

# THE PRISON PROJECT

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# LIVING INSIDE TIHAR

PEOPLE'S UNION FOR DEMOCRATIC RIGHTS

FEBRUARY

2025



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his piece is a glimpse into the everyday life of people living in Tihar jail in Delhi and how they navigate and negotiate the hierarchies embedded in prison life in order to ensure access to the most basic daily requirements.

It is based on a series of open-ended interviews by PUDR in the months of May and June 2024 with three persons about their time in Tihar's undertrial ward. The conversations help us see how different parts of the prison's daily routine impact the health and well-being of those incarcerated. X, Y, and Z (anonymity on request) shared specifically about their experience with food and water supply, arrangements for sanitation, the canteen system, and the prison social order, along with the distribution of work inside Tihar's jail numbers 8 and 9. We also heard from them about people's experience accessing medical care while remaining confined. X spent around three years, Y spent four months, and Z lived for about two and a half years in Tihar's jail number 8. Both Y and Z were in jail number 9 for about

two weeks before moving to jail number 8 as part of COVID-19 quarantine protocols.

X, Y, and Z informed us that the quality of meals served was poor and, at times, insufficient. Breakfast, lunch and dinner were served at 7 AM, 11.30 AM and 5.30 PM. The breakfast meals usually included *daliya/khichdi* and tea. Lunch typically included 5 *rotis*, *sabzi* and *daal*, and the prisoners would get tea with biscuits in the evening. The dinner was similar to lunch except that rice could be taken instead of *rotis*, but not both. The upper limit for *rotis* was fixed at 5, and no differentiation was introduced according to the nutritive requirements of different bodies. Some *sewadars*, who are prisoners on duty, at their own discretion distribute the spare *rotis* and from Z's own experience, if prison administration comes to know about these autonomous acts, it usually objects and doubts if the *sewadars* are getting "paid for these favours."

Eggs or other nutritionally dense materials would not be included in usual meals and would be available to prisoners only if prescribed by the doctors. Eggs were also given regularly to HIV patients, physically weaker prisoners, non-Indian nationals and 'VIP prisoners'. Z claimed that

chicken items rarely even entered the *dodhi*, a term used to refer to the common entryway to jail numbers 8 and 9 - making non-vegetarian food a ritualistic prohibition of sorts inside Tihar. Anyone (presumably officers) who wants to eat chicken has to consume it outside the gate. Mechanisms of complaining about the quality of food exist, but rarely have they changed the circumstances for prisoners. At the same time, surprise inspections are conducted periodically by the office of the Director General of Prisons and members of the judiciary, but the authorities are alerted beforehand, making it ceremonial rather than introducing actual changes.

The prisoners had the option of supplementing their meals with items available in the canteen. The purchases can be made through 'smart cards' that are topped up using money orders. The upper limit for receiving money orders from family and friends was seven thousand rupees when our interviewees were incarcerated, which according to them was later increased to ten thousand. Fruits like bananas, apples, water melon, and papaya can only be bought from the canteen and are not included in daily meals. One can also buy onions, tomatoes, and other items to make salads. To cut fruits, the inmates would sharpen the edges of broken plates so they could be used as knives. There is also the availability of

juice, peanut butter, salted butter, oats, dates, muesli, and snacks such as biscuits and namkeen in the canteen. Indian sweets produced inside Tihar jail number 2, such as *sonpapdi*, *petha* and *milkcake* were also accessible to those who could afford to buy them.

X was able to supplement his diet through a weekly mobile canteen (also called *raidy*). He purchased protein-rich items like peanut butter, muesli, milk, and other dry rations from this mobile canteen. Those prisoners who could not buy anything from the canteen or the *raidy* were issued dry rations by jail authorities, such as bathing and washing soap, toothpaste, brushes, clothes, oil etc. Such prisoners belonging to lower-income strata, or those who did not have any family member visiting (*mulaqats*) them to give any money, or those without strong networks in prison to tap into, depend on the repetitive non-nutritious food provided by jail authorities and often resort to doing menial tasks for well-connected, richer co-habitants to earn money and sustain.

