resources to make clinical decisions according to healthcare needs.

The governing principle should be that imprisonment transfers responsibility for healthcare to the State; it does not diminish the standard of healthcare to which a person is entitled. A modern prison framework must therefore treat healthcare not as an ancillary prison service, but as an essential component of lawful, humane and dignified custody.

CHAPTER 08

Release from Prison

Release from prison is not simply the administrative end of a sentence. It is the transition from custody to community and, where necessary, from institutional support to community-based services. The Nelson Mandela Rules recognise social reintegration as an important objective of imprisonment and require prison administrations to facilitate a prisoner's return to society. The Bangkok Rules add specific safeguards for women, including pre- and post-release reintegration programmes, consideration of caregiving responsibilities in early release, and additional support for women requiring medical, psychological, legal or practical assistance.

The Pakistani framework contains a number of provisions concerning release, remission, parole, rehabilitation and reintegration, but these are unevenly developed across the three frameworks. The Pakistan Prison Rules 1978 contain general provisions on integration and post-release programmes, including Rule 727 and Rule 729. The Sindh Prisons and Corrections Service Act and Rules, 2019 place rehabilitation and reintegration within the formal objectives and institutional structure of the prison system. The KP Prisons Rules, 2018 go further in several respects by expressly providing for pre-release preparation, parole involvement, family and employment reintegration and continuity of medical care. The principal challenge is therefore not the complete absence of a legal framework, but the absence of a sufficiently consistent, individualised and enforceable system across jurisdictions.

Release as a Planned and Individualised Process

Release should be planned well before the date on which a prisoner leaves custody.

Preparation should identify the practical circumstances to which the prisoner will return and the support required to make that transition sustainable.

The Pakistan Prison Rules recognise rehabilitation and post-release programming. Rule 727(1)(t), in particular, contemplates post-release programmes involving governmental and non-governmental agencies, while Rule 729 contains a range of programmes intended to support prisoners after release. Nevertheless, there remains the need for substantially more detailed guidance to enable prison staff to translate these general provisions into practice.

The KP Rules provide a more concrete model. Rule 146 expressly provides for pre-release preparation one year prior to release, including programmes intended to facilitate the transition from prison to life in the community. It further requires prison authorities to work with parole officers and other departments assisting released prisoners, particularly in relation to family life and employment. The Rule therefore moves beyond recognising reintegration as a general objective and identifies a period, institutional partners and practical areas of preparation.

The Sindh framework similarly places rehabilitation and reintegration within the structure of the prison system. The Sindh Prisons and Corrections Service Act, 2019 expressly identifies prisoner welfare, rehabilitation and reintegration as functions of the Service, while the Rules establish a Directorate of Corrections, Rehabilitation and Welfare of Prisoners and a separate

framework for prisoner wellbeing and rehabilitation.⁶⁹

A revised framework should build on these existing provisions by requiring an individual pre-release plan for prisoners approaching release. Depending on the prisoner's circumstances, this should address accommodation, family relationships, identity documents, employment or education, financial circumstances, healthcare, mental-health or substance-dependence needs, legal matters and access to community services. The prisoner should participate in preparing the plan, and responsibility for each element should be assigned to a designated officer or service.

Remission, Early Discharge and Parole

Release may occur upon expiry of a sentence or through remission, parole, premature release or other lawful mechanisms. These processes should be transparent, individually assessed and capable of meaningful review.

The Pakistan Prison Rules contain a detailed remission system and provisions relating to early discharge. However, the framework does not sufficiently articulate the factors to be considered when determining early release, particularly in relation to women. The Bangkok Rules require decisions concerning early conditional release to take account of women's caregiving responsibilities and specific social reintegration needs. A greater coordination between prison staff, parole officers and social services is required, and a process in which the prisoner has a fair opportunity to present her case.

The Sindh framework contains more explicit statutory grounds for early discharge. Section 49 of the Sindh Prisons and Corrections

Service Act, 2019 provides for premature release in specified circumstances, including incapacity, incurable disease, age or infirmity, and provides particular treatment for children and women who are not considered dangerous to society and are not involved in specified serious offences. The Act also provides for a subsistence allowance, as far as practicable, in circumstances where the imprisonment of a sole breadwinner leaves a family without another source of support.

