



# NATIONAL CONSULTATION REPORT

## Prisons and Ensuring an Effective Response to COVID-19

June 20, 2020

Co-organised by  
**Madhya Pradesh Prisons and Correctional Services**  
&  
**Commonwealth Human Rights Initiative**



## EXECUTIVE SUMMARY

**Madhya Pradesh Prisons and Correctional Services and Commonwealth Human Rights Initiative (CHRI)** on Saturday jointly organised the *National Consultation on Prisons: Ensuring an Effective Response to COVID-19*. The virtual gathering of prison administrators from across India witnessed engaging discussions on learnings involved in implementing precautionary measures in prisons and challenges in tackling the spread of the infection.

**Fifteen states participated in the virtual consultation**, namely: Delhi, Gujarat, Punjab, Bihar, UP, WB, Rajasthan, Tamil Nadu, Chandigarh, Odisha, Chhattisgarh, Jharkhand, Andhra Pradesh, Haryana and Madhya Pradesh. Prison officials from across the country shared their experiences of coordinating a response to the pandemic from inside the prisons with various stakeholders like state government, district legal services authority, medical professionals etc.

**Mr Sanjay Chaudhary, Director General of Prisons, Madhya Pradesh and Mr Sanjoy Hazarika, International Director of CHRI**, delivered introductory remarks at the start of the national consultation where they reminded all attendees of the unprecedented and difficult times facing all humanity today and the challenges particularly faced by prison authorities.

The national consultation was divided into three sessions.

**The first session was on the ‘Healthcare Response’** where Dr Lokendra Dave, an eminent pulmonologist based in Bhopal, and Dr Gagan Shrivastava from Fortis Hospital in Delhi highlighted challenges and solutions to the pandemic in prisons.

Dr Dave proposed that in order to control the infectious spread in prisons: a daily record of prisoner health should be maintained, CBNAAT (Cartridge Based Nucleic Acid Amplification Test) laboratory facilities should be installed within the prison premises to ensure fast testing, pool sampling testing should be applied, a high protein and Vitamin C and D diet should be provided, co-morbidity analysis should be undertaken, among others things like physical distancing, wearing of masks and washing of hands. Dr Shrivastava stressed on the importance of creating awareness amongst the prisoners about the virus and what its effects were, to impress upon them the seriousness of the issue. He also highlighted the need to focus on issues such as the mental health of prisoners, and the need to ensure communication with family members and lawyers through alternative means.

**The second session on ‘Responses and Challenges faced by Prison Authorities’** witnessed sharing of measures undertaken within prisons by **Mr Sandeep Goel, Director General of Prisons, Delhi; Dr KLN Rao, Additional Director General of Prisons, Gujarat; Mr Pravin Kumar Sinha, Additional Director General of**

**Prisons, Punjab; and Mr Sanjay Chaudhary, Director General of Prisons, Madhya Pradesh.** Although the main tactic used by Punjab prisons has been to “Chase the Virus,” Sinha wondered, if mass testing was the best way forward in the times ahead.

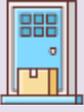
DGP Madhya Pradesh advised Punjab prison authorities to employ “Statistical Quality Control, and go for selective testing and random sampling, instead of mass testing.” Prisons in Madhya Pradesh, Mr Chaudhary continued, were following strict 24-hour cleaning and hygiene routines, besides following a three-tier classification system for the symptoms of COVID-19, (i) Cough, (ii) Cough and fever, (iii) Cough, fever and breathlessness. The inmates who fell under the third category were sent to the isolation centres as suspected cases.