With regard to drinking water, X raised several concerns. Prisoners often complained that water was of poor quality and caused sickness. X told us that the filter was rarely

cleaned, and the water supplied once or twice a day was hard. Earlier, there used to be one water cooler of approximately fifty litres capacity with a central filter inside every ward of the prison premises. However, since this was a steel cooler, it was removed after a violent murder incident inside the jail. The resourceful prisoners purchased bottled water and some influential ones could also access the water cooler kept in restricted areas of the prison like the *langar*.

Most of the prison activities are run by appropriating the labour of prisoners. At the undertrial prisoner (UTP) office situated inside the prison, there is work that requires around 16 people. However, only 4-5 of the UTP office staff are deployed from the prison administration, the remaining are sourced from among the prisoners, especially those who are educated. UTs start at the scale of INR 2900/- per month, a salary equivalent to half a month's (15 days) labour, though they work for the full month. Convicts (CTs) are paid 24 days' salary for a full month's work starting at the scale of INR 5400/- which can gradually be increased to around INR 8500/- Meanwhile, convicted *sewadars* employed in the *langar* (cooking services) get a 30-day salary. The prisoners are supposed to work for free (without salary) for the first two months. Z was an undertrial *Munshi* for his ward, a de facto

position held by a trusted prisoner who handles the day-to-day affairs inside the prison on behalf of the administration. Z decided to become a *Munshi* as it allowed for more time outside the barracks, something he desperately wanted after being confined for seven days during COVID-19. In his own words, “*agar yahi jail ki zindagi hai toh isse behtar mar jana hai.*”

The cleaning work in prison is usually delegated to new entrants. Every occupation or vocation in the outside world is referred to in the prison lingo as *panja*. Those cleaning toilets would be associated with ‘sewer panja’ and those involved in trash disposal would be referred to as belonging to ‘khatta panja’. The prison administration pays the previously lodged *sewadars* to supervise the cleaning of the wards. A newcomer has to eventually apply to get a salary for this work. Another group of people who end up cleaning are those who don’t have anyone visiting them and, therefore, do not have money for purchases inside the prison. People who were sanitary workers before entering prison also end up doing the cleaning job. According to Y and Z, new entrants could pay a certain amount of money to the prison administration, not to be put on cleaning duties. In the ward where the interviewees lived, there was one Indian commode

and a bathroom shared by 15-20 people in every barrack. Just outside the barracks, there were also 5-6 bathrooms and toilets for common use by people of the ward, which were also cleaned by new prisoners. English commodes would only be available on a doctor's prescription.

According to Z, the prison system is highly corrupt, and instances of coercion and persuasion begin as soon as one enters Tihar. As he recalled, if a prisoner wants to be in the VIP ward, they usually pay the Superintendent/Assistant Superintendent (AS) to change his ward. However, the system ensures that there remains an implicit pressure on new entrants to pay the *ardali* (orderlies of AS and Superintendent) to change their wards or stay in the same ward (*ginti rukvana*). According to Z, this remains the most lucrative of all the corrupt practices through which the prison administration makes money. Z remembers being highly distressed when he entered the jail for the first time and was constantly pestered by the *ardalis* to give money so he could live a comfortable life.

The prisoners devised their own mechanisms to deal with the stifling and inhumane conditions of their imprisonment. This sometimes implied collaborating with the prison



administration. As also noted above, after being quarantined for seven days, Z was quite depressed with the jail conditions - the quarantine itself was pointless as the barrack was full to its capacity. He recalls how eager he was to leave the quarantine. As Z describes it, people were willing to bring water for others if this meant they could leave the barrack. At the time of admission, every prisoner is forced to work, but Z resisted this imposition. After a few days, a co-prisoner made a recommendation for him, and he was no longer pressured to work menial jobs. The head Warder and Assistant Superintendent noticed Z had a firm character and allotted him the task of '*ginti kholna*' and '*ginti band karna*' (head count while closing and opening the barrack) after a violent incident occurred inside the ward, where one inmate attacked another prisoner using a blade. Z eagerly took up the job, wanting to remain unconstrained in the ward even outside normal hours. He was no longer bound by the schedule of '*ginti kholna*' and '*ginti band hona*' but became the one imposing the disciplined schedule for others. To navigate the restrictions and conditions of his confinement, Z made connections in jail and got on the good books of the AS and Warder. Once the *Munshi* position was vacated, he took up this job.