The KP Rules similarly contain a detailed release structure. They require release dates to be calculated and recorded, require prisoners to be informed of their release dates, and establish procedures for release orders, identification and release certificates. They also provide mechanisms for parole and premature release on grounds including old age, infirmity or illness.⁷⁰

These provisions demonstrate that the domestic frameworks already recognise release as involving more than sentence expiry. The gap lies in ensuring that eligibility, assessment and decision-making are consistent, transparent and responsive to individual circumstances. A revised framework should specify the information to be considered in early-release decisions, provide an opportunity for the prisoner to make representations, require reasons for decisions, and establish appropriate review mechanisms.

For women, this assessment should expressly consider caregiving responsibilities, pregnancy and other gender-specific circumstances, as well as whether release would return the woman to an unsafe or abusive environment. Early release should be connected to reintegration planning rather than treated as a purely custodial or administrative decision.

69. Sindh Prisons & Corrections Service Rules, 2019, Rules 11-13.

70. Khyber Pakhtunkhwa Prisons Rules, 2018, Rules 481-489 and 501-508.

Pre-Release Preparation, Family Reunification and Safe Resettlement

Successful reintegration depends substantially on whether a prisoner has somewhere safe and sustainable to go after release. Family reunification may be an important part of this process, but it should not be assumed that return to the previous household is always appropriate.

The Pakistan Prison Rules contain specific provisions concerning the release of women. Rule 137 provides for relatives to be informed of a woman's release and allows arrangements for her to remain temporarily in the women's ward or to be shifted elsewhere where she does not wish to return with her family. However, there is a need for a more structured provincial mechanism for integration and resettlement, including assistance in re-establishing family contact and addressing the particular circumstances of women who have experienced domestic violence.

The Bangkok Rules provide a broader framework by requiring prison authorities to make maximum use, where possible, of measures such as home leave, open prisons, halfway houses and community-based programmes to facilitate the transition to liberty. They also require comprehensive pre- and post-release reintegration programmes developed in cooperation with probation, social welfare services, community groups and NGOs.

The KP Rules provide a stronger institutional basis for this approach. Rule 146 requires prison authorities to work with parole officers and other departments to assist prisoners approaching release to re-establish themselves in the community, specifically identifying family life and employment as areas requiring attention. It also provides for pre-release preparation beginning one year before release and contemplates open-prison

arrangements as part of a gradual return to community life.

The revised framework should therefore distinguish between family reunification and automatic return to family. Where there is a history of domestic violence, sexual abuse, trafficking, exploitation or other protection concerns, the prison should assess whether the proposed accommodation is safe. Alternative accommodation and community support should be identified where necessary.

This is particularly important where children are involved. There is limited guidance in the existing rules on assessing the best interests of children when decisions are made about separation from or reunification with their mothers. Decisions affecting children should be based on individual assessment and the child's best interests, with relevant child welfare authorities involved where necessary.

Continuity of Healthcare and Other Essential Services

Release should not result in the abrupt termination of essential healthcare, psychological support or other services that a prisoner requires.

The Sindh framework provides an important example. Section 48 of the Sindh Prisons and Corrections Service Act, 2019 expressly addresses prisoners who remain under medical treatment at the time of release. Rather than simply discharging such a prisoner at the prison gate, the Act provides for discharge to an outside medical facility, with the Inspector General empowered to establish a mechanism for transfer to such a facility.

The KP Rules contain a related safeguard. Rule 146 requires prisoners with long-term or chronic health conditions to receive a medical examination before release and provides for steps to be taken, with the prisoner's

agreement, to address continuity of care after release.

These provisions are significant because they demonstrate that continuity of healthcare can be incorporated directly into release procedures. They should be complemented by a broader requirement that release planning address mental-health care, substance-dependence treatment, medication, disability-related support and other ongoing needs.

The same principle should apply to legal and social services. Where a prisoner is dependent on a community-based service, the prison should make an appropriate referral before release and, where necessary and lawful, facilitate the transfer of relevant information. Medical information should remain subject to confidentiality requirements.

A revised framework should therefore establish a pre-release referral and continuity-of-care protocol, including assessment of healthcare needs, confirmation of available community services, provision of necessary medication or treatment information, and documentation of referrals.

Employment, Education, Skills and Social Reintegration

Reintegration requires more than physical release. Prisoners may leave custody without employment, stable housing, financial resources, identity documents or family support. The absence of these basic conditions can make reintegration substantially more difficult.