**The third session ‘Voices from the States’** saw prison authorities from Bihar, Uttar Pradesh, Andhra Pradesh, Haryana, West Bengal, Tamil Nadu, Odisha, Jharkhand share the early preventive steps taken by state governments on releasing prisoners, prisoner management, setting up of quarantine barracks, number of prisoners released etc. Where the Bihar government decided not to release prisoners on bail, the prisons converted 11 sub-jails into ‘entry jails’ for taking in new admissions for a minimum period of 14 days. While Tamil Nadu prisons only had an occupancy rate of 64%, the releases due to the pandemic has brought down the overall occupancy rate to 51%. Shri Gopabandhu Mallick (DIG, Odisha) explained how the prison department had successfully used e-Mulakat to ensure prisoners’ contact with family members during this time. Dr Himanshu of Haryana raised the issue of mental health, and suicidal tendencies in the inmates, and outlined the strategy employed by the Haryana Prisons of gaining their trust during such treacherous times.

Besides sharing these practices and experiences, Dr Rao informed that inmates in Gujarat prisons have manufactured 2 lakh masks and several hundreds of PPE kits, along with soaps and sanitizers, while Dr Sharad, Inspector General of Prisons, Uttar Pradesh shared that inmates produced 16 lakh masks, and 2,122 PPE kits in the states.

**The full recording of the virtual national consultation is available [here](#).**

## INNOVATIVE SOLUTIONS THAT EMERGED FROM THE CONSULTATION

| Innovative Solutions  | States   |
|---|--|
|  <p>Door-Step Policy for providing services like providing recreational material, counselling to inmates in quarantine wards</p> | Delhi  |
|  <p>Setting up of Special Task Force for COVID-19 measures</p>   | Delhi, Punjab, Uttar Pradesh                                     |
|  <p>Manufacturing of facemasks, hand sanitizers, etc. within jails</p>   | Andhra Pradesh, Delhi, Gujarat, Uttar Pradesh, West Bengal       |
|  <p>Extension of duration of telephonic calls or provision of video conferencing with families</p>                               | Delhi, Odisha, Uttar Pradesh                                     |
|  <p>Regular briefing of inmates through audio system</p>   | Delhi  |
|  <p>Housing facility for staff on campus</p>   | Madhya Pradesh   |
|  <p>Counselling and monitoring each prisoner</p>   | Madhya Pradesh, Bihar  |
|  <p>Use of online education tools to inform prison officers on guidelines</p>  | Haryana  |
|  <p>Enforcing alternate sleeping patterns in the barracks</p>  | Madhya Pradesh   |
|  <p>Mandatory quarantine for new inmates</p>   | Madhya Pradesh, Punjab, Uttar Pradesh, Andhra Pradesh, Jharkhand |

## PROCEEDINGS OF THE NATIONAL CONSULTATION



### THE CONCEPT

On 20<sup>th</sup> June 2020, the Madhya Pradesh Prisons and Correctional Services and the Commonwealth Human Rights Initiative (CHRI) came together to organise a virtual convening of representatives of prisons from various states and union territories to discuss measures adopted by prison departments in checking the spread of COVID-19 across prisons. The event saw the participation of head offices of state prison departments, prison officers, prison training institutes, central government bodies and civil society organisations.

The event organised within the context of COVID-19 having been declared a pandemic by the World Health Organization (WHO) on 11<sup>th</sup> March, 2020. While the vulnerability is universal, prisoners are at an increased risk due to overcrowding, closed spaces of confinement and inadequate healthcare provisions. In India, as per the news reports, [750 prisoners and prison staff have tested positive](#), while four have succumbed to it as of June 22, 2020. While detailed guidelines and measures have been enumerated by the World Health Organisation dated 15<sup>th</sup> March 2020 entitled '[Preparedness, prevention and control of COVID-19 in prisons and other places of detention](#)'. The Ministry of Home Affairs too has issued an [advisory](#) May, 2, 2020 titled, 'Management of COVID-19 in Indian Prisons – guidelines and protocols which may be followed while dealing with persons arrested, detained and those in Prisons and Correctional Homes', relating to this matter (No. 17013/17/2020-PR), which puts forth guidance on precautionary measures to be implemented by prisons to contain the spread of the virus in prisons. However, with the increasing number of cases being reported from prisons, it was pertinent to understand the challenges faced by state prison departments in responding to the COVID-19 situation in prisons.