Apart from the stressful conditions they had to endure while COVID protocols were in practice, new entrants also faced bullying and harassment. They are often, for instance, coerced by older inmates into giving their smart cards issued to every prisoner to make purchases. On refusal, the new prisoners are threatened with violence and attacks using blades. According to Y, counselling sessions for first-timers were started in 2022 (January end or February beginning) to understand whether they needed more help adjusting. All new entrants would undergo a mandatory counselling session, and the counsellor would screen and select prisoners who they identified as prone to risk or displayed 'genuine' suicidal tendencies to conduct further sessions with them. For those suffering from mental illness, it was a challenge to access medicines. Some prisoners would manage to obtain the medicines they wanted through their contacts.

In a story recounted to us, a direct request by a prisoner called W, who had mental health issues, was not entertained - only the counsellors in their initial screening session could refer a prisoner to a doctor. The doctor would then determine whether or not the case was fit for referral to the larger hospital at jail number 3. W used to live in the same barrack as Y. W's family members pleaded with the administration to

continue his medicines, but it was not permitted. A couple of times, W became unconscious and collapsed due to his medical condition, and the medical room personnel in jail number 8 refused to look after him and dubbed these incidents as '*naatak*'. There were no tests conducted to confirm his medical conditions, and neither were any prescriptions given. W's case was dismissed by the medical attendants on several occasions. Y, through his contacts, got W's case prioritised in the medical room and also helped him access medicines through his external sources. But even then, there would be delays in getting medicines as the prescription was given for a week and had to be renewed after seven days. These gaps (durations when W missed getting his prescriptions) caused huge inconvenience and health issues for him.

X, Y, and Z continued narrating their experience of accessing healthcare inside jail. Beginning with the day of his admission to Tihar, X recalled that his health screening took only about three minutes and was done by a *sewadar*, under the supervision of a doctor. This included a noting down of his height and weight. The *sewadar* also asked him if he had any prior illnesses or medication. PUDR found this to be contrary to the detailed screening of people prescribed by the

National Human Rights Commission as they are lodged in prisons, which is to be done by a medical officer and includes a physical examination, an X-ray for Tuberculosis, and also a blood test for Hepatitis or Sexually Transmitted Diseases. X denied any of these tests. Y and Z confirmed going through a similar superficial procedure at the time of their admission.

Explaining the procedures for accessing medical care for routine or non-emergency medical issues inside the prison, Z said that people would have to first inform the *Munshi* about the issue and obtain an appointment slip from him. Every morning, a small number of prisoners would get to see the doctor in the medical room. In cases of serious discomfort, though not routinely, the doctor would first refer the patient to the jail number 3 hospital. If there is a need for further escalation, they would be sent to Deen Dayal Upadhyay hospital, a government unit located near Tihar. According to Z, there were many instances where people would pay up to get hospitalised at DDU in order to make a strong case for bail.

According to the prisoners, there is a medical infrastructure in place inside jail numbers 8 and 9, including the 'MI' or Medical Investigation room equipped with 5-6 beds, doctors

who run daily clinics at the adjoining medical room, a line of medical staff who are supposed to be available round-the-clock, periodic visits by specialists, and a pharmacy. However, in a sarcastic tone, Y also casually compared the availability of prison doctors to the availability of doctors in “sarkari” hospitals. Y explained the norms that govern access to medicines by saying that *“if a less resourceful or less influential prisoner visits the dispensary to get a painkiller, he would get Diclofenac, whereas a more connected prisoner would get Brufen,”* marking a material hierarchy, not merely among the prisoners but also in the treatment being received. According to him, Brufen is a more effective medicine. Influential or resourceful prisoners, referred to as “bhai” or “bade” by everyone, would manage to get medicines in jail more easily than ordinary prisoners whom the prison staff always asked to go through the tedious process of getting a prescription from the daily clinic.

