**PROFORMA FOR VISITING MONITORING TEAM (HEALTH DEPARTMENT)**

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| **NAME OF THE JAIL VISITED** |  |
| **Date of visit** |  |
| **Names of the monitoring team** | 1.2.3. |
| **Date of last visit by the monitoring team** |  |
| **Number of visits conducted by the medical team of attached hospital during the last month** |  |
|  |
| **GENERAL INFORMATION ABOUT PRISON** |
| Authorized number of prisoners |  |
| Existing Number of prisoners  |  |
| Female Prisoners |
| Pregnant | With Children |  |
|  |  |  |
| Children with Mothers |  |
| Numbers of Juvenile Offenders |  |
| Age-wise data of hospital admitted patients |  |
| Male | Female |
| Over60 years | Over50 years | Over40 years | Over30 years | Over20 years | Over60 years | Over50 years | Over40 years | Over30 years | Over20 years |
|  |  |  |  |  |  |  |  |  |  |
| **FACILITIES** | **OBSERVATION / REMARKS** |
| **GENERAL INFORMATION** |  |
| Total number of Jail hospital beds |  |
| Number of Patients admitted in Jail Hospital during the last month |  |
| Male |  |
| Female |  |
| Children |  |
| Number of patients who remained admitted in ward during last 2 weeks |  |
| Number of Patients admitted in Jail Hospital during the last visit of monitoring team dated ­­­­\_\_\_\_\_\_\_\_\_ |  |
| Male |  |
| Female |  |
| Children |  |

|  | **STATUS** | **SCORING (JUSTIFICATION DETAILS TO BE MENTIONED IN COMMENTS COLUMN)** |  |
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|  |  |  | **Absent (0)** | **Poor (1)** | **Satisfactory (2-3)** | **Good** **(4-5)** | **Comments** |
| **1** | **GENERAL INFORMATION (45)** |  |  |  |  |  |  |
| 1.1 | Overall general cleanliness, ventilation, lighting condition of the Hospital and its surroundings (5) |  |  |  |  |  |  |
| 1.2 | Is the bed linen neat and clean (5) |  |  |  |  |  |  |
| 1.3 | Are all fans in working condition in hospital (5) |  |  |  |  |  |  |
| 1.4 | Are the fans sufficient as compared to number of beds (5) |  |  |  |  |  |  |
| 1.5 | Is there any arrangements available for alternate electric source in case of load shedding/ power failure (5) |  |  |  |  |  |  |
| 1.6 | Availability of heating arrangements to protect patients from cold weather in winters (5) |  |  |  |  |  |  |
| 1.7 | No. of oxygen cylinders available in ward |  |  |  |  |  |  |
| 1.8 | No. of filled oxygen cylinders (5) |  |  |  |  |  |  |
| 1.9 | Is oxygen kit available (5) |  |  |  |  |  |  |
| 1.10 | Is the oxygen kit in working order (5) |  |  |  |  |  |  |

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| **2** | **HUMAN RESOURCE (45)** |  |  |  |  |  |  |
| 2.1 | * Doctors (Number)
 |  |  |  |  |  |  |
| 2.2 | Filled  | Vacant |  |  |  |  |  |  |
| 2.3 | * Paramedical Staff (Number)
 |  |  |  |  |  |  |
| 2.4 | Filled  | Vacant |  |  |  |  |  |  |
| 2.5 | List of staff available staff including doctors/ paramedics/ nurses in the jail hospital (5) |  |  |  |  |  |  |
|  | **STATUS** | **SCORING (JUSTIFICATION DETAILS TO BE MENTIONED IN COMMENTS COLUMN)** |  |
|  |  |  | **Absent (0)** | **Poor (1)** | **Satisfactory (2-3)** | **Good** **(4-5)** | **Comments** |
| 2.6 | Is there any duty roster available and displayed (5) |  |  |  |  |  |  |
| 2.7 | Is medical staff regular in performing its duties (check attendance register) (5) |  |  |  |  |  |  |
| 2.8 | Is the strength of Medical staff sufficient (5) |  |  |  |  |  |  |
| 2.9 | Is strength of paramedical staff sufficient (5) |  |  |  |  |  |  |
| 2.10 | Is there an availability of separate p[lace for admitting Female patients (5) |  |  |  |  |  |  |
| 2.11 | Is there an availability of female doctor for female patients(5) |  |  |  |  |  |  |
| 2.12 | Is medical record of patients being properly maintained (5) |  |  |  |  |  |  |
| 2.13 | Is doctor regularly recording clinical notes on patient charts (5) |  |  |  |  |  |  |
| 2.14 | Number of patients who remain admitted in ward during last 2 weeks |  |  |  |  |  |  |