The event went on from 10 AM to 2 PM and comprised of four sessions. Session I was on 'Ensuring effective healthcare response in prisons', Session II on 'Responses and Challenges faced by prison authorities', Session III on 'Voices from States', followed by Session IV which was for Question and Answer and Open Discussion on the topic.

\*This report has been prepared by Ahana Bag, with inputs from Anju Anna John, Siddharth Lamba, Aditya Sharma and Sugandha Shankar of Commonwealth Human Rights Initiative.



## THE PARTICIPANTS

### REPRESENTATIVES OF STATE/UT PRISON DEPARTMENTS

|   |                |    |                |  |
|---|----------------|----|----------------|--|
| 1 | Andhra Pradesh | 9  | Madhya Pradesh |  |
| 2 | Bihar          | 10 | Odisha         |  |
| 3 | Chhattisgarh   | 11 | Punjab         |  |
| 4 | Chandigarh     | 12 | Rajasthan      |  |
| 5 | Delhi          | 13 | Tamil Nadu     |  |
| 6 | Gujarat        | 14 | Uttar Pradesh  |  |
| 7 | Haryana        | 15 | West Bengal    |  |
| 8 | Jharkhand      |    |                |  |

### REPRESENTATIVES OF REGIONAL PRISON TRAINING INSTITUTES

1. Academy of Prison & Correctional Administration, Vellore
2. Regional Institute of Correctional Administration, Dum Dum
3. Institute of Correctional Administration, Chandigarh

### REPRESENTATIVES OF CENTRAL GOVERNMENT BODIES

1. National Human Rights Commission
2. Bureau of Police Research and Development

### REPRESENTATIVES OF CIVIL SOCIETY ORGANISATIONS

1. Prayas, A Field Project of Tata Institute of Social Sciences
2. Project 39A
3. India Vision Foundation
4. Human Rights Law Network
5. Sagar University, Madhya Pradesh



## THE SESSIONS

The Consultation commenced with an introduction to the issue by **Ms Sugandha Shankar**, Senior Programme Officer, Prison Reforms Programme, CHRI. She welcomed the participants and briefly discussed the dire circumstances of the Indian Prisons and the susceptibility of the inmates and officials of contracting the novel coronavirus. While acknowledging the tireless efforts made by the prison administrations across the nation, she also observed that medically sound advice and dissipation of knowledge regarding the measures adopted by various prisons might come in handy when dealing with the pandemic.

**Mr Sanjay Chaudhary** (Director General of Prison, Madhya Pradesh) welcomed the guests, thanked CHRI for the collaboration and declared the consultation open. With an earnest request to participants to openly share their experiences, he emphasised on the purpose of the consultation and the idea of learning from each other in these difficult times. **Mr Sanjoy Hazarika** (International Director, CHRI) welcomed all the guests and stakeholders, and thanked Madhya Pradesh Prisons and Correctional Services, for co-organising this pivotal event in association with CHRI. Mr Hazarika mentioned that we live in unprecedented and unpredictable times, where mutual respect, trust, accountability, and proper dissemination of information can help us tide over these challenging circumstances. He concluded his short introduction with emphasis on the mental health and well-being of the inmates and prison officials. In the introductory session, **Mr Om Prakash Vyas**, Assistant Registrar (Law), of the National Human Rights Commission, also made an intervention and remarked about the completely unprecedented and multi-fold challenges that have been thrown at the administrations almost overnight, and stressed on the collective handling of the situation by all the stakeholders. Following

## I

### **SESSION I: ENSURING EFFECTIVE HEALTHCARE RESPONSE IN PRISONS**

The first session was addressed by Dr Lokendra Dave, an eminent Pulmonologist from Bhopal and Dr Gagan Srivastava, Cardiologist and Critical Care Specialist at Fortis Hospital, Delhi.