The Pakistan framework already recognises education, vocational activity and post-release programmes. However, the existence of rehabilitation activities does not itself create an individualised rehabilitation pathway or guarantee the professional capacity needed to support it. There is a need for stronger multidisciplinary rehabilitation structures involving social workers, teachers, vocational

instructors, psychologists and other specialists.

This is an area in which the KP framework contains useful institutional elements. Its Rules contemplate counselling, social work, medical and psychological care, vocational and technical training, education and parole involvement as components of the prison regime. Rule 146 specifically connects pre-release preparation with family life and employment.

Sindh similarly has a broader correctional structure through its Directorate of Corrections, Rehabilitation and Welfare and its separate provisions on prisoner wellbeing and rehabilitation. However, the Sindh framework does not clearly establish a population-based staffing model specifying the number of psychologists, social workers, counsellors, teachers or vocational instructors required to deliver these programmes.

A revised framework should therefore require release planning to identify realistic pathways into employment, education or vocational training. Prison authorities should work with parole, social welfare, employment, education and community organisations to establish these pathways before release. For women, programmes should account for childcare and caregiving responsibilities and, where appropriate, provide gender-responsive services.

Specialised Release Planning for Women, Children and Other Vulnerable Prisoners

The transition from prison to community is not uniform. Particular categories of prisoners may require additional safeguards and support.

The Bangkok Rules require release and reintegration programmes to take account of women's gender-specific needs and require additional support for released women who

need psychological, medical, legal or practical assistance. Post-release safeguards are absent from the Pakistan and Sindh frameworks.

Women with children require particular attention. Release planning should consider caregiving responsibilities, the child's circumstances and the safety of the proposed household. A woman who has experienced domestic violence should not automatically be returned to the same environment simply because it is her previous residence. Similarly, women from minority communities or other groups facing particular social barriers may require targeted support to secure accommodation, employment and community services after release.

Foreign-national prisoners may require additional coordination where release involves return to another country. Juveniles and young people also require age-appropriate reintegration. Preparation should address education, family relationships, vocational opportunities, protection from exploitation and access to child or youth services. Separation from custody without a plan for family and community reintegration does not, by itself, constitute rehabilitation.

Proposed Direction

The three frameworks demonstrate different levels of development in relation to release and reintegration. The Pakistan Prison Rules 1978 provide the basic administrative framework for release, remission and rehabilitation, including post-release programmes under Rule 727 and related provisions. The Sindh framework goes further by expressly placing rehabilitation and reintegration within the statutory purposes of the prison system, establishing a Directorate of Corrections, Rehabilitation and Welfare, and providing specific statutory mechanisms for early discharge and continuity of medical treatment. The KP Rules 2018 contain

particularly concrete provisions for release management and pre-release preparation, including preparation beginning one year before release, coordination with parole officers and other departments, family and employment reintegration, and medical examination and continuity of care for prisoners with chronic health conditions.

The principal gap is therefore not that Pakistan lacks a legal concept of rehabilitation or release preparation. Rather, the frameworks do not yet establish a uniform, individualised and enforceable continuum from imprisonment to community reintegration. Even where stronger provisions exist, particularly in KP and Sindh, the rules do not consistently specify the assessment process, responsible institution, minimum services, referral mechanisms, staffing requirements, monitoring arrangements and follow-up necessary to ensure that these obligations are implemented in practice.

A revised framework should build on the strongest existing provisions across the jurisdictions. It should require structured pre-release planning; transparent and reviewable early-release procedures; coordination between prisons, parole, probation, social welfare and community organisations; safe family reunification; continuity of healthcare and other essential services; employment and vocational pathways; and specialised support for women, children, foreign nationals, persons with disabilities and other prisoners with particular needs.

Release should therefore be understood not merely as the point at which custody ends, but as a planned transition from custody to community. The prison system's responsibility should be to ensure that this transition is lawful, safe, adequately supported and consistent with the broader objective of rehabilitation and reintegration.

CHAPTER 09

Cross-Provincial Synthesis

The comparative review of the Pakistan Prison Rules, 1978 (Punjab and Balochistan), the Sindh Prisons and Corrections Services Rules, 2019, and the Khyber Pakhtunkhwa Prisons Rules, 2018 demonstrates that Pakistan does not lack a foundation for rights-based prison regulation. All three frameworks contain substantial provisions governing the administration of prisons, the treatment of prisoners, healthcare, discipline, accommodation, rehabilitation and release. The central difficulty is that these safeguards have developed unevenly and are not consistently supported by the procedures, institutional responsibilities and accountability mechanisms necessary to make them effective. The result is a prison framework in which the level of protection available to a prisoner may depend upon the province in which that person is detained.