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| **3.1** | **DIAGNOSTIC FACILITIES (30)** |  |  |  |  |  |  |
| 3.2 | Whether an X-Ray Machine available in Jail Hospital(5) |  |  |  |  |  |  |
| 3.3 | Is X-Ray material in Jail Hospital(5) |  |  |  |  |  |  |
| 3.4 | Is there an availability of X-Ray Technician(5) |  |  |  |  |  |  |
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| 3.5 | Whether an Ultrasound Machine available in Jail Hospital (5) |  |  |  |  |  |  |
| 3.6 | Whether an ECG Machine available in Jail Hospital(5) |  |  |  |  |  |  |
| 3.7 | Are basic lab facilities available in jail hospital (5) |  |  |  |  |  |  |
| 3.8 | Is X-Ray Machine functional/ non-functional (5) |  |  |  |  |  |  |
| 3.9 |  No. of X-Rays done last month |  |  |  |  |  |  |
| 3.10 | Does a mechanism exists for prompt X-Ray reporting (5) |  |  |  |  |  |  |
| 3.11 | Ultrasound Machines functional/ non-functional (5) |  |  |  |  |  |  |
| 3.12 | No. of Ultrasound examinations done last month |  |  |  |  |  |  |
| 3.13 | Are ultrasounds being done by an experienced doctor |  |  |  |  |  |  |
| 3.14 | Laboratory Services functional/ non-functional(5) |  |  |  |  |  |  |
| 3.15 | No. of Blood test done last month |  |  |  |  |  |  |
| 3.16 | No. of Urine test done last month |  |  |  |  |  |  |
| 3.17 | No. of Stool test done last month |  |  |  |  |  |  |
| 3.18 | No. of TB Microscopy done last month |  |  |  |  |  |  |
| 3.19 | No. of Malaria Microscopy done last month |  |  |  |  |  |  |
| 3.20 | ECG Machine functional/ non-functional (5) |  |  |  |  |  |  |
| 3.21 | No. of ECGs done during the last month |  |  |  |  |  |  |