Some of the challenges in prisons highlighted by **Dr Lokendra Dave** included the need for continued attention to non-COVID-19 cases, the 2-3% mortality rate of this highly contagious disease, the rapid and uncontrolled spread in prisons due to overcrowding, underlying co-morbidities like poor nutrition, hypertension and poor mental health among prisoners that could increase chances of fatality. He proposed a number of measures to control the spread of the infection in prisons:-

- ✓ A daily record of prisoner health should be maintained.
- ✓ CBNAAT (Cartridge Based Nucleic Acid Amplification Test) laboratory facilities should be installed within the prison premises to ensure fast testing, pool sampling testing should be applied.
- ✓ A high protein and Vitamin C and D diet should be provided.
- ✓ Co-morbidity analysis should be undertaken, among other things like physical distancing, wearing of masks and washing of hands.

**Dr Gagan Shrivastava** provided some important insights into COVID-19 management in prisons. He started by emphasising on the importance of physical distancing, hand hygiene and the wearing of masks. He added:

- ✓ Ensure availability of soaps, clean water, masks, and clothes for staff and prisoners.
- ✓ Cleanliness should be maintained by sanitizing the barracks with soap and water, and washing everything that can be washed and for those items which cannot be washed should be exposed to sunlight for a few hours to disinfect.
- ✓ Inmates should not be allowed to sleep while facing each other in the barracks.
- ✓ Prisoners need to be made aware about the virus and what its effects are, to impress upon them the seriousness of the issue. It could be done by the use of mike announcements, audio-visual media, and group sessions for creating awareness.
- ✓ Prison departments should ensure that periodic health check-ups should be undertaken and a register should be maintained for every inmate and prison official.
- ✓ Special care should be taken of patients with high co-morbidity, and medical support in prisons should be significantly bolstered.
- ✓ Quarantine facilities should be made and new inmates should be strictly quarantined for a period of 14 days, and monitored closely.
- ✓ Food items, vegetables, and supplies should be disinfected.
- ✓ Visiting hours, and the number of visitors should be limited and instead inmates should be allowed access to video-conferencing and telephonic conversations with family members. He stressed that this was a necessary step, as not seeing one's lawyers and family members can cause anxiety in inmates, which in turn will make them more susceptible to the disease.
- ✓ Recreational activities should be conducted while maintaining the minimum physical distance and co-morbid patients should not be allowed to participate in such activities at all costs.

A question was raised by a participant on whether COVID-19 was distinguishable from normal sickness in its early stages. Mr Pravin Kumar Sinha, Additional Director General of Prisons, Punjab, commented that 'social distancing' was practically and physically impossible in Indian prisons, especially during the counting at various times during the day. He explained that in Punjab prisons, initially the authorities were successful in enforcing masks, but sustaining the practice proved to be a challenge. Dr Srivastava responded to the question, and stated that the basic difference between a normal ailment and the coronavirus, is the manner in which the latter deteriorates the condition of the patient and symptoms are added, such symptoms do not respond to regular topical treatment to which a normal ailment would usually respond. He further added that the rate of transmission of COVID-19, was indeed very high and the authorities should take that seriously. He ended the session by urging the prison authorities to continue taking all precautions, even if they think they are doing more than necessary.



## **SESSION II: RESPONSES AND CHALLENGES FACED BY PRISON AUTHORITIES**

The second session was moderated by **Ms Madhurima Dhanuka**, Programme Head of the Prison Reforms Programme of CHRI. Asserting on the need to share and exchange knowledge, she emphasised that no one is an expert in this situation and prison authorities are learning every day on how to deal with the pandemic better.