Standards Common to All Provinces

There is a substantial common regulatory foundation across the three frameworks. All recognise the State's responsibility for the custody and management of prisoners and contain provisions addressing admission and registration, accommodation, food and hygiene, healthcare, discipline, classification and separation, prisoner work and education, family contact, and release. The rules also contain specific safeguards for women, juveniles and prisoners with particular health or welfare needs, although the extent and detail of these protections vary.

The common framework is nevertheless largely administrative in character. Across jurisdictions, the rules establish the basic functions that prison authorities are expected to perform but less consistently define the

corresponding rights of prisoners, the precise procedure through which those rights are to be delivered, the official responsible for implementation, and the means through which a decision or omission can be reviewed. This distinction is particularly important in areas such as healthcare, disciplinary measures, complaints, classification, transfers and release. The existence of a rule requiring an action does not, by itself, ensure that the action will occur consistently, be properly documented, or be capable of independent review.

A revised framework should therefore preserve this common foundation while converting it into a coherent minimum standard. The minimum should include lawful and individualised admission; appropriate classification and separation; adequate accommodation and basic living conditions; timely and confidential healthcare; protection from torture, violence and ill-treatment; fair and proportionate disciplinary procedures; accessible complaints and remedies; meaningful family and legal contact; appropriate education and rehabilitation; and structured preparation for release. These standards should apply regardless of the province or institution in which a prisoner is held.

Common National Gaps

The most significant finding of the analysis is that the principal weaknesses are remarkably consistent across jurisdictions. The problem is rarely that a subject is entirely absent from the rules. More often, the rules contain an underlying safeguard but do not develop it into a sufficiently detailed, enforceable and reviewable system.

First, the framework remains fragmented and insufficiently individualised. Admission, classification, healthcare and allocation are not consistently connected through a comprehensive assessment of the prisoner's legal status, health, vulnerability, family circumstances and rehabilitation needs. This limits the ability of prison administrations to identify and respond to risks from the outset of custody.

Second, there is a recurring procedural and documentation gap. Prisoner records exist in all three systems, but the rules do not yet establish a sufficiently uniform and comprehensive prisoner file covering the full custodial journey. Similar weaknesses arise in recording searches, disciplinary sanctions, restrictive confinement, complaints, serious incidents, transfers and healthcare. The consequence is that the exercise of State power is not always capable of being reconstructed and independently reviewed.

Third, institutional capacity does not consistently match the obligations imposed by the rules. This is particularly evident in relation to specialist healthcare, mental-health services, social work, education, vocational training and rehabilitation. Even where the rules contemplate specialist services, they do not consistently establish population-based staffing requirements or guarantee the continuing availability of appropriately qualified personnel.

Fourth, overcrowding and infrastructure constraints undermine otherwise adequate formal standards. The existing rules contain provisions on accommodation, ventilation, sanitation and capacity, but these standards do not always provide an effective response when actual occupancy exceeds safe capacity. Prison regulation must therefore address both the conditions inside prisons and the structural pressures that produce excessive imprisonment, including reliance on pre-trial detention and insufficient use of non-custodial measures.

Finally, the frameworks do not consistently provide differentiated safeguards for prisoners with particular vulnerabilities. Women, juveniles, children accompanying imprisoned mothers, persons with disabilities, persons with mental-health needs and other vulnerable prisoners may require treatment that goes beyond the general prison regime. The analysis demonstrates that equality in custody cannot mean identical treatment; the rules must provide additional safeguards where individual circumstances require them.

Major Divergence Between the Provincial Frameworks

The principal divergence is between the older Pakistan Prison Rules, 1978, which remain the governing framework in Punjab and Balochistan, and the more recently developed Sindh and KP frameworks. The 1978 Rules contain considerable detail on prison administration and physical conditions, but reflect an older custodial model and do not consistently incorporate the more developed rights-based, rehabilitative and individualised approach reflected in contemporary international standards.