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| **4** | **MEDICAL CARE OF THE JAIL INMATES (60)** |  |  |  |  |  |  |
| 4.1 | Are all the prisoners admitted in jail hospital screened for following diseases (5) |  |  |  |  |  |  |
| 44.2 | Hepatitis B  |  |  |  |  |  |  |
| 44.3 | Hepatitis C |  |  |  |  |  |  |
| 44.4 | Tuberculosis |  |  |  |  |  |  |
| 4.5 | HIV AIDS |  |  |  |  |  |  |
| 4.6 | Diabetes |  |  |  |  |  |  |
| 4.7 | Hypertension |  |  |  |  |  |  |
| 4.8 | Cardiac Disease |  |  |  |  |  |  |
| 4.9 | Are all the new prisoners entering jail being **EXAMINED** by the jail Medical Officer urgently. Medical / admission cards filled or not (5)  |  |  |  |  |  |  |
| 4.10 | Are all the new prisoners entering jail being **SCREENED** for following diseases at their first entry in Prison (5) |  |  |  |  |  |  |
| 4.11 | Hepatitis B |  |  |  |  |  |  |
| 4.12 | Hepatitis C |  |  |  |  |  |  |
| 4.13 | Tuberculosis |  |  |  |  |  |  |
| 4.14 | HIV AIDS |  |  |  |  |  |  |
| 4.15 | Diabetes |  |  |  |  |  |  |
| 4.16 | Hypertension |  |  |  |  |  |  |
| 4.17 | Cardiac Disease |  |  |  |  |  |  |
| 4.18 | Is proper clinical record in the personal file of prisoners and hospital / jail record being maintained (5) |  |  |  |  |  |  |
| 4.19 | Are kits available for Screening of patients (5)  |  |  |  |  |  |  |
| 4.20 | Total Number of Patients present in jail with following diseases according to available record |  |  |  |  |  |  |
| 4.21 | Hepatitis B |  |  |  |  |  |  |
| 4.22 | Hepatitis C |  |  |  |  |  |  |
| 4.23 | Tuberculosis |  |  |  |  |  |  |
| 4.24 | HIV AIDS |  |  |  |  |  |  |
| 4.25 | Diabetes |  |  |  |  |  |  |
| 4.26 | Hypertension |  |  |  |  |  |  |
| 4.27 | Cardiac diseases |  |  |  |  |  |  |
| 4.28 | Are steps taken to prevent spread of communicable diseases (5) |  |  |  |  |  |  |
| 4.29 | Is Facility (Dental Chair) for treatment Dental patients available (5) |  |  |  |  |  |  |
| 4.30 | Is there a facility for proper sterilization of for instruments available(5) |  |  |  |  |  |  |
| 4.31 | Does a minor operation theatre facility available for dealing minor injuries (5) |  |  |  |  |  |  |
| 4.32 | Are these patients receiving appropriate treatment for their diseases (5) |  |  |  |  |  |  |
| 4.33 | Is there sufficient number of disposable syringes available (5) |  |  |  |  |  |  |
| 4.34 | Are syringe cutters being appropriately used for syringe cutting ( number, functional) (5) |  |  |  |  |  |  |
| 4.35 | Is hospital waste being disposed of appropriately (5) (burning/incineration/ burial/ municipal disposal/ others)  |  |  |  |  |  |  |

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| **5** | **DIET AND KITCHEN (45)** |  |  |  |  |  |  |
| 5.1 | General sanitary condition of the kitchens (5) |  |  |  |  |  |  |
|  | **STATUS** | **SCORING (JUSTIFICATION DETAILS TO BE MENTIONED IN COMMENTS COLUMN)** |  |
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| 5.2 | General hygiene of the food handlers (5) |  |  |  |  |  |  |
| 5.3 | Has proper screening of Food Handlers been carried out (5) |  |  |  |  |  |  |
| 5.4 | Whether special diet is being given to the patients in accordance to their disease (5) Give details. |  |  |  |  |  |  |
| 5.5 | No. of patients receiving special diets on the day of visit (5) |  |  |  |  |  |  |
| 5.6 | No. of patients receiving home diet  |  |  |  |  |  |  |
| 5.7 | Is the quality of food being provided satisfactory (5) |  |  |  |  |  |  |
| 5.8 | Whether special diet is given to patients in hospitals, for pregnant ladies, nursing mothers and for children (under rule 485m, 487, 488 & 489) (5) |  |  |  |  |  |  |
| 5.9 | Is examination of raw food being carried out (5) |  |  |  |  |  |  |
| 5.10 | Is examination of cooked food being carried out (5) |  |  |  |  |  |  |
| 5.11 | Does the Jail MO checks the food regularly and a certificate being issued in this regard(5) |  |  |  |  |  |  |
| 5.12 |  |  |  |  |  |  |  |