The first speaker, **Mr Sandeep Goel**, Director General of Prisons, Delhi, started by sharing the high rate of infection in Tihar Jail, and other jails in Delhi. He said, some inmates and staff members have suffered. He mentioned a case where an old inmate passed away in his sleep, and the post mortem revealed the man was suffering from COVID-19. Mr Goel emphasised on the need for bigger barracks, and plans for jails with single-cells. He mentioned that there was no testing before a new inmate entered the prison, but the said inmate was kept in a two-week quarantine in a quarantine cell. Further, all returning prisoners had to go through the same process. The prisons had also distributed homeopathic medication as per the Ministry of AYUSH, and inmates were screened every week. Please see presentation shared by Mr Goel [here](#).

**Dr K.L.N. Rao**, Additional Deputy General of Prisons, Gujarat, listed the measures taken by the State to combat the COVID-19 out-break in prisons. These included releasing prisoners, testing inmates every 10-15 days, and transforming the training centres into COVID-19 quarantine centres. Despite these efforts, 20 prison staff were infected. However, the prisons suffered no casualties, and almost 80-85% tested negative. Further, the inmates manufactured 2 lakh masks, and many PPE kits, along with soaps and sanitizers.

**Mr Pravin Kumar Sinha**, Additional Deputy General of Prisons, Punjab, presented an in-depth analysis of the manner in which the Punjab prisons have handled the COVID-19 crisis. The ADG shared that 45 per cent of the inmates were associated with narcotics. Therefore, their compromised immunity was a concern. He also added that the prison department had released over 10,000 prisoners and decongested jails, as well as emptied 4 jails to be used as quarantine centres, Sinha said. He also stated that they were mainly trying to '*Chase the Virus*'. They have been testing and quarantining in two stages, if a case is found positive in a barrack, it is immediately sent to the hospital, and the rest who test negative are sent to the quarantine jails. According to Mr Sinha, the Punjab government has released an order for priority testing for people entering the prisons, and has allowed for almost 9,000-10,000 tests in a single day, but the challenges arise with the collection of samples. Please see presentation shared by Mr Sinha [here](#). He also shared that he was unsure about the

effectiveness of the mass testing of the all the staff and inmates and sought responses from other participants.

**Mr Sanjay Chaudhary**, Director General of Prisons, Madhya Pradesh, suggested the Punjab authorities to employ the scientific method of Statistical Quality Control to conduct selective testing and random sampling, instead of mass testing. In his presentation, he acknowledged the assistance of the High Power Committee, that enabled the prison authorities in decongesting the barracks in order to maintain social distancing. Prisons in Madhya Pradesh were not allowing visitors till 30<sup>th</sup> of June, but the quota for incoming calls had been quadrupled, the barracks were divided into cubicles and were being cleaned every 24-hours, besides following a three-tier classification system for the symptoms of COVID-19. Prisoners with cough, fever and breathlessness were sent to the isolation centres as suspected cases. He stated that this detailed approach was useful as there has been no casualty in Madhya Pradesh prisons. See presentation shared by Mr Chaudhary [here](#).



### **SESSION III: VOICES FROM THE STATES**

This session was also moderated by Ms Madhurima Dhanuka. The first speaker, **Mr Mithilesh Mishra**, Inspector General Prisons, Bihar, stated that the Bihar government decided not to release prisoners on parole or interim bail. 11 Sub-jails, 9 for men and 2 for women, had been declared as ‘Entry prisons’ for taking in new admissions for a minimum period of 14 days. As incoming inmates increased after lockdown was lifted, 3 additional ‘Entry prisons’ have been established. The Bihar prisons have undergone screening and counselling of inmates, along with distribution of masks, and establishment of entry prisons to quarantine newcomers. Mr Mishra stressed on the requirement of long-term plans. He shared two challenges; a) the risk of contagion to police and prison staff during transfer of prisoners from Entry prisons to regular prisons, and b) the difficulty in managing prisons without engaging the staff coming from outside into prisons as only 10% of the staff resides in staff quarters inside the premises. He added, currently only the staff residing in staff quarters is engaged in barrack and ward duties. Mr. Mishra also raised the need for a long term (6 months) strategy to effectively tackle the spread of virus in prisons.