Sindh has developed the most explicit correctional and welfare-oriented framework. The Sindh Prisons and Corrections Services Act, 2019 expressly places welfare, rehabilitation and reintegration within the purposes of the prison system and establishes a Directorate of Corrections, Rehabilitation and Welfare. The Sindh Rules also contain stronger provisions in areas including women's admission screening, medical confidentiality, prisoner wellbeing and rehabilitation, and disciplinary record-keeping.

KP demonstrates particular strength in specialist services and release management. Its rules expressly contemplate psychologists, psychiatrists, medical specialists and

sociologists, alongside counselling, social work, education, vocational training and parole. They also contain a comparatively detailed release framework, including pre-release preparation, coordination with parole officers and other departments, attention to family and employment reintegration, and continuity of healthcare for prisoners with chronic conditions. The divergence is also visible in women's healthcare. The 1978 Rules provide for medical examination of women prisoners but do not contain the comprehensive, risk-sensitive screening contemplated by the Bangkok Rules. Sindh Rule 747 and KP Rule 327.B(1) incorporate substantially broader elements of health screening for women and, in KP, juvenile prisoners.

At the same time, neither newer framework can simply be treated as a complete model. Sindh's specialist and rehabilitative structures are not accompanied by a sufficiently clear population-based staffing complement, while KP's provision for specialist visits does not necessarily guarantee permanent specialist availability. Similarly, stronger release procedures do not always establish the complete assessment, referral, follow-up and monitoring mechanisms required for effective reintegration. The divergence between provinces should therefore be understood as an opportunity for harmonisation rather than as a choice between competing systems.

Provincial Good Practices for Replication

The comparative exercise demonstrates that Pakistan does not need to develop every reform from the beginning. Several useful models already exist within the provincial frameworks and can be adapted into a common national baseline.

Sindh's approach to women's healthcare and confidentiality provides an important model for incorporating Bangkok Rules standards into domestic prison regulation. Its broader

admission screening requirements and express protection of sensitive health information demonstrate how general medical examination provisions can be developed into a more comprehensive and gender-responsive healthcare framework.

Sindh's disciplinary record-keeping framework also provides a useful basis for harmonisation. Its requirements concerning evidence, witnesses, the prisoner's defence and reasoned findings, together with provisions allowing prison records to be maintained electronically, demonstrate how disciplinary authority can be made more transparent and reviewable.

Sindh's correctional and rehabilitation structure provides a model for moving beyond a purely custodial conception of imprisonment. The statutory recognition of welfare, rehabilitation and reintegration, together with the Directorate of Corrections, Rehabilitation and Welfare, offers an institutional foundation that could inform a national approach to rehabilitation.

KP's specialist-services framework provides a useful model for recognising that prison administration requires multidisciplinary expertise. Its express recognition of psychologists, psychiatrists, sociologists and other specialist functions is particularly relevant to the development of mental-health, psychosocial and rehabilitative services.

KP's release and pre-release framework provides perhaps the clearest example of a more developed transition from custody to community. Its provisions concerning preparation beginning before release, coordination with parole officers and other departments, family and employment reintegration, and continuity of medical care offer a practical foundation for a nationally applicable release-planning system.

Finally, Punjab's experience with the Prison Management Information System (PMIS) demonstrates the potential for technology to support a comprehensive prisoner-file system.

The lesson from the gap analysis, however, is that digitisation should serve a legally defined record-keeping framework rather than substitute for one. A national model should therefore combine the technological infrastructure already being developed with standardised requirements concerning the information to be recorded, confidentiality, continuity, access and auditability.

Towards a Harmonised National Framework

Taken together, these findings support a model of harmonisation rather than uniformity. The objective should not be to reproduce one province's rules verbatim across Pakistan, nor to eliminate provincial authority over prison administration. Rather, all provincial frameworks should be required to meet a common minimum level of protection, while remaining free to provide additional safeguards and to develop institutional arrangements suited to local circumstances.

The strongest provisions already found in Sindh and KP demonstrate that higher standards are both legally and administratively possible. The task of revision should therefore be to identify these stronger

safeguards, test them against the Nelson Mandela, Bangkok, Beijing and Tokyo Rules, and incorporate them into a coherent national baseline. At the same time, reform should avoid simply adding further substantive rules to an already fragmented system. Each safeguard should be accompanied by a clear procedure, a responsible authority, documentation requirements, appropriate institutional capacity and a mechanism for review.