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| **6** | **REFERRAL SYSTEM (35)** |  |  |  |  |  |  |
| 6.1 | Are the patients, needing emergency treatment, being referred to attached Hospital promptly (5) |  |  |  |  |  |  |
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| 6.2 | Is there a proper referral system in place for seeking expert opinion from attached hospital (5) |  |  |  |  |  |  |
| 6.3 | No of patients who were referred for expert opinion to DHQ/ Tertiary Care Hospital during the last one month |  |  |  |  |  |  |
| 6.4 | Whether proper Record of Referral to other hospitals is available or not (5) |  |  |  |  |  |  |
| 6.5 | Is there a proper follow up treatment plan for these patients (5) |  |  |  |  |  |  |
| 6.6 | Have they been examined by the experts (5) |  |  |  |  |  |  |
| 6.7 | Is the advice of experts being followed by jail authorities (5) |  |  |  |  |  |  |
| 6.8 | Arrangements for mentally retarded/sick prisoners (5) |  |  |  |  |  |  |
| 6.9 | Is psychiatrist/ physician paying regular visits to examine mentally sick patients(5) |  |  |  |  |  |  |

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| **7** | **MEDICINES (20)** |  |  |  |  |  |  |
| 7.1 | Are sufficient medicines available for patients admitted in hospital (5) |  |  |  |  |  |  |
| 7.2 | Are sufficient medicines available ( quality & quantity) quantity for all jail inmates (5) |  |  |  |  |  |  |
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| 7.3 | Have there been any stock outs during the last three months (5) |  |  |  |  |  |  |
| 7.4 | Are emergency medicines available (5) |  |  |  |  |  |  |
| 7.5 | * Emergency/ Life Saving Drugs (List attached)
 |  |  |  |  |  |  |
| 7.6 | * TB-DOTS
 |  |  |  |  |  |  |
| 7.7 | * Anti-malarial
 |  |  |  |  |  |  |
| 7.8 | * ORS
 |  |  |  |  |  |  |
| 7.9 | * Anti-snake vaccine
 |  |  |  |  |  |  |
| 7.10 | Is appropriate medical equipment available in jail hospital for acute medical conditions/ diseases (Please provide list) (5) |  |  |  |  |  |  |

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| **8** | **DRUGS ADDICTION PREVENTION AND TREATMENT (20)** |  |  |  |  |  |  |
| 8.1 | No of Drug Addicts present in Jail |  |  |  |  |  |  |

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| 8.2 | Are Detoxification Facilities available in jail/ Is there a referral system available for treatment of drug addicts/ has there been a referral to attached hospital for treatment of a drug addict (5) |  |  |  |  |  |  |
| 8.3 | Are segregated beds available for addicts in Jail (5) |  |  |  |  |  |  |

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| **9** | **OTHER INFORMATION (60)** |  |  |  |  |  |  |
| 9.1 | Monthly Medical Checkups of Kitchen Labour (5) |  |  |  |  |  |  |
| 9.2 | Facilities available to pregnant Ladies (5) |  |  |  |  |  |  |
| 9.3 | No. of children born in previous one month |  |  |  |  |  |  |
| 9.4 | Were these children vaccinated for major diseases (5) |  |  |  |  |  |  |
| 9,5 | Are facilities available to protect these children from extreme weather conditions (5) |  |  |  |  |  |  |
| 9.6 | Availability of education facilities (5) |  |  |  |  |  |  |
| 9.7 | Total number of patients attending Outdoor in previous one month |  |  |  |  |  |  |
| 9.8 | Availability of toilets and their general cleanliness level (5) |  |  |  |  |  |  |

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| 9.9 | Access of the jail inmates to urinals and latrines at all hours (5) |  |  |  |  |  |  |
| 9.10 | Availability of Transport / Ambulance for shifting of prisoners to attached hospitals (5) |  |  |  |  |  |  |
| 9.11 | Availability of safe drinking water (numbers of Filtration Plants to be mentioned) (5) |  |  |  |  |  |  |
| 9.12 | Is the sample of drinking water being sent for examination regularly (5) |  |  |  |  |  |  |
| 9.13 | When was last sample taken |  |  |  |  |  |  |
| 9.14 | Is firefighting equipment available in hospital (5) |  |  |  |  |  |  |
| 9.15 | Are demands of the MO regarding patient’s health care being met by the jail authorities (5) |  |  |  |  |  |  |
| 9.16 | Is proper medical record of prisoners being maintained (5) |  |  |  |  |  |  |

**Signatures of Monitoring Team**