**Dr Sharad**, Inspector General of Prisons, Uttar Pradesh, informed that approximately 2500 convict prisoners and 15,000 undertrial prisoners have been released following the intervention of the High-Powered Committee. In 65 out of 75 Janpads in U.P., new temporary prisons have been built where new admissions are quarantined for a minimum of 14 days. Police look after the security of these prisons and prison staff are engaged for official work. Two quarantine periods of 14 and 10 days each are observed in the state. Prisoners from the temporary prisons are sent to regular prisons

only after testing positive. There are zero active COVID-19 cases in the main/regular prisons. He also informed that a special task force comprising of the jail doctor, pharmacist and the prison superintendent has been formed for conducting daily tests for primary symptoms of COVID-19. Further, as per AYUSH guidelines homeopathy camps are conducted and *kadha* is given to the prisoners for boosting immunity. In the wake of the ban on physical family meetings, the weekly calling cap has been removed and video calling is also being used for family interactions. The public address system is used to provide hourly awareness announcements. The cap on daily expenditure in prison canteen has been raised from Rs. 600 to Rs. 1000 per week. Further, prisoners in U.P. have so far stitched 2500 PPE kits and 16 lakh masks. Currently, 58 prisoners are infected with the virus. 22 prisoners and 1 staff have been recovered after being found positive. For further information on UP please see the presentation prepared by Dr. Sharad [here](#).

**Mr G. Jayavardhan**, Inspector General Prisons, Andhra Pradesh, apprised that there are currently 8 positive prisoners. All of them are newly admitted prisoners. All newly admitted prisoners are quarantined for two consecutive durations of 14 days each in the earmarked barracks and thereafter once they post a negative test result, the prisoners are sent to the main prison. Only one prison staff has tested positive, who is in isolation. Disinfectants are sprayed, masks are being stitched and supplied to prisoners, sanitisers are provided, and a good diet is administered. The High Court may be approached for an order that only those who are tested negative are sent to prisons for admissions.

**Dr Himanshu**, Medical Officer, District Prison, Narnaul, Haryana raised the issue of mental health, and suicidal tendencies in the inmates, and outlined the strategy employed by the Haryana Prisons of gaining their trust during such treacherous times. He further added that quarantine of new admissions is followed as per guidelines, a special comprehensive COVID-19 plan was put in place for the state's prisons with best international practices. Online education tools and links have been provided to all prisons for knowledge updation based on recent guidelines. He further added that three zones have been created in the prisons on the basis of risk of infection.

**Mr Arindam Sarkar**, Director, Regional Institute of Corrective Administration, West Bengal, brought to light the circumstances of prisons in West Bengal. Mr Sarkar said 2000 inmates were released to minimise congestion and correctional homes were regularly sanitized. Correctional homes are equipped with Thermal Scanners for identification of cases. Items required for maintenance of personal hygiene were distributed. These included masks which were made by the inmates. Other measures included regular medical check-up, compulsory quarantine of new admissions, requesting courts to use video conferencing as an alternative to physical production, release on parole and interim bail, isolation of suspected cases. Staff engaged in

handling of suspected cases, positive cases and hospital duties etc. are advised isolation. Regular inspections were being conducted by senior officials, ensuring social distancing at all places, compulsory masks for interviewers, isolation and emergency leave of staff with symptoms etc. He added that they had the cooperation of the Fire Department and Municipal authorities for the disinfection of prisons.