The ultimate measure of the revised framework should not be whether it contains more rules, but whether it makes the State's responsibility towards every person in custody clear, consistent, measurable and reviewable. A prisoner should not receive a materially lower level of protection because of the province in which they are detained. At the same time, provincial innovation should not be discouraged: where Sindh, KP or another jurisdiction develops a stronger safeguard, that protection should provide the basis for further national improvement. The objective should therefore be a common floor, not a common ceiling - ensuring that every prisoner benefits from minimum rights-based protections while allowing provincial frameworks to continue developing more progressive standards.

CHAPTER 10

Conclusion: Priorities for Revision

The gap analysis demonstrates that Pakistan's prison framework is not without safeguards. The Pakistan Prison Rules, 1978 contain a substantial body of provisions governing the administration of prisons, while the Sindh and Khyber Pakhtunkhwa frameworks have introduced more developed protections in several areas, including healthcare, rehabilitation, prisoner records and the management of release. The principal difficulty is therefore not simply the absence of rules. It is the uneven development of protections across jurisdictions, the continued reliance on outdated provisions, and the absence of sufficiently detailed procedures through which existing rights and safeguards can be consistently implemented, monitored and enforced.

The analysis also demonstrates that the adequacy of prison regulation cannot be assessed solely by asking whether a particular subject is mentioned in the rules. A meaningful custodial safeguard requires a clear entitlement or obligation, a defined procedure, an identified responsible authority, appropriate documentation, access to review or remedy, and sufficient institutional capacity to give effect to it. This distinction is particularly evident in relation to healthcare, discipline, complaints, staffing, prisoner records and release. In several instances, the domestic framework contains the underlying concept but does not establish the procedural or institutional architecture necessary to make it effective.

The priority, therefore, should be a **systematic revision and harmonisation of the prison rules**, rather than a series of isolated amendments. A revised framework should

establish common minimum standards across Pakistan while permitting provinces to retain or develop additional protections according to local requirements. The stronger provisions already contained in the Sindh and KP frameworks provide useful models for this process. At the same time, the revised framework should avoid reproducing the fragmentation that currently exists by ensuring that important safeguards are available to prisoners irrespective of the province or institution in which they are detained.

Establish a Coherent Rights-Based Minimum Framework

The first priority should be to establish a common set of minimum custodial standards applicable across all provincial prison systems. These standards should be expressly grounded in the constitutional protection of life and dignity and informed by the Nelson Mandela Rules, Bangkok Rules, Beijing Rules and Tokyo Rules, as applicable to different categories and stages of imprisonment.

The revised framework should clearly define the State's responsibilities towards persons deprived of liberty and the corresponding rights of prisoners. These should extend beyond basic physical conditions to encompass lawful admission and classification, healthcare, safety, dignity, family and legal contact, fair disciplinary procedures, complaints and remedies, rehabilitation and preparation for release.

The framework should also recognise that equality in prison does not necessarily require identical treatment. Women, juveniles, children accompanying imprisoned mothers, persons with disabilities, persons with mental-health needs, older prisoners and other persons with particular vulnerabilities may require additional safeguards. These should be incorporated into the rules themselves rather than left primarily to administrative discretion. The existing variation between the Pakistan, Sindh and KP frameworks demonstrates the need for a common baseline while preserving scope for enhanced protections.

Make Safeguards Procedural, Documented and Reviewable

A second priority should be to convert broad principles into enforceable procedures. Across the report, one of the recurring gaps is the absence of mechanisms that make a safeguard operational.

Admission, classification, allocation, searches, use of force, disciplinary action, solitary or other restrictive confinement, complaints, transfers, serious incidents, healthcare interventions and release should all generate appropriate records. Prisoner records should form a continuous account of the State's treatment of an individual, rather than simply documenting that the individual entered custody. The revised framework should establish a standardised prisoner file containing, as appropriate, information concerning legal status, identity, classification, health, family and caregiving responsibilities, discipline, complaints, transfers and release, supported by separate confidential medical records.

The same principle should apply to the exercise of coercive powers. Any disciplinary sanction or involuntary separation should identify its legal basis, authorising authority, duration, reasons, review and outcome. Complaints should be acknowledged,

recorded and traceable, with confidentiality and protection against retaliation. Serious injuries, deaths, attempted suicide or self-harm, assaults and other significant incidents should generate records capable of supporting independent investigation. Such requirements would strengthen both individual protection and institutional accountability.