Y also complained that when he asked the jail doctor for the prescribed medicines that he was already taking on a regular basis before admission to jail for a prior illness, the doctor chided him for giving suggestions and refused to heed him. According to Y, the doctor remarked, *“agar aap hi doctor hain toh aap hi bata dijiye ki mujhe kya karna hai.”* He

couldn't get the required prescriptions and had to use some contacts to get these medicines that gave him relief. In the wake of this class system inside prison, people either rely on brotherhood or money to get the medicines they require. Going to court for medicines/medical attention is not an option for poorer or less influential prisoners due to economic constraints and also because of the fear of reprisal from prison administration. The prisoners added that the system is a bit more lenient for patients suffering from diabetes and blood pressure, who would get their prescribed medicines weekly.

X, Y, and Z told us that the MI room is the go-to spot for every medical problem faced by people living inside the prison. It is also the hub for the exchange of favours. There is fierce competition among the resourceful prisoners to get a bed in the MI room. There are 5 or 6 beds against a total of 2261 people living in jail numbers 8 and 9, which is the number for which the single MI room caters. According to the interviewees, people have paid hefty amounts in the past to obtain a bed there. Even though the interviewees did not talk highly of the medical services in the MI room, the high demand for beds reflects the dismal and unsuitable conditions in barracks for unwell prisoners. Finally, the MI

room also witnesses the preparation of favourable medical documents to suit certain prisoners' court petitions for interim bail.

Responses to situations involving an emergency in the prison are not robust, to say the least, especially during nighttime. Usually, a person faced with an emergency at night would have to repeatedly ring the bell installed outside every barrack to reach out to the prison security staff. Negligent behaviour on behalf of the prison staff was common, they would become unresponsive at night. In cases where they responded, they would first give a painkiller or paracetamol or even bully newer prisoners to stay put so that they do not have to open the barrack. According to the prisoners, only if the person faced an emergency and exhibited signs of an issue unmanageable with tablets or threats would the staff take them to the medical room. But this would mean waiting for another round of administrative procedures involving the staff returning to the *dodhi* to get the key to the barrack and recording these incidents in the jail register.

The response to an emergency situation is no better during the day. X, Y, and Z collectively recalled an incident where a prisoner suddenly fell on his head while talking, and his

mouth started frothing. Other prisoners urgently rushed him to the medical room, but he did not receive any treatment which would make known the cause of the health issue. The interviewees emphasised repeatedly that painkillers are the standard response to all emergency situations without any attempt to even understand, much less attend to the underlying medical cause. *“The Nursing Officers at best attach a drip and do stitches for simple cuts.”*

Our conversations with X, Y, and Z about their time in prison informed us about the impact of routine life inside Tihar on the health and well-being of the prisoners. To access the most essential living requirements like nutritious food, mental and physical health care, and personal safety, one’s ability to pay, to work, to use influence over members of the prison administration, and to tap into networks of brotherhood among fellow prisoners become decisive factors. The impact on one’s health and well-being, therefore, is a direct result of the prisoners’ capacity to mobilise one or more of these factors. In prisoners’ own words, the social differences among those incarcerated and their consequences mirror those outside insofar as they remain organised around money and social capital. Those at the lower rung of the ladder must work harder to stay afloat. Living in Tihar becomes, therefore,



an act of constant negotiation for prisoners who need to deploy money, labour, and social capital as they go about their daily affairs.



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Art: *Chand*, Phansi Ank (चाँद, फाँसी अङ्क), November 1928, p. 146.

Cover Design: George Romney (1734–1802), *Howard Visiting a Prison*,  
Yale Center for British Art.