**Mr Kanagaraj**, Deputy Inspector General of Prisons, Tamil Nadu, informed that 37 jails, one jail in each district were used for housing new admissions which have been increased to 104 temporary jails. All relevant guidelines were being followed. Tamil Nadu had managed to lower occupancy from 64% before the onset of the pandemic to 51% by releasing undertrial prisoners on bail according to the recommendations of the UTRCs and the High-Powered Committees. He raised the concern of infection to staff because of their continuous connection with the prison and outside. Testing all prisoners was not possible but symptomatic cases were being tested. He suggested that if a general guideline is issued that all arrested persons shall be tested compulsorily, it could be effective in curbing the spread in prisons. He informed that only 5 prisoners and 11 staff members are currently infected with the virus.

**Mr Vikram Singh Karnawat**, Inspector General of Prisons, Rajasthan, stated that they have shifted approximately 2500 prisoners from overcrowded prisons to other prisons. All guidelines issued by relevant authorities were being followed. Post the discovery of the first positive case on 11th May, 240 prisoners and 9 staff were found to be positive, two COVID-19 Care wards were established in the concerned prison itself and treatment was undertaken for some of the positive cases. After 20 days, all these positive cases recovered and tested negative. Earlier quarantine and isolation wards in prisons were used for housing new admissions but now temporary prisons have been created to house new inmates. Now, all new inmates are sent to the hospital for COVID-19 test and only after testing negative they are sent to these temporary prisons for 21 days. Post the 21 day period, a second test is conducted and only those testing negative are sent to regular prisons. He raised the impending concern of tackling the spread of virus once court hearings are resumed and family interviews will be restored. However, there are other positive cases which are being treated.

**Mr Gopabandhu Mallick**, Deputy Inspector General of Prisons, Odisha, stated that prisons in Odisha had tried to maintain physical distancing, provided inmates with soaps and sanitizers, and conducted awareness campaigns. 14 inmates have tested positive for COVID-19, but there have been no casualties. He informed that 7255 total prisoners were released on bail and furlough. Other measures taken include E-mulaqats for prisoners, all prisoners are provided with masks, soaps, etc., checking travel history of new prisoners, disinfection of prison premises, testing of prisoners and staff in phased manner, etc.

**Mr Praveen Kumar**, Senior Superintendent, Central Prison Palamu, Jharkhand, reported that many inmates were released on interim bail and paroles, no physical interviews were allowed, instead the same was undertaken via video conferencing. All newcomers were mandatorily tested and quarantined before being shifted to the general ward. Thermal scanners were provided to the prison authorities and barracks were regularly sanitized. Masks, soaps, and sanitizers were provided to the inmates and prison officials. So far, only one inmate with sickle cell anaemia has tested positive for coronavirus.



#### **SESSION IV: Q&A AND OPEN DISCUSSION**

The last session was moderated by **Mr Gopal Tamrakar**, DIG in-charge and Superintendent, Central Jail Jabalpur and **Ms Sugandha Shankar** Senior Programme Officer, CHRI. Mr Gopal Tamrakar summarised the challenges brought forth by the COVID crisis and emphasised on the need for a long-term plan.

A number of questions were raised which involved challenges in the use of video conferencing and cooperation of Courts in this regard; measures taken for ensuring communication of foreign national prisoners with their families; facilities in place to deal with mental health concerns of prisoners; mechanism for ensuring communication of prisoners with lawyers; participation of NGOs; and the issues of budgetary allocations for tackling the crisis in prisons. Another question enquired whether any of the innovative practices put in place in prisons to handle the current situation will be made permanent. In response to a question by **Ms Maja Daruwala**, the DG Prisons from Madhya Pradesh stated that the response to the COVID-19 has been a cooperative effort with the various departments, especially the health department.

During the session, **Mr M. Chandarasekar**, Director, Academy of Prisons and Correctional Administration, Vellore, and **Prof. Beulah Emmanuel** also observed that awareness should not be dissipated in a manner that it gives rise to mass hysteria, as that would be counterproductive. She noted that depression and mental health of the inmates should be of utmost importance, and brought up the often ignored, but nonetheless critical aspect of shoe hygiene.

The full recording of the virtual national consultation is available [here](#).