Address the Structural Conditions that Undermine Prison Standards

Legal standards cannot operate effectively where prison infrastructure and population pressures make compliance impossible. Overcrowding is therefore not merely an accommodation issue; it affects sanitation, ventilation, healthcare, privacy, classification, safety, family contact and access to rehabilitation.

The revised framework should retain and update existing quantitative accommodation standards while establishing measurable requirements concerning floor and cubic space, ventilation, lighting, temperature, sanitation, drinking water, hygiene, bedding, food and exercise. More importantly, it should establish a clear institutional response where occupancy exceeds safe capacity. Capacity should reflect the number of prisoners who can actually be accommodated consistently with health and human dignity, rather than merely the physical number of beds or spaces available.

This priority must also extend beyond prison construction. The report identifies the relationship between overcrowding and the use of pre-trial detention and non-custodial measures. The revised framework should therefore be situated within a broader approach that reduces unnecessary reliance on imprisonment and promotes appropriate alternatives to detention, consistent with the principles reflected in the Tokyo Rules.

Build Professional and Multidisciplinary Prison Capacity

A revised legal framework will have limited effect unless prison administrations have the personnel and expertise required to implement it. The existing rules contain provisions concerning prison posts and duties, but do not consistently establish competency-based recruitment, pre-service preparation, continuing professional development or specialised training corresponding to the needs of different prisoner populations.

The revised framework should therefore establish a professional training system covering human rights, dignity, prevention of torture and ill-treatment, use of force, de-escalation, negotiation, mental-health awareness, suicide and self-harm prevention, gender sensitivity and the specialised needs of women, juveniles and persons with disabilities. Staff working with juvenile girls, in particular, should receive specialised training addressing child protection, adolescent development, gender-responsive care, trauma, psychosocial needs and age-appropriate communication. The framework should also move beyond a predominantly custodial staffing model. Psychologists, psychiatrists, social workers, teachers, counsellors and vocational

instructors should form part of prison capacity in numbers proportionate to the population and needs of each institution. The more developed arrangements in Sindh and KP demonstrate the value of multidisciplinary services, but the absence of defined staffing complements remains a significant implementation gap.

Strengthen Independent Accountability, Complaints and Oversight

Protection within prison ultimately depends upon the ability of prisoners to raise concerns without fear of retaliation and to obtain an effective response. The revised rules should establish a clear, accessible and confidential complaints system, with defined procedures for registration, acknowledgment, referral, investigation and outcome.

Particular safeguards should apply to complaints alleging torture, sexual violence, serious abuse or other violations of fundamental rights. Internal prison mechanisms should not displace independent investigation. Instead, the Prison Rules should establish a clear interface between prison-level complaints, independent inspection and oversight, and external

investigative mechanisms, including those established under the Torture and Custodial Death (Prevention and Punishment) Act, 2022. Prisoners should be protected from retaliation for making complaints, reporting abuse, cooperating with investigations or approaching oversight bodies.

Independent oversight should be supported by access to reliable prison data. Standardised records, inspection findings and anonymised information concerning accommodation, healthcare, discipline, deaths, self-harm, complaints, transfers and release should enable oversight bodies to identify systemic problems rather than responding only to individual incidents.

Reorient the Prison System Towards Rehabilitation and Reintegration

Finally, the revised framework should treat rehabilitation and release as integral components of imprisonment rather than matters arising only at the end of a sentence. Education, vocational training, healthcare, mental-health support, family relationships and social work should contribute to an individualised pathway throughout custody.

The existing frameworks already provide important foundations. Sindh expressly

incorporates rehabilitation and reintegration into the purposes of its prison system and establishes a Directorate of Corrections, Rehabilitation and Welfare. KP contains particularly detailed provisions concerning pre-release preparation, including preparation beginning before release, coordination with parole officers and other departments, family and employment reintegration, and continuity of care for prisoners with chronic health conditions. The 1978 Rules also contain provisions concerning rehabilitation and post-release programmes. The remaining gap is to connect these provisions into a consistent and enforceable process applicable across jurisdictions.

Release should therefore be preceded, where appropriate, by an individualised assessment addressing accommodation, family and caregiving responsibilities, healthcare, documentation, employment or education, financial circumstances and access to community services. Continuity of healthcare should be planned before release, particularly for prisoners requiring ongoing medication or specialist treatment. Women, juveniles, persons with disabilities, foreign nationals and other prisoners with particular needs should receive appropriate additional support.



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